

ADMINISTRATION OF QUALITY ASSURANCE PROCESSES

The organizational arrangements procedures outlined in this chapter have been found to be effective in higher education institutions in many parts of the world. They should be implemented in flexible ways that take account of the differing size and complexity of institutions and the nature of programs offered. New and different strategies are encouraged, and the quality system itself should be reviewed and improved as part of an institution's quality assurance process. Innovative ideas consistent with what is generally considered good practice and planned with the goal of improving quality in all aspects of an institution's activities are encouraged.

Committed support and encouragement from the most senior levels of an institution are essential pre-requisites for an effective quality assurance system. This should include a commitment of support from the senior policy making body (a Council, board of trustees, or a board of governors or equivalent body), leadership from the head of the institution (the Rector or Dean), and adequate support for the costs and services required for an effective quality assurance system. However high quality cannot be achieved by the actions of leaders alone. A commitment to quality must be shared throughout the institution, with individual members of teaching and other staff, and organizational units throughout the institution, evaluating their own performance, doing their best to improve, and contributing cooperatively with others to institutional improvement as valued members of the institutional team.

1.1 Criteria for Quality Evaluations

Evaluations of quality involve judgments about two main elements, the extent to which goals and objectives are achieved, and consistency with generally accepted standards of performance in higher education.

The goals and objectives should be based on a clearly defined mission that is appropriate for an institution of its kind and circumstances. The mission, and the goals and objectives derived from it are for an institution to determine. However some criteria for an evaluation of the mission are included in the standards specified by the Commission.

The generally accepted standards defined by the Commission in eleven broad areas of activity relate to inputs (the level and quality of resources available) processes followed, and outcomes or results achieved. In each case the judgments about quality are not just about whether a resource is available, a process followed or an outcome achieved, but also about how good these are compared with standards of performance at other good quality institutions of similar kind. Consequently it is necessary to identify institutions with which comparisons on important matters can be made and make arrangements for collecting (or sharing) information so this can be done. The levels of performance identified in this way are benchmarks to be used in setting performance objectives.

The Commission has identified a number of important items as Key Performance Indicators and will be collecting information from institutions relating to these indicators. It will aggregate the data so that national figures on these items are available and can serve as benchmarks. Other benchmarks should also be established by institutions, dealing with matters that are important to them in their own quality improvement strategies. These benchmarks can be based on institutions within Saudi Arabia or in other countries. However because an important objective for Saudi Arabia is to demonstrate standards equal to good international standards, at least some of the important benchmarks should be based on performance at good international institutions.

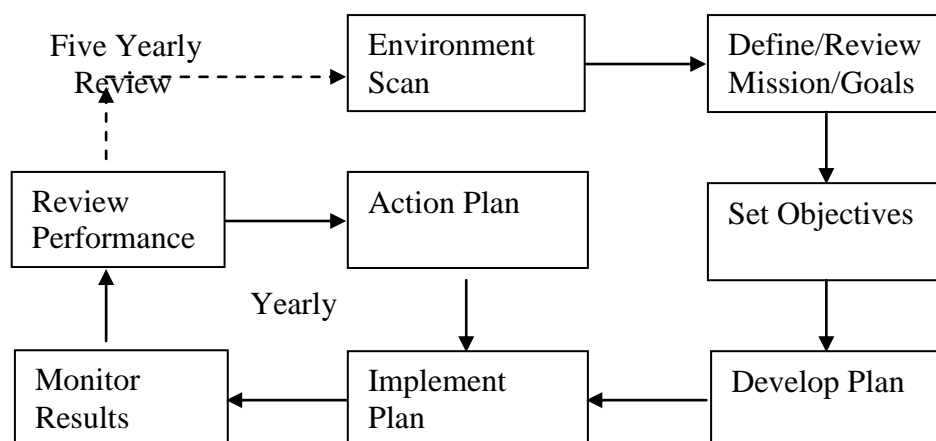
1.2 Quality Planning and Review Cycle

The process of improving quality involves assessing current levels of performance and the environment in which the institution is operating, identifying strategic priorities for improvement and setting objectives, developing plans, implementing those plans, monitoring what happens and making adjustments if necessary, and finally assessing the results achieved. These steps involve a repeating

cycle of planning and review. Major plans may involve a sequence of activities over a number of years, with a number of steps to be taken and results of each step assessed at stages within that longer term plan.

While the monitoring should be continuing, there are normally two time periods when more formal assessments take place, one annual as performance is monitored and adjustments made as required, and one on a longer term cycle in which major reviews are undertaken on a periodic basis. For issues relating to quality assurance and accreditation periodic assessments should be planned to coincide with the five-yearly external reviews for accreditation and re-accreditation conducted by the Commission.

Although this planning and review cycle is presented as a set of steps in a linear sequence with set timelines, in practice steps may be repeated or changed in a flexible way in response to feedback and changing circumstances. For example, a review of performance may lead to a conclusion that objectives need to be redefined and a new plan for development prepared.



In considering these phases it should be recognized that they relate to a number of different levels of activity within an institution—to the institution as a whole, to academic and administrative units within it, and to individual programs or groups of programs managed by a department or college.

When applied to planning for quality improvement some of the steps in this planning cycle have special meaning. For example, the scan of the internal and external environment at the initial stage should include a thorough assessment of current quality of performance and an analysis of constraints and opportunities for development. A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) can be a useful planning tool at this stage.

A major development strategy will normally be phased in over a period of years with implementation, monitoring and adjustments through action plans on an annual basis.

It is important to periodically step back and carry out a thorough review of the relevance and effectiveness of an institution's activities, and to periodically review the appropriateness and effectiveness of a program.

A periodic self study of an institution should be comprehensive, and include a re-examination of the environment in which the institution is operating and any implications of changes or expected developments for the institution's activities. A periodic self study of a program should consider all aspects of the program delivery and supporting infrastructure, and the quality of learning by students. In any periodic self study a report should be prepared that includes an analysis of variations in original plans that may have occurred over the period, evaluations of the degree of success in achieving objectives, assessments of strengths and weaknesses that need to be addressed in future planning, and plans for responses to those assessments.

The primary purpose of a periodic self study is to support the institution's own efforts at improvement, but reports developed are also used as a basis for the external reviews by the Commission for re-

accreditation. For this purpose there are some specific requirements and these are set out in Part 3 of this handbook which deals with the external review processes.

1.3 Organizational Arrangements

1.3.1 Establishment of a Quality Center

An organizational unit, commonly called a quality center, should be established within the institution's central administration. A senior person responsible to the Rector or Dean or a senior Vice Rector should be appointed to manage the center and to lead and coordinate the management of institution-wide quality assurance activities.

1.3.2 Responsibilities of a Quality Center

Particular tasks should include matters such as:

- advising on institution-wide priorities and strategies for quality improvement;
- assisting internal academic and administrative units in the development of quality improvement strategies within their own areas;
- establishing and monitoring self-assessment processes and reporting requirements;
- providing training for faculty and staff in the institution together with advice and support as required;
- developing a procedures manual describing the institution's structure and processes for quality assurance; specifying criteria for selection and formats for indicators, benchmarks, and objectives; preparing standard forms for matters such as student and graduate surveys; and advising on operational procedures for the planning and implementation of quality processes;
- maintaining systematic collections of reports on performance including data on indicators and benchmarks that will be required for analysis and reporting on trends in performance and changes in the environment within which the institution is operating.
- Coordinating and leading the preparation of periodic self studies for consideration within the institution and for use in external reviews.

A separate document suggesting the roles and responsibilities of a center of this kind has been prepared by the Commission.

1.3.3 Formation of a Quality Committee

A quality committee should be established with membership from all major academic and administrative units including both colleges and other functional areas, to work with the quality center in planning and carrying out responsibilities for quality assurance. A senior administrator such as an academic Vice Rector would normally chair the committee and work closely with the director of the quality center in leading and supporting the institutions quality assurance activities.. The members of the committee should be informed about and committed to quality assurance and have capacity to provide leadership within their own areas of activity in the implementation of quality assurance processes.

1.3.4 Cross-Institutional Involvement in Quality Assurance

All organizational and administrative units should be involved in quality assurance, with performance monitored and plans for improvement made and implemented. Summary reports need to be prepared regularly so the institution's senior management and governing body are aware of what is occurring. These regular reports do not need to be large or complicated, but should include key performance indicators relating to the most important objectives, and an indication of whether the short term results on operational plans conform to what is required if the longer term strategic plans and objectives are to be achieved.

In many cases it has proved valuable to appoint quality assurance officers, establish a small quality unit and form sub-committees within colleges or large departments, or other organizational units (eg. libraries, and major administrative departments) to consider the programs and services they offer and provide assistance with quality improvement. It is extremely important that any units or committees of

this kind cooperate closely with an institutional quality center and support any institution-wide quality improvement initiatives. However the existence of units of this sort within colleges and other organizational units can give credibility to quality initiatives for faculty and staff who identify closely with their special academic field or area of activity and help to provide specialized assistance and resources or arrange training programs that deal with particular issues found in that area.

1.3.5 Monitoring Performance

There should be an assessment of performance by academic and administrative units at least once per year. This need not be a major task, for example it could be simply a brief analysis of performance in relation to selected items from the self evaluation scales, a check on progress made in implementation of plans for development, and consideration of data on certain selected performance indicators. The choice of indicators will depend on the area of activity and the nature of the plan, but they should be things that allow progress to be monitored annually even though a plan may take several years to complete. The analysis should include details of any adjustments that should be made in planning or corrective action required.

Templates have been developed by the Commission for this annual reporting on courses and programs. However this has not been done for other administrative and organizational units because what is needed in this analysis will vary widely for different functions. Whatever format is used for this analysis and reporting there should be some formality in requirements for analysis and reports to prevent the assessment being overlooked. The reports should be prepared by those responsible for particular functions. If administration of a function is distributed to different parts of an institution selected items of information should be provided from each distributed section so the overall quality of performance for that function can be monitored.

The Rector or Dean, and other senior administrators should be aware of the goals and objectives of organizational units, the outcomes of their self evaluations and of the priorities for improvement on the part of those delivering services. Consequently brief reports should be prepared for them and for any institutional committees with responsibility for overseeing the function concerned.

Comprehensive self-studies followed by external reviews by the Commission will occur every five years. This time period is too long to go without some general review of performance. Consequently there should be an internal review comparable to the preliminary self-evaluation during this period. A two or three year period would be the norm, but the time could be longer or shorter depending on the circumstances of the institution, and it may vary for different activities within the institution. Like the initial step, the rating scales from the *Self Evaluation Scales for Higher Education Institutions* should be used, together with relevant surveys and other sources of information. Indicators should be selected, results reported on, and plans for improvement reconsidered as for the initial self-assessment.

1.4 Initial Quality Planning and Evaluation

1.4.1 Initial Quality Planning for a New Institution

(A new institution built on the foundation of an existing institution or formed by the merger of two or more existing institutions should follow the steps outlined below for existing institutions)

In a totally new institution the plans for a quality assurance system should be prepared as an integral part of the general planning for the institution. These plans should be included with documentation submitted to the Commission for provisional accreditation at the time the planners of the institution submit their plans to establish the institution to the Ministry of Higher Education for its approval

Details of requirements for provisional accreditation and documents that must be provided to the Commission for this purpose are included in Chapter 1 and Attachments 2,3,and 4 of Part 3 of this Handbook.

1.4.2 Initial Quality Planning for an Existing Institution

As noted above, these processes should be followed for any existing campus or campuses as part of initial quality planning for a new institution that includes them.

There are two major tasks involved in initial quality planning for an existing institution. One of these is to establish a quality center and introduce systems to meet the quality assurance and accreditation requirements of the Commission. The second is to conduct an initial self evaluation, identify strengths and weaknesses in quality provision, and develop strategies for improvement.

The recommended first step is to establish a quality center and a quality committee as described above, and to use that center and committee in arranging the self evaluation and developing a strategy for progressively implementing quality assurance requirements.

For an existing campus or campuses that are being incorporated into a new institution, and in which a quality center may not exist, a committee should be established and staff appointed to lead a self evaluation of activities at that campus. Planning for the new institution's quality assurance arrangements should be incorporated into the planning arrangements for the new institution.

1.4.3 Carrying Out an Initial Self Evaluation

The first stage in the process for each unit should be a frank assessment of existing performance.

The scope of the initial evaluation should be comprehensive. It should deal with programs in all areas, and with facilities, equipment, services and administrative processes.

The rating scales in the *Self Evaluation Scales for Higher Education Institutions* should be used. These scales are likely to indicate that some are done very well, some things are not done, some are done poorly. The information about current levels of performance will provide a benchmark against which future improvements can be assessed.

Preparations

All members of faculty and other staff should be informed about the initial self-evaluation and their cooperation sought for the processes to be followed.

The announcement should explain the main reasons why the evaluation is taking place as a basis for developing plans for quality improvement and accreditation and why that is important. Reasons would normally include benefits for students and faculty and other staff at the institution, for the wider community, and for national development. Information should be given about the processes to be used and opportunities for individuals to have input. This communication should emphasize that the objective is not to find fault or to criticize, but rather to provide a realistic basis for plans for improvement.

A senior member of staff of the institution should be appointed to lead the process working with the assistance of a quality center. A planning or steering committee should be established chaired by the person appointed to lead the process. This steering committee could be an existing quality committee, or a special committee could be appointed for this particular task.

The committee should prepare a strategy for carrying out the evaluation. This will normally involve appointment of sub-committees to carry out particular tasks related to the 11 standards identified by the Commission. Different procedures may be appropriate for different functions or organizational units within the institution.

Managing the Self Evaluation

Sub-committees should investigate and provide information and reports on one or more standards using the *Self Evaluation Scales for Higher Education Institutions*. The sub-committees should include representation from units responsible for functions considered, users of the service provided, and wherever possible someone independent of that function to ensure some independence and objectivity in the judgments made. Students should be included in sub-committees where appropriate.

The sub-committees should consult with those responsible for the function they are considering and with users of those services, and consider any evidence of quality that is available including

documents, surveys and statistical data such as information from the student record system. They should complete the self evaluation scales using the starring system described, and indicate priorities for improvement where relevant.

Although some of the groupings of statements of good practice may coincide with the administrative responsibility of academic or organizational units, others will not, and this will vary for different institutions. This means that in completing scales from the *Self Evaluation Scales for Higher Education Institutions* for these functions it may be necessary to gather information from both the central units and other parts of the institution providing similar services.

This requirement to obtain information from different parts of an institution has particular relevance to programs, which are offered by colleges and departments throughout the institution. The quality of programs is a major issue in any educational institution. However there may be many programs and this could be a very large task. It is recommended that evaluations be done within each department with results consolidated at the level of colleges before being brought together for a summary evaluation in the total institution report. The summary evaluation should not be an "average" response for all programs, but one that identifies both common elements and significant variations. This approach should also be used in considering possible differences between sections for male and female students.

The self evaluation scales are intended to draw attention to processes and evaluative data that are needed, and to help identify priorities for improvement. It is not expected at this initial stage that an institution would satisfy all of these standards or follow all the processes that are included in the self evaluation scales. It is also likely that for a number of items valid evidence will not be available and benchmarks will not have been established. Because of this reliance will have to be placed on opinions and limited data. If relevant evidence is not available, that in itself is a quality matter that should be stated clearly in reports prepared. Providing for the gathering of such evidence should be considered in suggesting priorities for improvement.

Opportunities should be provided for stakeholders or members of the university community, including users of various services, who are not directly involved in the process to provide comments and advice. Submissions or presentations of this sort should be acknowledged, and should be considered carefully by those preparing reports.

Report on an Initial Self Evaluation

A report should be prepared on the outcomes of the evaluation, indicating the processes followed in conducting the evaluation, the conclusions reached, identifying areas of particular strength or requiring attention, and summarizing the evidence on which those conclusions were based. Reports by sub committees or working parties should be attached and summaries of their procedures and conclusions incorporated into a single document.

The report should include recommendations about matters that are considered of highest priority in a plan for quality improvement.

Suggested Structure for an Initial Self-Study Report

- (i) Executive summary of the self study processes used and the major conclusions reached.
- (ii) Process followed in conducting the self evaluation including the plan for conducting the self study, membership and major responsibilities of committee and any sub-committees, processes for consultation, and major sources of evidence of quality used.
- (iii) Report on each of the eleven standards indicating for each standard the process followed by the sub-committee, sources of evidence and major conclusions including priorities for improvement.
- (iv) Concluding statement summarizing major conclusions and priorities for action that may be required for improving quality. This should take account of both the reports on quality

in relation to each of the standards and the mission and strategic goals for development of the institution.

1.5 Developing a Strategic Plan for Quality Improvement

As noted above a plan for quality improvement should include two major elements, planning to progressively implement arrangements to meet accreditation requirements for quality assurance if these are not already in place, and planning to deal with any problems identified in an initial self evaluation.

In an institution implementing quality assurance processes for the first time involvement in quality assurance processes by different organizational and administrative units may need to be phased in as experience is gained and faculty and staff become more confident about the processes involved. (See suggestions in Attachment 1)

1.5.1 Quality Assurance Requirements for Accreditation

The timing for introduction of these requirements will vary in response to the experience and circumstances of different institutions and the extent to which these arrangements are already in place. Subject to these variations the following requirements should be met.

- (i) Establishment of a quality center, appointment of a director for the center and appointment of a quality committee chaired by a senior member of the institution's administration. (This has already been done in most institutions)
- (ii) Establishment of arrangements for quality assurance in each major organizational unit within the institution (for example, colleges or departments, deanship of research, organizations responsible for financial affairs, facilities and equipment etc). What is needed will vary according to the size and functions of organizational units. However the arrangements will usually involve appointing an individual as a quality officer and establishing a committee to provide coordination, leadership and advice on what should be done within the unit.
- (iii) Preparation of program specifications and course specifications for each program. In most cases this is likely to be a staged process with action taken initially in selected departments and progressively extended to others.
The development of these program specifications will need to include checking for consistency with the National Qualifications Framework developed by the Commission, and for meeting of accreditation standards in professional fields. (As an interim arrangement consideration should be given to standards defined by international specialist accreditors pending development of standards for professional fields in Saudi Arabia).
- (iv) Introduction of student evaluations of courses and programs.
- (v) Introduction of course and program reports using the templates developed by the Commission. As for the program and course specifications this will usually be done progressively for different departments.
- (vi) Specification of performance indicators to provide evidence of quality in various areas of activity. Appropriate indicators should be specified for each major organizational unit, and selected key performance indicators specified for functions (such as educational programs) that are carried out in different parts of the institution. (See note below on Key Performance Indicators identified by the Commission).
- (vii) Identification of performance benchmarks for assessment of quality relating to the main quality indicators specified (Benchmarks could involve either past performance or comparisons with other institutions, but should include at least some appropriate external comparisons)
- (viii) Identification of relevant statistical information to provide evidence of quality of performance and establishment of arrangements for that information to be routinely provided to those who need it for their evaluation and planning activities.
- (ix) Provision of training programs for faculty and staff in matters relevant to the improvement of quality.

1.5.2 Other Priorities for Improvement following an Initial self evaluation.

It is likely that a number of issues identified in an initial self-evaluation will be addressed through the introduction of the quality processes described above. Others will require special attention through appropriate strategies for improvement.

In some cases action will be needed on a “whole of institution” basis to deal with any general problems or concerns affecting the institution as a whole. In other cases action may be needed within individual organizational units or sections of the institution to deal with issues and concerns that have been identified there. The institutional strategic plan for quality improvement will give attention to issues affecting all or most parts of the institution but should also provide support for local internal initiatives where required. Internal organizational units would be expected to develop plans that complement the institutional plan and also deal with specific issues relating to their particular area of activity.

1.5.3 Dealing with Uncertainties About Future Funding

Plans for improvement, whether supported from existing resources or extra funding, should have specific objectives, with timelines set and indicators of progress towards those objectives decided upon. These would normally be developed at two levels, strategic plans for development over a medium time period such as five years, and annual operational plans with specific objectives that contribute to the staged development of the strategic goals and objectives over time.

The longer term plans may need to involve assumptions about the resources that will be available since funding will normally be allocated to institutions over shorter periods. Plans should include risk assessments dealing with this funding issue as well as other possible concerns applicable to different development strategies, and adjustments may need to be made in the light of later developments. Uncertainty about future funding is common to educational institutions and cannot be allowed to prevent effective long term planning.

1.5.4 Relationship of a Strategic Plan for Quality Improvement to General Strategic Planning

At the initial stage of preparing for the introduction of a quality assurance system, assessing current levels of quality and planning for quality improvement a strategic plan for quality improvement might be prepared as a separate activity. However it really represents one important element in a broader strategic plan for the institution that might include such things as financial matters, development of facilities, introduction of new fields of study and so on, each of which would be represented in broad goals for development and with objectives and appropriate strategies for achievement. Consequently the plan for quality improvement should be seen as one important component of a broader strategic plan, with goals defined and objectives established, and strategies for implementation described in a way that is comparable to other strategic planning priorities.

1.6 Other Issues

Additional comments are made on some issues that have been raised by institutions

1.6.1 Relationships Between Sections for Male and Female Students

Organizational difficulties can arise because of difficulties in communication between sections for male and female students. Arrangements must conform to cultural norms in the Kingdom. However these do not prevent full participation on committees and sub committees by female members of faculty and staff using appropriate means of communication.

Variations in quality can occur for a number of understandable reasons including difficulties in recruiting appropriately qualified staff, recent development of a section of a campus, or extension of a program with resources still to be fully provided. Variations such as these must be expected and will cause no difficulty in a review for accreditation provided they are recognized and acknowledged, and appropriate strategies are in place to overcome the problems. The objective must be to provide services and resources of equal quality, and to achieve equal standards of learning outcomes of for all students and if this is not the case for particular reasons on a short term bases action must be being taken to overcome the problems as quickly as possible.

With respect to standards required for accreditation:

An institution with sections for male and female students is one institution and the standards apply to the institution as a whole.

A program offered in different sections for male and female students is one program and the standards apply to the program as a whole.

This does not mean that any assessment for either the institution or a program is “averaged” across the two sections. Information about quality must be collected in common form for each section in any quality report (annual report or periodic self study), then combined into a single report that identifies any common strengths or weaknesses and any significant variations. If there are any significant variations in quality between the sections the report should acknowledge this and include plans for responding constructively to the problems found.

The requirement to combine information from different sections means that information must be collected in similar form using comparable standards of judgment. To help ensure that this can occur both sections should participate on steering committees and sub committees, and be involved in planning surveys and data collection including the selection of quantifiable performance indicators.

1.6.2 Reporting on Programs in an Institutional Evaluation.

Institutional evaluations and reports must include educational programs. They are the core function of the institution. However the way this is done is a little different from other functions because there are other thorough processes for the evaluation of each program and each of the courses included in them.

What is needed in relation to programs in an institutional evaluation and report is an overview of all of the programs, something that is not provided for in the individual program reviews. The process is essentially one of combining certain selected information about all the programs and reporting on the overall result and significant variations from it. In situations where a number of programs are managed by departments or colleges this should be a two-stage process with combinations at college level initially, and then further consolidation for the institution as a whole.

At the initial stage as described above for institutional self assessments, the rating scales for Learning and Teaching should be completed for all programs (though how and when this is done must be carefully considered as part of an implementation strategy). These scales might be supplemented by other information available for all programs such as program completion rates, or by student ratings of the quality of their programs. The scales can then be aggregated, (for a college, or for the institution depending on the size of the institution) and significant variations in the ratings noted. Some suggestions for combining ratings in this way are included in the section on combining assessments below.

The planning process should allow for an appropriate balance of local flexibility and overall coordination. The requirements for effective learning and the environment affecting programs varies for different fields of study. It is entirely appropriate for colleges (and programs) to have different priorities and there should be scope in planning for these priorities to be addressed.

However because of the importance of learning and teaching as the central task of an educational institution it is likely that one of the major goals and strategic plans for the institution will focus on the development and improvement of programs across the institution. Annual operational plans would also normally be prepared for the institution's programs generally.

This means that as well as providing for developments that departments and colleges require for their particular sphere of activity there must also be scope for total institutional priorities and for policies established for programs throughout the institution. This should be done if general institutional policies are established for programs, or if any general weaknesses are found in all or most programs.

It is generally regarded as good practice for an institution to decide on certain characteristics (or attributes) of graduates that it wants to develop, and for action to be taken in all programs to develop those characteristics. For example an institution may decide as an overall institutional policy that its graduates should be particularly skilled in information and communications technology or that they

should be particularly good at applying their learning in creative problem solving. If this is done, attention should be given to these outcomes in all programs in addition to the outcomes sought in particular courses of study. Indicators of achievement relating to these special institutional student attributes should be developed and used throughout the institution.

While a lot of detail is needed for the annual reporting and planning within individual programs, this is not needed at institutional level and would be unmanageable for an institution as a whole. Consequently a small number of key performance indicators should be selected for reporting within the institutional monitoring process. The indicators may vary according to institutional mission and priorities, but should always include progress towards total institutional policy initiatives for programs and some general measures of quality of outcomes and processes that are directly related to them. Some possible examples are:

- Current statistics and trends in student progression and completion rates;
- Current statistics and trends in student assessments of teaching or quality of programs;
- Data on graduate employment outcomes;
- Extent of staff involvement in professional development activities relating to teaching quality;
- Number and proportion of program reports that comply with requirements that are completed by a specified date.

The indicators selected should include the Key Performance Indicators required by the NCAAA, and also others needed for the institutions own policy objectives and quality improvement strategies.

1.6.3 Developing an Institutional Overview for Functions that are Decentralized

Quality assurance processes should be followed within all academic and administrative units in an institution. Where a unit provides services for the total institution, as is often the case for central administrative functions, the evaluation and reporting of unit and institutional performance are relatively straight forward, though it is important to include the perspectives of the recipients of the services as well as those of the providers.

When functions are decentralized and managed by different academic and administrative units, the evaluation and reporting processes should be followed in each unit and also consolidated to provide an overall picture of the quality of that function for the institution as a whole. For example, if some library facilities are managed within colleges it would be appropriate to consider the effectiveness of the library function within each college as part of the college's quality evaluation, and also to develop an overview of the quality of library provision for the institution as a whole, including both the central library and provisions within the colleges. The rating scales in the *Self Evaluation Scales for Higher Education Institutions* are intended to help with this process.

The planning and delivery of educational programs is an obvious example of the same relationship. Quality assurance processes must of course be carried out at the level of courses and programs, and considered at the level of the academic departments or colleges within which they are managed. Provision at the level of programs will be the primary focus for program accreditation judgments. However there also needs to be overall institutional consideration of the quality of its programs as a whole, and capacity to identify areas within the institution where improvements may be required.

In some cases educational support functions will be carried out within departments or colleges, and reports should be provided to those departments or colleges in the first instance. In other cases functions may be managed centrally for the total institution and the reports on those activities would be provided to the institution's central administration. There are also other functions where there is a combination of central administration and decentralization, with services provided locally within colleges or departments as well as centrally. Library services are sometimes managed in this way with a central library and branch libraries in at least some colleges. However these functions are organized, it should be possible for the overall quality of the function within the institution to be monitored by those with ultimate responsibility—the institution's senior management and governing board.

If a particular function is managed centrally as a service to the total institution evaluations need only be done once. However it is essential that the evaluations provide for input from the full range of

stakeholders across the institution. (The management of buildings and grounds might be an example of such an activity)

If a particular function is fully or partly decentralized and managed by a number of different sections within the institution, the quality of provision of that function should be evaluated by those involved within each of those sections, but it must be also be possible for information to be consolidated to provide an overall picture for that function for the whole institution, in a way that identifies areas within the institution where there are particular strengths, or weaknesses that may require special attention.

The *Self Evaluation Scales for Higher Education Institutions* describes standards and rating scales in eleven areas of activity. The use of these scales should make it possible to aggregate assessments for the institution as a whole, and at the same time to identify organizational units within the institution where there are significant variations from the overall level of performance. For example:

(a) Where a function is managed once for the institution as a whole (possible example: Governance);

It should be possible to use the rating scales for this function once in a single assessment for the total institution.

(b) Where a function is decentralized and managed in different organizational units throughout the institution (possible example: Learning and Teaching);

Ratings on Learning and Teaching Scales	College or Program 1	College or Program 2	College or Program 3	Etc.	Total Institution
4.1 Student Learning Outcomes	xxx	xxxx	xx		xxx
4.2 Educational Assistance for Students	xxxx	xxxx	xxx		xxxx
4.3 Quality of Teaching	xxx	xxxx	xx		xxx
4.4 Support for Improvements in Teaching	xx	xxx	xx		xx
4.5 Etc.					
Overall Assessment	xxx	xxxx	xx		xxx

In this example there is considerable variation between the evaluations for different parts of the institution. The overall assessment is much less important than the variations and it is those that should receive most attention. College or Program 2 seems to be functioning fairly well, though there is room for improvement. However College or Program 3 appears to be having difficulties. The ratings for Student Learning Outcomes, Quality of Teaching and Support for Improvements in Quality of Teaching are all low and the information suggests that some action is needed in this College or Program to improve this set of related items. There may also be a case for developing a general institution wide strategy to improve what is done to support improvements in teaching which seems to be a general weakness for the institution as a whole.

C. Where a function is partly managed centrally and partly decentralized to different organizational units (possible example: Learning Resources).

Ratings on Learning Resources	Central Library	College or Program 1	College or Program 2	Etc.	Total Institution
6.1 Planning and Evaluation	xxx	xxx	xx		xxx
6.2 Organization	xxxx	xxxx	xxxx		xxxx
6.3 Support for Users	xxxx	xxx	xx		xxx
6.4 Resources	xxxx	xxx	xx		xxx
Overall Assessment	xxxx	xxx	xx		xxx

In this example also the details seem more significant for planning for quality improvement than the overall result. The overall assessments and the total institutional ratings seem satisfactory, but there are problems in College or Program 2 that seem to require action.

1.7 Periodic Institutional Self Study

An institutional self-study is a comprehensive review of the quality of all aspects of an institution's activities. It is a central component of the internal quality assurance system, but also serves as the primary focus of external reviews by the Commission.

For a new institution a periodic self-study should be carried out immediately after the graduation of the first group of students, and prior to the Commission's external review for full approval.

For an existing institution a self-study should be carried out as soon as possible after its quality assurance system has been put in place and the Commission's external review for full accreditation will be conducted after that.

After these initial institutional external reviews have been carried out by the Commission it will conduct further external reviews every five years and an institutional self-study should be undertaken in preparation for each of those reviews.

While an institutional self-study should be comprehensive and should consider the eleven specified standards as criteria for evaluation, it should have a focus relating to the institution's mission and priorities. Particular attention should be given to what had been identified as priorities for planning and development at the beginning of the review period and progress made in dealing with those priorities, and to any current priorities and activities that the governing body or the senior administration believe should be given special attention.

1.7.1 Managing the Institutional Self-Study Process

The following organizational arrangements are suggested. They assume the existence of an institutional quality unit or center with responsibility for leading, assisting, and coordinating quality assurance processes; a central quality committee chaired by a senior member of the central administration and including senior and experienced staff from major administrative units and service functions; and the identification of individuals within the major colleges or departments to assist with quality assurance processes.

- A plan for an institutional self-study should be prepared by the quality center, discussed and approved by the quality committee, and adopted by the appropriate decision making mechanism within the institution. This plan should include a description in broad terms of how the self-study should be carried out, staff requirements and proposed committees and working parties, and a budget covering any additional costs. This plan should be prepared well before the proposed timing of external reviews by the Commission. The Commission will allow a minimum of 9 months for an institution to prepare for a review, but an institution may wish to initiate the process earlier than this and preparation time of at least 12 months is recommended.
- Arrangements should be made with the Commission for the external institutional review. (Note that the Commission's capacity to respond to requests for particular dates will depend on the volume of activity at the time. Since the external reviews should be undertaken as soon as possible after completion of self studies, there will need to be some flexibility in the timing of the whole process.)
- An announcement should be made within the institution, normally by the Rector or Dean, informing faculty and other stakeholders about the self-study and anticipated external review, and including information about opportunities to provide input.
- A number of sub-committees or working parties should be established to carry out the detailed analysis and planning required. Each should be chaired by a senior person knowledgeable about the area for consideration and about quality assurance processes. This could be the person responsible for the function that is being evaluated. However to provide some independence in evaluations it is generally considered preferable that for a major periodic self study the chair of the sub-committee not be the person with administrative responsibility for the function concerned. The number and range of responsibilities of the sub-committees and working parties may vary according to requirements and priorities of the institution, but they

would normally include a small steering committee drawn from among the members of the quality committee, and working parties to consider one or more of the sections in the *Standards for Quality Assurance and Accreditation of Higher Education Institutions* and the *Self Evaluation Scales for Higher Education Institutions*.

- The steering committee, with the assistance of the quality center, should prepare specifications or terms of reference for the work to be done by the sub-committees and working parties, including timelines, formats and templates for the provision of information and reports, guidance on procedures to be followed, and timelines for completion of major tasks.
- A full briefing should be provided for the people involved on the various committees and working parties and a series of meetings scheduled for the chairs of the committees and working parties to review progress and discuss and resolve issues that may arise.
- The process of review should include consideration of performance in relation to major policy objectives and completion of the rating scales in the *Self Evaluation Scales for Higher Education Institutions*. Information from surveys, focus group consultations, and examination of indicators and benchmarks should be considered. For a major self-study it is particularly important to use independent advice on aspects of the matters considered, to draw comparisons with other comparable institutions and to verify conclusions about this evidence through independent opinions. The processes of doing this should be documented.
- As the committees and working parties undertake their tasks assistance should be provided as required by the quality center. The centre may help in finding appropriate persons external to the institution to provide independent comment on interpretations of evidence and conclusions drawn from it.
- The reports from the various working parties and subcommittees should be brought together and reviewed by the coordinating committee with the assistance of the quality center. The information provided should be incorporated into an overall report that includes a description of the processes followed, a summary of independent external advice received and the institutions response to that advice, and recommendations for change and improvement. The quality committee should review the draft report for consistency and appropriateness in responding to information obtained and provide comment on priorities for improvement from a strategic institution-wide perspective. Its conclusions should be incorporated into the report.

1.7.2 Matters for Inclusion in an Institutional Self-Study Report

(See template for institutional self study Report in Attachment 2 (o))

Institutional Profile

- A brief summary of the institution's history, scale and range of activities
- Description of the management and administrative structure.
- Campus locations with programs offered and student numbers.
- Faculty, staff and student numbers by department and college.
- Information about previous of planned accreditations.
- Summary of quality assurance arrangements.
- Summary of strategic plan.
- Matters of special interest on which the institution is seeking comment and advice.

Context

- Institutional Context--Brief summary description of the history and development of the institution.
- Environmental Context—Main features of the environment in which the institution is operating noting any significant changes that have occurred during the last planning period or that are expected to occur in the next.

Mission, Goals and Objectives

- The mission goals and strategic quality improvement objectives established by the institution and indicators and benchmarks selected to evaluate performance.

Special Focus in the Review

A statement of any particular aspects of the institution's operations to which the institution wishes to give particular attention during the self-study. These may reflect changes in the institutional or environmental context, development priorities at the institution, responses to internal quality assessments, government policies, or other matters.

Self-Study Process

- Summary description (using charts and diagrams as appropriate) of the structure and organization of the self-study process.

Institutional Performance Evaluation

- Discussion of performance in relation to the institutions major strategic quality objectives, considering results as shown by indicators and benchmarks, and implications of those results for future planning.
- Reports should be prepared on performance in relation to each of the eleven specified standards, i.e.

Mission and Objectives.
Governance and Administration
Management of Quality Assurance and Improvement
Learning and Teaching
Student Administration and Support Services
Learning Resources
Facilities and Equipment
Financial Planning and Management
Employment Processes
Research
Institutional Relationships with the Community

- For a number of the standards the administrative arrangements and processes for the activity concerned will be described in other documents and need not be repeated. However the introductory section of the report on each standard should include any background information the steering committee believes should be drawn to the attention of an external review team. This might include recent changes in arrangements or new strategies being introduced.
- The reports on the standards should be considered as research reports on the quality of the institution and presented in a way that is comparable to other research reports. For each standard there should be a brief statement on the processes followed for investigation and preparation of the report.
- The completed rating scales from the *Self Evaluation Scales for Higher Education Institutions* will be made available to the external review team and that level of detail need not be repeated in this descriptive report. However particular strengths and weaknesses should be noted with evidence cited in tables or other appropriate forms of presentation. Key performance indicators and benchmarks should be referred to wherever appropriate and reference should be made to other documents where more detailed information could be obtained.
- For functions that are fully or partly decentralized and administered by units in different parts of the institution consideration should be given to the overall level of performance, and also to variations in quality of performance in different parts of the institution. Very high levels of performance (verified by evidence) should be acknowledged, and problem areas identified. Where weaknesses are found these should be considered as opportunities for improvement and the reports should indicate what is planned to deal with them.
- Trends in quality of performance should be noted and improvements in response to remedial action acknowledged.

Independent Evaluation

- Summary of views of independent external evaluator(s). This might be an overview of the views presented by evaluators to the sections of the evaluation above, a comment by an external evaluator on the report as a whole, or a combination of these approaches.

Conclusion and Action Plan

- An overall summary of the results of the self-study noting areas of high achievement and areas of concern that require attention.
- A list and brief description of actions that are recommended at the level of the institution as a whole, in parts of the institution where weaknesses have been identified, or where strategic priorities have been established for improvements. Matters that are regarded as the highest strategic priorities should be identified.