

**QUALITY ASSURANCE
HANDBOOK
FOR
POSTGRADUATE DEGREES
IN SRI LANKA**



**Quality Assurance and Accreditation Council
Division of the UGC**



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1. INTRODUCTION

The customer concern today is for Quality products and services. Quality education is one such important service demanded today by the customer in the market. Education deals directly with the development of human resources. Postgraduate Degrees conducted in the National University system and the Private Sector Institutions are no exception to this requirement and demands quality, not only by the students, but also, to put it in the broader terms, the total stakeholders. In this context, the Quality Assurance and Accreditation of the University Grants Commission (UGC) of the Ministry of Higher Education, Sri Lanka, has taken steps to launch a program initially to assess the quality and accredit the existing postgraduate Degrees conducted by the National University System. The assessment is the performance evaluation of an institution/program and the accreditation is the certification conferred on the basis of such assessment.

A number of National Universities and/ or different entities connected to National Universities conduct Postgraduate Degree programs at different levels. i.e. Postgraduate Diploma level, M. Sc. Level, M. Phil Level, PhD. Level and the institution as a whole (including all the programs conducted) or a single Postgraduate Degree Program conducted by the institute shall seek for quality assessment and accreditation. Thus the unit of accreditation shall be the total institution or the particular Postgraduate Degree program conducted by the institution.

The process of quality assessment and accreditation is voluntary and initially the unit of quality assessment which seeks accreditation shall do a voluntary self assessment of its performance primarily on the basis of the self assessment done by the institution/program.

The process of quality assessment and accreditation involves basically four stages and they are:

1. Preparation of the **Self Assessment Report (SAR) (Please see Chapter 3, 3.1)** by the institution/program on the given criteria identified by the QAAC
2. Validation of the SAR by an External Peer Review Team who would make an on-site visit to the institution/program (**Please see Chapter 2, 2.3**) and
3. Submission of the **Assessment Report (Please see Chapter 3, 3.2)** highlighting Strengths/Weaknesses and good practices prevailing in the institution/program with one of the grading of “Good”, “Satisfactory”, and “Unsatisfactory” assigned for each criterion along with an overall grading and recommendations for improvement, if there is any.
4. Follow up action taken by the institution/program and the QAAC (**Please see Chapter 2, 2.3, 2.6**) within a specified period, if the grading earned for any criterion is “Satisfactory” or below.

2. WHY QUALITY ASSESSMENT AND ACCREDITATION IS IMPORTANT FOR AN INSTITUTION/PROGRAM?

2.1 Quality Assessment and Accreditation is important basically for three reasons:

- Improvement for teaching, learning and student growth
- Institutional effectiveness and
- Accountability

2.1.1 Quality Assessment and Accreditation is important for teaching, learning and student growth:

Quality Assessment promotes self reflection and evidence-based thinking about teaching, learning and student growth. Not only it leads to improvement in both the quality and quantity of learning by students it also responds to their needs for personal development.

2.1.2 Quality Assessment is important for Institutional effectiveness:

Quality Assessment offers a valuable means to evaluate current programs and policies, to innovate where necessary, and to ensure that they fulfill their mission.

2.1.3 Quality Assessment is important for Accountability:

It is important that institutions/programs respond fully and accurately to a variety of public demands for accountability regarding both learning and institutional quality and effectiveness.

2.2 The Aims, Goals and objectives of the assessment of a postgraduate institute/program are as follows:

The fundamental purpose of a Quality Assessment and Accreditation program is to examine and enhance effectiveness and efficiency of the institution/program. It also fulfills the requirement of accountability as a third public concern . Hence the, ultimate goal of a Quality Assessment Program is to examine and enhance an institution's/ program's effectiveness. In order to achieve this goal four objectives must be met. They are to:

- Improve teaching and learning
- Contribute to the personal development of students
- Ensure institutional improvement and
- Facilitate accountability

2.3 The Quality Assessment and Accreditation Process

The Quality Assessment and Accreditation Process consist of two main inter-related phases:

- Self Assessment and
- External Peer Review Process

2.3.1 Self Assessment:

The institution/program conducts an intensive Self Assessment of its own institution/program. The purpose of conducting a Self assessment are:

- To clarify the institution's/program's mission and objectives
- To conduct a thorough analysis of it's resources and effectiveness in attaining those objectives, and fulfilling its mission, and
- To identify ways in which the educational effectiveness of the institution/program can be increased.

(The guidelines to prepare the Self Assessment Report (SAR) is given under Chapter 3, 3.1)

2.3.2 External Peer Review Process:

External Peer Review Process consists of 6 steps as follows:

- Receipt of the Self Assessment Report (SAR) by the QAAC
- Constituting the External Peer Review Team by the QAAC
- On-site visit to the institution/program by the External Peer Review Team for validation of the claims made by the institution/program through SAR
- Preparation of the Assessment Report by the External Peer Review Team and submission of the same to the QAAC
- Submission of the Final Assessment Report to the Head of the Institution/program by the QAAC and
- Overall Judgment and Continuous follow up action there upon taken by both institution/program and the QAAC

2.3.2.1 Receipt of the Self Assessment Report (SAR) by the QAAC

The external review process commences its activities with the receipt of the SAR by the QAAC. The SAR clarifies the institute's/program's mission and objectives, with a thorough analysis of its resources and effectiveness in attaining those objectives and fulfilling its mission.

2.3.2.2 Constituting the External Peer Review Team by the QAAC.

The QAAC then constitutes the External Peer Review Team. The composition and the size (subject to a minimum of three and maximum of four) of the External Peer Review Team will depend on the nature of the institution/program; number of departments/programs, clientele, funding, socio economic environment etc. The team will comprise, a chairperson, subject experts from various disciplines with knowledge in administration and /or finance.

2.3.2.3 On-site visit to the institution/program by the External Peer Review Team

This team will visit the institution/program and conduct an on-site assessment, based upon the SAR. The External Peer Review Team is expected to visit the institution minimum three days (PI. see annexure I for Program Schedule) and contribute to a thoughtful assessment of the institution's/program's quality and integrity, measuring the validity of the analysis and the claims made in the SAR and drawing upon the insights the team gains from on-site interviews. This team will by no means go on a fault finding mission nor is it there to interfere with the autonomy of the institution/program. It seeks to ensure that;

- the institution has conducted an extensive self study
- self study reflects an accurate assessment of the institution; and that the institution/program co-operates with the team to ensure that the assessment made is free and fare.

Thus, the process of assessment and accreditation is neither an inspection to ensure minimum standards nor an exercise of fault finding. It is an exercise based on mutual trust. The External Peer Review Team will do an objective and data based assessment of the quality of education offered in the institution/program that is being visited. It involves the following responsibilities:

- Before the visit, every member of the team analyses the data in the SAR and makes a tentative evaluation
- During the visit, the team looks for evidence to validate the SAR and collects additional inputs to assess the standing of the institution/program

- At the end of the visit, the team makes collective judgments about the status of the institution/program, record the justifications for the inferences drawn and finalize the Assessment Report.
- In other words the team gives the institution/program an opportunity to discuss and find ways of consolidating and improving the academic environment.

Though the assessment and accreditation exercise is based on mutual trust, visiting the institution/program becomes essential in order to make an objective judgment about the standing of the institution/program. During the stay in the institution the External Peer Review Team will try to find answers for the following questions:

- What are the strengths and weaknesses of the institution/program?
- What are the future plans?
- What is the potential for its growth?
- What are the areas that need improvement?
- What is the standing of the institution/program in the quality continuum?

The prime expectation of all these questions is to validate the Self Assessment Report and also to look for additional inputs. In order to serve this purpose the visit program schedule is arranged in many sessions with the scope for;

- Interactions with various constituents of the institution/program.
This is a good source of information to understand more about the institution/program as well as to cross check some of the claims made in the SAR. There may be instances where the institution/program has done more than what is included in the SAR. It is the responsibility of the team to probe into such work done and draw out relevant information.
- Checking documentary evidences
It is essential to record the evidences in concrete terms, especially when making hard remarks, it is essential that it ought to be supported by authentic documentary evidences in order to avoid contention. Acts, Statutes, rules, regulations, guidelines relating to powers, functions various academic and administrative authorities, annual reports, Master plans for the institution, marks registers and minutes of various academic meetings will be a few to mention.
- Visiting departments of studies and facilities
Many inputs given in the SAR may be validated only by visiting the facilities concerned. Adequacy of teachers, demand for courses, adequacy of academic resources, non conventional teaching methods, practical training, visits, field studies, educational tours, research and publication by teachers and students, access of teachers to students for clarifications are a few to mention.

2.3.2.4 Preparation and submission of the Assessment Report by the External Peer Review Team

The most important outcome of the process of assessment is the Assessment Report prepared by the External Peer Review Team. The Chairperson of the External Peer Review Team compiles the Assessment Report by pooling the criterion wise assessments done by the members in the team. (Guidelines to prepare the Assessment Report is shown in Chapter 3, 3.2). The Assessment Report prepared by the external Peer Review Team is expected by the QAAC within a period of one month from the last date of the on-site visit.

2.3.2.5 Submission of the Assessment Report to the Head of the institution/ program by the QAAC

Having obtained The Assessment Report prepared by the External Peer Review Team, the QAAC will present the same to the Head of the Institution/program within a period of 6 weeks from the last day of the External Peer Review Visit. This report will be important to the institution/program besides the grades earned for criterion wise assessment, mainly for two reasons;

- a) it provides information about the quality of the existing institution/program, while
- b) making opportunities in changing plans for the future.

However, the information provided in this report will there after, be considered the bench mark for the institution/ program and this will in most cases be the base line for improvements of quality education.

2.3.2.6 Overall Judgment and continuous follow up action there upon taken by both institution/program and the QAAC

- a) If there is an overall judgment (Please refer Chapter 3, Section III 3.2.3.1, Overall Judgment) of "unsatisfactory" grading earned for any criterion sated in the Subject Review Process, the institution will make necessary adjustments within a period of six months and get continuous feed back periodically from within i.e. staff and students and if necessary may request the QAAC to do a re- assessment.
- b) In case, where the overall judgment is "Needs Major Improvements" there will be minimum three "unsatisfactory" gradings earned for criterion wise assessment. In such a situation the institution/program may seriously think about the corrective action(s) to be taken and feedback necessary to be obtained immediately by implementing a well prepared action plan.
- c) In case, where the overall judgment earned is "satisfactory" there shall be minimum three "satisfactory" gradings earned for three criterion wise assessment. In such a situation an action plan may be implemented within six months to overcome the weakness(s) and get a feed back from within. If "satisfactory" grading is earned for one or two aspect(s) in the criterion wise assessment the institution/program may do necessary adjustments within a period of six months to one year.
- d) All these corrective actions taken by institutions/programs shall be communicated to the QAAC periodically with the positive/negative feed back obtained from within.

3. GUIDELINES FOR THE PREPARATION OF:

- 3.1 Self Assessment Report (SAR) and
- 3.2 Assessment Report (AR)

3.1 Self Assessment Report (SAR) - (To be prepared by the institution/program)

This section elaborates the importance of a well prepared SAR and its significance in the External Peer Review Process. The most important step in the External Peer Review Process is the preparation of the SAR by the institution/program along the guidelines formulated by the QAAC. This is an internal institutional exercise expected to be completed with honest

introspection. It aims at providing an opportunity for the institution to measure its effectiveness and efficiency, and to identify areas of its strengths and weaknesses. The SAR is the back bone of the External review process and this exercise gives opportunities to the institution to identify its own potential and limitations. It is through the SAR that the External Peer Review Team(s) understand(s) and tentatively form an impression about the institution/program prior to the formal on-site visit to the institution/program. The QAAC has identified the following assessment criteria to serve as the basis of the assessment and the SAR is prepared by the institution/program based on these criteria.

- 3.1.1 Vision, Mission, Goals and Objectives
- 3.1.2 Curriculum Design Content and Review
- 3.1.3 Teaching Learning and Evaluation
- 3.1.4 Research, Consultancy, Extension and Community Contribution
- 3.1.5 Facilities, Equipment and Learning Resources
- 3.1.6 Quality of students, Student Support and Progression
- 3.1.7 Organization, Management, Governance and Administration
- 3.1.8 Healthy Practices

3.1.1 Vision, Mission, Goals and Objectives

The Vision, Mission, Goals and Objectives of the University /Faculty and the Postgraduate Degree program under review.

3.1.2 Curriculum Design Content and Review:

This criterion will help the External Peer Review Team to understand, to what extent the curricular design of the institution/program offers diversity and flexibility to learners. It also will give an insight to the team members, the practices of the institution/program in initiating and redesigning courses that are relevant to the regional and national needs. In addition this criterion also will emphasize, whether the courses satisfy the demand of the youths while meeting the compatibility with the mission of the institute/program.

3.1.3 Teaching Learning and Evaluation:

This criterion deals with the efforts of the institution in providing effective teaching learning experiences to learners. It also provides evidence for the adequacy and competence of the faculty who handle the programs of study as well as the efficiency of the instruments used to evaluate student/institutional performance in this area. Different skills expected to be developed among the participants and clear instructions issued with regard to standards expected and how they are accomplished. Clear policies and procedures explaining the assessment methods and records maintenance.

3.1.4 Research, Consultancy, Extension and Community Contribution:

This criterion gives information on the activities of the institution with reference to research, consultancy and extension. It also deals with the facilities provided and efforts made by the institution/program to promote a research culture and also their outcome and impact.

3.1.5 Facilities, Equipment and Learning Resources:

This criterion seek to elicit on the adequacy and optimal use of the facilities available in the institution to maintain the quality of academic and other programs in the University/Faculty/Department/program. It also presents information on how every constituent of the institution, students, teachers and staff benefit from them. Expansion of these to meet future development is included among other concerns.

3.1.6 Quality of students, Student Support and Progression

Stipulated entry requirements,(depending on the postgraduate program) and procedure of selection. The entry level qualifications, progress and achievements during the program. Sufficiently defined, documented policies and procedures and the mechanism, and its proper administration. Proper maintenance of records in relation to student feedback. The efforts of the institution/program to provide the necessary assistance for good student experiences in the campus and to facilitate their progression. It should also focus on the student and alumni profiles.

The different stages of academic guidance and Counseling are done, during the postgraduate program, and how, why and by whom it is done. In print and electronic information and literature available in terms of a directory or hand book on Postgraduate education. The pre-determined standards in relation to academic guidance and counseling, policies and procedures with clear instructions in order to maintain standards and their maintenance of records.

3.1.6.1. Peer Evaluation, Local and Foreign Inter-University Cooperation

Stages at which peer evaluation is maintained. The policies and procedures in relation to academic standards expected to be maintained in the program and the role of the peer evaluators.

Link among the local and foreign universities, line ministries and Institutions of the government and local and foreign Industrial partnerships.

3.1.7 Organization, Management, Governance and Administration

This criterion help to gather data on the policies and practices of the institution/program in the matter of planning , human power requirement, recruitment, training, performance appraisal and finance management.

3.1.8 Healthy Practices:

This criterion focuses on the innovative efforts of the institution that add to its academic growth. An innovative practice need not necessarily be unique in nature across board, but a pathway created to further the interest of the student and the institution amidst constraints.

3.2 Assessment Report - (To be prepared by the External Peer Review Team)

The most important outcome of the process of Quality assessment and Accreditation is the "Grade" earned by the institution/program along with the detailed report prepared by the External Peer Review Team at the end of the on-site visit.

The Assessment Report will present an in-depth analysis of the performance of the institution in four sections.

- Section I - Preface
- Section II - Criterion wise Analysis
- Section III - Overall Judgment
- Section IV - Recommendations and Conclusion

3.2.1 Section I – Preface

At the outset this section will provide a summary of the purposes and aims of the external peer review process along with how the external review process was carried out. In addition, this part of the report may describe the distinctive characteristics of the institution/program. The goals of the educational policy of the institution/program, its thrust areas, its social accreditation and other relevant details including the mission statement may find a place here. Details and the mandate of the team may be stated.

3.2.2 Section II - Criterion-wise analysis and judgment (Pl. also refer 3.2.3.1)

The external Peer Review Team makes one of following three judgments for each criterion discussed below taking into consideration all strengths, weaknesses and good practices of each aspect:

- Good
- Satisfactory
- Unsatisfactory

Good: The team will highlight strengths and healthy practices in the aspect

Satisfactory: There will be at least one weakness in the respective aspect discussed

Unsatisfactory: There will be hardly any data to support strengths and good practices in the respective aspect discussed

3.2.2.1 Introduction

This section will include, a brief description (including a brief history) of the University and the institution/program. In addition, the vision, mission, goals and objectives of the institution/program are needed included. It is important to show how the vision and mission are translated into goals and objectives of the institution/program.

3.2.2.2 Curriculum Design Content and Review:

The report on curricular aspects may focus on how the curriculum design of the institution/program offers or does not offer diversity and flexibility to learners. It should also indicate the strengths and weaknesses of the practices of the institution/program in initiating and redesigning courses that are relevant to regional and national needs. One of the highlights of this section is to say how far the programs chosen for implementation are consistent with and serve to their goals and objectives. It should also analyze the efficiency of the feedback mechanism of the institution as well as its corporate effort as a community to steer the curriculum making it responsive to learner needs.

3.2.2.3 Teaching Learning and Evaluation

The report on this criterion should highlight the efforts of the institution in providing effective teaching-learning experiences to students. It should also indicate the adequacy and competence of the faculty who handle the various programs of study as well as the efficiency of the evaluation methodology of the institution. The conducive environment created by the institution/program by providing enough opportunities for professional development and work satisfaction of faculty members should also be analyzed here. The mechanism adopted to ensure teacher accountability may be evidenced of its operation.

3.2.2.4 Research, Consultancy, Extension and Community Contribution

This section of the report should focus on the facilitating aspects of the institution/program to promote the same and their outcome. The contribution of the faculty, students and staff to the field of pure disciplines as well as to neighborhood development needs to be discussed in this part of the report.

3.2.2.5 Facilities, Equipments and Learning Resources

The report should highlight the adequacy, optimal use and maintenance of the facilities available in the institution/program to maintain the quality of the academic, social and cultural dimensions of campus life. It should also say how every constituent of the institution/program students, teachers and staff benefit from these facilities.

3.2.2.6 Quality of Students, Student support and progression:

The highlights of this criterion are the efforts of the institution to provide necessary assistance to students to acquire healthy and helpful experiences in the University as a whole and to facilitate their holistic progression. It also provides information on student and alumni profiles.

3.2.2.7 Organization, Management, Governance and Administration

The report should focus on the policies and practices of the institution/program on the administrative aspects of planning, human resource requirements, recruitment, training, performance appraisal and finance management. It should also indicate the extent of transparency and decentralization of power in the system.

3.2.2.8 Healthy Practices

The report on this aspect may highlight the innovative practices of the institution that enhance its academic ambience.

3.2.3. Overall Judgment

This part of the report has to highlight the strengths as well as the areas in which improvement needs to be made considering the institutional/program performance in its totality. The team will limit this section to major points linked to the eight criteria. The analysis presented in this part serves as the basis for the team's recommendations to the institution/program. Based on the observations made during the visit by the External Peer Review Team, the criterion wise judgments assigned to each aspect discussed under subject review shall be brought to the following summary form.

Aspect Reviewed	Judgment Assigned
Vision, Mission, Goals and Objectives	
Curriculum Design, Content and Review	
Teaching Learning and evaluation	
Research Consultancy, Extension and Community Contribution	
Facilities, Equipments and Learning Resources	
Quality of students, Student Support and Progression	
Organization, Management, Governance and Administration	
Healthy Practices	

Taking into consideration the judgments assigned to eight different aspects, the final overall judgment shall be arrived at and stated as:

- "Good"
- "Satisfactory" or
- "Needs Major Improvements". (also, pl.refer 2.3.2.6).

In all cases, overall judgment will be supported by the evidence contained in the review report. If an overall judgment of "Satisfactory" or "Needs Major Improvements" is assigned, the Final Assessment Report will give clear reasons for this judgment and suggest how the institution/program could address the matters giving rise to the judgment. Judgment of "Needs Major Improvements" will be exceptional. In such a case, there would need to be evidence of significant weaknesses in a majority of the aspects, giving rise to serious concern. Further, for an overall judgment of "Needs Major Improvements" to be assigned, a review team will need to have judged at least three of the eight criterion wise aspects as "Unsatisfactory".

3.2.4 Recommendations and Conclusion

This part of the report will be very crucial to the institution/program because, the team members may make important suggestions and recommendations based on the collective professional experiences. The team will reach consensus and recommend specifically, in what ways the institution/program fails meeting the standards and when appropriate what measures could be taken to improve the standards of the institution/program.

3.2.5 Annexure

Tables, Graphs, pictures, drawings if any, in addition to the Agenda of the Visit, List of Persons met during the visit, List of Facilities Observed, List of documents observed etc. will be shown under annexure

4. GUIDELINES FOR EXTERNAL REVIEW TEAM(S)

There are eight criteria developed for the purpose of assessing the postgraduate degree programs conducted by different entities in the National University system. In assessing the criteria the following guidelines may give directions and these guidelines shall not be considered as final and conclusive. The reviewers have the liberty to go beyond these guidelines where necessary and justify their observations.

4.1. Introduction - Mission and Objectives

The mission of the institution clearly and appropriately defines its principal purposes and priorities, and is influential in guiding planning and action within the institution/program.

4.1.1 Good Practices in Relation to Mission and Objectives

Appropriateness of the Mission; Quality of the Mission; Processes of Development and Review of the Mission; Use of the Mission Statement; Relationship Between Mission and Goals; Relationship Between Mission and Objectives.

4.1.2 Evidence for Mission and Objectives

Evidence about the quality of the mission could be obtained from examination of the mission statement itself, copies of papers proposing the mission or modifications in it, interviews with staff and students to find out how well it is known and supported, and consideration of other reports, proposals and statements to see the extent to which the mission is used as a basis for decisions. Indicators that could be used include responses to questions on surveys to see how well the mission is known and supported, or the proportion of policy decisions that refer to the mission among criteria for the decision made.

4.2. Curriculum Design Content and Review

This criterion will help the peer team to understand how the curriculum design of the institution/program offers diversity and flexibility to learners. It also highlights the practices of the institution in initiating and redesigning courses that are relevant to the regional and national needs. Whether or not the curriculum- either assigned by a university or marginally supplemented or enriched by the institution/program or totally remade - is compatible with the mission statement of the institution/program and also with the needs and aspirations of modern youth will be gauged with the help of this criterion.

4.2.1 Good Practices in relation to Curriculum Design, Content and Review

Faculty control of the curriculum, university-wide curriculum committee, Faculty Senate. The Curriculum Committee of the university implements a number of guidelines to assist in its deliberations and decision-making. Stakeholders (all interested parties) involvement in the review process.

4.2.2 Evidence for Curriculum Design, Content and Review

By-laws of the Curriculum Committee, Request from the originator/faculty member, Departmental approval, Faculty approval, Curriculum Committee approval, Senate approval, University catalog.

4.3. Teaching Learning and Evaluation

Faculty are appropriately qualified and experienced for their particular teaching responsibilities, use teaching strategies suitable for different kinds of learning outcomes and participate in activities to improve their teaching effectiveness. Teaching quality and the effectiveness of programs are evaluated through student assessments and graduate and employer surveys with feedback used as a basis for plans for improvement. Different methods of student performance evaluation.

4.3.1 Good Practice in Relation to Teaching Learning and Evaluation

Student Learning Outcomes, Educational Assistance for Students, Quality of Teaching, Support for improvements in Quality of Teaching, Qualifications and Experience of Faculty, Program Development and Review Processes, Field Experience Activities, Partnership Arrangements with Other Institutions.

4.3.2 Evidence for Teaching Learning and Evaluation

Evidence about the quality of teaching and learning and Evaluation may be obtained from ratings by students, Post-graduates and employers. The information will include the quality of programs and learning outcomes, statistics on course and program completions and employment outcomes, ratios of students to faculty and statistics on faculty qualifications.

4.4. Research, consultancy, Extension and Community Contribution

In universities and other institutions with research responsibility, faculty is encouraged to pursue research interests and to publish the results of that research. This may be done either individually or in cooperation with others at their own or other institutions and in industry. Their contributions are recognized and reflected in faculty evaluation and promotion criteria. The scholarly and research activities of faculty are reflected in their teaching together with other significant research developments in the field concerned. Necessary facilities for the conduct of research are available within the limits of available resources. The research output of the institution is monitored and benchmarked. Clear and equitable policies are established for ownership and commercialization of intellectual property.

4.4.1 Good Practice in relation to Research, Consultancy, Extension and Community Contribution

Institutional Research Policies, Faculty and Student Involvement, Commercialization of Research, Facilities and Equipment, Institutional Policies on Community Relationships, Interactions with the Community, Institutional Reputation.

4.4.2 Evidence for Research, Consultancy, Extension and Community Contribution

Documentary evidence about the institution's/program's research strategies can be obtained from documents such as a research development plan, faculty evaluation and promotion criteria, policies on commercialization of research and ownership of intellectual property and the extent of cooperation with industry and other institutions. Further evidence can be obtained by consideration of agreements for cooperative research and for shared use of major equipment items. Faculty and student surveys can provide evidence about the adequacy of provisions for research facilities and equipment. Performances of research are commonly based on statistics on the volume of research publications per faculty member, and numbers of research citations. Although it may be more difficult to quantify, institutions with a commitment to community service or research contributions may wish to include indicators of the extent to which research and scholarly activities are translated into applications within the academic or professional field concerned. Contributing to the community is recognized as an important institutional responsibility. Facilities and services are made available to assist with community developments, faculty and staff are encouraged to be involved in the community and information about the institution and its activities is made known. Community perceptions of the institution are monitored and appropriate strategies adopted to improve understanding and enhance its reputation. Evidence about quality of community relationships can be obtained from documents describing policies on service to the community, criteria for faculty evaluation that include community contributions, and guidelines and processes for community media releases and other public comments on behalf of the institution. Reports on community relationships that include such matters as community use of institutional facilities, participation of staff on community committees or development projects, and interactions with schools and other agencies can provide relevant information.

Community views about the quality of the institution and its standing as a respected member of the community can be obtained from surveys.

4.5. Facilities & Equipment and Learning Resources

4.5.1 Facilities & Equipment

Facilities are designed or adapted to meet the particular requirements for teaching and learning in the programs offered by the institution and offer a safe and healthy environment for high quality education. Use of facilities is monitored to assist in planning for improvement. Adequate provision is made for classrooms and laboratories, use of computer technology and research equipment by faculty and students, and appropriate provision is made for associated services such as food services, extra curricular activities, and where relevant, student accommodation.

4.5.2 Good Practice in Relation to Facilities & Equipment

Policy and Planning, Quality and Adequacy of Facilities, Management and Administration, Research Equipment, Information Technology, Student Residences.

4.5.3 Evidence for Facilities and equipment

Evidence about the quality of provision of infrastructure, facilities & equipment can be obtained from planning documents. Condition assessments and maintenance schedules provide information about the quality and maintenance of facilities and major equipment. Regulations and codes of practice relating to the use of facilities and expensive equipment provide evidence of sound management practices and security arrangements. Performance indicators could include such things as ratings on surveys of user satisfaction, statistics on equipment breakdowns.

4.5.4 Learning Resources

Learning resources including libraries and provisions for access to electronic and other reference material are planned to meet the particular requirements of the institution's programs and provided at an adequate level. Library and associated IT facilities are accessible at times to support independent learning, with assistance provided in finding material required. Facilities are provided for individual and group study in an environment conducive to effective investigations and research. The services are evaluated and improved in response to systematic feedback from faculty and students.

4.5.4.1 Good Practices in Relation to Learning Resources

Planning and Evaluation, Organization, Support for Users, Resources and Facilities.

4.5.4.2 Evidence for Learning Resources

Evidence about the quality of learning resource provision and performance indicators derived from this evidence can be obtained from user satisfaction surveys, success rates for students in accessing course reference material, documents describing processes for identifying and responding to course requirements, and details of times when facilities are available for use by students and faculty. Information should be available about provision of orientation programs for new students and responsiveness to requests from groups of stakeholders. The institution should be able to provide information about comparisons of level of provision through books, periodicals and web-based resources.

4.6. Quality of Students, Student Administration, Support Services and Student Progression

4.6.1 Quality of Students, Student Administration, Support Services and Student Progression

Student entry requirements administration of admissions and student record systems is reliable and responsive, with confidentiality of records maintained in keeping with stated policies. Students' rights and responsibilities are clearly defined and understood, with transparent and fair procedures available for discipline and appeals. Mechanisms for academic advice, counseling and support services are accessible and responsive to student needs. Support services for students go beyond formal academic requirements and include extra-curricular provisions for religious, cultural, sporting and other activities relevant to the needs of the student body. Actual time taken to complete the program and student achievement levels.

4.6.2 Good Practice in Relation to Quality of Students, Student Administration, Student Support Services and Student Progression

Student Admissions and specific entry requirements, Student Records, Student Management, Planning and Evaluating Student Services, Medical and Counseling Services, Extra Curricular Activities for Students. Student achievement levels in each semester/year end.

Evidence for Quality of Students, Student Administration, Support Services and Student Progression

Evidence about the quality of students, student administration and support services can be obtained from surveys of students about the quality and responsiveness of services provided, usage rates for particular services, response times for communicating decisions on admissions and results and the frequency and results of discipline procedures. Actual duration of program completion. Additional evidence in a review might include such things as visits to facilities and discussions with students and staff.

4.7. Organization & Management

4.7.1.0 Governance and Administration

The governing body provides effective leadership in the interests of the institution as a whole and its clients, through policy development and processes for accountability. Senior administrators lead the activities of the institution effectively within a clearly defined governance structure. Their activities occur within a framework of sound policies and regulations that ensure financial and administrative accountability and provide an appropriate balance between coordinated planning and local initiative.

4.7.1.1 Good Practices in Relation to Governance and Administration

Governing Body/Board of Management, Senior Management, Planning Processes, Internal Policies and Regulations, Organizational Climate, Associated institutions and Controlled Entities.

4.7.1.2 Evidence for Governance & Administration

Evidence about the quality of governance and administration can be obtained from terms of reference for the governing body and major committees, samples of documents recommending decisions by these bodies, and evidence of their self-assessment. Evidence about the quality of policy and regulations. Organizational climate can be assessed by survey results or discussion with staff and students.

4.7.2.0 Financial Planning and Management

Financial resources are adequate for the programs and services offered and efficiently managed in keeping with program requirements and institutional priorities. Effective systems are used for budgeting and for financial delegations and accountability, providing local flexibility, and effective risk management.

4.7.2.1 Good Practice in Relation to Financial Planning and Management

Financial Planning and Budgeting, Financial Management, Auditing and Risk Assessment.

4.7.2.2 Evidence for Financial Planning and Management

Evidence about the quality of financial planning and management can be obtained from budget statements and audit reports together with relevant expenditure ratios such as staff and faculty salaries to total costs, and trends in expenditure on items such as student services, learning resources, and equipment. If the institution is involved in commercial activities the short and long term total financial impact should be identified and evaluated in relation to the institution's mission and priorities.

4.7.3.0 Faculty, Staff and Employment Processes

Faculty and staff have the qualifications and experience for effective exercise of their responsibilities and professional development strategies are designed to ensure continuing improvement in expertise. Performance of all faculty and staff is evaluated, with outstanding performance recognized and support provided for improvement where required. Effective, fair, and transparent processes are available for the resolution of conflicts and disputes involving faculty or staff.

4.7.3.1 Good Practice in Relation to Staff and Employment Processes

Policy and Administration, Recruitment, Personal and Career Development, Discipline, Complaints and Dispute Resolution.

4.7.3.2 Evidence for Staff and Employment Processes

Evidence about quality of faculty and staff employment processes can be obtained from documents setting out employment and promotion processes and criteria, descriptions of orientation programs for new faculty and staff, and procedures for performance evaluation and support for improvement. Records of assessments of quality of teaching, and faculty and staff participation in professional development activities relevant to their employment can provide valuable evidence, particularly when they include ratios of participation and assessments of the value of those activities by the participants. Data on faculty turnover in parts of the institution can be used to indicate stability or instability in staffing. Regulations on dispute resolution combined with records of the incidence and outcomes of disputes can provide evidence about the effectiveness of those processes. Performance indicators almost always include student/faculty ratios and proportions of faculty with levels of qualifications. However a number of others that can also be readily quantified are important such as participation ratios in professional development and scholarly activities.

Some others such as rates of turnover of faculty and staff, and incidence of disputes might be selected if there are problems in the institution/program that need to be monitored.

4.8. Healthy Practices

The report on this aspect may highlight the innovative practices of the institution that enhance its academic ambience.

4.8.1 Good Practice in Relation to Healthy Practices

By-laws for each program approved by the Senate of the University, Transparency in relation to academic and administrative aspects of the program(s). Adherence to rules and regulations stipulated by the institution/program and innovations and inventions in relation to national growth.

4.8.2 Evidence for Healthy Practices

Institutional, National, and international awards in recognition of contributions made to body of knowledge. Outstanding publications, merit awards for innovations and inventions done by the institution/program.

5. REVIEW PROTOCOLS

5.1. Code of Ethics

Evaluation teams must adhere to following guidelines on conflicts of Interest, Confidentiality and Personal conduct,

5.1.1 Conflicts of Interest

The QAAC do not expect any member in the team to perform his/her duty with a prejudiced mind, and/or with personal biases which may be in conflict with a free and fare discharge of duty.

5.1.2 Confidentiality:

The QAAC always encourages complete openness in all activities in connection with the assessment process, but, it is the duty of the members of the Assessment team to not to divulge at any cost the information collected for this purpose to a third party for personal benefits or otherwise.

5.1.3 Personal Conduct;

A professional and ethical conduct is expected from all members in the team.

5.2. Roles and Responsibilities:

5.2.1 The Chairperson:

Overall planning and organizing the proceedings of the Assessment program. Assigning responsibilities to the other members in the team, taking into consideration their expertise. Ensuring, that the team members do the assessment with the intention of help the institution/program grow qualitatively. Maintaining team spirit among members. Every effort should be made to ensure that all statements in the Final Assessment Report are factually accurate and can be supported by evidence, where ever possible with more than one example.

5.2.2 Team members:

Go through the Self Assessment Report thoroughly and based on the data available arrive at a tentative evaluation of the institution/program. During the visit to the institution/program collect evidence to support the validity of the claims made in the SAR. By doing so, prepare a list of strengths and weaknesses under each criterion that needs further probing. Be conversant with the policies, rules and regulations laid down by the QAAC in connection with the External Peer Review Team and adhere to those rules and regulations. Be conversant with the SAR and analyze data given in the SAR and the documents provided. Maintain a friendly and cordial atmosphere through out the stay in the institution. Cooperate fully with the Chairperson and the other members of the team.

5.2.3 The QAAC:

Constituting the External Peer Review Teams with qualified subject specialists, making available well in advance the copies of SAR to the members of the External Peer Review team before they make the on-site visit. Coordinating the on-site visit to the institution/program by the External Peer Review Team along with their logistic facilities. Directing the feedback data received under 2.3.2.6 to the relevant Boards/Panels and updating information.

Annex 1. PROGRAM SCHEDULE OF THE EXTERNAL PEER REVIEW TEAM

Previous day evening at the Hotel
1800 hrs to 2000 hrs. Team discussion
Compare notes on the tentative evaluation
Identify strengths and weaknesses and issues that need further probing
Share the responsibility of collecting evidences

Day 1 at the institution/program

0830 hrs - 0900 hrs Private meeting with the QAAC representative
0900 hrs - 0930 hrs Discussion of the agenda of the visit
0930 hrs - 1030 hrs Meeting with the Vice-Chancellor/Head of the institution/program
1030 hrs - 1130 hrs Presentation of the Self Assessment Report and Discussion
1130 hrs - 1230 hrs Visiting the institution/program and facilities
1230 hrs - 1330 hrs Lunch
1330 hrs - 1530 hrs Visiting the institution/program facilities
1530 hrs - 1730 hrs Checking Documentary Evidence
1930 hrs - 2030 hrs Team Discussion at the hotel
Discuss the evidence collected so far
Identify the issues to be checked further
Agree on the highlights and share the responsibility of report writing

Day 2 at the institution/program

0830 hrs - 0930 hrs Checking Documentary Evidences
0930 hrs - 1030 hrs Visit to the support services
1030 hrs - 1130 hrs Interaction with a representative group of Post-graduate students 1130
1130 hrs - 1230 hrs Interaction with alumni/alumnae
1230 hrs - 1330 hrs Lunch
1330 hrs - 1430 hrs Discussion with Non academic staff members of the
institution/program
1430 hrs - 1530 hrs Discussion with academic staff members in the institution/program
1430 hrs - 1630 hrs Discussion with the Head of the institution/program on the
outstanding issues
1630 hrs - 1730 hrs Checking Documentary Evidences
1930 hrs - 2100 hrs Team discussion - Discuss the grades in the light of reference
Discuss and modify the draft report written by
individual members
Identify outstanding issues to be shared with the
Head of the institution/program

Day 3 at the Institution/program

0830 hrs - 1030 hrs Finalizing the Report
1030 hrs - 1230 hrs Sharing the report with the Head of the institution/program
1230 hrs - 1330 hrs Exit meeting with the whole staff