

Quality Assurance Agency (QAA), Pakistan

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RIPE

Draft Document-03

# Review of Institutional Performance and Enhancement (RIPE)

A Handbook for Internal and External Quality Assurance at the Institutional Level

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PSG-2023

Unlocking the Potential for Transforming Higher Education



A Draft Policy developed in consultation with QAA-UK

03

Draft Policy for the Review of Institutional Performance



Higher Education Commission, Pakistan



# **A Handbook for Internal and External Quality Assurance at the Institutional Level: Review of Institutional Performance and Enhancement (RIPE)**

The Revamped Quality Assurance (QA) Framework (PSG-2023), a collaborative effort between QAA UK and QAA Pakistan. This framework, developed through extensive consultations with key stakeholders such as Vice-Chancellors, Faculty, Directors of Quality Enhancement Cells (QECs), and Students from 22 diverse Public and Private Universities across different regions and institutional types, addresses both global best practices and local contextual challenges.

The framework not only integrates international QA standards but also incorporates localized solutions to address unique challenges faced by higher education institutions in Pakistan. By contextualizing global best practices within the local landscape, the framework offers tailored solutions that cater to the specific needs and nuances of the Pakistani higher education sector. This approach fosters a dynamic quality assurance mechanism that not only adheres to international benchmarks but also navigates through regional intricacies.

The collective insights garnered from extensive consultations have played a crucial role in bridging the gap between global ideals and local realities. As a result, the Revamped QA Framework embodies a holistic approach that aligns international benchmarks with the diverse challenges faced by Pakistani universities. This comprehensive framework underscores the commitment to continuous improvement and the pursuit of excellence in higher education, ultimately contributing to the enhancement of quality and accountability across the sector.

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**Section 1:**  
**Guidelines for Self Review of Institutional  
Performance and Enhancement  
(RIPE for IQA)**

## Section 1.1: Overview of Self Review of Institutional Performance and Enhancement (RIPE for IQA - institutional self-assessment)

Institutional internal quality assurance is overseen by the institutional internal review and accreditation of programmes and the Institutional Quality Assessment and Effectiveness offices (IQAEs). Higher education institutions are encouraged to develop a ‘quality culture’ as a central institutional focus at all levels. It should be an integral part of academic practices and should promote development of an enabling learning environment for students. It assumes that everyone has a responsibility for quality.

IQAE and the Institutional Quality Circle (IQC), headed by the University Vice Chancellor/ Rector as part of an institutional governance framework, are required to be established in all higher education institutions as a means of maintaining and improving quality, facilitating the development of the quality culture across the institution. Further details of IQAE and IQC’s roles and responsibilities, including terms of reference, are set out in [Annex 2](#).

For internal quality assurance, institutions are expected to undertake a routine Self Review of Institutional Performance and Enhancement (RIPE for IQA) against the RIPE Standards as required in the Quality Assurance Framework.

RIPE for IQA orientates around an institutional self-assessment (SA). The institutional SA evaluates the institution’s performance in the last academic year against the RIPE Standards as outlined in the Quality Assurance Framework. The institutional SA should take account of programme self-assessment and, if appropriate, departmental self-assessment. Colleges affiliated to a university should also contribute to the university self-assessment in accordance with the responsibilities delegated to it. Universities should comment on the efficacy of their arrangements with their affiliated college partners against the RIPE Standards set out in the Quality Assurance Framework.

IQAE is responsible for managing the institution’s planning, coordinating and follow-up on the self-assessment activities through the Institutional Quality Circle (IQC). Programme quality assurance reports are compiled through the faculty, sent to the IQAEs as part of the annual self-assessment process, and contribute to the annual institutional self-assessment document. IQAE is also responsible for identifying strengths and weaknesses from self-assessment which then results in preparing institutions for external reviews through a self-assessment report.

## Section 1.2: Institutional self-assessment process

The process of institutional internal quality assurance (institutional self-assessment) is illustrated in the Table and Figure below.

**Table 1: Pre-visit activities**

Pre-visit activities		
Step 1	Institutional Quality Circle (IQC) initiates the process for self-assessment and constitutes Institutional Performance Report (IPR) preparation/updating and a follow-up committee.	
Step 2	IPR committee prepares/compiles IPR for current assessment year as per instruction of IQC.	Follow-up committee prepares follow-up report as per instruction of IQC.

Step 3	IQAE reviews IPR report to check that all the Standards and questions are addressed, and proper documentary evidence provided. If not, report will be sent back to Committee.	<p>IQAE reviews follow-up report to check status of all observations and whether they all are addressed or not:</p> <ul style="list-style-type: none"> <li>• current progress status against each finding/recommendation</li> <li>• timelines defined for each corrective action is being followed</li> <li>• if not, then proper justification and revised timelines provided</li> <li>• constraints affecting the progress are properly documented.</li> </ul> <p>If anything is missing, the report will be referred back to the concerned committee. If not, move to step 6.</p>
Step 4	<p>IQC constitutes RIPE committee by meeting the conditions below:</p> <ul style="list-style-type: none"> <li>• review committee shall consist of five to seven members (internal and external)</li> <li>• at least one external member shall be included from HEC's pool of experts</li> <li>• the internal members should preferably comprise seasoned and senior academics and administrative heads.</li> </ul>	
Step 5	<p>An orientation session will be organised by IQAE to brief the RIPE committee members, that include:</p> <ul style="list-style-type: none"> <li>• RIPE Standards</li> <li>• Expectations of HEC</li> <li>• review process.</li> </ul>	
Step 6	<p>Finalised IPR and follow-up report will be shared with all RIPE committee members.</p>	
Step 7	<p>IQAE finalises the schedule for RIPE after consent by RIPE committee and university's administration.</p>	
<b>On-visit activities</b>		
<p>Review the documentary evidence against the claims made in IPR for validation and list the questions/probing questions to be asked of different stakeholders.</p>		
<p>Hold separate meetings with:</p> <ul style="list-style-type: none"> <li>• students (bachelor's, master's, PhD)</li> <li>• faculty (senior &amp; junior faculty members)</li> <li>• academic heads (Deans/HoDs/Principals, and so on)</li> <li>• administrative staff (Registrar, Controller of Examinations, Treasurer, Director of ORIC, Director of Research, and so on)</li> <li>• Directors of Campuses (in case of sub-campuses), Heads of selected affiliated colleges (in case of affiliated colleges)</li> </ul> <p>to have an insight on institutional performance in accordance with their respective domains and to get feedback about any issues that may be inhibiting progress.</p>		

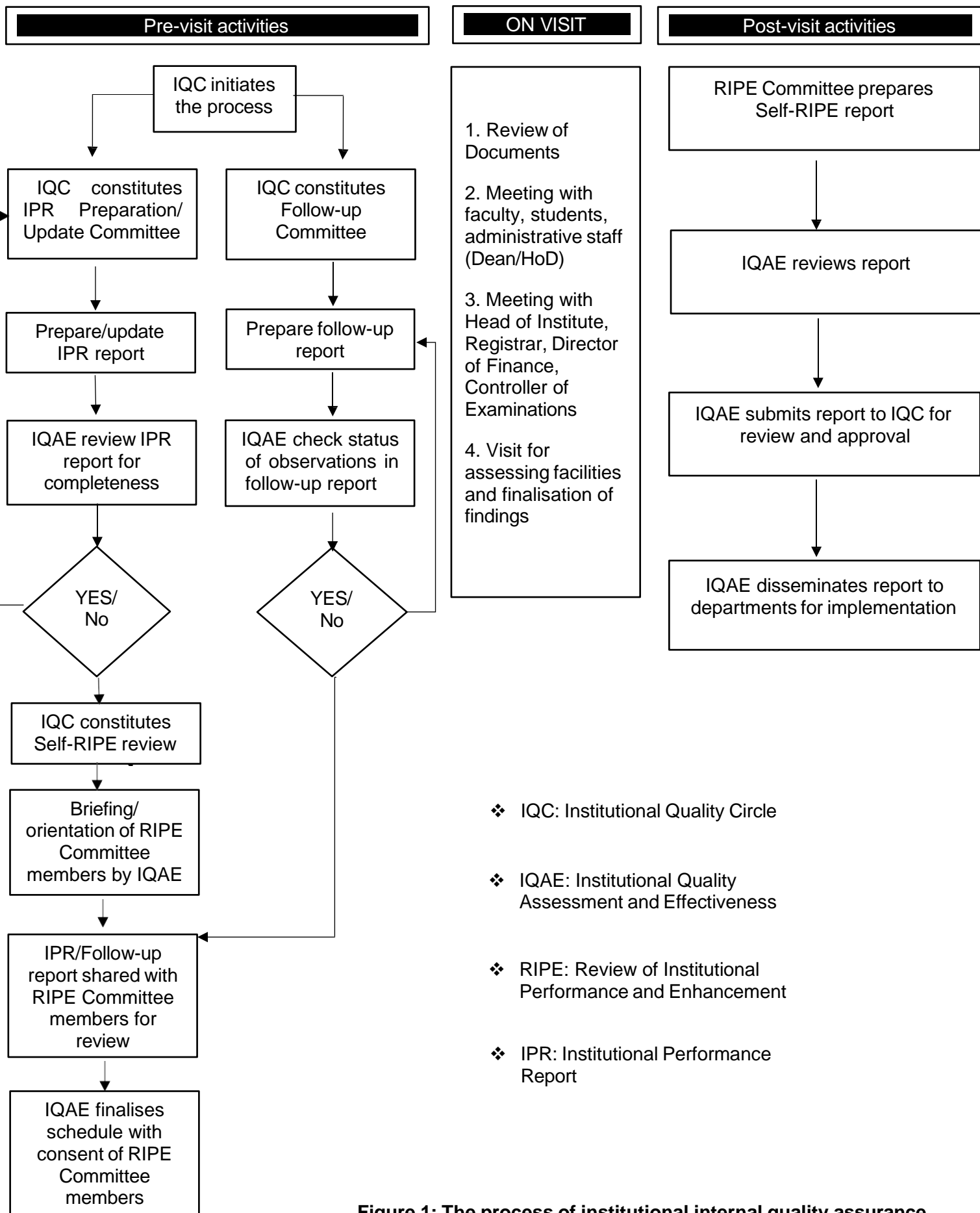


Visit to assess classrooms, libraries, laboratories, studios, cafeteria, student accommodation, sports, auditoriums, transport, and so on, in order to get a clear picture of all the facilities.

Meeting of the RIPE committee members in a separate space for finalisation of findings before the visit ends.

**Post-visit activities**

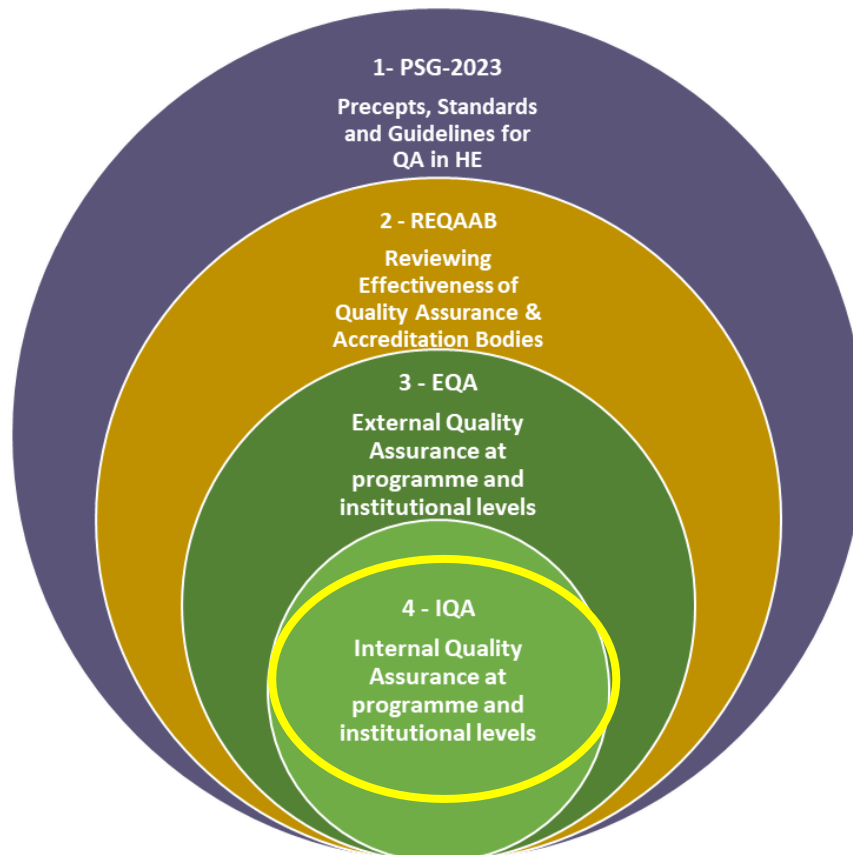
Step 1	Based on observations finalised during visit, RIPE Committee prepares the report reflecting all the findings/suggestion/recommendations as per QAA guidelines.
Step 2	<ul style="list-style-type: none"> <li>• RIPE Committee submit reports to IQAE.</li> <li>• IQAE ensures that report is signed by all RIPE Committee members.</li> <li>• In case of any conflict, IQAE moderates to resolve the conflict and finalises report with mutual agreement of all members.</li> </ul>
Step 3	IQAE submits report to IQC for signing off/review and approval.
Step 4	IQAE disseminates report to departments for implementation and IQAE will monitor the implementation through IQC as per institutional CQI policy.



**Figure 1: The process of institutional internal quality assurance**

## Section 1.3: Institutional self-assessment criteria and source of information

The Quality Assurance Framework below is divided into four parts. Part 4 of the Quality Assurance Framework is concerned with internal quality assurance and is subdivided into **programme-level quality assurance** and **institutional level quality assurance**.



**Figure 2: The Quality Assurance Framework**

**Institutional level quality assurance** is concerned with the RIPE Standards set out in the Quality Assurance Framework, against which each institution is required to align.

The RIPE Standards as set out in the Quality Assurance Framework are as follows. Higher education institutions are expected to use all RIPE Standards in framing the institutional approach to quality assurance.

### Strategic Development

- Standard 1: Vision, mission, goals and strategic planning
- Standard 2: Governance, leadership and organisation
- Standard 3: Institutional resources and planning
- Standard 4: Audit and finance
- Standard 5: Affiliated colleges/institutions
- Standard 6: Internationalisation of higher education and global engagement

### Academic Development

- Standard 7: Faculty recruitment, development and support services
- Standard 8: Academic programmes and curricula

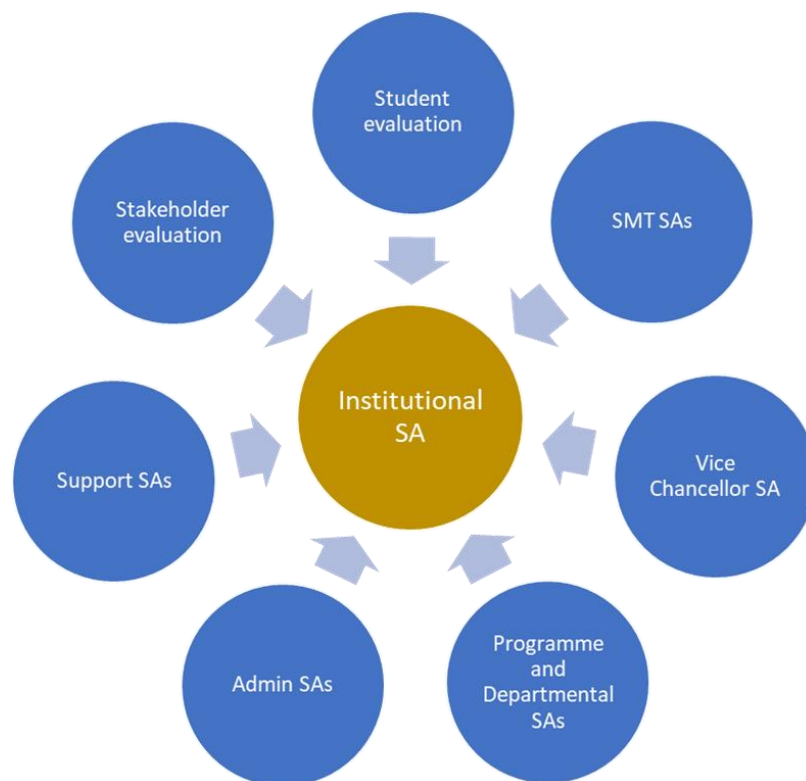
- Standard 9: Admission, progression, assessment and certification
- Standard 10: Student support services
- Standard 11: Impactful teaching and learning and community engagement
- Standard 12: Research, innovation, entrepreneurship and industrial linkage

### Institutional Development

- Standard 13: Fairness and integrity
- Standard 14: Public information and transparency
- Standard 15: Institutional effectiveness, quality assurance and enhancement
- Standard 16: CQI and cyclical external quality assurance

Detailed information about the Standards, including what a higher education institution should do to meet each of the Standards and how to do so, as well as a contextual statement to explain the reasoning behind each Standard, are provided in [Annex 3](#).

A wide range of information should be considered in the institutional self-assessment. The IQAE draws on the programme and departmental self-assessments, alongside the self-assessments from support, administration and managerial areas, as well as evaluations from students and stakeholders, in writing an institutional self-assessment that clearly represents the accumulation and distillation of institutional reflection and evaluation and involves all stakeholders from the Vice Chancellor and senior managers through faculty and administration staff to external stakeholders and students. In summary, all information included in the Figure below should be considered in developing the institutional SA document.



**Figure 3: Information to consider for the institutional SA**

## **Section 1.4: A suggested structure of the institutional self-assessment document**

The institutional self-assessment document should first set out the context in which the institution is operating, briefly describe the provision under review, and make the team aware of any recent (major) changes and their implications for safeguarding academic standards and the student academic experience. Where relevant, details of the institution's relationships with affiliated colleges should also be provided. The institutional self-assessment document should then go on to outline how the institution meets each of the RIPE Standards in the Quality Assurance Framework.

### **Section 1: Brief description**

The description should cover:

- the institution's mission and ethos
- recent major changes since the last QAA review
- implications of changes, challenges, strategic aims or priorities for safeguarding academic standards and the quality of students' learning opportunities
- details of the external reference points, other than the Qualifications Framework, which the institution is required to consider (for example, the requirements of accreditation councils and other professional bodies)
- where applicable, details of any affiliated colleges' responsibilities for the institution's higher education provision.

### **Section 2: The track record in managing quality and standards**

Briefly describe the institution and programme team's background and experience in managing quality and standards, including reference to the outcomes of previous external and internal review activities and the institution's responses. Where relevant, describe how the recommendations from the last external and internal reviews have been addressed, and how good practice identified has been built on. Refer to any action plans that have been produced as a result of reviews.

### **Section 3: Standards**

The RIPE Standards in the Quality Assurance Framework apply to this area. Please refer to [Annex 3](#) for the detailed description of each Standard and the expectations that underpin it. An institution under review should comment on each Standard separately, focusing on:

- what you do
- how you do it
- why you do it that way
- how well you do it
- how you know how well you do it.

The university should reference the evidence that is used to give assurance that these Standards are being met and that the area is managed effectively, as well as any relevant data that can be used for benchmarking. The evidence for this section should include a representative sample of programme and periodic accreditations, as well as the university's response to those accreditation reports, where applicable.

It is vital that the self-assessment identifies the evidence that illustrates or substantiates the evaluation. The same key pieces of evidence can be used in several different parts of the

self-assessment. It will be difficult to complete the review without including the following sets of information:

- policy, procedures and guidance on quality assurance and enhancement
- a diagram of the structure of the main committees which are responsible for the assurance of quality and standards; this should indicate both central and local (what department or similar) committees
- minutes of central quality assurance committees for the two academic years prior to the review
- overview reports (for example, periodic accreditation report) where these have a bearing on the assurance of quality and standards for the two years prior to the review.

**Section 2:**  
**Guidelines for External Review of  
Institutional Performance and  
Enhancement  
(RIPE for EQA)**

## Section 2.1: Overview of External Review of Institutional Performance and Enhancement (RIPE for EQA)

### Introduction

External Review of Institutional Performance and Enhancement (RIPE for EQA) is the Quality Assurance Agency's (QAA's) principal review method for reviewing the quality of universities and affiliated colleges in Pakistan. QAA will undertake Review of Institutional Performance and Enhancements to inform students and the wider public as to whether a university and its affiliated colleges set and maintain academic standards and plan effectively to enhance the quality of higher education provision for higher education qualifications. Thus, RIPE serves the twin purposes of providing accountability to students, employers and others with an interest in higher education, while at the same time encouraging improvement.

The purpose of this section of the handbook is to:

- state the scope of RIPE for EQA
- set out the approach to be used
- give guidance to institutions preparing for, and taking part in, RIPE for EQA.

This section of the handbook is intended primarily for universities going through RIPE for EQA and their affiliated colleges. It is also intended for QAA teams conducting RIPE for EQA.

### Features of RIPE for EQA

QAA considers the following principles in the design and development of the review method:

- the autonomy of an institution for its academic activities is honoured
- reviews should be concerned with how institutions maintain academic standards
- reviews focus on how institutions assure the quality of academic provision
- reviews should promote continuous improvement, enhancement and innovation
- through effective feedback, reviews should provide opportunities for institutions to learn from the process
- quality reviews assess the operation of quality assurance processes as well as outcomes for students and staff
- review panels are composed of peers with the expertise to comment based on their experience in other institutions
- reviews are evidence-based
- through participation in the review process, the quality culture within institutions should be strengthened
- quality is everyone's responsibility – that includes Heads of Institution, Deans, HODs, academic and professional support leaders, academic staff and students
- reviews should reflect the needs of students, society and the labour market.

Accordingly, RIPE for EQA incorporates the following key features.

- QAA conducts a review of each university - **where colleges are affiliated to a university, colleges should be reviewed by the university itself**. However, QAA should ensure the effective implementation of the Standards by reviewing implementation arrangement. For the purpose, a few random colleges may be sampled as part of the review.
- Each review is conducted by a team of peers, made up of academics, QA professionals, students and other relevant stakeholders.



- Reviews are evidenced-based. Both the self-assessment and the judgements will refer to existing evidence.
- Reviews look at how well an institution aligns with the RIPE Standards set out in the Quality Assurance Framework.
- Reviews are face-to-face unless the review panel, on the basis of a risk analysis, specifies that a virtual visit could take place.
- Reviews result in a set of judgements about the institution's performance against the RIPE Standards set out in the Quality Assurance Framework, and may identify features of good practice and recommendations for further improvement.
- Reviews result in an action plan which outlines how and when the institution will address the review outcomes.
- The review outcomes will be submitted to the Board for Assessment of Quality Assurance (BAQA).

### Scope and coverage

RIPE for EQA is concerned with institutions that deliver programmes of study leading to awards at Levels 5-8 within the [National Qualifications Framework of Pakistan](#). It is also relevant for affiliated colleges, who deliver higher education qualifications on behalf of universities.

Please note that the affiliated colleges are the core responsibility of the affiliating universities. The quality and related issues of such colleges are the responsibility of the degree-awarding institute.

### Reviews of affiliated colleges

Institutions **without** degree awarding powers (such as colleges affiliated to universities) will be reviewed alongside their partner university as part of the university's Review of Institutional Performance and Enhancement.

Affiliated colleges administratively fall under the respective provincial government; therefore, colleges are not under the responsibility of HEC, and they participate through affiliating universities. The QA-related activities have been directed through affiliating universities, including accreditation of programmes from respective accreditation councils and preparation of self-assessment reports of programmes.

Universities should have in place robust and effective procedures for managing the standards and quality of any provision delivered on its behalf by a partner such as an affiliated college. These procedures should be built into the quality assurance procedures of the university, such as the annual self-assessment process.

RIPE for EQA evaluates the effectiveness of the university's arrangements for safeguarding the integrity of the academic awards delivered on its behalf by partner affiliated colleges. It will measure how well such arrangements are managed and overseen by the university, ensuring that robust processes are in place to secure the quality of student learning opportunities. In doing so, the university should be evaluated against Standard 3.3 of the Quality Assurance Framework.

Each affiliated college should have its own Quality Enhancement Cell (QEC).

Universities should complete a checklist which clarifies areas of responsibility for each partnership with an affiliated college ([Annex 4](#) - Responsibilities checklist for affiliated colleges). This should be submitted alongside the institutional self-assessment.

Universities should extend their self-assessment to include all areas of their responsibility not delegated to affiliated colleges. They should also include information about how they manage the responsibilities delegated to affiliated colleges.

Affiliated colleges should contribute to the university self-assessment and comment on how they contribute to the university's performance against each Standard.

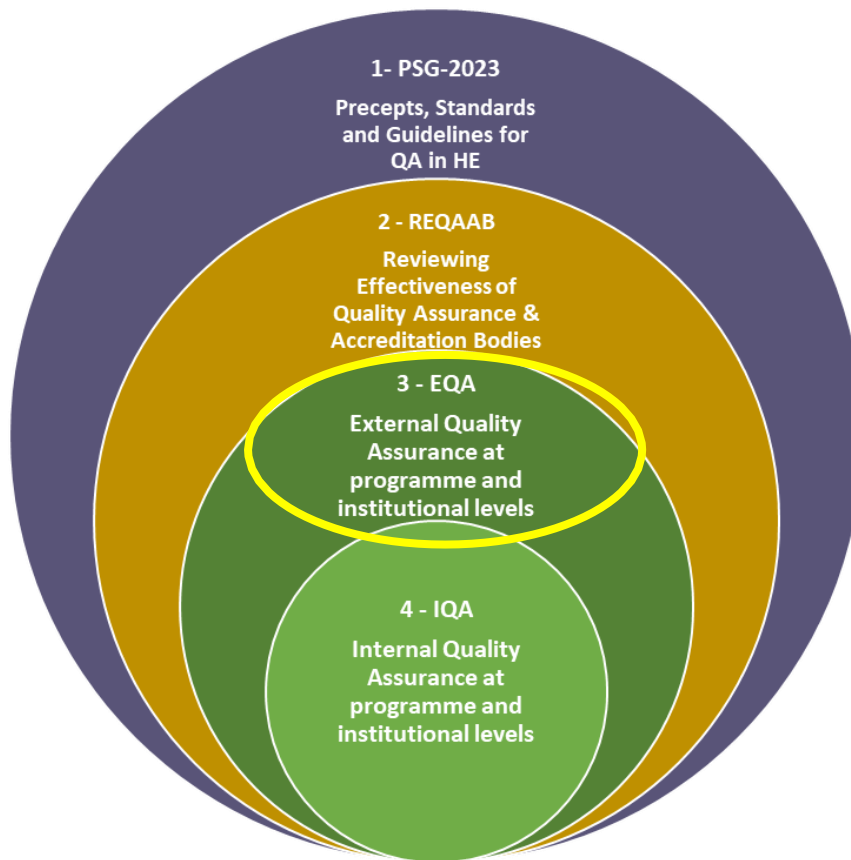
Reviewers may include representatives of affiliated colleges in review meetings.

Affiliated colleges might use the following questions to help reflect on their responsibilities for helping to maintain academic standards.

- What universities are you working with?
- What modules or programmes of study are you delivering for each of these?
- What is your understanding of the responsibilities you have been allocated by each university for helping to set and/or maintain the academic standards of their awards?
- What is your understanding of the responsibilities of the university in setting and maintaining academic standards?
- Which internal and external reference points are relevant to setting and maintaining the academic standards of the provision you are delivering? What use do you make of these reference points?
- In what ways are you involved in:
  - recruitment, selection and admissions of students
  - programme design, development and approval
  - assessment of students
  - engaging with external experts
  - programme monitoring and review?
- How do these activities contribute to helping to set and maintain academic standards?
- How do you ensure that your staff understand and carry out their responsibilities for helping to set and/or maintain academic standards?
- How do you engage with the academic framework and regulations of each university? If you are working with multiple bodies and/or if you have a regulatory framework of your own, how do you manage differences in what is required?
- What arrangements are in place for you to report back to the university on how effectively you have carried out your responsibilities? How well are these arrangements working at the college?
- What gives you confidence in the academic standards of the provision you deliver?

## **Review criteria**

The Quality Assurance Framework below is divided into four parts. Part 3 of the Quality Assurance Framework is concerned with external quality assurance and is subdivided into **Programme-level quality assurance** and **Institutional level quality assurance**.



**Figure 4: The Quality Assurance Framework**

**Institutional level quality assurance** is concerned with the RIPE Standards set out in the Quality Assurance Framework, against which each institution is required to align. External Review of Institutional Performance and Enhancement uses the RIPE Standards as review criteria.

### Strategic Development

- Standard 1: Vision, mission, goals and strategic planning
- Standard 2: Governance, leadership and organisation
- Standard 3: Institutional resources and planning
- Standard 4: Audit and finance
- Standard 5: Affiliated colleges/institutions
- Standard 6: Internationalisation of higher education and global engagement

### Academic Development

- Standard 7: Faculty recruitment, development and support services
- Standard 8: Academic programmes and curricula
- Standard 9: Admission, progression, assessment, and certification
- Standard 10: Student support services
- Standard 11: Impactful teaching and learning and community engagement
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## Institutional Development

- Standard 13: Fairness and integrity
- Standard 14: Public information and transparency
- Standard 15: Institutional effectiveness, quality assurance and enhancement
- Standard 16: CQI and cyclical external quality assurance

Detailed information about the Standards, including what a higher education institution should do to meet each of the Standards and how to do so, as well as a contextual statement to explain the reasoning behind each Standard, are provided in [Annex 3](#).

## Review outcomes

The outcomes of RIPE for EQA will be judgements expressed as:

- effective strategies are implemented successfully across the institutions
- some effective strategies are in place, but some further work is needed
- many strategies have not yet been effectively implemented but some significant work is being done across the institution to address the deficit
- effective strategies are not developed.

Judgements will be supported by features of good practice and level of improvement required in the institution, identified by the review panel through a well-structured mechanism of review - Quality Evaluation and Enhancement (QEE) Matrix ([Annex 5](#)).

A feature of good practice is a process or way of working that, in the view of a QAA review panel, makes a particularly positive contribution to the institution's higher education provision. Review panels also make recommendations where they agree that an institution should consider changing a process or a procedure in order to improve its alignment with a particular RIPE Standard. The wording of the recommendations will indicate the urgency with which the panel thinks each recommendation should be addressed. The institution will take notice of this when it constructs its action plan, through its Institutional Quality Circle (IQC) or any other similar body, after the review.

Judgements will be made by teams of peers by reference to the published RIPE Standards set out in the Quality Assurance Framework. Judgements represent the reasonable conclusions that a review panel can come to, based on the evidence. The review panel decides and give its judgement depending on how much the panel feels the institution requires improvement in meeting a particular Standard and expectations; the less the requirement for improvement the better will be judgement. How review panels determine their judgements can be found in [Annex 5](#).

These judgements, and the accompanying review report, inform the decision and judgement taken by the review panel initially; however, in case of any dispute or and if required, QAA will take the case to the Board for Assessment of Quality Assurance (BAQA) who can choose to award the institution one of the following classifications:

- Effective
- Progressive
- Average
- Unclassified.

Institutions will be reviewed after one to five years according to the classification awarded and as per the Judgement Framework attached at [Annex 5](#). Accordingly, higher education

institutions (HEIs) classified - as the result of review - as Unclassified and Average will be part of an Institutional Mentoring Programme (see IMP in [Annex 6](#)).

The terms of reference for the Board for Assessment of Quality Assurance (BAQA) are described in [Annex 15](#).

## **Section 2.2: Key roles and responsibilities**

### **Facilitators**

The Director of Institutional Quality Assessment and Effectiveness (IQAE /QEC) shall be the facilitator/focal person for the coordination, or any other nominated by the university. The facilitator will help to organise and ensure the smooth running of the External Review of Institutional Performance and Enhancement and improve the flow of information between the review panel and the university. An effective working relationship between QAA and the facilitator should help to avoid misunderstandings.

In summary, the facilitator will carry out the following key roles:

- liaise with the QAA Officer to organise the Review of Institutional Performance and Enhancement
- during the on-site visit, provide the review panel with advice and guidance on the university's approach and arrangements
- during the on-site visit, meet the QAA Officer and the Lead Student Representative (and possibly also members of the review panel) outside the formal meetings to provide or seek further clarification about particular questions or issues.

Further details about the role of the facilitator can be found in [Annex 7](#).

### **Student engagement in RIPE for EQA**

Students play a critical role in the quality assessment of higher education. Given their current academic experience, students provide valuable insight for the review panel.

Students of the institution under review can input to the process by:

- nominating a Lead Student Representative, who is involved throughout the Review of Institutional Performance and Enhancement
- contributing their views through a student submission describing their academic experience and their experiences of quality assurance at the institution, which is key evidence for the desk-based analysis
- participating in meetings during the on-site visit to advise the review panel of the institution's approach and arrangements
- working in partnership with the university to draw up and implement the action plan after the Review of Institutional Performance and Enhancement.

Further details about student engagement in the review can be found in [Annex 8](#).

### **Lead student representatives**

This role allows students to play a central part throughout the Review of Institutional Performance and Enhancement.

The Lead Student Representative (LSR) will help to ensure smooth communication between the Student Council for Academic Learning & Enhancement (SCALE) - a student body to be constituted by the HEIs for getting students' feedback into improving quality assurance

mechanisms - the institution and QAA, and will normally oversee the production of a student submission. The university and LSR will also select the students that the review panel will meet, based on advice from QAA.

This role is voluntary. Where possible, the LSR should be appointed by the students themselves, with support from SCALE or a similar student representative body or equivalent within the institution. The LSR may be a member of SCALE or representative of a similar body but may not hold a senior staff position in the university. A job-share arrangement would be acceptable, as long as it is clear who is the main point of contact. However, the HEI has to have a fair procedure to select the LSR and, accordingly, nomination is sent to QAA. QAA may further develop guidelines for selection of LSRs if required.

The institution should offer as much operational and logistical support to the LSR as is feasible. In particular, institutions should share relevant information or data so that the student submission is well informed and evidence-based.

In summary, the Lead Student Representative may carry out the following key roles, as per instruction by QAA:

- liaise with the facilitator throughout RIPE for EQA to ensure smooth communication between SCALE or a similar student body and the institution
- give feedback on RIPE for EQA and its progress to the student body
- organise and oversee the preparation of the student submission
- assist with selecting students to meet the review panel
- ensure continuity of activity throughout the Review of Institutional Performance and Enhancement
- facilitate comments from the student body on the draft RIPE for EQA report
- work with the institution to develop and deliver its action plan, where there is an unsatisfactory judgement.

Further details about the role of the LSR can be found in [Annex 8](#), which will be revised by the QAA from time to time for smooth implementation in a phased manner.

## **Reviewers and review panels**

The size of the review panel is correlated to the scale and complexity of the provision under review. Usually, the three measures below should be taken into consideration:

- the total number of higher education students (headcount)
- the diversity of provision (course types, modes of attendance, course levels)
- the number of affiliated colleges that degree-awarding institutions work with to deliver complete degree courses.

Each review panel will normally consist of three to six reviewers, including at least one member or former member of academic staff from another institution in Pakistan and may include one student reviewer. Larger teams may include a reviewer or reviewers with expertise in specific curriculum areas, or from an international background, or a current employer or vocational expert.

Review panel members are selected on the basis of their experience in higher education and are expected to draw on this in their conclusions and evaluations about the management of quality and academic standards. The composition of each review panel will also take into consideration the reviewers' knowledge and experience of higher education provision with, or at, similar types of institution to the one under review.

QAA peer reviewers have current or recent senior-level expertise and experience in the management and/or delivery of higher education provision, including the management and/or administration of quality assurance arrangements.

Student reviewers are recruited from among students or sabbatical officers who have experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality. Student reviewers can act in this capacity for up to two years after graduating. First-year students cannot be considered for this role.

Training for review panel members is provided by QAA. All reviewers, including those who have taken part in previous review methods, must take part in training before they conduct a Review of Institutional Performance and Enhancement. The purpose of the training is to ensure that all team members fully understand:

- the aims and objectives of the Review of Institutional Performance and Enhancement
- the procedures involved
- their own roles and tasks
- QAA's expectations of them.

QAA also provides opportunities for continuing development of review panel members and operates procedures for managing reviewers' performance. The latter incorporates the views of institutions who have undergone Review of Institutional Performance and Enhancement.

Further information about reviewer appointment, training and management is provided in [Annex 9](#), which will be updated by QAA when required.

## **QAA Officer**

The role of the QAA Officer is to guide the team and the institution through all stages of the Review of Institutional Performance and Enhancement, ensuring that approved procedures are followed. The principal responsibilities of the QAA Officer are to:

- ensure compliance with the process set out in this handbook
- liaise with the facilitator about the schedule for the review programme
- confirm arrangements for the first review panel meeting and review visit(s)
- keep a record of all meetings relating to the review
- edit the review report and oversee its production
- present the review report and the review panel findings to the Board for Assessment of Quality Assurance (BAQA) when required.

## **Section 2.3: Before and up to the on-site visit**

This part of the handbook explains the activities that need to be carried out to prepare for the on-site visit.

### **Overview of timeline for activity before and up to the on-site visit**

Standard timelines are given below. (The timeline for the period after the on-site visit is given in Section 5). Please note that there may be unavoidable instances when activities need to take place over a shorter or longer time period. The deadlines in this timeline and procedures and processes may also be amended to accommodate circumstances as per the convenience of QAA and/or any Pakistan public holidays/QAA closure days. The precise dates will be confirmed in writing by the QAA Officer when required.



**Table 2: Timeline for activity before the on-site visit**

Working weeks	Activity	Detail
At least 15 weeks before the on-site visit	Initial contact for Review of Institutional Performance and Enhancement activity	QAA will write to the institution about arrangements for the Review of Institutional Performance and Enhancement. Institution to confirm the facilitator and Lead Student Representative.
At least 11 weeks before the on-site visit	Institution briefings  Confirmation of on-site visit dates and review panel composition	QAA will identify, for each individual institution, the most appropriate approach to the Review of Institutional Performance and Enhancement.  QAA arranges an institution briefing that would normally be virtual, but for some institutions will be face-to-face.  QAA will write to the institution to confirm the length of the on-site visit, the membership of the review panel, and the deadline for the institution submission, supporting evidence and student submission.
7 weeks before the on-site visit	Institution submission	Institution uploads institution and student submissions and supporting evidence.  Submissions demonstrate whether the institution has the capacity to meet all review criteria.
4 weeks before the on-site visit	Desk-based analysis	Reviewers, through a desk-based process, analyse the submissions and supporting evidence and identify: <ul style="list-style-type: none"> <li>• main areas for clarification/verification for the on-site visit, which will inform the programme for the visit</li> <li>• pre-visit questions for the institution to respond to with a statement and/or supporting evidence at the beginning of the on-site visit.</li> </ul>
3 weeks before the on-site visit	Virtual review panel meeting	The review panel has a virtual meeting to discuss the conclusions of the desk-based analysis, confirm agendas and finalise logistics in preparation for the visit.  The QAA Officer confirms with the institution the programme for the visit and the pre-visit questions for the institution's response by the morning of the on-site visit.

### **First contact with QAA**

When one institution's RIPE for EQA is due, QAA will contact the institution with regard to the scheduling of the RIPE for EQA. At this stage QAA will also ask institutions to nominate their facilitator and Lead Student Representative.

QAA will confirm the date of the institution's RIPE for EQA, practical arrangements and the relevant deadlines.

Once the institution knows the on-site visit date, QAA expects the institution to disseminate that information to its students and tell them how they can engage with the process.



QAA will also confirm which QAA Officer will be coordinating the RIPE for EQA and the administrative officer, based at QAA's headquarters, who will support it. Institutions are welcome to phone or email their Officer, should they have any questions. The QAA Officer can provide advice about the process but cannot act as a consultant for the preparation, nor comment on whether an institution's quality assurance processes are appropriate or fit for purpose.

## **QAA briefings for institutions**

All institutions will receive a briefing before their on-site visit. At the briefing, QAA will discuss the structure of the RIPE for EQA as a whole.

The briefing will include a discussion about preparing the institution submission, including the institutional self-assessment document, Institutional Performance Enhancement Report (IPER) and supporting evidence. Further guidance about the structure and content of the institution submission is given in [Annex 10](#), which will be updated and amended as per requirement of QAA from time to time.

The briefing will also provide an important opportunity for QAA to liaise with the Lead Student Representative (LSR) about the student submission and how students will be selected to meet the team. Student selection will be the responsibility of the LSR or as per instructions, procedures and guidelines provided by QAA, but they may choose to work in conjunction with the facilitator, or with other student colleagues. Further guidance on the role of the LSR is given in [Annex 8](#), which will be updated and amended as per requirement of QAA from time to time.

The majority of institutions will receive individual virtual sessions (by phone or videoconference) with their dedicated QAA Officer, if and when required. For some institutions, QAA may decide that it would be more appropriate to hold a face-to-face briefing. QAA will give each institution further guidance about who should participate in the meeting. Circumstances where this might occur include:

- where the institution has limited or no previous experience of a QAA review or has undergone unsuccessful QAA reviews previously (whether with or without revised judgements)
- where provision is complex or significant changes have occurred, including recent mergers.

The briefings (whether they are face-to-face or by email, phone/virtual) will give institutions the opportunity to ask any questions about the RIPE for EQA that remain, to focus on questions specific to them. It will also enable the institution to talk directly to their dedicated QAA Officer managing the RIPE for EQA.

After the briefings, the QAA Officer will be available by email and telephone to help clarify the process further with either the facilitator or the LSR.

## **On-site visit duration and review panel composition**

Following the briefing sessions, QAA will write to the institution to confirm the necessary arrangement and schedule if required. Generally, the duration of the review will be three days ([Annex 11](#)) unless the provisions of the university is either too small or too big; where necessary, modifications in duration and schedule may be made by QAA.

QAA will not usually give the institution information about the review panel members, unless written request is submitted by the institution. However, QAA will share clear terms of reference (TORs) with the review panel before taking them on board and request the

reviewers to avoid participation if there is any real or potential conflict of interest. Similarly, if the university sees a possibility of such a conflict of interest, it will inform QAA in writing and QAA will make decisions about the reviewers' selection.

### **Institutional submission - Institutional self-assessment document and IPER with supporting evidence**

The institutional submission, including an institutional self-assessment document, Institutional Performance Enhancement Report (IPER) and supported by documentary evidence for the review, which should be tailored to match the nature of the institution and its higher education provision, has three main functions:

- to give the review panel an overview of the institution, including its approach to managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organisations and any other external reference points that the institution is required to consider
- to describe to the review panel the institution's approach to assuring the academic standards and quality of that provision
- to explain to the review panel how the institution knows that its approach is effective in meeting the review criteria (and other external reference points, where applicable), and how it could be further enhanced and improved.

The institutional self-assessment document and IPER are intended to be reflective, evaluative and focused on the areas of review and as per guidelines issued by the QAA from time to time. Guidance on how to structure the institutional self-assessment document is provided in [Annex 10](#).

The institutional self-assessment document must be accompanied by supporting documentation as evidence which may be presented in original during on-site review. The evidence should be carefully chosen to support the statements in the institutional self-assessment document.

The institution will need to upload the institutional submission (and student submission, where applicable) and accompanying evidence seven weeks, or as conveyed by QAA, before the on-site visit. After that, the institution may be asked for additional information by the review panel following the QAA team's desk-based analysis of the institutional submission. The review panel has two main opportunities to ask for additional evidence from the institution through QAA, if required: after the first review panel meeting and at the review visit itself. The review panel will only ask for additional information that assists it in forming robust opinions on how review criteria will be met. Requests will be specific and proportionate.

### **Student submission**

The function of the student submission is to help the review panel understand what it is like to be a student at that institution, and how students' views are considered in the institution's decision-making and quality assurance processes. The student submission is, therefore, an extremely important piece of evidence.

Guidance and support are available from QAA to those students who are responsible for producing the student submission to ensure that it is evidence based, addresses issues relevant to the review, and represents the views of students as widely as possible. For guidance about the content and use of the student submission, see [Annex 8](#).

## **Review panel desk-based analysis**

The review panel will begin its desk-based analysis of all the information as soon as the institutional submission and student submission are uploaded. The purpose of the desk-based analysis is to enable reviewers to:

- identify which areas are sufficiently covered by the institutional submission and which areas require further clarification/verification during the on-site visit
- identify additional evidence to be made available at the beginning of the on-site visit
- develop questions for the on-site visit
- identify people (roles) to meet during the visit.

To undertake the analysis, reviewers will:

- evaluate evidence relating to the institution's provision against the review criteria
- analyse data relating to the institution's students' outcomes, completion rates and satisfaction where available, and information about the institution's policies and practices.

Should the team identify any gaps in the information or require further evidence about the issues they are pursuing, they will inform the QAA Officer.

## **Use of data in the RIPE for EQA**

Key metrics will be provided by QAA and used by the review panel throughout the RIPE for EQA. This data set will be shared with the institution to aid discussions during the RIPE for EQA.

Institutions that do not have sufficient data should include in the submission their own data relating to student recruitment, retention, progression and achievement for the higher education provision under review. It is helpful to provide this data covering three to five years in order to demonstrate trends over time. QAA encourages institutions to consider their achievements and shortfalls against relevant nationally or internationally benchmarked data sets. Where such data sets exist, the institutional submission should report against, reflect upon, and contextualise their results.

## **First review panel meeting**

As per guidelines of QAA, well before the on-site visit and preferably two weeks before, the review panel will hold a first review panel meeting in preparation for the visit. This takes place over half a day and does not involve the institution. It is the culmination of the desk-based analysis and allows the review panel to:

- discuss its analysis of the documentary evidence
- identify which areas have been sufficiently addressed
- confirm issues for further exploration at the on-site visit
- decide the programme of the visit and who to meet (only if change is necessary in the existing standard schedule).

The review panel members will discuss their individual findings during the desk-based analysis both about the institution's track record in managing quality and standards and the extent to which it meets the applicable Standards and expectations. Where the desk-based analysis does not suggest a strong track record and/or indicates that several Standards may not be met (or the evidence provided is insufficient to demonstrate that the institution is meeting its responsibilities effectively), the review panel will need more time at the institution to talk to

staff and students and analyse further evidence, in order to investigate its concerns thoroughly. A longer visit may also be required where the institution has particularly significant formal arrangements for working with others, including affiliated colleges, which the review panel needs to explore through a number of meetings with staff and/or students at partner organisations.

After the first review panel meeting, the review panel will inform the QAA Officer for coordination with the institution, should the panel require any additional information. Accordingly, the QAA Officer sends the request for further information in the form of pre-visit questions, allowing the institution to respond with a statement and/or supporting evidence. This information should be made available at the beginning of the on-site visit. Requests for additional information will be strictly limited to what the review panel requires to complete its scrutiny, and the institution is entitled to ask for clarification on the purpose of any additional information requests so the most relevant information can be provided.

## **Section 2.4: The on-site visit**

The majority of on-site visits will take place over a three-day period and, as per the standard schedule given, where the first day is dedicated for the documentation review, the second day for the detailed interactive sessions with all the stakeholders, and the third day is for the physical review and inspection of infrastructure, labs, library and other necessary facilities, and also report draft compilation. In some cases, the length of the on-site visit may be four days if it is decided so by the QAA. The decision to tailor the length of the on-site visit will be made by QAA and will be based on the size and complexity of the institution's provision.

### **On-site visit programme**

The activities undertaken during the on-site visit will be largely the same for every institution, unless there is a change in the number of days from the standard three days. The review panel will ensure that its programme includes review of policies, documentation and documentary evidence and meetings with:

- senior staff, including the head of the institution
- academic and professional support staff
- employers and other key external stakeholders
- a representative group of students and alumni, to enable the review panel to gain first-hand information on the students' experience as learners and on their engagement with the institution's quality assurance and enhancement processes.

At the beginning of the review visit, the review panel will hold a brief meeting with the head of the institution to understand the institution's overall strategy for higher education, which will help the review panel set the review in context. Thereafter, the activity is carried out as per the schedule provided earlier that may include review of documentation and documentary evidence, contact with senior staff, academic and professional support staff (including staff from partner organisations where applicable), current students and recent graduates, and employers with which the institution has partnerships, observations of physical facilities and learning resources, and the virtual learning environment.

At the end of the review visit, the team will hold a final meeting with selected senior staff, the facilitator and the Lead Student Representative. This will not be a feedback meeting but will be an opportunity for the team to summarise the major lines of enquiry and issues that it has pursued (and may still be pursuing). The intention will be to give the university a final opportunity to offer clarification and/or present evidence that will help the team come to secure review findings.

An example of a three-day review schedule is provided at [Annex 11](#).

## **On-site visit arrangements**

The facilitator will be responsible for arranging the necessary meetings, ensuring they start on time, and that the agreed participants attend. The review panel will be pleased to make use of video or teleconference facilities to meet people who may find it difficult to attend the institution's premises, such as distance-learning students, students studying in other campuses or alumni.

The review panel will hold meetings according to a schedule agreed in advance with the facilitator. The review panel will adhere strictly to the schedule, starting and finishing meetings on time. The schedule will also allow time for the review panel to have private team meetings where they can discuss and explore the review themes; the times of these private meetings must also be strictly observed. A protocol for review meetings is provided at [Annex 12](#).

Review activities at the visit, for example, observations of facilities and learning resources, will be carried out by at least two review panel members. Where the team splits for an activity, there will be catch-up time afterwards so that all members of the team have a shared understanding of what has been found.

The QAA Officer will be present during the on-site visit and take notes for all meetings with the institution. The QAA Officer will also chair all private meetings of the team to ensure that judgements and the overall conclusion are securely based on evidence available and that each RIPE for EQA is conducted consistently.

Although the facilitator and Lead Student Representative (LSR) will not be present with the review panel for its private meetings, the team may have regular contact with the facilitator and LSR, at the beginning and/or end of the day, or when they are invited to clarify evidence or provide information. The facilitator and LSR should also suggest informal meetings if they want to alert the team to information that might be useful.

Where institutions have significant formal arrangements for working with a partner (for example, an affiliated college) the review panel may wish to meet staff and students from one or more of those organisations in person or by videoconference. These meetings will normally take place within the period of the on-site visit, unless there is good reason why this cannot happen (for instance, because the on-site visit coincides with another organisation's vacation period).

The review panel may request specific evidence about the relationships they are exploring, including:

- the most recently concluded formal agreement between the university and its affiliated colleges, at the organisational and the programme level
- the report of the process through which the university assured itself that the affiliated college was appropriate to deliver or support its awards, or of the most recent renewal of that approval
- the most recent periodic accreditation reports held by the university.

## **Making judgements**

After the final meeting with the institution, the review panel will meet with the QAA Officer to confirm the provisional judgements and agree any areas for development and/or features of good practice for the institution. This meeting will be private. Provisional judgements will not be immediately communicated to the institution.

The QAA Officer will chair this judgement meeting and will test the evidence base for the team's findings. Judgements represent reasonable conclusions that a review panel is able to come to, based on evidence and time available.

The review panel meets to consider its findings in order to:

- agree any features of good practice that it wishes to highlight
- agree any recommendations for action by the institution
- decide on the judgements.

The review panel will reach judgements about whether effective strategies are developed and implemented successfully across the institution. The criteria that review panels will use to determine their judgements are set out in [Annex 5](#).

## Section 2.5: After the on-site visit

This part of the handbook describes what happens after the on-site visit has ended.

### Post on-site visit activity timeline

Standard timelines are given below as an ideal sample; however, QAA may provide instructions with a different timeline that QAA deems best for report submission, keeping the existing capacity of the QAA in perspective. Please note that there may be unavoidable instances when activities need to take place over a shorter or longer time period. The deadlines in this timeline may also be amended to accommodate the QAA requirements.

**Table 3: Post on-site visit activity timeline**

Working weeks	Activity
Week 0	Review visit.
Week +3	Moderation of findings, if required.
Week +4	Draft report is sent to institution and Lead Student Representative for comments on factual accuracy, if required. Relevant partner degree-awarding bodies or awarding organisations are copied in, if required.
Week +6	Institution and Lead Student Representative provide comments on factual accuracy (incorporating any comments from awarding bodies or organisations) to QAA, if required.
Week +8	QAA Officer considers corrections and produces final report.  Confirmed judgements and final report sent to BAQA, if required.
Week +10	RIPE for EQA report published on QAA's website and asks the institution to place the same on its website as well.

## **Review report**

The RIPE for EQA findings (judgements, areas for development and features of good practice) will be decided by the review panel as peer reviewers. The review panel will ensure that the findings are backed by adequate and identifiable evidence, and that the RIPE for EQA report provides information in a succinct and readily accessible form. For the purpose of if the QAA Officer deems intervention is necessary, the same will be discussed with the review panel.

The report will be written as concisely as possible, while including enough detail along with a root cause analysis (RCA) of the issues and challenges identified during the review and recommendations for a remedial action plan to address the findings, to be of maximum use to the institution. The report format should be in line with the direction or format given by the QAA. The report will contain an executive summary including a brief explanation about how the judgement was reached and explaining the findings to a lay audience. The structure of the report will follow the structure recommended for the institution's self-assessment document and the student submission as per QAA guidelines. The QAA Officer will coordinate the production of the review report.

QAA will retain editorial responsibility for the final report and will moderate findings to promote consistency. If required, the moderation process will be undertaken by an independent panel of QAA Officers who were not involved in the review of the institution. The purpose of this moderation process is to ensure that the judgements across a range of institutions are clearly articulated, evidence-based and consistent, and that areas for development and features of good practice are proportionate.

Four weeks after the end of the on-site visit, the institution will receive the moderated draft report, which will be copied to the relevant degree-awarding bodies or other awarding organisations. QAA will also copy in the Lead Student Representative and invite his or her comments, if required.

The institution should respond within two weeks, informing QAA of any errors of fact or interpretation in the report, including any comments by the Lead Student Representative. These errors must relate to the period before or at the on-site visit; the review panel will not amend the report to reflect changes or developments made by the institution after the on-site visit ended.

Nine weeks after the on-site visit, the QAA Officer will finalise the report. This report will be provided to BAQA to inform its decision about an institution's accreditation status.

The RIPE for EQA report will then be published on the QAA's website and the university will be requested to place it on its website as well.

The aforementioned report submission and moderation process can only be exercised when there is a separate wing with QAA looking after follow-up activity of the RIPE visit. Until then QAA may prescribe instructions for report writing and finalisation processes to be followed as a stop-gap arrangement.

## **Action planning and sign-off**

The institution will be expected to develop a Compliance Action Plan (CAP) through the Institutional Quality Circle (IQC) or similar body, and an internal CQI Policy as per QAA guidelines (An example of IQC and a CQI policy is given as [Annex 14](#) for HEIs to develop their own along similar lines) in response to the conclusions of the review report and publish the compliance action plan on the institution's website within four weeks after receiving the



final report. QAA publishes a link to the compliance action plan on the institution's website alongside the RIPE report.

The action plan should be signed off by the head of the institution, responding to the recommendations and setting out any plans to capitalise on any good practice identified. Institutions should either produce this jointly with student representatives, or representatives should be able to post their own commentary on the action plan. Further guidance on how to produce an action plan can be found in [Annex 13](#) and [Annex 14](#).

Institutions will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to their website. QAA will support institutions to complete an action plan, monitoring their progress within agreed timescales and confirming that the actions taken have had a positive impact. The institution will have the possibility to have its judgements revised after one year. QAA will work with the institution to determine the level of intensity of any follow-up action required in view of having the judgements revised.



# Annexes

## Annex 1: Glossary/definitions of terms

- 1 **Policy:** A policy is a written document/procedure that works as the guiding principle to help an organisation take logical decisions. A document cannot be called a policy or strategy unless it has four elements which must be developed through **a)** consultation and approval of statutory forums and should be properly **b)** documented (documentation) and **c)** notified (notification) and **d)** published (website).
  - a) **Consultation:** The formal decisions are made through discussions and debate in the relevant statutory forums and consultations with stakeholders. This is equally applicable to the adoption of HEC policies/guidelines for necessary implementation mechanisms and arrangements. A policy must be prepared in consultation with all the stakeholders; the statutory forums, and students, making sure to have well-informed stakeholders.
  - b) **Documentation:** The consultation process needs to be documented properly in the form of minutes of the meetings duly signed off by the members.
  - c) **Notification:** Once the policy document is duly approved after thorough consultation with all the relevant statutory bodies and stakeholders, it must be **duly notified** from the office of the **Registrar** as the approved policy for implementation.
  - d) **Publication (on the website):** The approved policy, along with the documentation and notification, needs to be published and placed on the website, for internal as well as external stakeholders.
- 2 **Effective implementation:** How the organisation is managing complex changes to practice and policy by engaging stakeholders and building capacity for the change. In order to ensure effective implementation of a policy/procedure, there must be a well-defined **Strategy** and **CQI mechanism** in practice at the HEI.
- 3 **Strategy:** Strategy is a comprehensive, written Standardised Operational Procedure (SOP), well-defined mechanism or procedure, and clearly defined plan of action, with a designated office/officer ensuring the accomplishment of a particular set of expectations.
- 4 **CQI mechanism:** A well-thought-out and well-defined mechanism, which is focused on university activities to make sure that it is responsive to stakeholders' needs and improves overall quality. The university must have an effective CQI policy and mechanism in practice - as per international best practices and guidelines of QAA - to ensure effective and continuous efforts in meeting expectations.

## **Annex 2: IQAE and IQC - Terms of reference**

### **The Office of Institutional Quality Assessment and Effectiveness (IQAE)**

QAA expects that an Office of Institutional Quality Assessment and Effectiveness (IQAE)/ QEC is established in all universities, their sub-campuses and affiliated colleges. The IQAE within each institution are the focal point for all quality assurance policies and practices and have an important role in facilitating the development and delivery of internal and external quality assurance. One of their main functions is the management of internal quality assurance processes, at both programme and institutional level. They also have a key responsibility in liaising with external quality assurance bodies, including the HEC, QAA and accreditation councils.

IQAEs have clear authority within the institution to develop, deliver and manage quality assurance policies and procedures. The offices are led by a senior manager (equivalent to the status of Dean/Administrative Head) who directly reports to the head of institution (Vice Chancellor/Rector or equivalent), and who has quality assurance within their remit. IQAEs include staff aligned to each faculty or department, to help ensure effective and consistent operation across the institution. There is an expectation that IQAEs will promote ways to engage students in quality assurance, including in the Office's own operation.

The role of the IQAE is crucial in enabling the university to develop an organisational quality culture oriented to enhancing the quality of its programmes.

### **Terms of reference for the Office of Institutional Quality Assessment and Effectiveness**

IQAEs are responsible for:

- promoting public confidence that the standard of academic awards is safeguarded and that quality is assured and enhanced
- systematic internal review of academic standards and the quality of teaching and learning in each subject area
- systematic review of academic affiliations and partnerships with other institutions to ensure effective management of standards and quality of programmes
- facilitating external review of programmes and the institution
- coordination and liaison with QAA-HEC for implementation of HEC's guidelines related to quality assurance
- coordination between accrediting departments and accreditation councils for timely accreditation of programmes from respective councils
- facilitating in establishment and functioning of IQAE sub-offices at campuses, constituent units and affiliated institutions
- supervision of sub-offices of IQAE at campuses, constituent units and affiliated institutions
- actively participating in meetings of all statutory bodies
- capacity building of all internal stakeholders on QA-related activities
- ensuring institutional alignment with the National Qualifications Framework of Pakistan at associate degree programme, bachelor, master's, and doctoral level
- developing and enhancing quality assurance processes to affirm that the quality of provision and the standard of awards are being maintained
- fostering curriculum, subject and faculty/staff development, together with research and other scholarly activities
- developing and enhancing procedures for student partnership in quality assurance activities

- ensuring that the institution's quality assurance procedures are aligned with national arrangements for maintaining and improving the quality of higher education
- developing, managing and enhancing procedures for the following:
  - approval of new programmes
  - annual monitoring and evaluation, including at programme and faculty level, as well as of stakeholder evaluation
  - departmental review
  - student feedback
  - employer and alumni feedback
  - faculty feedback
  - employer participation in relevant quality assurance activities
  - programme review and self-assessment (see below)
  - institutional review and self-assessment
  - regulatory frameworks for qualifications.

As noted above, IQAEs also manage the quality assessment mechanisms of institutions as well as academic programmes, through a self-assessment process. This process is:

- comprehensive – meaning that it covers all areas of the institution's operation
- inclusive – meaning that it actively involves all stakeholders, in particular students
- attentive to external reference points, including the Precepts and Standards Guidelines of HEC and the National Qualifications Framework.

The self-assessment process results in a report which is directed to securing high academic standards and enhancing the quality of the student learning experience. Programme areas are then required to initiate an action plan for the sharing of good practice and improvement.

### **The Institutional Quality Circle (IQC)**

The quality culture should be facilitated by the Institutional Quality Circle (IQC) headed by the university Vice Chancellor/Rector as part of the institutionalisation of quality in the institutions of higher learning.

The institutional governance and quality framework encompasses the Institutional Quality Circle (IQC). The IQC is a key tool for the IQAE in establishing a quality culture within an institution. It is chaired by the Vice Chancellor and facilitated by the IQAE. Aside from ratifying the institutional self-evaluation (described above), the IQC meets four times a year in its role as the ultimate delegated authority for the management of quality assurance at the university.

### **Terms of reference for the Institutional Quality Circle (IQC)**

- To monitor all relevant external guidance and requirements related to quality assurance, initiating and coordinating action as appropriate.
- To develop and keep under review the university's Academic Policy and Quality Framework, that is, the systems, policies and guidance for assuring and enhancing the quality of students' learning experience and maintaining academic standards, and to consider and manage the outcomes of these processes.
- To have oversight of the university's approach to assuring the completeness, accuracy, reliability and fitness for purpose of information provided for applicants and students.
- To maintain operational oversight of academic and student-related policy and legislation, considering proposals for minor and operational legislative changes, consulting with legal services as appropriate.

- To consider proposals for the addition, withdrawal, suspension, and exceptional amendment of programmes of study of the university. This will normally be undertaken by chair's action for regular reporting to a subsequent meeting of the committee.

During these discussions the IQAE will ensure that the IQC is informed by, and considers, the key questions under each element of the university/institutional performance report. In this way the discussions of the IQC are rooted in the student life cycle epitomised by the IPR and the data that is generated by student activity.

A key output of the discussions of the IQC are the identification of opportunities for enhancement across the institution.

### **Membership**

- Chair: Vice Chancellor
- Deputy chair: Pro-Vice Chancellor
- Head of the Institutional Quality Assessment and Effectiveness unit
- Heads of Department
- Student Council representatives (2)

## **Annex 3: Standards and Guidelines for Review of Institutional Performance and Enhancement (RIPE for IQA & EQA)**

The RIPE standards are listed below.

### **Standard 1: Vision, mission, goals and strategic planning**

#### **Expectation**

The institution's vision, mission, and subsequent goals define its purpose and drives institutional activities through strategic planning within the context of national higher education priorities, regional and local requirements and the needs of students and the wider group of stakeholders.

#### **Expectation outcome indicators (EOIs)**

The institution should:

- I ensure that the institution's vision and mission are conceived and developed in consultation with the broader stakeholders.
- II ensure that the institution's vision, mission and goals are consistent with the provisions in the charter, including territorial and academic jurisdictions.
- III ensure that the institution's mission and goals serve as the foundation for all its activities
- IV have strategic planning to drive all the activities of the institution and provide directions for future plans of the HEI, including resource allocation priorities, and develop a relevant, effective and coherent ecosystem for excellence
- V maintain a well-documented strategic plan linking institutional vision and mission to that of faculty and departmental level, ensuring effective implementation through defined SMART goals and key performance indicators (KPIs).
- VI practice an effective approach to the planning and evaluation of its provision, including the management of its academic resources appropriate to the needs of its students and its wider group of stakeholders
- VII convey the importance of the systematic evaluations of mission, goals and strategic planning to inform decision making by ensuring stakeholders are well informed.

#### **Indicative evidence**

The expectation for the Standard might be evidenced by the institution's:

- vision, mission statements/ documents
- strategic planning processes in place, linking institutional mission to its departmental mission, goals and KPIs
- analysis reports of the process adopted for development of mission and subsequent goals and periodic reviews of mission and goals
- analysis reports of the process of application of these goals and coordination for implementation
- review reports of processes adopted to disseminate the mission and goals to faculty, students and members of the governing body and efforts to maintain the institution's commitment to the mission among members of the institution.

#### **Guidelines**

The mission is developed through involvement of the institution's community and approved by its governing body. It defines the institution, its scope, characteristics and individuality as

an academic institution. The basic purpose of the establishment of the institution should be reflected in the mission statement. Moreover, the mission of an effective institution is well translated and articulated through a set of goals to be achieved throughout the whole academic body with substantial participation of management, faculty, students and the community. The mission and goals are developed through a consultative process conducted among all stakeholders and the governing body of the institution.

### **Further reading and QA resources**

## **Standard 2: Governance, leadership and organisation**

### **Expectation**

The institution has an inclusive governance system that facilitates the fulfilment of its mission and goals and strengthens institutional effectiveness and integrity. Leaders have a clear and ambitious vision for providing high-quality, inclusive education and training to all. This is realised through adherence to the act/charter, well prescribed statutes as per the requirements of the charter, rules, policies and regulations, with strong institutional mechanisms, practices, shared values, and is ultimately led by the Vice Chancellor and ensuring meaningful contributions by all the statutory authorities.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I ensure that the system of organisation and governance in the university is responsive to the present and future needs of the organisation
- II ensure that the system of organisation and governance is consistent with the power and functions and other requirements given in the charter and statutes, rules, regulations and policies
- III ensure that the system of organisation and governance exercises prudence in policy development and decision-making processes in the best interests of all the stakeholders in general, and that of students in particular
- IV ensure that the system of organisation and governance has elements of good governance such as rule of law, accountability, effectiveness and efficiency, transparency, equity, and inclusion
- V create and sustain an environment which enables teaching, learning and scholarship that promotes high-quality teaching and learning and promotes genuine, impactful research culture
- VI create and sustain an environment which promotes provision that is appropriate to the surrounding industry and the aspirations of its students
- VII create and sustain an environment which enables the effective functioning of all programmes, and enables students to progress and achieve their learning objectives
- VIII create and sustain an environment in which students and other stakeholders participate in the governance system
- IX have leadership that focuses on improving faculty's subject and pedagogical knowledge to enhance the teaching of the curriculum and the appropriate use of assessment; the practice and subject knowledge of staff are built up and improve over time
- X have leadership that aims to ensure that all learners complete their programmes of study; they provide the support for faculty and staff to make this possible
- XI have leadership that engages effectively with students and wider stakeholder groups

- XII have leadership that engages with their faculty and staff and are aware and take account of the main pressures on them; they are realistic and constructive in the way that they manage faculty and staff, including their workload
- XIII have well-defined institutional mechanism to make each non-academic/service departments - including Registrar's office, library, examination department, student affairs, career counselling, IT department, transportation department, hostel management, cafeteria management - conduct well-structured surveys to get students and faculty feedback and to improve their services based on the feedback provided by the stakeholders
- XIV have a well-thought-out business automation and digital transformation policy and process to increase institutional productivity and efficiency and to provide quality services to stakeholders in general, and students in particular.

### **Indicative evidence:**

The expectation for the Standard might be evidenced by the institution's:

- documents on governance such as constitution, byelaws, enabling legislation, charter, statutes, rules and regulations and decision-making processes, and so on
- establishment of a governing body and prescribing rules and mechanisms for a meaningful and fit-for-purpose institutional process of selecting members
- periodic assessment reports on the effectiveness of the organisation and its governance, and so on
- conflict of interest policy
- records of meetings of statutory bodies to deal with relevant matters
- documentation of students' participation in the governance system
- reports of responsibilities of governing body members and records of their meetings and other official activities
- documents that confirm that leaders have a shared commitment to the institution's vision and mission, are committed to student success by continuous improvement of student retention, achievement and employment, are committed to developing and improving their staff and engage with industry and society.

### **Guidelines**

The institution has a governance system that facilitates the fulfilment of its mission and goals and strengthens institutional effectiveness and integrity. The institution creates and maintains an environment which enables teaching and learning service and scholarship that helps in developing a research culture. It assures provision of support adequate for the appropriate functioning of all programmes across the organisational system. The institution has a leadership that establishes and shares a clear strategic vision that responds to social and industrial needs and facilitates a learning environment that enables staff and students to meet and exceed their potential and promotes enhancement.

### **Further reading and QA resources**

[Development Programmes | Advance HE \(advance-he.ac.uk\)](https://advance-he.ac.uk/): AdvanceHE Leadership Development programmes



### **Standard 3: Institutional resources and planning**

#### **Expectation**

The human, physical, virtual/technological, financial and information resources of an institution are appropriate, sufficient and accessible to realise its institutional mission and goals.

#### **Expectation outcome indicators (EOIs)**

The institution should:

- I have a strong institutional mechanism to plan, develop and review the available infrastructure, and other academic or non-academic resources to ensure the availability of adequate means and arrangements to enable students to develop their academic, personal and professional potential
- II have institutional policies and mechanisms for infrastructure planning, development, execution, monitoring and evaluation
- III have adequate and readily accessible academic and non-academic resources to provide quality learning opportunities to all students and to allow them to complete their studies
- IV have adequate and readily accessible technological/virtual resources that enable students to achieve their learning objectives
- V demonstrate effective and efficient utilisation and continued development of these resources to enable students to achieve their learning objectives
- VI create and sustain an environment in which students and other stakeholders are able to give feedback about the resources used for teaching and learning
- VII have institutional policies with well-defined SOPs for procurement of goods and services that are consistent with the relevant rules and law of the land. Such a policy should ensure that the procurements are conducted in a fair and transparent manner, the object of procurement brings value for money and the procurement process is efficient and economical.
- VIII have a well-thought-out policy to generate alternative revenue through taking advantage of local industries (if any), offering corporate training programmes, micro credentials and alumni engagement, and so on.

#### **Indicative evidence**

The expectation for the Standard might be evidenced by the institution's:

- relevant policy documents and practices and their effective implementation
- review reports of institutional resources, fundraising and grant activities
- review of periodic reports of institutional planning, assessment and budget
- review reports of work of various institutional committees dealing with resource acquiring, allocation or replacement, and so on
- review reports of resource availability and allocation and linkage with planning cycle
- review reports of transparency of the system of all kinds of contracts and agreements regarding resource acquiring and sharing
- review reports of endowment policies and procedures, if any
- review reports of resource management.

#### **Guidelines**

Institutional management of resource acquirement, appropriate allocation and utilisation is pivotal for planning, goals achievement, mission fulfilment and integrity. The effective use of

internal and external resources plays a significant role in institutional performance. Institutional resources such as financial, physical, technological, equipment and supplies, research, administrative, and all kind of other resources, should be an essential element of planning, allocation and assessment at all tiers.

The institutional priorities are reflected through respective allocation of resources among various programmes, units and individuals. The planning process conveys guidelines for decision making regarding allocation of resources, rather each plan itself provides the methodology of rational reviewing and monitoring of all respective institutional support resources.

The institution should be capable of acquiring, maintaining and developing the appropriate physical and technological resources such as buildings, fully equipped classrooms and laboratories, grounds, materials, and student and faculty housing. While the information resources such as library and instructional technology should be capable of developing an atmosphere conducive to teaching, learning and research, capacity building/training of faculty, students and staff is imperative to train them for effective use of library and instructional technology.

#### **Further reading and QA resources**

- [Alternative Revenues in Higher Education | EAB](#)
- [Advice and Guidance \(qaa.ac.uk\)](#): Guidance on Enabling Student Achievement and Learning and Teaching

### **Standard 4: Audit and finance**

#### **Expectation**

The institution ensures its future financial viability and has a robust auditing system to give confidence in the integrity of its financial performance.

#### **Expectation outcome indicators (EOIs)**

The institution should:

- I operate a financially robust plan which balances income and expenditure to create an annual surplus
- II produce robust financial forecasts based on sound strategic planning which ensures the future financial viability of the institution
- III operate rigorous and independent scenario and contingency planning to ensure that sustainable levels of cashflow and investment are maintained
- IV operate a funding system that provides value for money and works for students
- V have a well-thought-out policy to maintain and grow an endowment fund (private sector HEIs)
- VI provide at least 10% of students with financial support; fee exemptions and scholarships on a needs basis
- VII have well-defined policies and/or institutional mechanisms for its annual accounts to be audited by competent auditors
- VIII have institutional mechanism to take all the statutory positions, including Deans, on board for necessary annual budgeting.

## Indicative evidence

The expectation for the Standard might be evidenced by the institution's:

- financial plans that are clearly linked to strategy
- financial plans for three years showing an annual surplus
- profit and loss and balance sheets for the previous three years
- cash flow forecasts for the next three years
- capital expenditure (historical and forecasts)
- examples of modelling different scenarios to provide value for money
- financial auditor reports
- policy document on mainlining endowment fund (private sector institution)
- policy document and list of scholarships and fee exemptions provided.

## Guidelines

This Standard is for institutions to provide evidence of sound financial performance to ensure financial viability and robust auditing systems to give confidence in the institution's financial performance.

## Further reading and QA resources

## Standard 5: Affiliated colleges/institutions

### Expectation

The university takes ultimate responsibility for academic standards and the quality of learning opportunities for the programmes that it provides, allows, and accredits, irrespective of where these are delivered or who provides them.

### Expectation outcome indicators (EOIs)

The institution should:

- I have a strategic approach to delivering learning opportunities with others; appropriate levels of resources (including staff) are committed to the activities to ensure that the necessary oversight is sustained
- II have policies and procedures to ensure that there are adequate safeguards against financial impropriety or conflicts of interest that might compromise academic standards or the quality of learning opportunities; consideration of the business case is conducted separately from approval of the academic proposal
- III have governance arrangements at appropriate levels for all learning opportunities which are not directly provided by the university; arrangements for learning to be delivered, or support to be provided, are developed, agreed and managed in accordance with the formally stated policies and procedures of the university
- IV assess risks of each arrangement to deliver learning opportunities with others at the outset and reviewed subsequently on a periodic basis; appropriate and proportionate safeguards to manage the risks of the various arrangements are determined and put in place
- V have a written and legally binding agreement, or other document, setting out the rights and obligations of the parties, which is regularly monitored and reviewed; it is signed by the authorised representatives of the university before the relevant activity commences

- VI take responsibility for ensuring that it retains proper control of the academic standards of awards where learning opportunities are delivered with others; no serial arrangements are undertaken without the express written permission of the university, which retains oversight of what is being done in its name
- VII retain responsibility for ensuring that students admitted to a programme who wish to complete it under their awarding authority can do so if the college withdraws from an arrangement or if the university decides to terminate an arrangement
- VIII ensure that the standards of any of its awards involving learning opportunities delivered by others are equivalent to the standards set for other awards that it confers at the same level; they are also consistent with Pakistani national requirements
- IX fulfil the requirements of any accreditation council or professional, statutory and regulatory body that has approved or recognised the programme or award, in relation to aspects of its delivery and any associated formal agreements; the status of the programme or award in respect of accreditation council recognition is made clear to prospective students
- X approve module(s) and programmes delivered through an arrangement with another college through processes that are at least as rigorous, secure and open to scrutiny as those for assuring quality and academic standards for programmes directly provided by the university
- XI ensure that colleges involved in the assessment of students understand and follow the assessment requirements approved by the university for the components or programmes being assessed in order to maintain its academic standards
- XII ensure that modules and programmes offered through other colleges are monitored and reviewed through procedures that are consistent with, or comparable to, those used for modules or programmes provided directly by them
- XIII ensure that they have effective control over the accuracy of all public information, publicity and promotional activity relating to learning opportunities delivered with others which lead to their awards.

### **Indicative evidence**

The expectation of the Standard might be evidenced by the institution's:

- strategy and governance documents
- documentation regarding developing, agreeing and managing an arrangement to deliver learning opportunities with affiliated colleges
- documentation clarifying responsibility for, and equivalence of, academic standards
- documents clarifying quality assurance arrangements
- information for students and affiliated colleges
- certificates and records of study/surveys.

### **Guidelines**

This Precept applies to the management of all learning opportunities leading or contributing to the award of academic credit or a qualification that are delivered, assessed or supported through an arrangement with the university.

The following list (which is neither exhaustive nor mutually exclusive) illustrates different arrangements for delivering learning opportunities with others to which this Precept applies:

- joint supervision of research degrees or provision for doctoral research to be conducted at another academic or industrial organisation, if any (applicable either to individuals or cohorts of students)
- research centres involving more than one organisation
- accredited programmes delivered by affiliated colleges

- articulation arrangements, whereby all students who satisfy academic criteria on one programme are automatically entitled on academic grounds to be admitted with advanced standing to a subsequent stage of a programme of a university.

### **Further reading and QA resources**

[Advice and Guidance \(gaa.ac.uk\)](http://gaa.ac.uk): Guidance on Partnerships

## **Standard 6: Internationalisation of higher education and global engagement**

### **Expectation**

Universities should have cross-national visibility, manifested through academic mobility, institutional collaboration, and participation through various global engagement initiatives.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I make formal institutional collaborations and agreements with similar international universities; such collaborations may include, for example, faculty, student exchange programs, staff/statutory positions experience exchange programmes, collaborative research, academic improvement, improving governance and QA mechanisms
- II take initiatives and support QA/QEC/IQAE to bring international best practices into the university processes through physical/virtual participation in the international relevant QA networks, seminars, workshops, training, and so on, and such learning outcomes should not only be shared with the rest of the stakeholders but also bring in practice through relevant policies
- III prepare the institution to get the programmes /institution accredited by the international accreditation agencies
- IV encourage students and faculty in academic mobility by supporting them to apply to such international student/faculty exchange opportunities
- V have institutional mechanism to accept international students and international credit transfers in consultation with HEC and relevant authorities
- VI have well-defined institutional mechanisms to encourage students to benefit from MOOCs (massive, open, online courses) in their relevant disciplines, including giving such accomplishments due credit as per institutional policy
- VII prepare and participate in various universities' ranking initiatives.

### **Indicative evidence**

- Relevant policy documents
- Agreements
- MOUs
- QA network memberships
- Engagement policy
- Ranking outcomes
- List of institutional collaborations for student/faculty exchange
- List of students/faculty who have participated in any such international exchange opportunities
- MOOCs facility

## Guidelines

Institutions should encourage international collaborations and exchanges that will bring diverse experience and exposure to the institutions and to the students and faculty. Such exposure and experiences are vital to promote diversity not only within the academic community but also in society. Having international collaborations will not only enhance the institutions but also link communities beyond borders.

## Further reading and QA resources

[Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Partnerships

## Standard 7: Faculty recruitment, development and support services

### Expectation

The institution's processes for recruitment, development and retention of teaching staff are fair and transparent and suitable to the accomplishment of its institutional mission and goals.

### Expectation outcome indicators (EOIs)

The institution should:

- I ensure that it recruits, retains and develops a body of faculty that could serve the institutional purpose of providing:
  - i quality learning opportunity for the students
  - ii research contributions that serve the community and the country
- II have well-defined institutional policies and mechanisms to ensure all new recruits have mandatory prerequisites, such as good communication skills and pedagogical skills to be demonstrated with a presentation to the selection board or relevant committee
- III have well-defined institutional policies to provide orientation to ensure all the faculty members have mandatory advance knowledge of the university governance structure, all the provisions in the charter/act, statutes, rules and regulations, and good communication skills and pedagogical skills, for effective teaching and assessment
- IV provide necessary support and facilitation to the faculty that include mechanisms to continuously provide training and capacity building of the faculty
- V have an institutional mechanism to provide necessary facilities and support to the faculty in career development and retention of quality faculty
- VI assure the competence of the teachers and staff qualifications
- VII assure the relevant teaching and industrial experience, exposure of the teaching faculty
- VIII ensure the availability of an adequate number of relevant and qualified full-time faculty members against each academic programmes as per international best practices and HEC guidelines.

### Indicative evidence

The expectation and the Standard might be evidenced by the institution's:

- documented institutional mechanisms and practices for faculty recruitment and appointment, supervision, promotion, evaluation for both regular/full-time, part-time, adjunct and other faculty members

- dissemination of evaluation criteria and procedures review reports of teaching effectiveness, analysis of faculty peer review reports for teaching and scholarship
- records of productivity in scholarship of teaching and research in the creation of knowledge, consistent with the mission of the institution
- analysis reports of correlation between faculty profiles and performance and student learning outcomes.

### **Guidelines**

The institution hires, retains, sustains and develops a faculty that is suitable to the accomplishment of its mission. Faculty qualifications, numbers, and quality-oriented performance is sufficient to achieve the institution's mission and objectives. Faculty offers academic programmes with competence and assumes related responsibilities.

### **Further reading and QA resources**

[Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Assessment

## **Standard 8: Academic programs and curricula**

### **Expectation**

In order to secure academic standards, and to safeguard students' interest, the degree-awarding institutions should ensure that the requirements of the National Qualification Framework for Pakistan and similar international best practices are met by positioning their qualifications at the appropriate level and ensuring that programme learning outcomes align with the qualification descriptor in the Framework and naming qualifications in accordance with the titling conventions specified in the Framework. The academic programmes offered by the institution are designed to be consistent with its mission and goals and reflect the needs of students, employers and wider society. Institutions should tailor their academic programmes and teaching in such a way that students and teachers can engage in addressing the pressing local and global issues and challenges.

### **Expectation outcome indicators (EOIs):**

The institution should:

- I establish transparent and comprehensive academic frameworks and regulations to govern how they award academic credit and qualifications
- II ensure the academic programmes and curricula have elements that support students to learn and excel the subject skills that could make the qualification at par with that of similar international qualifications
- III have institutional mechanisms to ensuring availability of adequate number of relevant and qualified full-time faculty members against each academic programme
- IV provide a supportive environment for faculty, staff evaluation, development and progression, the sharing of good practice, innovative teaching and scholarly activity
- V inculcate universal academic skills such as critical thinking, creativity, collaboration, communication and commitment
- VI develop clear policies and procedures for each programme and qualification that they approve which constitutes the reference point for delivery and assessment of the programme, its monitoring and review, and for the provision of records of study to students and alumni
- VII establish and consistently improve implementation processes for the approval of taught programmes and research degrees that ensure that academic standards are

- set at a level which meets the required threshold of the National Qualifications Framework of Pakistan and similar international best practices and are in accordance with its own academic frameworks and regulations
- VIII ensure that rigorous processes for the monitoring and review of programmes are implemented which explicitly address whether the Pakistan threshold academic standards/qualification framework are achieved and whether the academic precepts required by the individual institution are being maintained that include institutionalisation of programme self-assessment mechanisms such as self-assessment reports (SAR)
  - IX have a mechanism to regularly evaluate the quality of the curricula and system of evaluations vis à vis learning outcomes of the programme and generate a programme-wide report for continuous improvement; that includes conducting self-program review for effectiveness and enhancement (Self-PREE)
  - X automate the mechanism of collecting, reviewing and analysing periodic data to track the achievements of graduates and maintain reliability and validity of the result, the system of the exam, and the testimony about the students' skills and competence
  - XI ensure that programmes are designed so that the student learning experience enables students to meet the objectives set for them, including the intended learning outcomes
  - XII ensure that programmes are designed so that they meet the needs of students, employers and wider society
  - XIII ensure that qualifications resulting from a programme be clearly specified and communicated, and refer to the correct level of the National Qualifications Framework for higher education
  - XIV ensure academic programmes are outcomes-led and competency-based.

**Indicative evidence:**

The expectation for this Standard might be evidenced by the institution's:

- a academic frameworks used, for example the mapping of curricula and programmes with the National Qualifications Framework of Pakistan, accreditation council's requirements and similar other national and international best practices
- b academic regulations covering assessment and award of credit
- c programme and module specifications
- d assessment boards and similar statutory and statutory bodies' minutes of meetings
- e programme design and development policy and procedure
- f programme monitoring and review policy and procedure
- g external examiner reports
- h programme development policy
- i evidence of well-defined and coherent programme goals and objectives reflecting the institutional mission, such as module specifications
- j evidence of the balance between theory and practice to achieve programme and institutional goals
- k mapping of programme specifications to the National Qualifications Framework for higher education
- l defined student learning outcomes
- m graduate destinations (the employment status of graduates of the university six months after graduation).

**Guidelines**

Academic standards and EOs are aimed at supporting Pakistan's higher education institutions in meeting their responsibilities for the academic standards of the programmes



they offer and the credit and qualifications they award, within the context of their own mission, values and strategic objectives. Responsibility for setting and maintaining standards lies with the degree-awarding institution (DAI). This is also relevant to any delivery institution(s) such as campuses and affiliated institutions with which a DAI may work.

Institutions should use academic programme design and development to facilitate a culture of innovation, creativity and continuous improvement through the creation of market-attractive portfolios. It should be informed by feedback from a range of stakeholders/sources and developments, particularly employers. It can reflect multidisciplinary research, contemporary industry practice, pedagogical and technological advancements, and current affairs.

### **Further reading and QA resources**

[Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Course Design and Development, Enabling Student Achievement, Monitoring and Evaluation.

## **Standard 9: Admission, progression, assessment, and certification**

### **Expectation**

Institutions consistently apply predefined and published regulations covering all phases of the student life cycle. Higher education institutions operate equitable, valid and reliable processes of assessment, which enable every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I ensure an institutional mechanism to admit students whose aptitude, academic interests, educational goals, and abilities are potentially compatible with the institutional mission and objectives
- II have a policy for student admission and enrolment which is transparent, reliable, valid, inclusive and underpinned by appropriate institutional mechanisms and well-defined processes and provide them with a quality learning opportunity and that could produce highly skilled and responsible global citizens
- III have a policy for progression, through which every student is enabled to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical and creative thinking
- IV have a policy for certification and award of credit which enables every student to demonstrate the extent to which they have achieved the intended learning outcomes for the credit or qualification being sought
- V have a robust assessment/exams mechanism to ensure that credit and qualifications are awarded only where the achievement of relevant learning outcomes have been demonstrated through meaningful assessment and both Pakistan threshold standards and their own academic standards have been satisfied; for the purpose, the controller of exams and other relevant stakeholders must be well aware of assessment best practices, trends, and tools
- VI ensure that the scheduling and frequency of assessment is consistent with an effective and appropriate measurement of the achievement by students of the intended learning outcomes and effectively supports learning

- VII publish, and implement consistently, clear mechanism, criteria and SOP for the marking and grading of assessments
- VIII ensure that there are robust mechanisms for marking and for the moderation of marks that draws on the expertise of external stakeholders
- IX ensure that appropriate feedback is provided to students on assessed work in a way that promotes learning and facilitates improvement
- X publish a transparent procedure for academic appeals.

### **Indicative evidence**

The expectation and this Standard might be evidenced by the institution's:

- marketing strategy
- admissions policy
- progression policy
- certification, assessment and credit award policy
- evidence of support programmes and services for students to improve the achievement of their educational goals and expected learning outcomes
- periodic surveys, review reports of information provided on financial aid programmes, scholarships and grants
- evidence of utilisation of review reports of financial aid component to further improve these and to assure public information sharing
- evidence of utilisation of review report results to further improve the policies of admission, retention, persistence, and so on
- evidence of utilisation of attrition data and drop-out analysis reports to investigate the reasons and to improve the situation for these students
- documentation about the purpose, methods and schedule of assessment tasks during, and at the end of, a module or programme of study
- the criteria for assessment, including, where appropriate, what is expected in order to pass or to gain a particular grade or classification
- information procedures adopted about what elements will, and which will not, count towards interim or final assessment and with what weighting or exemption procedures
- policy and mechanisms adopted for the marking and grading conventions that will be used
- policy, procedure and documentation about the consequences of assessment, such as decisions about progression to the next level, final awards and the right of appeal
- information about how and when assessment judgements are published
- information about opportunities for re-assessment.

### **Guidelines**

The institution operates a fair admissions system that:

- is transparent
- enables higher education institutions to select students who are able to complete the programme as judged by their achievements and their potential
- strives to use assessment methods that are reliable and valid
- seeks to minimise barriers for applicants
- is professional in every respect and underpinned by appropriate organisational structures and processes.

The institution enables students to develop and achieve and take responsibility for their own learning. Students are clear about the learning opportunities available and how and where they can access them.

The institution has resources and arrangements which monitor and evaluate students to enable them to develop their academic, personal and professional potential and achieve against the intended learning outcomes for the credit or qualification being sought.

Assessment is a fundamental aspect of the student learning experience. Engagement in assessment activities and interaction with staff and peers enables learning, both as part of the task and through review of their performance. It is a vehicle for obtaining feedback. Ultimately, it determines whether each student has achieved their programme learning outcomes and allows the awarding body to ensure that appropriate precepts are being applied rigorously. Deliberate, systematic quality assurance ensures that assessment processes, precepts and any other criteria are applied consistently and equitably, with reliability, validity and fairness.

### **Further reading and QA resources**

[Advice and Guidance \(gaa.ac.uk\)](http://gaa.ac.uk): Guidance on Admissions, Recruitment and Widening Access

## **Standard 10: Student support services**

### **Expectation:**

The institution demonstrates adequate and efficient student support services that enable students to achieve their educational goals, facilitates the overall process of achieving the institutional mission and safeguards student's physical and mental health.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I have an institutional mechanism to include the voice of the students in the decision-making processes for academic improvement
- II have a mechanism for developmental and remedial learning opportunities, particularly in the areas that are critically relevant to their future success
- III have an institutional mechanism and defined institutional forums to resolve students' grievances in timely manners
- IV have a well-defined institutional mechanism in place to ensure the availability of equal opportunity and resources for extracurricular activities for all students (males and females)
- V provide necessary basic quality services such as availability of a spacious, neat and clean cafeteria with appropriate seating arrangement, library facilities with ample book collections, and seating places, common rooms for female students, psychological counselling, first aid and ambulance facility on campus
- VI have a well-defined policy and mechanism for developing a Student Council for Academic Learning & Enhancement (SCALE) with a written constitution to follow by the students, having well-defined rules and regulations with well-defined SOPs for student engagement in quality assurance processes and related decision-making forums such as IQC
- VII solicit and take account of student and other stakeholder feedback in designing and delivering student support

- VIII ensure that everyone involved in supporting student learning is appropriately qualified, supported and developed
- IX ensure that adequate and readily accessible learning resources (for example subject-specific resources such as studios and laboratories, and generic resources such as libraries and learning resource centres) and student support (for example, academic tutorial, student counselling, career guidance, and tutorial) are provided
- X maintain physical, virtual and social learning environments that are safe, accessible and reliable for every student, promoting dignity, courtesy and respect in their use
- XI ensure that readily available social and recreational facilities are provided, including necessary student societies and clubs
- XII have an institutional policy on alumni engagement; by having a strong alumni association with a reasonable budget, keeping an up-to-date database, involving alumni in campus life, including taking their feedback for academic and institutional improvement.

### **Indicative evidence**

The expectation for this Standard might be evidenced by the institution's:

- comprehensive analysis reports of student support services accessible to students and other stakeholders
- mechanism for resolutions of student grievances and complaints
- review reports of student involvement and satisfaction with the provided academic support services, co-curricular and extracurricular activities
- periodic assessment reports of student support and advising services with practicable recommendations for further improvement
- video evidence of resources
- print or electronic review reports of availability of required students' support and advisory services reflected through student handbooks, catalogues, newspapers.

### **Guidelines**

Enabling a learning environment needs institutional sensitivity to a wide range of students' life issues, including their mental and physical health and safety because the quality of campus life significantly affects students' learning.

The service should also include support for admissions, registration, orientation, financial aid/scholarships, advising, counselling, housing/hostels, childcare, placements, tutoring, cultural programmes and security while consistency with the institutional mission demands flexibility of these services according to the scope of the educational services delivery model of the respective institution.

Student support services should be efficient to address the needs of a diverse student community, including older students, international students, students with disabilities, distance students, and students under multi-campus arrangement. Further, the roles and responsibilities of students as partners in the educational process should be clearly conveyed to them by the institution.

### **Further reading and QA resources**

[Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Enabling Student Achievement

## **Standard 11: Impactful teaching and learning and community engagement**

### **Expectation**

The institution should have a teaching and learning framework that creates a shared understanding of good teaching practices that enables every student to develop as an independent learner, study their chosen subject(s) in depth and enhance their capacity for analytical, critical, creative thinking and emphatic concerns for marginalised segments of society.

Sustainable development goals (SDGs) provide a good guiding framework for lifelong learning and creating an equitable society. The institutional efforts should be directed towards creating impact by tailoring their teaching and learning principles in such a way that students and teachers can engage in contributing towards meeting SDGs and addressing the pressing local and global issues and challenges.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I create an enabling environment to support teaching with technology
- II create support systems that promote the pedagogical effectiveness of academic staff
- III create collaborative environments to enhance teaching and learning through scholarship of teaching and learning
- IV ensure that learning and teaching practices are informed by reflection, evaluation of professional practice, and subject-specific and educational scholarship
- V ensure that information is collected and analysed to ensure the continued effectiveness of their strategic approach to, and the enhancement of, learning opportunities and teaching practices
- VI ensure that every student is provided with clear and current information that specifies the learning opportunities and support available to them
- VII take deliberate steps to assist every student to understand their responsibility to engage with the learning opportunities provided and to shape their learning experience
- VIII ensure that every student is enabled to monitor their progress and further their academic development through the provision of regular opportunities to reflect on feedback and engage in dialogue with staff
- IX ensure institutional efforts/activities are directed towards making contribution to the community through the relevant SDGs and creating an impact in the surrounding society and communities; for the purpose, research and teaching priorities are targeted towards addressing the pressing local and global issues and challenges
- X have institutional mechanism to make students learn about SDGs and make contributions through active community engagement practices.

### **Indicative evidence**

The expectation for this Standard might be evidenced by the institution's:

- effective teaching and learning environments with appropriate resources
- demonstration of electronic resources to support teaching and learning, for example, a virtual learning environment (VLE)
- staff development programme and evidence of staff attendance
- examples of scholarship activities that support teaching and learning

- observation of teaching and learning procedure, results of observations and follow-up activities
- programme and module handbooks
- student support procedure and records
- student tutorial procedure and associated records
- student feedback on their learning experiences
- approved policy for making contributions towards SDGs and active community engagement.

### **Guidelines**

This Standard helps support the provision of effective, high-quality learning opportunities for all students, wherever or however the learning is enabled and whoever enables it. It applies to any learning opportunity that leads to the award of a Pakistan higher education qualification or academic credit. Learning and teaching enable students' achievement to be reliably evaluated through assessment, calibrated to the national reference points, for example the National Qualifications Framework of Pakistan.

HEIs have to eventually meet the expectations and needs of society, engender public confidence and sustain public trust. SDGs provide a good guiding framework for creating global citizens and an equitable society. Universities can play a crucial role in achieving this end. For this purpose, institutional efforts should be directed towards creating impact and making active contributions in meeting SDGs.

### **Further reading and QA resources**

- [www.timeshighereducation.com/campus/key-topics](http://www.timeshighereducation.com/campus/key-topics)
- [Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Learning and Teaching

## **Standard 12: Research, innovation, entrepreneurship and industrial linkage**

### **Expectation**

The institution ensures promotion of a culture of research, innovation, entrepreneurship and industrial linkage in the institution through encouraging faculty and research students to make tangible contribution in resolving issues of industry and society. Also, it ensures research degrees are awarded in a research environment that provides quality learning opportunities for doing research and learning about approaches, methods, procedures and protocols, for innovation and entrepreneurship which takes account of social and industrial needs. This environment offers faculty and students quality opportunities and the support they need to achieve successful academic, personal and professional outcomes.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I have a well-thought-out policy on research, innovation and entrepreneurship
- II have a well-thought-out policy on intellectual property rights
- III have institutional initiatives and platforms for promotion of innovation and entrepreneurship, such as offices of research, innovation, and commercialisation (ORIC) and business incubation centres (BICs)
- IV only offer postgraduate research programmes where students can be expected to meet the academic standards the institution has set for itself, which should reflect national expectations (the National Qualifications Framework)

- V have clearly defined policies and regulations, made readily available and be sufficiently comprehensive to cover the progression of research students from admission and registration through to final examination and award
- VI regularly review regulations in this connection, at local and institutional level
- VII have an institutional research policy that takes account of regional, national and international social and industrial needs
- VIII have a Research Ethics Committee (REC) with a mandate to reviewing research involving human participants to ensure that their dignity, rights and welfare are protected
- IX have an Advanced Studies & Research Board (ASRB) or Board of Advanced Study and Research (BASR) or relevant body with clearly defined institutional mechanism and SOPs for timely and fair conduct of its business
- X offer research, innovation and entrepreneurship opportunities where students can be trained and supported in an environment which is supportive and fit for purpose
- XI make sure that students have access to training sufficient to gain the skills they need regarding research, innovation and entrepreneurship and to help prepare themselves for their subsequent career
- XII ensure that institutional policy of entrepreneurship and establishment of BICs adhere to international best practice and HEC guidelines
- XIII have a well-thought-out institutional policy for industry engagement that include having MOUs with the surrounding industry and other similar government/private institutions dealing with trade and commerce, such as a chamber of commerce, the Securities and Exchange Commission of Pakistan (SECP), and the regional chapter of IPO Pakistan.

### **Guidelines**

This relates to higher education research, innovation and entrepreneurship in the specific context of making contributions in the local community, industry and society. It refers to the research environment and the processes which enable higher education institutions to provide an effective student experience and maintain academic and research standards for promotion of a culture of research, innovation and entrepreneurship.

### **Indicative evidence**

The expectation for this Standard might be evidenced by the institution's:

- institutional policy and regulations
- information about the facilities, training opportunities and equipment that will be made available to students for engaging in research, innovation and commercialisation
- information about what provision should be made available to develop research, innovation and entrepreneurship and employment-related skills.

### **Further reading and QA resources**

- [Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Work-based Learning
- [Enterprise and Entrepreneurship Education \(qaa.ac.uk\)](http://qaa.ac.uk)

## **Standard 13: Fairness and integrity**

### **Expectation**

In the management of its affairs, conduct of its programmes and its dealing with students, faculty, governing bodies and external quality assurance agencies involving the general public, the institution adheres to high ethical principles. Also, it should have necessary policies and institutional mechanisms to ensure availability of fair procedures for handling issues, complaints and appeals which are accessible to all; students, faculty and administration.

### **Expectation outcome indicators (EOI)**

The institution should:

- I practice and exemplify the values and ethical precepts articulated in its mission in dealing with all its stakeholders
- II have fair institutional mechanisms to safeguard the interests of students, faculty and staff
- III ensure equality, diversity and inclusion is embedded in all the institution's policies and procedures
- IV have a transparent approach to all communication, including academic integrity and complaints
- V ensure availability of fair and transparent procedures for handling complaints, issues and appeals which are accessible to all students, faculty, and administration; accordingly, there must be a robust mechanism for online complaints and feedback on the main page of the website, duly supported with clear and well-defined institutional mechanism to address such complaints/feedback within a specific timeframe with timely response on resolution back to the complainant (students/parents, faculty and staff)
- VI have the necessary policies in place to instil the element of integrity and fairness in its institutional system of teaching, learning, assessment, research and publications.

### **Indicative evidence.**

The expectation of this Standard might be evidenced by the institution's:

- reports of policies regarding public announcements and press releases explaining institutional position on various appropriate issues
- review and analysis reports of consistency of practices of recording student grades/scores on their transcripts and re-take of examinations system
- review reports of tenure and promotion statistics
- equality, diversity and inclusion policy
- faculty handbook and its comprehensiveness to guide on issues of promotion, compensation, tenure and grievance-addressing procedures
- complaints policy.

### **Guidelines**

In the management of its affairs, conduct of its programmes and its dealing with students, faculty, governing bodies and external quality assurance agencies involving the general public, the institution adheres to high ethical precepts providing support to academic freedom. The institution intends to practice and exemplify the values and ethical precepts articulated in its mission.

### **Further reading and QA resources**



## **Standard 14: Public information and transparency**

### **Expectation**

The institution generates and provides complete, accurate, accessible and adequate information to its students, prospective students, regulatory bodies, other stakeholders and intended audiences to help them in making informed decisions regarding higher education.

The institution should ensure the availability of a very transparent mechanism where all the stakeholders, particularly students and faculty, have access to not only decisions made but also to the processes and procedures of decision making.

### **Expectation outcome indicators (EOI)**

The institution should:

- I have a user-friendly and mobile responsive website with:
  - i information of the BOG/Syndicate members including name, designation, working email and contact information (mobile/office number)
  - ii detailed contact information (working email and mobile/office number) of the statutory offices, including Vice Chancellor, Dean, Registrar, Controller of Exams, student affairs, Director of QEC/ORIC
  - iii information about the faculty members with their brief personal profile along with working email and contact information against their respective faculty/department
  - iv complete information of the programmes' curricula, learning outcomes and clear admission requirements, including fees, scholarship, and so on
  - v complete information of approved policies, SOPs, statutes, rules and regulations
  - vi strategically located search box
  - vii location with map
  - viii strategically located box for complaints/feedback with a robust institutional mechanism for resolution and redressal
  - ix outcomes of external audit and examination outcomes
  - x evaluation/review reports by external QA bodies (QAA and accreditation councils) on both institutional and programme reviews
  - xi graduate employment information (for example, information regarding what most graduates from the programme do after graduation) that is clear, accurate, objective, up to date and readily accessible
  - xii alumni information and engagement opportunity
- II have a policy and institutional mechanism for the systematic evaluation of its public information to ensure its accuracy
- III ensure the availability of a transparent mechanism where all the stakeholders, particularly students and faculty, have access to not only decisions made (minutes of the meetings) but also to the processes and procedures of decision making (agenda/working paper, forums' members information, and so on)
- IV have necessary policies in place to instil the element of integrity and fairness in its institutional systems of teaching, learning, assessment, research and publications
- V ensure availability of fair and transparent procedures for handling issues, complaints and appeals which are accessible to all students, faculty and administration.

### **Indicative evidence**

The expectation for the Standard might be evidenced by the institution's:

- functional, accessible and up-to-date website of the institution
- published reports on a quarterly or annual basis to inform stakeholders
- published information about the total cost of an academic programme, availability of financial aid and the duration of that programme/course
- statement about current recognition/accredited status
- documented evidence of description of the size and characteristics of the student body
- published evidence of campus setting, hostel facility and other available support services for the students and faculty
- information for current students about their programme, for example student handbooks, programme handbooks and module handbooks.

### **Guidelines**

This Standard is concerned with whether the institution produces information for its intended audiences about the higher education it offers that is fit for purpose, accessible and trustworthy.

### **Further reading and QA resources**

[Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Learning and Teaching and Concerns, Complaints and Appeals

## **Standard 15: Institutional effectiveness, quality assurance and enhancement**

### **Expectation**

The institution has a robust system for monitoring and evaluating institutional effectiveness, quality assurance and enhancement that is made public and forms part of its strategic management. Internal quality assurance procedures should help in evaluating its effectiveness and promote continuous improvement and realising its institutional mission and achieving its institutional goals.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I have a well-defined quality policy and mechanisms in place to ensure continuous institutional improvement through its rules and regulations and activities related to faculty teaching, student learning, educational programmes, and administrative and educational support services, with an ultimate outcome of providing students with a high-quality learning experience and attaining nationally/internationally comparable qualifications and awards
- II ensure that every faculty/department and programme reflects on its performance and collects, analyses, and uses relevant qualitative and quantitative information for the effective management and continuous improvement of its programmes and other activities
- III have robust institutional mechanisms to create and sustain an environment in which students and other stakeholders participate in internal quality assurance processes
- IV make sure that the quality assurance procedure is compliant with external assessment and quality assurance precepts both at national and international levels

- V ensure that internal quality assurance procedures and resulting action plans from cyclical programme reviews are monitored for effective implementation
- VI ensure all the policies are made through engagement of stakeholders for shared governance and collective wisdom that include adoption of HEC and other government policies; for instance, no HEC or other governments' minimum guideline/criteria should be adopted just as a formality without debating its institutional mechanisms and processes for effective implementation and possible outcomes in the statutory forums. In fact, such policies, at times, may be required to be made more stringent to match the institution's culture
- VII the institutional preparation for external quality assurance must be made through a central body such as the Institutional Quality Circle (IQC) headed by the Vice Chancellor/President and participated in by all the key statutory positions and stakeholders, including Deans, Registrar, Controller of Exams, Director of Student Affairs, ORIC, QEC, and so on, to ensure shared governance and responsibility, collective wisdom, and institutionalisation of a quality culture
- VIII the Syndicate/BOG (or equivalent) has a key role and responsibility for fiduciary oversight and institutional performance; accordingly, they need to be kept informed about QA processes and outcomes through sharing reports and taking feedback for institutional improvement and enhancement.

### **Indicative evidence**

The expectation for this Standard might be evidenced by the institution's:

- documented policies and governance structures like IQAEs /QEC or any other which are supportive to institutional assessment and quality
- financial, technical and administrative support for the process of institutional assessment and quality assurance
- provision of capacity building and professional development opportunities
- and resources required for application of institutional assessment and using the assessment results
- implementation and adherence to academic and institutional quality precepts, standards and policies developed by HEC to match with both national and international precepts and best practices
- documentation of fulfilment of institutional mission and achievement of key goals
- quality and assessment surveys/pro forma records of students, faculty and other stakeholders
- documentation of using the quality and university assessment results to make more informed and accurate decisions regarding improvement of planning, faculty recruitment, leadership development, resource allocation, revising strategies, budgeting and improving processes for students, faculty, staff and society.

### **Guidelines**

The institution has developed and implemented a self-assessment and internal quality assurance process that helps in evaluating its effectiveness in realising its mission and achieving its goals, and its compliance with external assessment and quality assurance precepts both at national and international level.

### **Further reading and QA resources**

[Advice and Guidance \(gaa.ac.uk\)](http://gaa.ac.uk): Guidance on Monitoring and Evaluation, External Expertise, Student Engagement

## **Standard 16: CQI and cyclical external quality assurance**

### **Expectation**

Institutions are required to have robust continuous quality improvement (CQI) mechanism to institutionalise a strong quality culture. Institutions should undergo external quality assurance in line with the Pakistan precepts on a cyclical basis. In order to have a successful external review, institutions should strengthen their internal quality assurance processes and prepare for external review.

### **Expectation outcome indicators (EOIs)**

The institution should:

- I have a well-defined quality policy, having institutional mechanism of continuous quality improvement (CQI) such as a PDCA cycle: plan, do, check and act in all the decision-making processes
- II strengthen internal quality assurance processes by having a robust institutional mechanism of CQI including elements of collaboration, consultation and collective wisdom for finding creative solutions to the challenges and concerns relating to quality
- III ensure the CQI mechanism has a robust and effective mechanism for follow-up and closing the loops
- IV take part in external quality assurance in its various forms to verify the effectiveness of institutions' internal quality assurance, act as a catalyst for improvement and offer the institution new perspectives
- V prepare and participate in international accreditation processes.

### **Indicative evidence**

The expectation for this Standard might be evidenced by the institution's:

- external quality assurance reports
- quality policy and internal quality assurance processes
- self-assessment report (SARs)
- RIPE and PREE self-assessment report
- CQI policy
- actions taken to address recommendations
- actions taken to enhance good practice
- any other actions taken in response to external quality assurance reports.

### **Guidelines**

External quality assurance in its various forms can verify the effectiveness of institutions' internal quality assurance, act as a catalyst for improvement and offer the institution new perspectives. It will also provide information to assure the institution and the public of the quality of the institution's activities. Quality assurance is a continuous process that does not end with the external feedback or report or its follow-up process within the institution. Therefore, institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one. It is equally important to strengthen internal quality assurance processes to prepare institutions for external review. The institutional mechanism for continuous quality improvement (CQI) must have the following key elements to promote a quality culture:

- independent thinking - proactive approach to identifying challenges and issues without much external interventions
- participatory approach for use of collective wisdom - making all statutory forums participate in CQI processes
- transparency - making decision-making processes fair and transparent
- institutionalisation of quality culture - through a strong system of closing the loop and capacity building.

In order to operationalise a CQI mechanism, there has to be a central body such as an Institutional Quality Circle (IQC) comprising all the statutory and key authorities and headed by the Vice-Chancellor. The body should be responsible for overseeing all the QA activities, processes of self-reviews and preparation for external reviews, including preparation of necessary documents and policies such as a Quality Policy, Institutional Performance Report (IPR) against the precepts, standards of both institutional and programme reviews, including the compliance of outcome and decisions of the reviews such as IPE/RIPE reports.

### **Further reading and QA resources**

- [External Examining Principles \(qaa.ac.uk\)](http://qaa.ac.uk)
- [Advice and Guidance \(qaa.ac.uk\)](http://qaa.ac.uk): Guidance on Monitoring and Evaluation, External Expertise

## Annex 4: Responsibilities checklist for affiliated colleges

Each review panel should be clear about what the affiliated college is responsible for and what the partner university is responsible for. Each university should complete a checklist that identifies respective responsibilities for the partnership. If the responsibilities differ from one affiliated college to another, individual checklists must be completed.

The standard checklist appears below. The completed checklist should be submitted as part of the evidence base for the institutional self-assessment document.

<i>Affiliated college:</i>			
<i>University:</i>			
Please identify management responsibilities (or responsibilities for implementation within partnership agreements) using the checklist below. Where the affiliated college is fully responsible (implementation is fully devolved) please mark the <b>Affiliated college</b> column; where the awarding university has full responsibility, mark the <b>University</b> column; where responsibility is shared or the institution implements under awarding body/organisation direction, mark the <b>Shared</b> column.			
<b>Area</b>	<b>Affiliated college</b>	<b>University</b>	<b>Shared</b>
Course design and/or delivery			
Modifications to programmes			
Setting assessments			
First marking of student work			
Moderation or second marking of student work			
Giving feedback to students on their work			
Student recruitment			
Student admissions			
Selection or approval of teaching staff			
Facilities, learning resources (including library resources) and student support services			
Student engagement			

Annual self-assessment			
Student complaints			
Student appeals			

## Annex 5: Quality evaluation and enhancement (QEE) matrix and judgement framework

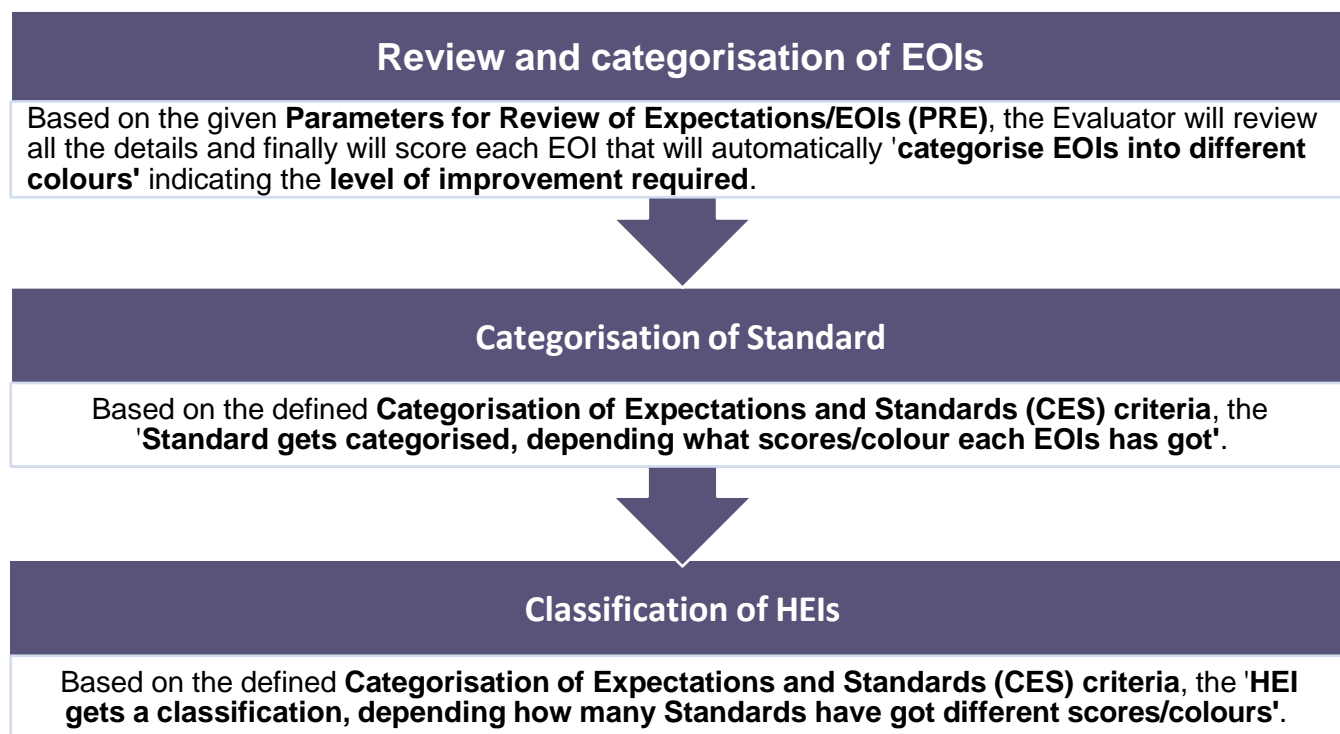
The review panel will review EOIs given against each Standard and make a judgement as per the details of the QA Judgement Framework and rubrics given below. For each EOI against every Standard, the review panel will take into account how effective policy and strategies are taken to meet expectations against each Standard, and, accordingly, they provide judgement against each Standard as 'Unclassified', 'Average' or 'Progressive', or 'Effective' and the aggregate judgement makes the overall judgement for the institutional and programme review, placing them into one of the said categories. Also, the cycle of the next review will be defined automatically.

The QA Framework for IQA and EQA, whether for programme or institutional review, contains Precepts, Standards, Expectations, and Expectation outcome indicators (EOIs) as given below, where Expectation outcome indicators will be mainly reviewed to provide judgement; that is, EOIs are the basis for evaluation in both programme and institutional review.

Term	Key terms used and their definitions
<b>Precepts</b>	Overarching principles intended to facilitate and regulate the quality of a particular domain of the higher education sector.
<b>Standard</b>	Standard of conduct and a level of quality or attainment that HEIs/QA bodies are supposed to reach in the pursuit of quality and excellence.
<b>Expectation</b>	A statement under each Standard explaining the desired outcome from each Standard in order to attain that particular Standard
<b>EOIs</b>	Expectation Outcome Indicators; observable and relatively measurable accomplishment or change that demonstrates progress toward attaining a specific expected outcome contributing in meeting overall expectations and Standards. <b>These will serve as the basis and the benchmark to judge the attainment of the given Standard.</b>
<b>Indicative evidence</b>	The desirable documentary evidences or facts or information indicating possible contribution made in meeting the EOIs and Standard.
<b>Guidelines</b>	Overall guidelines and context to follow in order to meet the criteria and reach the given expectation against each Standard. This may include reference to weblinks with international resources/QA toolkits, and so on, to learn and take further guidance to implement the relevant international best practices.
<b>Further reading, QA toolkits and online resources</b>	Further reading, QA toolkits and online resources as reference against each Standard.



## How does the judgement framework work?



## Review and categorisation of EOIs

Parameters for Review of Expectations/EOIs (PRE)	
EOI categories	<b>Parameters</b> (Annex A - Glossary given below for details): Policy, Strategy/Procedure, Consultation, Documentation, Notification, Publication (website), effective Implementation and CQI.
<b>SIR</b>	The Expectations/EOIs will be considered ' <b>Poor/unclassified</b> ' and <b>SIR (Significant Improvement Required) and scores 0-1 (colour grey)</b> when there is no policy/ strategy does exist against the EOI.
<b>AIR</b>	The Expectations/EOI will be considered ' <b>Ineffective</b> ' and <b>AIR (Adequate Improvement Required) and scores 02 (colour yellow)</b> when a mere policy document exists but without approval from statutory bodies/no consultation process followed and/or without implementation arrangement and with no notification, documentation, and publication (website) (not having well-informed stakeholders; students, staff and faculty).
<b>LIR</b>	The Expectations/EOI will be considered ' <b>Progressive</b> ' and <b>LIR (Limited Improvement Required) and scores 03 (colour blue)</b> when policy and strategy exist, along with the approval of statutory bodies and a visible consultation process, proper notification, and documentation. However, without appropriate implementation arrangement, and/or without publishing the same on the website (not having well-informed stakeholders; students, staff, and faculty).

<b>EIR</b>	The Expectations/EOI will be considered <b>‘Effective’ and EIR (Effective Improvement Retained) and scores 04 (colour green)</b> when not only policy and strategy exist but also it is approved by the statutory forums, the consultation process has been extensively followed, with proper notification, and documentation. Also, there is an effective implementation arrangement, also published (website) with well-informed and well-engaged stakeholders, including students and alumni, and community involvement is clearly ensured in many instances.
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### Value judgement and EOIs grading

The reviewers, while reviewing the EOIs against the university submission, will keep the following into consideration along with the other policy parameters. QAA Pakistan, later on after piloting the project, will have a classification of the EOIs into grading/groups given below against each standard.

Value judgement and EOIs grading			
S#	EOIs group	Nature of findings/concerns	In case of violation
1	Regulatory requirements/ EOIs	Requirement of charter/act	0-1 / Grey colour
		Statutory requirements	
		Requirement of other related national/provincial regulations, policies, guidelines, and so on	
		Anything that may directly affect student progress; teaching & learning	
2	Mandatory requirements/ EOIs	Anything that may indirectly affect teaching, learning, and student progress	2 / Yellow colour
		Anything that contributes to integrity and transparency	
		Anything that contributes to efficiency, productivity and creating a paperless environment	
		Policies/practices directly affect employees other than faculty	
		Anything that may contribute to faculty development and retention	
3	Recommended requirements/ EOIs	Cooperation and partnership with local, national institutions with visible impact	3 / Blue colour
		Element of community service and engagement	
		Ethical considerations which otherwise are not covered under existing legal ambit, like avoiding even minor conflicts of interest in decision making	
		Policies/practices affecting quality culture in the university	

		Anything that brings financial sustainability without transferring the extra financial burden to the students	
		Any practice that promotes diversification and inclusion in terms of gender, ethnicity, culture and region	
4	Desirable requirements/EOIs	Anything that promotes industrial linkage and contributes to the national economy	4 / Green colour
		Adoption of international best practices that create an impact on the institutions	
		International collaboration (other than just membership) that creates impact	
		Internationalisation of HE international faculty/students	
		Direct contribution to the national economy through invention and innovation	
		Participation in international rankings	
		Accreditation by prestigious international accrediting entities	

### Categorisation of Standards

Categorisation of Expectations and Standards (CES) criteria	
Review categories	CES criteria
SIR/unclassified	If more than 50% of Expectations/Standards are poorly implemented (grey colour); <b>Significant improvements are required (SIR)</b>
AIR/average	If more than 50% of Expectations/Standards are ineffectively implemented (yellow colour); <b>Adequate Improvements are required (AIR)</b>
LIR/progressive	If more than 65% of Expectations/Standards are effectively implemented (blue colour); <b>Limited improvements are required (LIR)</b>
Effective	If more than 65% of Expectations/Standards are effective (LIR) + 25% of Expectations/Standards read Effective (RIR) (green colour); <b>Effective Improvement Retained (EIR)</b>

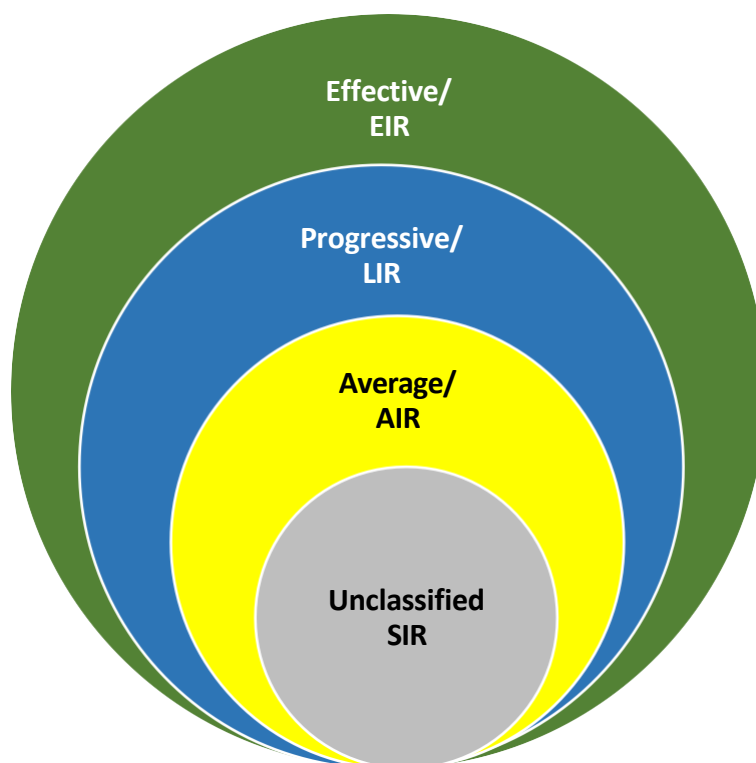
## QEE matrix and judgement framework

Classification	Parameters for review	Categorisation of Expectation	Review cycle	CQI plan
<b>Unclassified</b>	The Expectations/EOIs will be considered 'unclassified' and SIR (Significant Improvement Required) and scores 0-1 (colour grey) when there is no policy/strategy does not exist against the EOI.	If more than 50% of Expectations/Standards are poor; significant improvements required	<b>2 years</b>	Will be part of Institutional Mentoring Programme (IMP) arrangements  + Yearly self-assessment
<b>Average/ Ineffective</b>	The Expectations/EOI will be considered 'Ineffective' and AIR (Adequate Improvement Required) and scores 02 (colour yellow) when a mere policy document exists but without approval from statutory bodies/no consultation process followed and/or without implementation arrangement, with no notification, documentation, and publication (website) (not having well-informed stakeholders; students, staff and faculty).	If more than 50% of Expectations/Standards are ineffective; improvements required	<b>3 years</b>	Will be part of Institutional Mentoring Programme (IMP) arrangements  + Biennial self-assessment
<b>Progressive</b>	The Expectations/EOI will be considered 'Progressive' and LIR (Limited Improvement Required) and scores 03 (colour blue) when policy and strategy exist, along with the approval of statutory bodies and a visible consultation process, and proper notification and documentation. However, without appropriate implementation arrangement and/or without publishing the same on the website (not having well-informed stakeholders; students, staff, and faculty).	If more than 70% of Expectations/Standards are Progressive; limited improvements required	<b>4 years</b>	Yearly self-assessment
<b>Effective</b>	The Expectations/EOI will be considered 'Effective' and scores 04 (colour green) when not only policy and strategy exist but also it is approved by the statutory forums, the consultation process has been extensively followed, with proper notification, and documentation. Also, there is an effective implementation arrangement, also published (website) with well-informed and well-engaged stakeholders, including students and alumni, and community involvement is clearly ensured in many instances.	If more than 70% of Expectations/Standards are effective and 30 % of Expectations/Standards read Effective; effective improvement retained (EIR)	<b>5 years</b>	Biennial self-assessment

## Classification of HEIs

Assigned review cycle (ARC)	
HEI Classifications	Cycle
Unclassified/SIR	2 years
Average/AIR	3 years
Progressive/LIR	4 years
Effective/EIR	5 years

Funding formulae may be linked with RIPE judgement



## Annex 6: Institutional Mentoring Programme (IMP)

The Pakistan higher education system is diverse in the maturity of its universities and institutions of higher education.

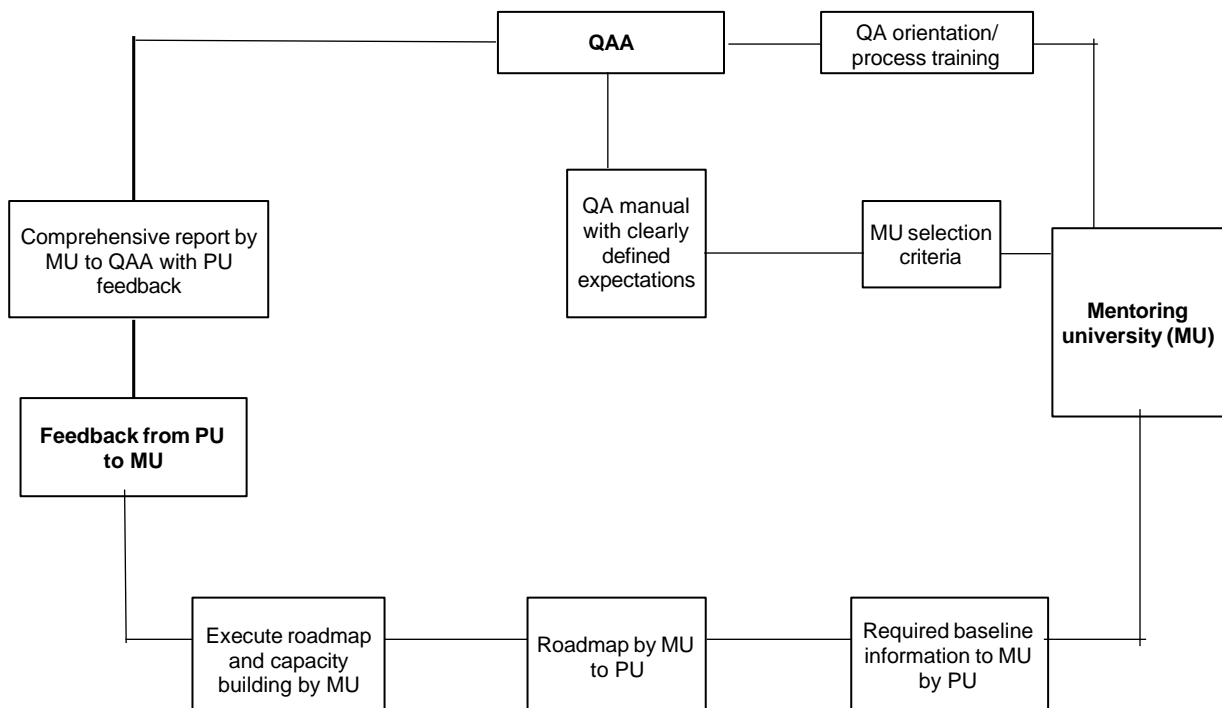
In order to enable the dissemination of good practice across the sector, more established universities and institutions are paired with less established universities and institutions as part of a sector-wide mentoring scheme. The principles of the scheme are that:

- mentoring is a protected relationship which supports learning and experimentation and helps institutions to develop their potential
- a mentoring relationship is one where both mentor and mentee recognise the need for institutional development
- successful mentoring is based upon trust and confidentiality.

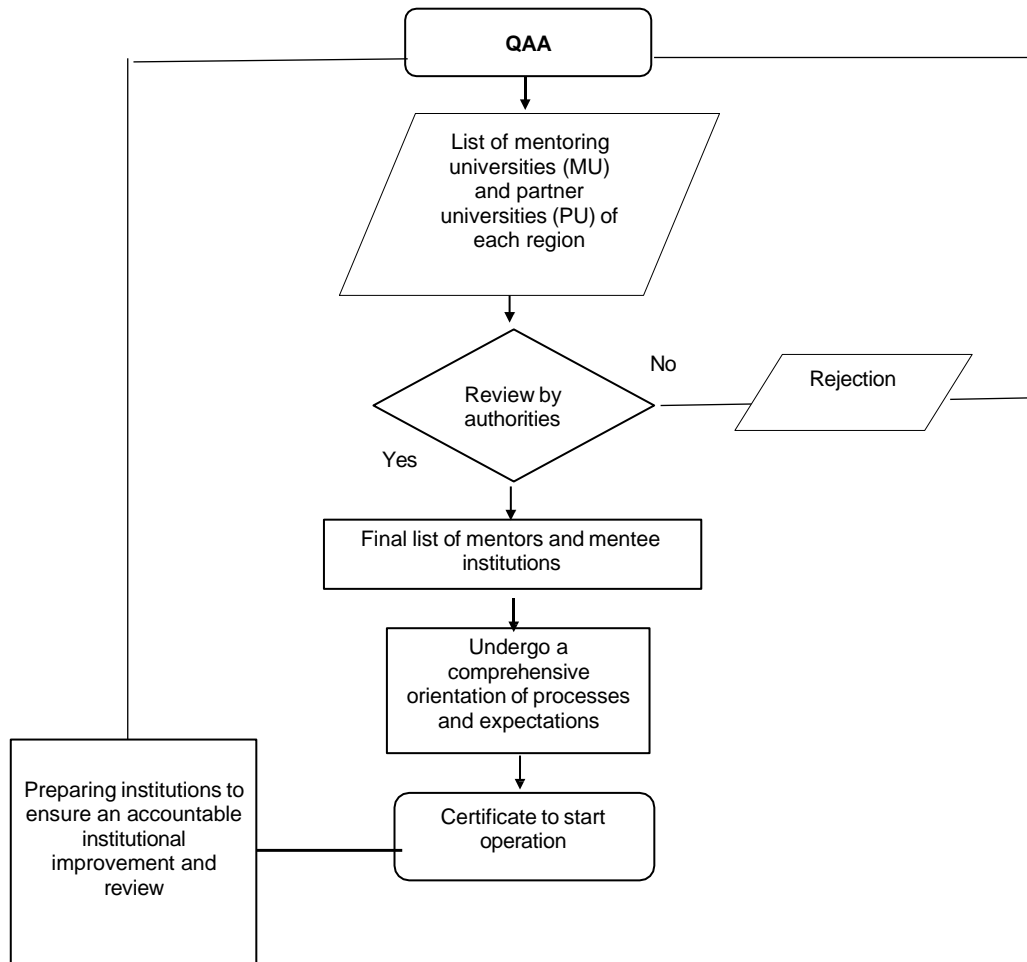
In one scenario, this relationship enables the less established partner to benefit from the extensive experience of the mentor. The expectation is that the knowledge of the mentor will assist the mentee in achieving its broad institutional objectives. These relationships are often long term. At the opposite end of the spectrum the focus shifts to the mentee, through which the mentee will lead the relationship, inviting the mentor into its own internal dialogue to assist in the development of its policies and processes. These types of relationships are fostered through formal programmes that tend to be more short term.

Each university is required to establish a relationship with a partner university as either a mentor or a mentee. These relationships are organised through the Institutional Quality Assessment and Effectiveness units at each institution.

**Figure 5: Institutional Mentoring Programme (IMP) conceptual process**



**Figure 6: Conceptual flow chart for the selection of participants for the Institutional Mentoring Programme (IMP)**



Based on RIPE outcomes, QAA may also ask Gold Standard universities to mentor Silver Standard, and Silver and Gold Standard to mentor Bronze and Unclassified category universities.

## Annex 7: The role of the facilitator

The institution is invited to appoint a facilitator to support the Review of Institutional Performance and Enhancement (RIPE). The role of the facilitator is intended to improve the flow of information between the team and the institution. It is envisaged that the facilitator will be a member of the institution's staff.

The role of the facilitator is to:

- act as the primary contact for the QAA Officer during preparations for the Review of Institutional Performance and Enhancement, including the on-site visit
- act as the review panel's primary contact during the on-site visit
- provide advice and guidance to the team on the institution's submission and any supporting documentation
- provide advice and guidance to the team on the institution's structures, policies, priorities and procedures
- keep an updated list of evidence to be presented to the review panel throughout the Review of Institutional Performance and Enhancement, to be confirmed by the QAA Officer
- ensure that the institution has a good understanding of the matters raised by the review panel, thus contributing to the effectiveness of the Review of Institutional Performance and Enhancement, and to the subsequent enhancement of quality and standards within the institution
- meet the review panel at the team's request during the on-site visit, in order to provide further guidance on sources of information and clarification of matters relating to the institution's structures, policies, priorities and procedures
- work with the Lead Student Representative (LSR) to ensure that the student representative body is informed of, and understands, the progress of the Review of Institutional Performance and Enhancement
- work with the LSR to facilitate the sharing of data between the institution and the student body in order that the student submission may be well informed and evidenced.

The facilitator will not be present for the review panel's private meetings. However, the facilitator will have the opportunity for regular meetings, so that both the team and the institution can seek further clarification outside of the formal meetings. This is intended to improve communication between the institution and the team during the on-site visit and enable institutions to gain a better understanding of the areas being investigated.

The facilitator is permitted to observe any of the other meetings that the team has apart from those with students. Where the facilitator is observing, they should not participate in discussion unless invited to do so by the review panel.

The facilitator should develop a working relationship with the LSR that is appropriate to the institution and to the organisation of the student body. It is anticipated that the LSR will be involved in the oversight and possibly the preparation of the student submission, and with selecting students to meet the review panel during the on-site visit.

In some institutions, it may be appropriate for the facilitator to support the LSR in ensuring that the student representative body is fully aware of the Review of Institutional Performance and Enhancement, its purpose and the students' role within it. Where appropriate, and in agreement with the LSR, the facilitator might also provide guidance and support to student representatives when preparing the student submission and for meetings with the review panel.



## **Appointment and briefing**

The person appointed as facilitator must possess:

- a good working knowledge of the institution's quality assurance arrangements against a set of baseline regulatory requirements, its approach to monitoring and review, and an appreciation of quality and standards matters
- knowledge and understanding of the Review of Institutional Performance and Enhancement
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the review panel.

## **Protocols**

Throughout the Review of Institutional Performance and Enhancement, the role of the facilitator is to help the review panel come to a clear and accurate understanding of the institution's quality assessment arrangements to ensure that the institution is able to deliver a consistently high-quality student academic experience and that academic standards are secure.

The role requires the facilitator to observe objectively, to communicate clearly with the panel where requested, and to establish effective relationships with the QAA Officer and the LSR. The facilitator should not act as an advocate for the institution. However, the facilitator may legitimately:

- bring additional information to the attention of the panel
- seek to correct factual inaccuracy
- assist the institution in understanding matters raised by the panel.

The review panel will decide how best to use the information provided by the facilitator.

The facilitator is not a member of the panel and will not make judgements about the provision. The facilitator must observe the same conventions of confidentiality as the review panel.

In particular, written material produced by panel members is confidential, and no information gained may be used in a manner that allows individuals to be identified. However, providing appropriate confidentiality is observed, the facilitator may make notes on discussions with the panel and report back to other staff, so that the institution has a good understanding of the matters raised by the panel at this stage in the process. This can contribute to the effectiveness of the Review of Institutional Performance and Enhancement, and to the subsequent enhancement of quality and standards within the institution.

The facilitator will not have access to QAA's electronic communication system for review panels. The review panel also has the right to ask the facilitator to disengage from the Review of Institutional Performance and Enhancement at any time, if it considers that there are conflicts of interest, or that the facilitator's presence will inhibit discussions.

## **Annex 8: Student engagement in Review of Institutional Performance and Enhancement (including student submission)**

### **Introduction**

Students are one of the main beneficiaries of the Review of Institutional Performance and Enhancement (RIPE) and are, therefore, central to the process. In every Review of Institutional Performance and Enhancement there are many opportunities for students to inform and contribute to the review process. Students are likely to be involved, together with the institution, in preparations for review and may produce material for it. The review panel will meet a representative selection of students and will work with the Lead Student Representative (LSR), and students are likely to be involved in responding to the review as the institution develops and seeks to implement the action plan.

Students are also a vital part of QAA's processes. All RIPE teams must include a student. Student reviewers are full members of review panels, contributing in the same way as other members.

QAA will help to brief and support the LSR. Institutions must support the participation of their students' union and/or representatives in the review, providing training, advice and access to information.

### **The Lead Student Representative**

The role of the LSR is designed to allow student representatives to play a central part in the organisation of the Review of Institutional Performance and Enhancement. The LSR will oversee the production of the student submission.

It is up to the student representative body to decide who should take on the role of the LSR. QAA recognises that this might be a challenge, but suggests that the LSR might be an officer from the students' union, an appropriate member of a similar student representative body, a student drawn from the institution's established procedures for course representation, the Education Officer, or equivalent. Where there is no student representative body in existence, QAA would suggest that institutions seek volunteers from within the student body to fulfil this role. It is possible for the student to also hold a staff position; however, the LSR cannot hold a quality-related or senior staff position.

Not all institutions are resourced to be able to provide the level of engagement required of the LSR, so QAA will be flexible about the amount of time that the LSR should provide.

It would be acceptable if the LSR represented a job-share or team effort, as long as it was clear with whom QAA should communicate. In all cases, QAA would expect the institution to provide as much operational and logistical support to the LSR as is feasible in undertaking their role and, in particular, to ensure that any relevant information or data held by the institution is shared with the LSR to ensure that the student submission is well informed and evidence-based.

The LSR should normally be responsible for:

- receiving copies of key correspondence from QAA
- organising or overseeing the writing of the student submission
- selecting students to meet the review panel
- observing and/or participating in the students meeting(s) - see note below
- advising the review panel during the on-site visit, on request
- attending the final on-site visit meeting

- liaising internally with the facilitator to ensure smooth communication between the student body and the institution
- disseminating information about the Review of Institutional Performance and Enhancement to the student body
- giving the students' comments on the draft report
- coordinating the students' input into the institution's action plan.

The LSR is permitted to observe any of the meetings that the review panel has with students. This is entirely voluntary and there is no expectation that the LSR should attend. The LSR should not participate in the team's discussions with students unless invited to do so by the review panel. The LSR is not permitted to attend meetings that the team has with staff, other than the final meeting on the last day of the on-site visit.

QAA is committed to enabling students to contribute to its review processes. The principal vehicles for students to inform this process are the student submission and the LSR. However, it may not be possible in all institutions to identify an LSR and/or for the students to make a student submission. In these circumstances, we may need to consider an alternative way of allowing students to contribute their views directly to the review panel.

## **Student submission**

### **Guidance on producing a student submission**

The function of the student submission is to help the review panel understand what it is like to be a student at that institution, and how students' views are considered in the institution's decision-making and quality assurance processes. Where the student submission indicates significant problems in the institution's assurance of standards and quality, this may lead the review panel to spend longer at the institution than they would do if the submission suggests the institution is managing its responsibilities effectively. The student submission is, therefore, an extremely important piece of evidence.

### **Format, length and content**

The student submission may take a variety of forms, for example video, interviews, focus group presentations, podcast, or a written student submission. The submission should be concise and should provide an explanation of the sources of evidence that informed its comments and conclusions.

The student submission must include a statement of how it has been compiled, its authorship, and the extent to which its contents have been shared with and endorsed by other students.

The student submission should represent the views of as wide a student constituency as possible. Existing information should be used, such as results from internal student surveys and recorded outcomes of meetings with staff and students, rather than conducting surveys especially for the student submission.

When gathering evidence for and structuring the student submission, it will be helpful if account is taken of the advice given to institutions for constructing the self-evaluation document. The authors of the student submission might particularly wish to focus on students' views on:

- how effectively the institution sets and maintains the academic standards of its awards (or maintains the academic standards of the awards set by its partner university)
- how effectively the institution manages the quality of students' learning opportunities

- how effectively the institution manages the quality of the information it provides about the higher education it offers
- the institution's plans to enhance the quality of students' learning opportunities.

Reviewers will also be interested to know students' views on the effectiveness of their institution's pedagogical approaches in ensuring that the combined input of teaching staff and students enables students to achieve the learning outcomes of their programmes.

The student submission should **not** name, or discuss the competence of, individual members of staff. It should not discuss personal grievances. It should also seek to avoid including comments from individual students who may not be well placed to speak as representatives of a wider group.

### **Submission delivery date**

The student submission should be posted to the QAA secure electronic site seven weeks before the on-site visit. QAA will confirm the precise date in correspondence with the institution. The student submission is uploaded at the same time as the institution submission.

### **Sharing the student submission with the institution**

Given the importance of the student submission in the Review of Institutional Performance and Enhancement, in the interests of transparency and fairness it must be shared with the institution - at the latest when it is uploaded to the secure electronic site.

### **Meetings with students and alumni as part of RIPE**

Student representatives will normally be part of each of the meetings or briefings in the preparatory part of the Review of Institutional Performance and Enhancement. In addition, during the review visit, the review panel will meet with a representative range of students and alumni. The LSR normally helps to select students and alumni to meet the team and to brief them on the nature of the review process and their role within it.

### **Continuity**

The Review of Institutional Performance and Enhancement occurs over a period of several months. It is likely that both the institution and its students will have been preparing well before the start of the on-site visit and will continue to be involved afterwards. QAA expects institutions to ensure that students are fully informed and involved in the process throughout. QAA expects that the student representative body and the institution will wish to develop a means for regularly exchanging information about quality assessment and improvement, not only so that student representatives are kept informed about the Review of Institutional Performance and Enhancement, but also to support general engagement with the quality assessment processes of the institution.

Once the on-site visit is over, QAA will invite the LSR to provide comments on the draft report's factual accuracy. The institution is required to produce an action plan to respond to the review's findings. It is expected that the student representative body will contribute to the writing of the action plan, and in its annual update. There will also be an opportunity for students to contribute to the follow-up of the action plan that QAA will carry out.

## **Annex 9: Appointment, training and management of reviewers for doing RIPE**

The Review of Institutional Performance and Enhancement (RIPE) is carried out by teams of peer reviewers. Peers are staff with senior-level expertise in the management and/or delivery of higher education provision, or students with experience in representing students' interests. They are appointed by QAA and will be required to have the expertise listed below. There are no other restrictions on what types of staff or students may become reviewers.

The credibility of the Review of Institutional Performance and Enhancement depends in large measure upon the currency of the knowledge and experience of review panels. QAA's preference, therefore, is for staff and student reviewers to be employed by institutions or enrolled on a programme of study, respectively. However, currency of knowledge and experience is not lost as soon as employment or study comes to an end. Thus, QAA allows students to continue as reviewers for a limited time after they have left higher education and will also consider self-nominations from former staff who can demonstrate a continuing engagement with academic standards and quality.

Reviewers are identified either from nominations by institutions or self-nominations, as follows.

- Staff reviewers currently working for an institution must be nominated by their employer, as an indication of the employer's willingness to support the reviewer's commitment to the review process. Self-nominations from staff who are employed by a university will not be accepted.
- Former staff may nominate themselves for consideration. To be eligible for consideration, and in addition to meeting the selection criteria set out below, former staff must demonstrate a continuing and meaningful engagement with the assurance of academic standards and quality beyond any involvement they may have with QAA. This engagement could be manifest in a consultancy role or a voluntary post, such as membership of an institution's governing body.
- Student reviewers may be nominated by an institution or by a recognised students' union or equivalent, or nominate themselves. Student reviewers must be enrolled on a higher education programme or be a sabbatical officer of a recognised students' association at the time of nomination. Student reviewers may continue as reviewers for up to two academic years after they finish their studies or term as a sabbatical officer. Student reviewers cannot hold senior staff positions.

### **Reviewer selection criteria**

The essential criteria for staff reviewers are:

- experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at organisational and/or faculty or school level
- cross-institutional experience (beyond a department or subject area) in contributing to the management of academic standards and/or quality enhancement or participating as a representative of students' interests
- thorough understanding of the content, role and practical application of the Pakistan Quality Assurance Framework
- working knowledge of the diversity of the Pakistan higher education sector
- the ability to assimilate a large amount of disparate information and analyse it to form reliable, evidence-based conclusions
- the ability to maintain the confidentiality of sensitive matters

- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for staff reviewers are:

- experience of participating as a chair, panel member, assessor or equivalent in the monitoring and periodic review process of their own and/or other institutions
- experience of assessing the achievements of students on higher education programmes at their own institution and/or other institutions (for example as an external examiner)
- experience in the delivery, management and/or quality assurance of affiliated colleges.

The essential selection criteria for student reviewers are:

- experience of participating, as a representative of students' interests, in contributing to the management of academic standards and/or quality OR demonstrable interest in ensuring that the student interest is protected
- general awareness of the diversity of the higher education sector and of the arrangements for quality assurance and enhancement
- the ability to assimilate a large amount of disparate information and analyse it to form reliable, evidence-based conclusions
- the ability to maintain the confidentiality of sensitive matters
- excellent oral and written communication skills
- the ability to work with electronic and/or web-based communication systems effectively
- the ability to work effectively as part of a team
- the ability to adhere to agreed protocols, procedures and deadlines.

The desirable criteria for student reviewers are:

- experience of conducting audits, reviews, assessments, accreditations, investigations or similar activities in educational or non-educational settings
- experience of engagement with sector bodies, preferably with regard to student engagement activities
- experience of higher education delivered in affiliated colleges.

In making the selection of reviewers, QAA tries to make sure that a wide range of different institutions are represented in the pool of reviewers, and that the pool reflects - in aggregate - sectoral, discipline, geographical, gender and ethnic balances.

Successful nominees are inducted and trained by QAA so that they are familiar with the aims, objectives and procedures of the review process, and their own role. Nominees are only appointed as reviewers once they have completed their training to the satisfaction of QAA.

## **Reviewer management**

Reviewers are appointed on the basis that they agree to undertake, if requested, three Review of Institutional Performance and Enhancements per academic year. The appointment will be reviewed after each year, but may be extended beyond this period by mutual agreement and subject to satisfactory performance.

At the end of each Review of Institutional Performance and Enhancement, QAA asks reviewers to complete a standard evaluation form. The form invites feedback on the respondent's own performance and that of the other reviewers. The QAA Officer coordinating the Review of Institutional Performance and Enhancement also provides feedback on each reviewer. QAA shares the feedback generated with reviewers at regular intervals, to allow them to understand, and reflect on, the views of their peers. The feedback is anonymous; those receiving the feedback cannot see who has provided it.

Reviewers with particularly good feedback are invited to provide further information for use in training or dissemination to other reviewers. Reviewers with weaker feedback may be offered additional support and/or released from the reviewer pool, depending on the nature of the feedback and its prevalence.

## Annex 10: Writing an institutional self-assessment document for RIPE for EQA

This annex demonstrates an effective approach to structuring and writing an institutional self-assessment document.

### A suggested structure of the institutional self-assessment document

The institutional self-assessment document should first set out the context in which the institution is operating, briefly describe the provision under review, and make the team aware of any recent (major) changes and their implications for safeguarding academic standards and the student academic experience. Where relevant, details of the institution's relationships with affiliated colleges should also be provided. The institutional self-assessment document should then go on to outline how the institution meets each of the RIPE Standards in the Quality Assurance Framework.

#### Section 1: Brief description

The description should cover:

- the institution's mission and ethos
- recent major changes since the last QAA review
- implications of changes, challenges, strategic aims or priorities for safeguarding academic standards and the quality of students' learning opportunities
- details of the external reference points, other than the Qualifications Framework, which the institution is required to consider (for example, the requirements of accreditation councils, other professional bodies).
- where applicable, details of any affiliated colleges' responsibilities for their higher education provision. This description should be underpinned by the submission of a completed 'Responsibilities checklist for partnerships with affiliated colleges' ([Annex 2](#)).

#### Section 2: The track record in managing quality and standards

Briefly describe the institution and programme team's background and experience in managing quality and standards, including reference to the outcomes of previous external and internal review activities and the institution's responses. Where relevant, describe how the recommendations from the last external and internal reviews have been addressed, and how good practice identified has been built on. Refer to any action plans that have been produced as a result of reviews.

#### Section 3: Standards

The RIPE Standards in the Quality Assurance Framework apply to this area. Please refer to [Annex 3](#) for the detailed description of each Standard and the expectations that underpin it. An institution under review should comment on each Standard separately, focusing on:

- what you do
- how you do it
- why you do it that way
- how well you do it
- how you know how well you do it.

The university should reference the evidence that is used to give assurance that these Standards are being met and that the area is managed effectively, as well as any relevant



data that can be used for benchmarking. The evidence for this section should include a representative sample of programme and periodic accreditations, as well as the university's response to those accreditation reports, where applicable.

It is vital that the self-assessment identifies the evidence that illustrates or substantiates the evaluation.

It is not the responsibility of the review panel to seek out this evidence and the selection of evidence is at the university's discretion.

The same key pieces of evidence can be used in several different parts of the self-assessment. The review panel will find it difficult to complete the review without access to the following sets of information:

- policy, procedures and guidance on quality assurance and enhancement
- a diagram of the structure of the main committees which are responsible for the assurance of quality and standards. This should indicate both central and local (that department or similar) committees
- minutes of central quality assurance committees for the two academic years prior to the review
- overview reports (for example, periodic accreditation report) where these have a bearing on the assurance of quality and standards for the two years prior to the review.

## **Drafting**

Circulating the draft institutional self-assessment document to higher education staff (and, if appropriate, students and other stakeholders) for comment widens the perspective and helps to keep colleagues informed and engaged in the process. Ideally, the document should be owned by many, but read as one voice.

## **Paragraphs**

It is important to make the institutional self-assessment document as easily navigable as possible as it is used by the review panel throughout the review. To help in this we ask that institutions number each paragraph sequentially throughout the document. That is to say, do not start new paragraph numbers for each section.

## **Referencing evidence**

It is vital that the institutional self-assessment document identifies the evidence that illustrates or substantiates the narrative.

In order for the review panel to be able to operate efficiently, both in advance of and during the review visit, it is important to ensure that all evidence documents are clearly labelled and numbered.

It is equally important to ensure that each evidence document is clearly referenced to the appropriate text in the commentary using the same labelling and numbering system and providing paragraph numbers and dates of minutes as appropriate.

QAA will explain by email how the institutional self-assessment document and supporting evidence should be uploaded to the secure electronic site. The QAA Officer will inform the institution of the date by which this must be done.

The table below shows the key technical points to consider when compiling the institutional self-assessment document and supporting evidence.

**Table 4: Technical requirements for the institution submission**

Technical requirements for the institution submission	
Indicative limits	<p>The indicative length of the institutional self-assessment document should be 40 pages. This will include any diagrams and charts.</p> <p>To ensure the submission is clear and legible for the review panel, the following guidelines on formatting must be adhered to:</p> <ul style="list-style-type: none"> <li>• Arial font, 11-point (minimum)</li> <li>• single-line spacing (minimum)</li> <li>• 2 cm margins (minimum).</li> </ul> <p>In support of the institutional self-assessment document, we would expect to receive no more than 50 pieces of evidence for each Standard.</p>
Overall presentation	<p>The institutional self-assessment document and supporting evidence should be supplied in a coherent structure:</p> <ul style="list-style-type: none"> <li>• all files together, with no subfolders or zipped files</li> <li>• documents clearly labelled numerically, beginning 001, 002, 003 and so on</li> <li>• ensure that each document has a unique reference number - do not number the same document with different numbers and submit it multiple times.</li> </ul>
File naming convention	<p>Only use alphanumeric characters (a-z and 0-9); for spaces use the underscore (_) and the hyphen (-).</p> <p>Do <b>not</b> use full stops and any other punctuation marks or symbols, as these will not upload successfully.</p>
File types to avoid	<p>Do <b>not</b> upload:</p> <ul style="list-style-type: none"> <li>• shortcut files (also known as .lnk and .url files)</li> <li>• temporary files beginning with a tilde (~)</li> <li>• administrative files such as thumbs.db and .DS_Store.</li> </ul>
<p>For technical assistance with uploading files, please contact the QAA Officer or QAA IT team.</p>	

## Annex 11: Sample schedule for the review visit

A typical schedule for a three-day review visit might look like this. The actual schedule will be determined by the review panel, in agreement with the institution.

### Day 1

**09.00-09.30:** Meeting with the Vice-Chancellor/Rector

**09.30-10.00:** Review panel (RP) discussion on 3-day activities, reporting format, instructions for reporting against expectation outcome indicators (EOIs).

**10.00-17.00:** RP review of institutional submissions (self-review report and institutional performance report (IPR) and evidence and documentation review. (With working lunch).

**17.00-18.00:** RP consultation on individual findings and compile an initial draft of RIPE Report.

### Day 2

**09.00-10.00:** RP meeting to discuss Day 2 agenda, review findings, and discuss the progress of the initial draft report.

**10.00-11.00:** RP meeting with graduate/postgraduate, and undergraduate students (sample size from each department/level will be decided by RP b/w 12-18 in total depending on the total institutional strength).

**11.00-12.00:** RP meeting with lecturers/asst. professors (list will be provided by RP).

**12.00-13.00:** RP meeting with chairmen/heads of departments (list will be provided by RP) -  
**Working Lunch:** Break time to be decided by the panel.

**14.00-16.00:** RP meeting with key statutory office holders, that is, the Registrar, Controller of Examination, Deans, and so on, and other key officials, directors QEC, ORIC, student affairs, sports, planning, and so on.

**16.00-17.30:** Panel consultation on individual findings to discuss and include others' perspectives and to compile a comprehensive report, keeping EOIs in perspective. **Preparation of 1st draft report.**

### Day 3

**09.00-11.00:** Visiting selected classroom facilities, laboratories, library, sports facilities, cafeteria /canteens, faculty and staff offices, and so on (panel head may distribute panel into 2/3 teams to save time).

**11.00-12.00:** Panel consultation on individual findings to discuss and include others' perspectives and to compile a comprehensive report keeping EOIs in perspective.

**12.00-16.00:** Preparation of final draft of comprehensive and effective RIPE report (with working lunch).

**16.00-17.00:** Exit meeting with VC/Rector (exit meeting time can be adjusted elsewhere on Day 3 prior in discussion with panel).

### **Note for the university**

- A separate room is required for the review panel, where all the documents related to the University Portfolio Report (UPR) should be placed.
- Photocopies of the documents/evidence are not required as no document is taken out of the room.
- The room for the review panel should have a table for each Standard and the folders, containing the information, are to be clearly numbered. Sufficient office space within the room should be provided for all panel members.
- Proper electrification with a laptop or desktop and internet facility and printout facility are also required in the room.
- Any additional written reports, PowerPoint presentations, or other information, that the review panel have not requested but that the administration feels would be relevant to the review, may be placed in the room.
- Copies of the charter/act ordinance, statutes, regulations, data sheet, and six hard copies of the UPR should be provided to the review panel.
- The review panel may request additional information and/or may request a meeting with other senior officers in order to seek clarification regarding certain points in the UPR or any other document.

### **Note for the review panel head/members**

- The review panel head/members must go through, well before review visit, the
  - EOIs, self-assessment Report, IPR
  - act/ordinance/statutes and regulations
  - website of the university
  - instructions for reporting (given in the sample report)
  - RIPE ToRs for selection as a reviewer.
- Panel members must bring a laptop along.

The review panel head may make necessary adjustments where required.

## Annex 12: Meeting protocol for review visits

This annex sets out QAA's protocol for QAA team/review panel meetings with representatives of the institution undergoing the Review of Institutional Performance and Enhancement (RIPE). The availability of time during a review is always limited and it is important the review panels can make best use of the available time in its meetings with staff and students, and other key stakeholders. We respectfully ask institutions undergoing RIPE to abide by this protocol.

A schedule of meetings is agreed in advance of the review visit. Any suggested changes that are proposed during the review visit should be discussed between the QAA Officer and the facilitator at the earliest opportunity.

The people attending a meeting are agreed in advance with the institution. Any changes to personnel or students attending should be notified to the QAA Officer at the earliest opportunity.

Numbers attending meetings are limited. Experience tells us that smaller meetings are more effective than larger meetings. Meetings with staff are normally expected to include no more than 10 people plus the review panel. Student meetings normally involve no more than 12 students plus the review panel. This allows for more in-depth discussion and for all to take part.

Your institution is asked to provide a room for each meeting that can comfortably accommodate the number of people attending sitting at a table.

It is not usual for there to be presentations during meetings. Meetings are question and answer sessions. An exception may be made in the case of the first meeting the team holds with your institution, but any presentation should be agreed in advance with the QAA Officer and should be brief (for example, 15 minutes).

All meetings during the review are initiated by QAA. Each meeting will be chaired on a rotational basis by a member of the review panel.

Meetings will start on time and will not be extended beyond the end time published in the review timetable. A meeting may finish earlier than the published end time.

Name plates should be provided for all meeting attendees, including the review panel. These should include name and job title, or course title in the case of students.

Mobile phones should be switched off prior to attending the meeting. This ensures that everyone's full attention is on the meeting.

Those attending a meeting should arrange to be available, uninterrupted, for the duration of the meeting and not leave the meeting except through illness, fire alarm or another emergency.

Staff of your institution should be briefed not to interrupt a meeting when it is in progress.

No food or drinks, other than water, should be served during the meeting. It is important that the review panel, institution staff and students should be able to concentrate on the meeting.

Staff and students should be encouraged to speak freely during meetings. The record of the meeting does not identify individuals, and neither will they be identified in the published report.

Meetings with students must not be attended by staff of your institution. If a student is also a member of staff, he or she should not attend meetings the review panel holds with students.

## Annex 13: Guidance on producing an action plan

### Guidance for closing the loop

#### Background

Following the Review of Institutional Performance and Enhancement (RIPE), the institution will be expected to develop an action plan - as per QAA guidelines - that addresses the areas for development and specified improvements identified. This action plan should be produced jointly with the stakeholders and student representatives, or representatives should be able to post their own commentary on the action plan. This action plan should be signed off by the head of the institution and be published on the institution's website. A link to the report page on QAA's website should also be provided. Through its publication, the action plan constitutes a public record of the institution's commitment to take forward the findings of RIPE, and so will promote greater confidence among students and other external stakeholders about the quality assurance of higher education at the institution. In order to institutionalise the entire processes for both IQA and EQA, the institution must have a comprehensive institutional CQI policy along the lines given in [Annex 14](#). The institutions may modify the same in consultation with the stakeholders with sound logic and reasoning to suite their specific context for meaningful and effective implementation.

Following the institutional CQI policy, the institution will be expected to update the action plan annually, again in conjunction with the processes defined in their CQI policy and with stakeholders and student representatives, until actions have been completed, and post the updated plan to the institution's website.

QAA does not enforce a template for the action plan because it recognises that each institution will have its own way of planning after the Review of Institutional Performance and Enhancement; however, an example is provided below.

#### Example action plan

Recommendation or good practice	Action to be taken	Date for completion	Action by	Success indicators
Ensure that all higher education student representatives have access to training and ongoing support to ensure they can fulfil their roles effectively	Develop and implement a training programme and induction pack for higher education student representatives	Insert appropriate date	Senior Management Team	All new higher education student representatives receive an induction pack and undertake training prior to the first student-staff liaison meeting

#### What do we mean by these headings?

##### Recommendation or good practice

As identified by the review panel and contained in the review report.

**Action to be taken**

The institution should state how it proposes to address each of the recommendations or good practice in this column. Actions should be specific, proportionate, measurable and targeted at the issue or problem identified by the review panel. Multiple actions may be required.

**Date for completion**

The institution should specify dates for when the actions proposed in the previous column will be completed within the timescale specified by the review panel. The more specific the action, the easier it will be to set a realistic target date. Multiple dates may be required for each part of the action.

**Action by**

The institution should identify the person or committee with responsibility for ensuring that the action has been taken. If a person is responsible, the action plan should state their role rather than their name.

**Success indicators**

The institution should identify how it will know - and how it will demonstrate - that a recommendation or good practice has been successfully addressed. Again, if there is a specific action and a clear date for completion, it will be easier to identify suitable success indicators.



## Annex 14: Four phases of CQI policy (4P-CQI policy)

Over the last decade, both the number of HEIs in the public and private sectors as well as the number of enrolments at all levels have increased exponentially. The huge number of HEIs in the country and increasing number every other year is a huge challenge to assuring quality at par with international standards. We have a very limited number of human resources at QAA.

Therefore, it has been realised from the decade-long experience in the sector that the only way forward is to institutionalise quality culture in the universities across the country. For this very purpose, after thorough debate and discussions, a policy has been thought of in the form of institutionalising quality culture in the institutions of higher learning across the country.

According to this strategy, we are changing focus from compliance to more enhancement and improvement focus. For that, we need to put our efforts into changing the mindset about quality and its enhancement and assurance. We need to make HEIs realise that improving quality and providing the best learning experience to the students at large is the prime responsibility of the university and the offices and officers within the university are equally responsible to achieve that end.

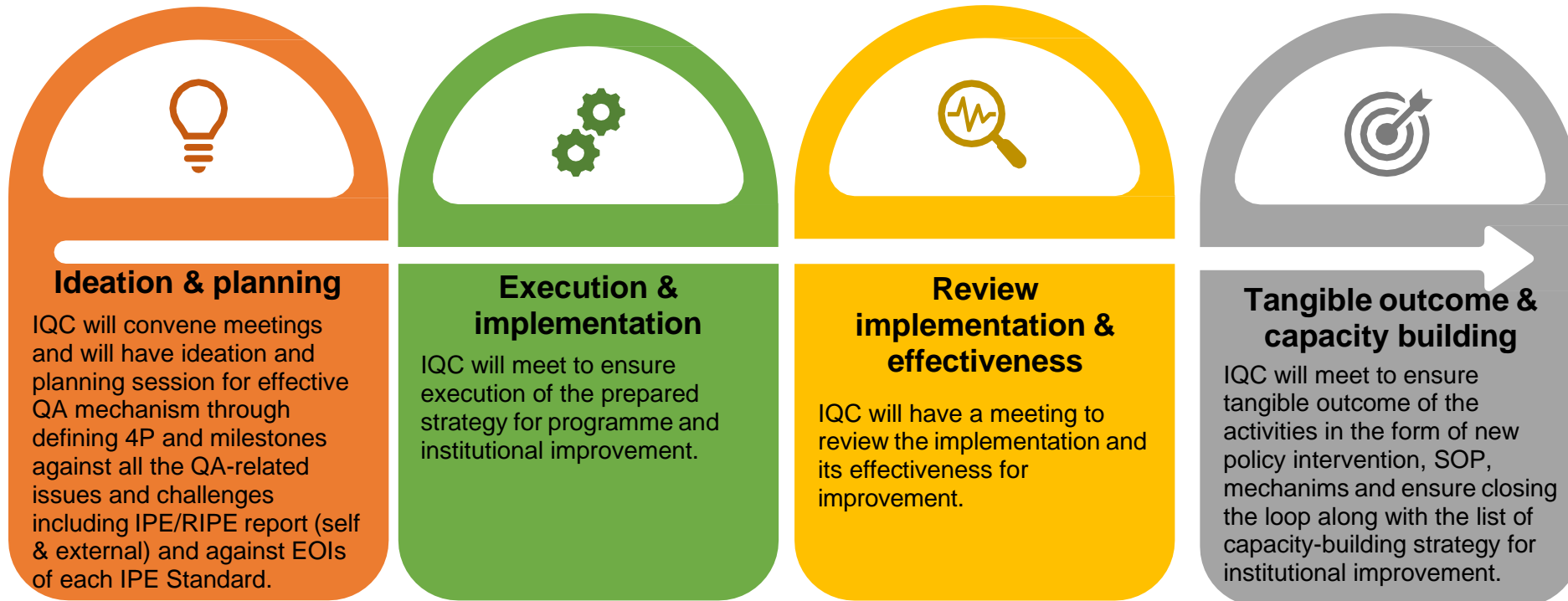
To make this happen the role of HEC/QAA is not only to monitor and regulate but also to facilitate HEIs with the relevant policy interventions in order to create a culture of quality in the institutions. For this very reason, it has been considered that the following changes in names and titles of various components of the QA framework and mechanism are required, but also that strategies need to be in place for continuous quality improvement. The proposed model for CQI has a few elements of thrust to promote quality culture:

- independent thinking - proactive approaches to identifying challenges and issues without much external interventions
- participatory approach for use of collective wisdom - making all statutory forums participate in CQI processes
- transparency - making decision-making processes fair and transparent
- Institutionalisation of quality culture - though a strong system of closing the loop and capacity building.

Under this policy, HEIs are supposed to have a central body to be called the Institutional Quality Circle (IQC) to look after all the QA activities, processes of self-reviews and preparation of the HEI for external review, including preparation of necessary documents and policies such as a quality policy and a university portfolio report (UPR) against the precepts both for institutional and programme reviews. Also, the CQI policy and processes will be followed for compliance of outcome and decisions of the reviews such as RIPE/RIPE report, and so on. The Director of QEC/IQAE will be the secretary of the Committee and will provide facilitation and support to the body. The body will be headed by the Vice Chancellor/Rector.

The process for this CQI policy has a number of key aspects, as shown in the following pages.

## Four phases of effective CQI and closing the loop policy



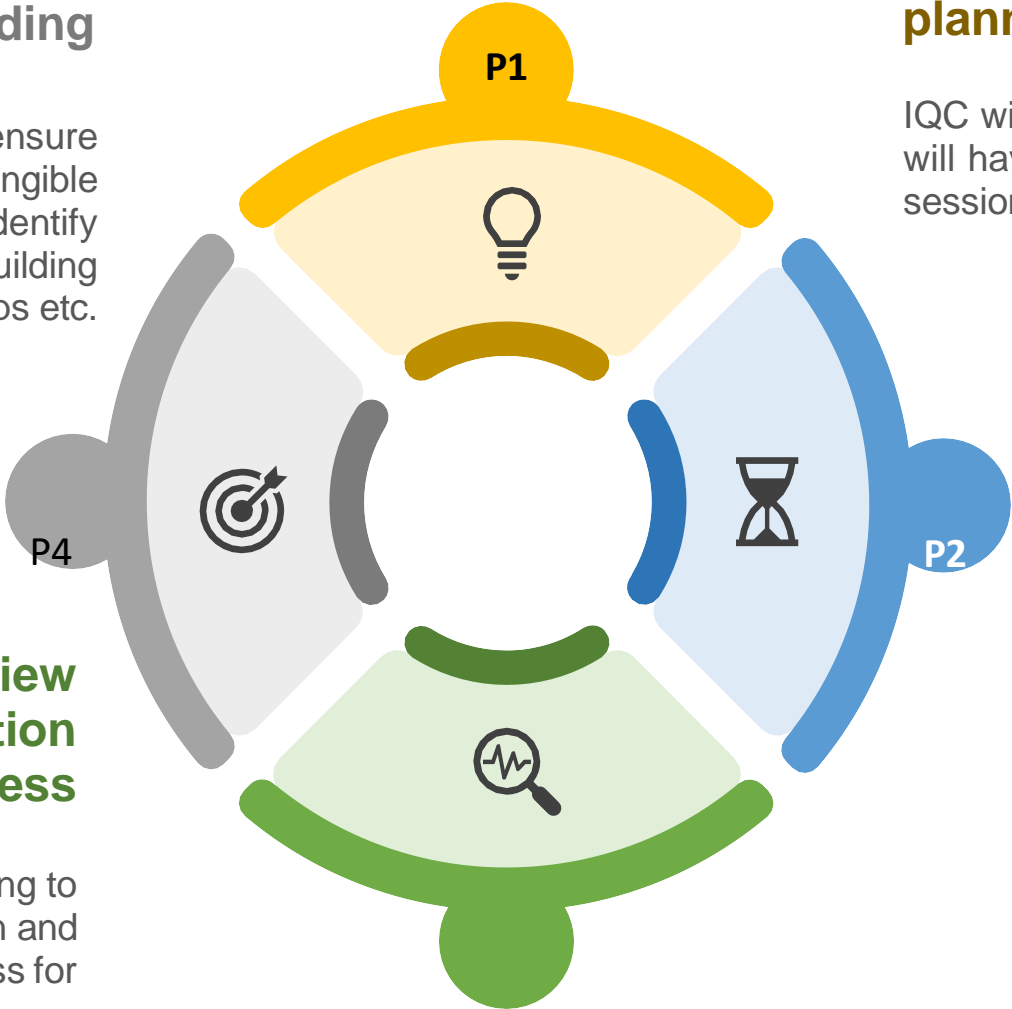
# 4P-CQI policy

## P4 Tangible outcome and capacity building

IQC will meet to ensure achievement of tangible outcomes/ impacts. Also identify areas requiring capacity building workshops etc.

## P1 Ideation and planning

IQC will convene meetings and will have ideation and planning sessions.



improvement.

## P3 Review implementation and effectiveness

IQC will have a meeting to review the implementation and its effectiveness for

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**tation**

BOF/relevant body will meet to ensure execution of the prepared strategy for institutional improvement in their respective domain.

# Roadmap and milestones

## Roadmap for effective CQI



To make an effective implementation of the processes, the expectation against each milestone needs to be clearly defined in the shape of a policy for QEC/IQAE.

## **Annex 15: Terms of reference - Board for Assessment of Quality Assurance (BAQA)**

### **Introduction**

The Board for Assessment of Quality Assurance (BAQA) considers the report and recommendations from Review of Institutional Performance and Enhancement and determines if a university:

- should be awarded university accreditation
- classification of award
- the number of years until the next Review of Institutional Performance and Enhancement.

QAA will convene a BAQA each semester. BAQA will look at the reviews completed during that semester. A calendar of meetings will be issued on at least an annual basis.

### **Duties of BAQA**

In establishing this BAQA, QAA delegates authority to the Board to carry out the following duties in respect of institutional accreditation:

- oversee the Review of Institutional Performance and Enhancement accreditation process, making periodic recommendations on its development as appropriate
- undertake consideration of all Review of Institutional Performance and Enhancement reports and outcomes completed in the semester before BAQA meeting
- receive Review of Institutional Performance and Enhancement reports and make final decisions on accreditation, the classification of accreditation and the number of years until the next Review of Institutional Performance and Enhancement
- act as a moderating body, the Review of Institutional Performance and Enhancement BAQA provides a check on the reliability of individual reports and the consistency of report recommendations across the range of universities reviewed
- keep a formal record of discussions and decisions, including a database of decisions, dates and Board members which will be maintained by QAA
- notify decisions of BAQA to the head of the university undergoing review, through QAA.

### **Membership of BAQA**

BAQA membership shall be made up of:

- Chair - member of QAA senior leadership team
- Deputy Chair - member of QAA senior leadership team
- Up to 10 ordinary members:
  - from appropriate accreditation councils
  - from the Pakistan higher education sector (faculty from universities, faculty from affiliated colleges)
  - one student member (either a current student or up to two years after graduation).

Board members must have completed BAQA training conducted by QAA. Appointments as Board members shall be for a period of three years with the option of reappointment.

Appointments for a student member shall be for a period of one year, extendable by a period of one year.

Other attendees may be invited to meetings to support the Board in its decision-making and discharging of its business.

### **Frequency of meetings**

BAQA will meet each semester as per the published calendar of meetings. Meetings will normally be held online.

### **Quorum**

The quorum necessary for the transaction of the Board shall be five members present; the chair and/or deputy chair must be present.

### **Managing conflicts of interest**

Board members are required to declare an interest in any university under consideration. An interest may be a personal connection, previous employment or consultancy. The member is expected to withdraw for the duration of the discussion. The significance of the interest declared is at the discretion of the Chair.

### **Reporting**

BAQA will report to QAA and will produce formal reports on any aspects of its business at the QAA's request.

### **Secretariat**

A member of the QAA will provide the secretariat for the Board.

### **Review**

BAQA will review the effectiveness of its meetings and its terms of reference annually.



## **Annex 16: Appeals against the outcome of a Review of Institutional Performance and Enhancement**

### **What is an appeal?**

An appeal is a challenge by an institution against the findings of a Review of Institutional Performance and Enhancement (RIPE).

Appeals are distinct from complaints. Complaints are an expression of dissatisfaction with services that QAA provides, or actions that QAA has taken. The appeals procedure is not designed to accommodate or consider complaints. Where a complaint is submitted with an appeal, it is stayed until the completion of the appeals procedure, in order that the investigation of the complaint does not prejudice, and is not seen to prejudice, the handling of the appeal.

### **Submission of appeals**

Appeals are submitted under QAA's Appeals Procedures. This is an internal process and does not require legal representation. Submissions are drafted by the appealing institution ('the institution') and are submitted to QAA.

Institutions have one week (five working days) from the receipt of the unpublished final report to indicate their intent to appeal. An appeal can only be lodged during the two-week submission window, which begins on receipt of the unpublished final report. Appeals can only be based on the unpublished final report. Appeals submitted at any other stage of the review process cannot be accepted.

All institutions are eligible to appeal against unsatisfactory judgements. For the purposes of RIPE, unsatisfactory judgements are those which require follow-up action to complete the review, namely:

- many strategies have not yet been effectively implemented but some significant work is being done across the institution to address the deficit
- effective strategies are not developed.

Differentiated judgements, as defined in the Handbook above, may only be appealed to the extent that they are negative. It is not possible to appeal a positive judgement.

Institutions may choose not to appeal, in which case QAA will proceed to publish the review report on its website.

### **Grounds for appeal**

Appeals can be lodged on the grounds of Procedural Irregularity or New Material. 'Procedural Irregularity' refers to an irregularity in the conduct of the review such that the legitimacy of the decision(s) reached is/are called into question.

'New Material' refers to material that was in existence at the time the review panel made its judgement, which, had it been made available, would have influenced the judgements of the

team, and in relation to which the institution must provide a good reason<sup>1</sup> for it not having been provided to the review panel.

Grounds for appeal must be clearly articulated in the appeal submission and supported by documentary evidence where possible. Appeal reviewers will not have access to the original evidence upload, nor to the evidence base collated during the course of the review, and so supporting evidence on which an appellant institution wishes to rely must be submitted with the appeal. Evidence must be relevant and pertinent to the case for appeal. It is not acceptable to include unreferenced evidence, nor to submit multiple documents that have already been considered in the course of the review.

## Communication

When an institution submits an appeal, contact with any RIPE reviewers and QAA Officers ceases immediately, and the institution's main contacts become the QAA Governance team. Other QAA staff and reviewers should not enter into any direct communication with the institution after the receipt of an appeal and should forward any communication that they do receive to the QAA Governance team. The institution should make no attempt to contact QAA staff outwith the Governance team.

## Appeal reviewers

All appeal reviewers are assigned on the basis that they have no real or apparent conflict of interest that could affect their ability to consider the appeal impartially and are asked to confirm that they are not aware of any such conflict before they are appointed. QAA keeps a record of responses.

## Timeline of activity

The standard timeline for this part of the process is given in the table below. Please note that the deadlines in this timeline may be amended to accommodate QAA office closures, including Pakistan public holidays. The precise deadline for resolution of an appeal case will be confirmed in writing by QAA.

**Table 5: Timeline of follow-up activity and appeals**

Working weeks from on-site visit	Negative outcome (no appeal)	Negative outcome (appeal)
Week +1	Draft report is sent to institution and Lead Student Representative for comments on factual accuracy. Relevant partner degree-awarding bodies or awarding organisations are copied in.	
Week +3	Institution and Lead Student Representative provide comments on factual accuracy (incorporating any comments from awarding bodies or organisations) to QAA.	

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<sup>1</sup> The 'good reason' for non-provision requirement under the ground of New Material will not be considered satisfied in cases that allege solely that the review panel did not specifically ask to see the New Material, or that the limitation on upload of documents restricted the provider's ability to present the New Material.

Week +5	QAA Officer considers corrections and produces final report. Confirmed judgements and final report sent to BAQA.	
Week +6 <b>Week 1</b>	Institution indicates intention not to appeal to the QAA Officer	Institution indicates intention to appeal to the QAA Officer
Week +7 <b>Week 2</b>	QAA publishes report	Institution submits appeal and supporting evidence to QAA Appeal process begins
Week +9 <b>Week 4</b>		Appeal Reviewer is selected by QAA Appeal Reviewer decides whether the case should be rejected or referred for consideration to appeal panel
Week +10 <b>Week 5</b>		Institution informed of outcome of preliminary screening
Week +11 <b>Week 6</b>		Review panel submits their comments on the appeal
Week +12 <b>Week 7</b>		Appeal panel considers all evidence, including the review panel submission, and reaches a collective decision
Week +13 <b>Week 8</b>		Appeal outcome reported to the institution by QAA
Week +15 <b>Week 10</b>		If the appeal is not upheld, QAA publishes the review report

## The appeal procedure in detail

### Appeal intent indication submitted – week 1, that is, up to five working days

The institution indicates whether or not it intends to appeal an outcome by emailing the QAA Officer overseeing the review. QAA will not consider an expression of intent to appeal to be binding on the institution; if the institution decides, having indicated its intent, that it does not wish to appeal, or does not submit a valid appeal by the submission deadline, QAA will proceed to prepare the review report publication.

### Appeal submitted – week 3

The institution submits an appeal along with supporting documentation to QAA's Head of Governance within two weeks of the receipt of the unpublished final report.

The appeal submission must be made on the RIPE Appeal Submission Form, and must be focused on the specific reason for appeal, including only directly relevant supporting documentation.

The Head of Governance will identify a suitable RIPE appeal reviewer to undertake the preliminary screening of the appeal. This is a trained RIPE reviewer who has not had any involvement to date in the particular institution's RIPE.

The institution has the opportunity to notify QAA of any conflicts of interest that it reasonably considers any individual appeal reviewer to have at the time of submission. Appeal reviewers remain anonymous. Institutions may not request that particular appeal reviewers hear their case, nor attempt to influence the allocation of the appeal other than through the procedure for objections with the appeal submission.

### **Preliminary screening - week 5**

The Appeal Reviewer will undertake a preliminary consideration of the case. They will review the unpublished final report, the completed RIPE Appeal Submission Form and associated evidence, and decide whether the case should be rejected or referred for consideration by an Appeals Panel.

The Appeal Reviewer will only reject an appeal where there is no realistic prospect of it being upheld. The purpose of this stage is to ensure that spurious and unsubstantiated appeals are rejected without the need for them to be fully considered. The threshold for referral is set low.

There is no appeal from, or review of, the appeal reviewer's decision. Where the appeal reviewer rejects an appeal, the Governance team will inform the institution in writing. The RIPE Appeals Procedure will then end at this point. Where the Appeal Reviewer refers the appeal to a panel, the Governance team will inform the institution in writing.

### **Review Panel response to the appeal - week 7**

Where an appeal is referred to a panel, the appeal submission is forwarded to the original review panel for their comment.

The review panel, led by a QAA Officer, will compile a collective response, which must also be submitted in standard format. A copy of the review panel's comments will be sent to the institution for information.

### **The panel hearing - week 8**

The appeal panel will consist of three trained reviewers, one of whom will act as Chair.

The hearing is normally conducted as a formal meeting, in person, attended by the panel members and a member of the Governance team, who will act as a clerk. The location and date of the hearing is never disclosed to the institution, nor to the review panel.

The panel will consider the unpublished final report, the completed RIPE Appeal Submission Form and evidence, and the review panel's response and any appended evidence, and will seek to reach a decision on the case in one sitting. The panel will make a collective decision.

## **Appeal outcomes - week 9**

The Governance team will compile the outcomes of the appeal panel and will notify the institution explaining the outcomes and the reasons for the decision. This completes the appeal process.

Where the appeal is not upheld the report will be published within two working weeks. The precise action and timescale for an appeal which is upheld will depend on the nature of the case and will be clear in the appeal decision.

**January 2023**

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