Guideline No: 2022/G-31

MANUAL FOR
CONDUCTING INSTITUTIONAL AUDIT

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SEPTEMBER 1, 2022

Contents

1. Introduction

This Manual aims to assist and guide the MQA staff and higher education institutions operating in the Maldives with the institutional audit process, and includes key rules on institutional auditing, derived from the Institutional Audit Regulation and Guideline for the Institutional Audit.

Pursuant to Sections 8 (c), 18, and 7 (d) of Act No. 7/2021 (Maldives Higher Education and Training Act) the Maldives Qualification Authority (MQA) and Section 5 of the Regulation No: R-79/2022 (Institutional Audit Regulation) this Manual is adopted to set guiding rules and the criteria required for conducting institutional audits. This Manual for Conducting Institutional Audit can be used as a reference guide for institutional audit by MQA staff and higher education institutions and shall be read in conjunction with relevant provisions of the Act, the cited Regulation and Guideline. This manual is developed to assist the process of conducting Institutional Audit of higher education institutions (HEIs) and it includes the following:

1. A Standard Operating Procedure (SOP) for conducting Institutional Audit, developed as guidelines for MQA staff members.
2. Procedure for Conducting Institutional Self-Evaluation, developed as guidelines for HEIs.
3. Procedure for Conducting External Review, developed as guidelines for Audit Panel members.

Institutional Audit is an activity in which a HEI is assessed in terms of a set of established criteria, as well as against the achievements of its own mission. As per the Section 6 of the Institutional Audit Regulation, participation in the Institutional Audit process is an obligation for all HEIs operating in the Maldives. Institutional Audit will be conducted on a three-year cycle.

In order to allow for better comparability of the outcomes of an institutional audit, the performance of a higher education institution is rated with regard to each individual criterion and as a whole. The rating is based on a system of 1 to 5 stars.

The purposes of MQA's Institutional Audit are:

1. To recognize the strengths of HEIs operations and academic quality.
2. To further strengthen operations and academic quality by making relevant recommendations for future improvement.

Important characteristics of the Institutional Audit process are:

1. It is not a process that results in a yes/ no decision. Rather, it is a process based on the principle of continuous quality enhancement, with the motivation to further enhance the operations of the HEI.

2. Institutional Audit is conducted on a three-year cycle.

3. It is a collaborative effort undertaken by HEIs with MQA, based on mutual respect and cooperation.

4. It is conducted at the systems level by considering policies, processes and procedures.

5. It is based on the concept of peer-review; the members of the Audit Panel will include those with experience in higher education and will base their review on the Self-Evaluation Report submitted by the relevant HEI and the observations made by the Panel members in relation to the management and functions of the HEI in adherence to registration conditions and MQA's standards and policies.

6. It will take diversity of institutions into account, and the outcomes of the process is expected to relate to the size, structure and nature (public or private) of the respective HEI.

7. It is based on values of transparency and excellence.

8. It is designed to follow internationally accepted good practices in quality assurance.

The MQA's Institutional Audit consists of the following two key components:

Self-Evaluation
This is a process undertaken internally by the HEI. This document provides guidelines to facilitate Self-Evaluation. The final product of the Self-Evaluation will be the Self-Evaluation Report (SER).

External Review
This is a process conducted by an Audit Panel. This Panel will be appointed by the MQA in accordance with the rules stipulated in Section 9 of the Institutional Audit Regulation, that are also detailed in this Manual as well as the Guideline for Institutional Audit. The Audit Panel will be provided with Guidelines for conducting the External Review.

2. Standard Operating Procedure for Conducting Institutional Audit

2.1 Purpose

The purpose of this Standard Operating Procedure (SOP) is to assist the MQA staff to conduct the Institutional Audit of HEIs. The steps in this SOP are meant to provide consistency in the process of conducting the Institutional Audit.

2.2 Scope

This SOP covers the following aspects of the Institutional Audit process:

1. Process of initiating the Institutional Audit
2. Tasks of MQA staff in facilitating the Self-Evaluation of the HEI
3. Tasks of MQA staff in facilitating the External Review
4. MQA's process in taking decisions and follow up actions on Audit Panel Report

2.3 Responsibility

The MQA will bear the overall responsibility of implementing this SOP. MQA will appoint a senior management staff as the Focal Point for facilitating the Institutional Audit process. MQA will also appoint a staff member to each Audit Panel to undertake the secretariat functions who will also act as a Panel member.

The primary responsibility of conducting the Self-Evaluation process will be upon the HEI. The head of the HEI is expected to play a lead role in the Self-Evaluation process.

The Chair of the Audit Panel (appointed by MQA), together with other Panel members, will take the primary responsibility of conducting the External Review process and developing the Audit Report of the HEI.

2.4 MQA's Role in Conducting the Institutional Audit

MQA's role in the Institutional Audit process will consist of the following steps.

Step 1 • Initiating the Institutional Audit

Step 2 • Facilitating the Self-Evaluation Process

Step 3 • Appointing the Audit Panel

Step 4 • Facilitating Site Visit and the Institutional Audit Process

Step 5 • Receiving the Audit Report and Taking Follow-up Actions
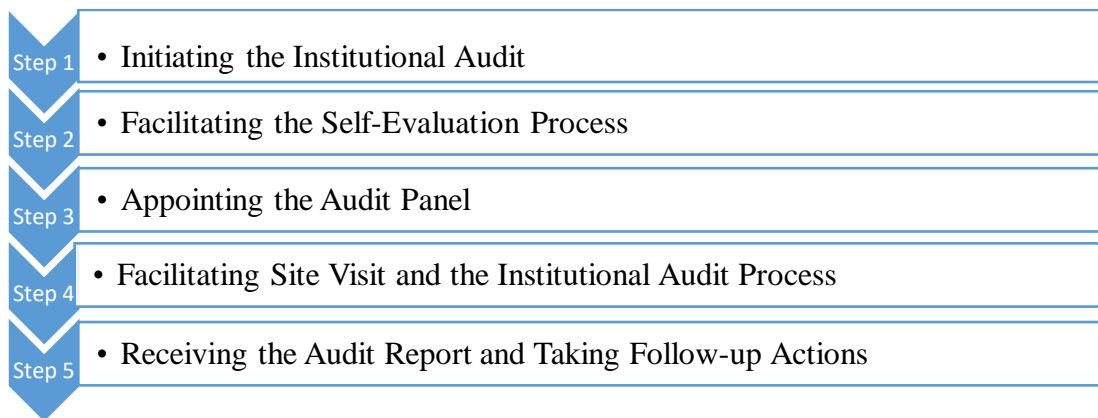
Detailed tasks under each step, with instructions and timelines, are provided below.

Step 1: Initiating Institutional Audit

Task	Instructions	Responsibility	Timeline
Select the HEIs for Institutional Audit	Select the HEIs for Institutional Audit for the given year – including those who request under Section 7 (a) – (2) of the Institutional Audit Regulation.	Management of MQA	Week 1
Designate the MQA Focal Point for the Institutional Audit process	Select a senior management staff as the Focal Point of the Institutional Audit process.	CEO of MQA	Week 1
Send Institutional Audit Initiation Letter to the HEIs	The letter should request: 1. To select a Liaison Officer from the HEI for the Institutional Audit 2. To send relevant staff for Self-Evaluation training It should also: 3. Invite the HEI to begin the Self-Evaluation process 4. Inform the deadline for submission of the Self-Evaluation Report. 5. Inform the HEI that an External Review process will followed after the Self-Evaluation. 6. Include the Procedure for Self-Evaluation.	Management of MQA	Week 2
Invite potential Audit Panel Members	Identify and invite potential Audit Members from the Audit Pool maintained by MQA for the new audit cycle. Local and international experts as well as experts from HEIs could be invited since the institutional audit is guided by the principle of peer review. Maintaining this Audit Pool with up-to-date changes and seeking potential Audit Panel members will be an ongoing process handled by MQA.	Management of MQA	Week 2 & 3

Step 2: Facilitating the Self-Evaluation Process

Task	Instructions	Responsibility	Timeline
Conduct training of the HEI staff including SEC members, in the Self-Evaluation process	The Procedure for Self-Evaluation and its related appendices should be the primary materials used in the training. The training provided should (1) clarify the key concepts and terms (2) explain data/evidence to collect for self-evaluation, and (3) introduce the entire Procedure for Self-Evaluation. It should include practical exercises on how to complete the Self-Evaluation Assessment Form (see Appendix II).	MQA staff and Focal Point	Week 3&4

Self-Evaluation of HEI should begin at this point. |
| Meet with the Head of HEI (or liaison Officer) to follow up on progress. | The MQA Focal Point should visit and meet the Head of the HEI of the respective HEI to follow up on the Self-Evaluation process to ensure that the Self-Evaluation process has begun and to provide clarification or assistance as required. | Focal Point | Week 5

HEI will undertake Self-Evaluation in Weeks 6 through 18 (approximately 4 months) |
| Send Reminder Letter | The letter should remind the HEI of the approaching deadline to submit the Self-Evaluation Report and outline the process of External Review as the next step. | Focal Point | Week 10 |
| Receive Self-Evaluation Report | Check if Self-Evaluation Report is submitted in both soft and hard copy formats. Review the Report against the format requested. Provide 3 days to bring minor format changes. | Focal Point | Week 19 / 20

Submission at end of Week 20 |

| If Self-Evaluation Report is not submitted follow measures stipulated in the Institutional Audit Regulation | Take the following measures as per the Institutional Audit Regulation:

1. Give an extension of 1 month to submit the report as per S. 15 (b) of the Institutional Audit Regulation.
2. If the HEI fails to submit the self-evaluation report by this second deadline, pursuant to S. 15 (c) of the Regulation, MQA can consider the HEI to be un-cooperative in the audit process and consequently charge the HEI with a fine of MVR 10,000.
3. Take other steps under the authority granted to MQA by the Regulation. | Focal Point | Week 20 |

Step 3: Appointing the Audit Panel and Preparing for the External Review

Task	Instructions	Responsibility	Timeline
Interview potential Audit Panel members	Interview potential audit panel members before they are appointed or selected to the audit panel, to ensure that they have no conflict of interest with the HEI.	Management of MQA	Week 20
Appoint an Audit Panel for each respective HEI.	Select Audit Panel members from the Audit Pool depending on the HEI to be audited, in accordance with Section 9 of the Institutional Audit Regulation. A 5-member Audit Panel must be selected for universities and colleges, and an Audit Panel of 3 members must be selected for other institutions. One staff of MQA must be included within every Audit Panel, and this staff should maintain the secretariat of the Audit Panel.	Management of MQA	Week 20

Notify the HEI about the selected Audit Panel members	MQA shall notify the HEI about the selected Audit panel members and give the HEI 10 days from the date of appointment to notify MQA in writing about any possible conflict of interest a panel member might have, with sufficient evidence.	Management of MQA	Week 20
Send invitation letters to the Audit Panel members.	This letter should include 4. Compensation rate 5. Timeline of the respective External Review 6. HEI to be reviewed 7. Sample Audit Panel Member Contract 8. Sample Declaration of Non-Conflict of Interest 9. Sample Non-Disclosure Statement 10. Guidelines for Institutional Audit 11. Manual for Institutional Audit.	Management of MQA	Week 20
Hold the Initiation Meeting of the Audit Panel.	The meeting will include signing of: 1. Declaration of Non-Conflict of Interest 2. Non-Disclosure Statement 3. Audit Panel Member Contract Provide the relevant Self-Evaluation Report of the HEI, after signing the above documents. This meeting should focus on planning the schedule and timeline of the External Review process.	Focal Point & Chair of Panel	Week 21 Audit Panel work begins

Step 4: Facilitating the Site Visit and the External Review Process

Task	Instructions	Responsibility	Timeline
Arrange Site Visit to HEI	Support Audit Panel to arrange the Site Visit. MQA staff on the Audit Panel should work with the HEI's Liaison Officer to schedule the meetings, focus groups (if required) and data collection during the Site Visit.	MQA staff on Audit Panel	Week 22
Conduct Site Visits	MQA staff on the Audit Panel should participate actively in ensuring that the Site-Visit goes well.	Chair of Audit Panel, assisted by MQA staff.	Week 22&23 Drafting of Report during Week 23 to 25
Hold the post Site Visit Meeting	Hold post Site Visit Meeting soon after the Site Visit to debrief, analyze findings, and prepare for the drafting of the Audit Report.	Chair of Audit Panel, assisted by MQA staff.	Week 23 to 25
Arrange Audit Report presentation to HEI	Immediately after the drafting the Audit Report, arrange a meeting to present the findings to the HEI. The Procedure for Conducting External Review contains further details of this meeting.	MQA staff on Audit Panel	Week 25

Step 5: Receiving the Audit Report and Taking Follow-up Actions

Task	Instructions	Responsibility	Timeline
Receive the Audit Report	Check to ensure that the basic format is followed and essential information such as findings, allocated points, and recommendations are in the Report. If not, request minor changes required.	Focal Point	Week 26
Take a decision on the quality of the operations of the HEI, based on the Audit Report.	Make one of the following decisions on the operations of the HEI, based on the Audit Report findings. 1. Unsatisfactory 2. Satisfactory If deemed unsatisfactory, a period not exceeding 1 year would be provided to bring non-physical facility related changes. Changes related to physical facilities could be provided with up to 3 years, depending on the nature of the change. The HEI will be required to submit an action plan to bring suggested changes. Follow-up reviews and Site Visits should be conducted after the period provided to bring these changes, or at least annually. Those deemed satisfactory will also be suggested to follow the recommendations made in the Report.	MQA's CEO with other Senior Management of MQA	Week 27 - 29
Send the Audit Report to the HEI	Send the Audit Report to the HEI. The covering letter should ask the HEI to develop a follow up action plan based on the findings of the Report – with timeframes – and submit it to MQA (see above).	Management of MQA	Week 29 - 30
Facilitate the appeal process	Inform the HEI regarding the opportunity to appeal the Audit Report's findings within 7 working days of receiving the Report.	Focal Point	Week 30-31
Submit the Audit Report to the Advisory Board for approval with	If an appeal is received, MQA management should review it and produce a report to the MQA	Management of MQA and Board	Week 35

appeals received – if any.	Board This report should contain issues raised by the HEI in its appeal, and MQA management's opinion on these issues. Board's decision will be final.		

2.5 Flowchart: Institutional Audit
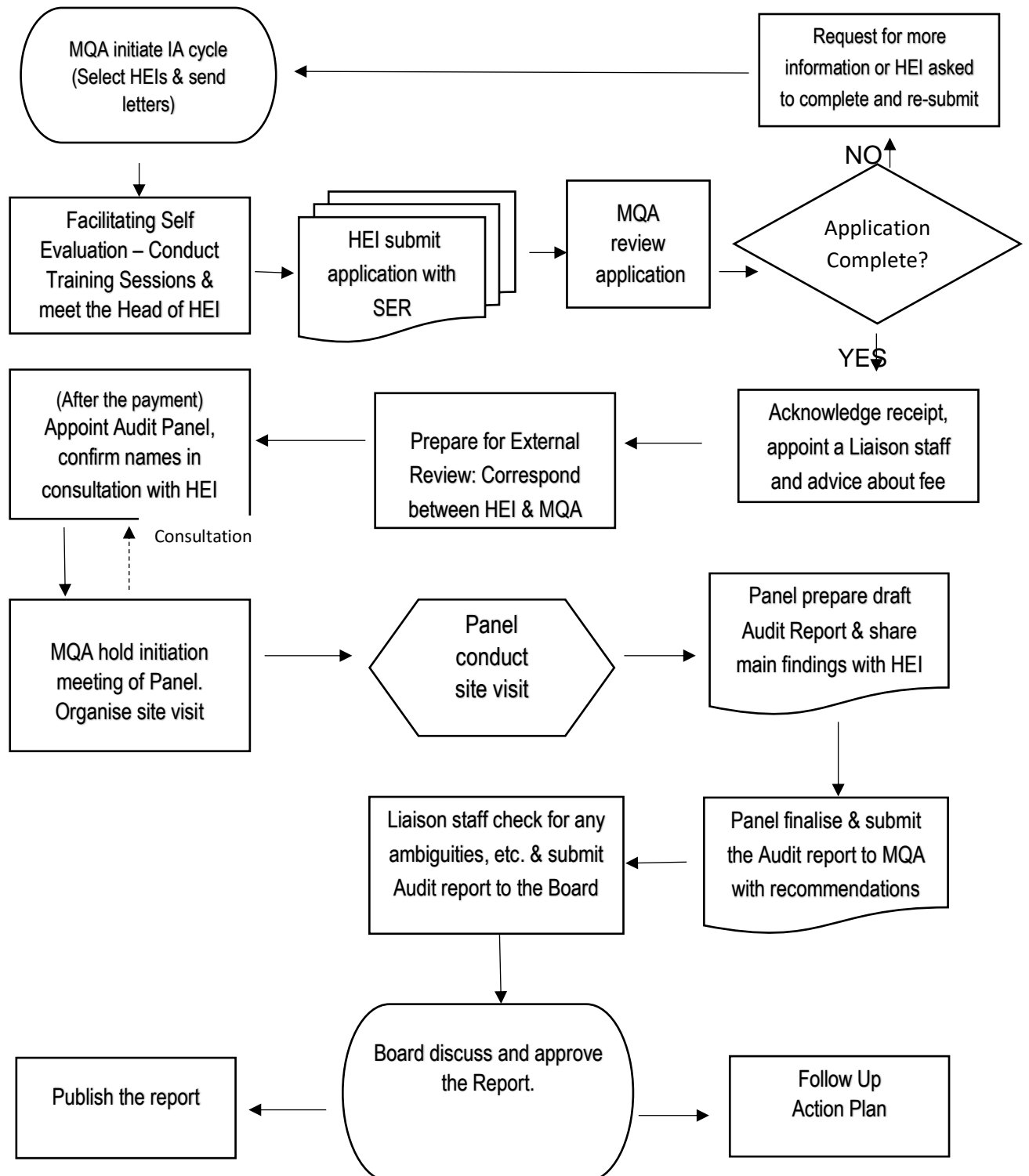
3. Procedure for Conducting Institutional Self-Evaluation

3.1 Introduction

The purpose of this Procedure for Conducting Institutional Self-Evaluation is to assist higher education institutions (HEIs) in conducting the Institutional Self-Evaluation as outlined in the MQA's Guidelines for Institutional Audit. This Procedure provides suggested strategies for conducting the Institutional Self-Evaluation. Members of HEIs governing councils, In-charge of HEIs (Vice-Chancellors, Rectors, Deans or Directors), academic board/ senate/ committee members and staff and students of HEIs involved in the Self-Evaluation process will find this document useful.

3.2 Overview of the Institutional Audit

Institutional Audit is an activity in which a HEI is assessed in terms of a set of established criteria as well as against the achievement of its own mission. It is a major function of MQA's quality assurance process in higher education, and to continuously enhance the quality of higher Education in the Maldives. Participation in the Institutional Audit process is an obligation for all HEIs operating in Maldives.

The Institutional Audit consists of four key stages:

Self-Evaluation
This is a process undertaken internally by the HEI. This document provides guidelines to facilitate Self-Evaluation. The final product of the Self-Evaluation will be the Self-Evaluation Report (SER).

Appointment of an Audit Panel
An Audit Panel is appointed to conduct the Site Visit and write the Audit Report. This Panel will be appointed by MQA as per the Institutional Audit Regulation.

Site visit
This is a process conducted by an Audit Panel appointed by MQA to conduct the audit process based on the Self-Evaluation Report (SER).

Audit report
Audit Report is written by the Audit Panel after the Site Visit, with findings, affirmations, commendations, recommendations and rating.

3.3 Overview of the Institutional Audit Criteria

MQA's Institutional Audit Criteria consists of 8 components, each referred to as a separate criterion. A description of each criterion is provided in Appendix I. Out of a total of 100 points, each criterion is allocated a certain number of points based on relative importance. They are:

Criterion 1:   Mission achievement   10   points

Criterion 2:   Quality Assurance   15 points
Criterion 3:   Governance and Planning   10 points
Criterion 4:   Teaching and Learning   20 points
Criterion 5:   Staffing   10 points
Criterion 6:   Facilities and Resources   15 points
Criterion 7:   Research   05 points
Criterion 8:   Admission, Records and Support Services   15 points

Under each criterion, key questions that could be asked by the HEI during the process of Self-Evaluation are suggested. These questions are meant to indicate aspects within each criterion that facilitate the review of respective criterion to check for indicators under each criterion. See Appendix II.

All the questions in Appendix II are not meant to be applicable to all HEIs. Only those questions that are relevant to the HEI in terms of its size, level and nature (private or public) are expected to be considered.

3.4 Steps for Conducting the Self-Evaluation

HEIs selected for Institutional Auditing will receive a letter from MQA requesting to begin the Self-Evaluation. Upon receiving this request, the Head of the institution (e.g., Vice-Chancellor, Rector, Dean or Director) is expected to inform the governing body of the institution (e.g., University or College Council), and other relevant institutional stakeholders, about the MQA's request to begin Self-Evaluation.

MQA expects the Head of the HEI to lead the process of Self-Evaluation; however, the HEI may also appoint a competent alternative person as a liaison officer for the purpose.

The HEI is suggested to undertake the following 5-step process in Self-Evaluation.

Step1	• Formation of the Self-Evaluation Committee (SEC)
Step2	• Generating institution-wide support for Self-Evaluation
Step3	• Collecting data/evidence for Self-Evaluation
Step 4	• Analyzing and writing the Self-Evaluation Report (SER).
Step 5	• Submitting the the Self-Evaluation Report (SER)
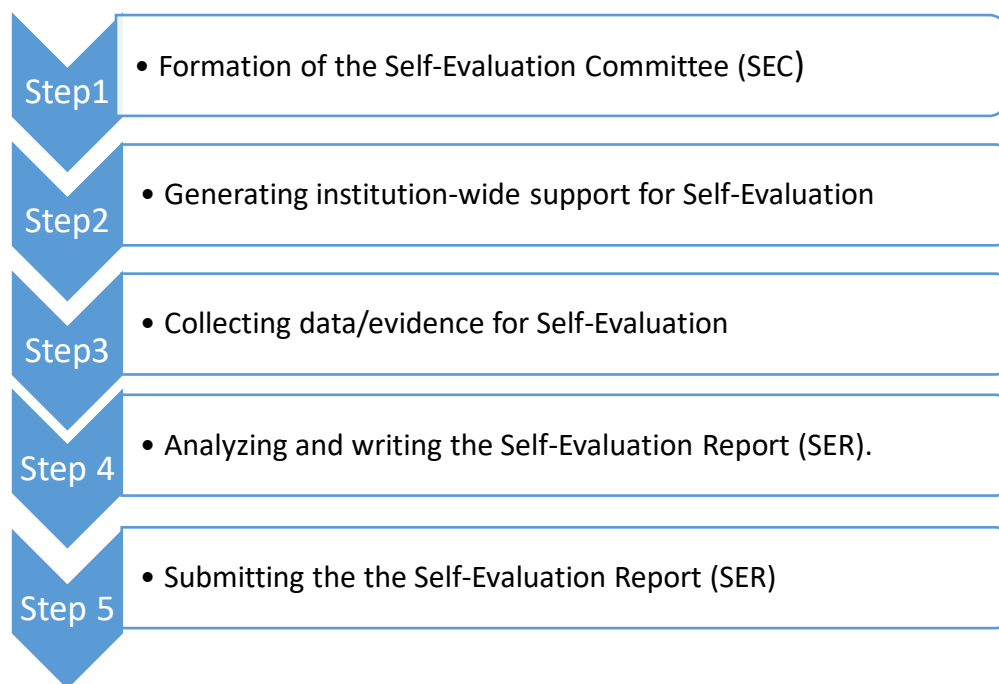
Step 1: Formation of the Self-Evaluation Committee or Working Group

It is suggested that the Self-Evaluation process be led by a committee or a working group consisting of key institutional stakeholders. In this document, such a committee is hereafter referred to as the Self-Evaluation Committee (SEC). The composition of SEC could include:

- The Head of the HEI
- Head of at least one academic faculty/school/department
- A senior administrative staff, preferably the person in the role of the Registrar
- A teaching/academic staff member
- A student

The HEI may wish to add additional members based on its needs and institutional circumstances. No restriction is placed on SEC securing the support of an external consultant in the Self-Evaluation process. If so, the HEI should inform MQA of the external consultant, including the qualifications and experience of the relevant person.

The mandate and specific tasks of the SEC should be shared widely with key stakeholders in the institution.

A member of the SEC should be designated as the Chair (possibility the Head of the HEI), and charged with the responsibility of leading the Self-Evaluation process. The Head of the HEI is suggested as the Chair since she/he is likely best placed to address bottlenecks if any, in the process. The Head of the HEI may also be the appropriate person to facilitate the process of collecting evidence/data and ensure the efficiency of the Self-Evaluation process. The Head of the HEI will also be best placed to facilitate necessary resources and in liaising with the governing body. The Chair of the SEC is also suggested to lead the development of the SER and disseminate its findings among stakeholders.

Step 2: Generating Institution-wide Support

Before the work of the SEC begins, it is recommended that the Head of the HEI generates institution-wide awareness and support for the Institutional Audit and the Self-Evaluation process. The key messages below could be communicated within the institutional community for raising awareness and support for the Self-Evaluation.

Messages to Communicate

- Institutional Audit is a process that recognizes the operational strength and academic quality, and helps to identify opportunities for further improvement.

- The Self-Evaluation process is an integral, and the very first step, of Institutional Audit process, which will be followed by the External Review process.

- Participation of all stakeholders is essential for success. These would include academic and admin leadership; Council; Academic Senate /Board; committees; academic staff, including part-time lecturers; student leaders; and administrative staff at various departments and units of the HEI.

- What to expect and how they can contribute

Step 3: Collecting Data/ Evidence

The following are the basic criteria of the Institutional Audit; these 8 criteria form the dimensions/standards to consider in the Institutional Audit.

A description of each criterion is provided in the Guidelines for Institutional Audit. Appendix I: Institutional Audit Criteria' of this Manual provides details of each criterion. In addition, (1) key questions to ask and (2) potential sources of data/ evidence that relate to each question are included in Appendix II: Self-Evaluation Assessment Form' of this Manual.

The questions on the Self-Evaluation Assessment Form (Appendix II) are meant to guide data collection. Data to collect are listed as documentary evidence and statistical indicators that can be easily obtained from the HEI. It should be noted that every question, under the respective criterion in Appendix II, may not be answered. HEIs may wish to select some of the questions, and revise others, based on the size, complexity, and nature of the HEI. The HEI may also use additional questions.

The use of various data sources, as evidence, would enhance the credibility of the SER. Such evidence would also support the institution to monitor the effectiveness of actions for future improvements. The type of data identified could be both quantitative and qualitative. Quantitative data may include institutional demographic statistics, assessment statistics, performance statistics, and financial records. Student achievement data, and data segregated by local and overseas programmes could be included.

Qualitative data may include documentary evidence of policies, procedures, operations, reports, minutes of meetings and descriptions of mechanisms and processes. Evidence of international activities could be included as well.

The HEI may attach relevant sets of data to appendices of the Self-Evaluation Report (SER). Data/ evidence that are deemed inappropriate to include in the SER can be kept available for the Audit Panel to verify and evaluate during the Site Visit by Audit Panel members.

It is recommended that the SEC identifies all sources of potential data in advance, and develops a plan to collect them. Careful planning for data collection will be important to ensure that the evaluation process is completed on time.

The SEC could delegate responsibilities of collection to its members or to other appropriate staff members of the HEI.

Step 4: Analyzing the data and writing the Self-Evaluation Report (SER)

Appoint a lead writer to develop the SER
The SEC should appoint a competent person from its members to lead the data analysis and writing of the SER. If HEI hire the support of an external consultant(s) for data analysis and writing, information regarding such consultant(s) should be shared with MQA.

It is important the lead writer (should be an internal member of the HEI) be available during the Site Visit of the Audit Panel to answer questions raised regarding the content of the SER.

It should be noted that the SER is the most important document of the Institutional Audit process. It should comprise all essential information, including supporting data, which would be necessary for an outsider to understand the operations of the HEI. The Audit Panel will consider the SER as the key reference document during the review process.

The Audit Panel members will interview and hold discussions with institutional stakeholders to verify the content and claims made in the SER during the Site Visit. Based on this verification, and further analysis, the Audit Panel will make judgements regarding the achievements, strengths, and weaknesses of the HEI, and offer recommendations for future improvement.

Contents of the SER

The SER should adequately describe all features related to the Institutional Audit Criteria (Appendix I). It is also essential that the SER is not merely descriptive, but also analytical in its findings. Equally, it is important to provide evidence for the findings to allow an outside reader to understand how the Report arrived at its conclusions. Such evidence or data could be either incorporated into the text of the SER or attached as appendices.

Furthermore, in addition to listing strengths and weaknesses, the SER should also propose solutions for further development and how shortcomings would be remedied.

This could be presented in the form of specific actions to be taken, indicating a clear time frame. It is preferred that such a plan of actions be proposed in a separate chapter or section of SER.

In analysing the data, the HEI could benchmark its data to international standards or that of other comparable institutions, locally or internationally. Through data analysis, the HEI may also set performance indicators related to student achievement, teaching, and research.

Although not necessary, it may be useful to conduct a SWOT (strengths, weaknesses, opportunities, threats) analysis for each standard separately to evaluate the performance of the institution.

When writing the Report, it is important to keep in mind that it would not only be a document in the context of the Institutional Audit, but it would also be an internal working document and guide for the HEI.

Suggested Format of the SER
The SER should consist of the following:

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1. An introductory section that provides general information about the HEI.
2. Separate sections on:
    1. Mission Achievement
    2. Quality Assurance
    3. Governance and Planning
    4. Teaching and Learning
    5. Staffing
    6. Facilities and Resources
    7. Research
    8. Admission, Records and Support Services

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3. A section on summary of the findings and proposed actions.

It is also important to keep the SER as concise as possible, whilst containing all essential information. Important documents that outline specific issues in more detail, and/or provide documentary evidence, could be annexed to the Report and referred to in the main body of the text. The final SER submitted to MQA should have been reviewed for readability, clarity and comprehensiveness.

Step 5: Submitting the Self-Evaluation Report

The SER should be submitted before the deadline given in the letter sent to request the initiation of the Self-Evaluation process. If the SER is not submitted by the deadline given by MQA, the measures stipulated in the Institutional Audit Regulation should be followed.

SER should be submitted in English language.

The SER should be submitted both as a hard copy and as a soft copy, in PDF format. A responsible representative, preferably the Head of the HEI should sign the Report.

In addition to formal submission of the SER to MQA, it is expected that the findings of the SER will be distributed widely within the HEI. Dissemination of the SER findings will help to develop the quality of culture in the HEI.

Related Documents

Appendix I: Institutional Audit Criteria
Appendix II: Self-Evaluation Assessment Form

4. Procedure for Conducting the External Review

4.1 Introduction

The purpose of this Procedure for Conducting External Review is to assist Audit Panel members in conducting the External Review as outlined in MQA's Guidelines for Institutional Audit. The External Review is an integral part of the Institutional Audit. which consists of the following two inter-related components:

Self-Evaluation, conducted internally by the HEI

External Review, conducted by an external Review Panel.

The Audit Panel will consist of 3 to 5 (5 for universities and colleges and 3 for institutes) that are appointed by MQA, based on their qualifications and expertise. Panel Chair will also be appointed by MQA. The Site Visit will begin after the HEI has completed its Self-Evaluation.

4.2 Overview of the Institutional Audit Criteria

In the Institutional Audit process, the HEIs are assessed under the Institutional Audit Criteria. This Criteria includes the following:

Criterion 1:	Mission achievement	10 points
Criterion 2:	Quality Assurance	15 points
Criterion 3:	Governance and Planning	10 points
Criterion 4:	Teaching and Learning	20 points
Criterion 5:	Staffing	10 points
Criterion 6:	Facilities and Resources	15 points
Criterion 7:	Research	05 points
Criterion 8:	Admission, Records and Support Services	15 points

Points are allocated based on relative weightage of the criterion, amounting to a total of 100 points.

The focus of each criterion is at the systems level, looking at policies, processes and procedures. The Guidelines on Institutional Audit provides a description of each criterion in the Institutional Audit Criteria. The Appendix I provides a detailed description of each criterion. The Appendix II provides a set of questions with related data/evidence for the Audit Panel members to use during the Site Visit. Annex 1 of the Institutional Audit Guideline provides the format for developing the Audit Report.

4.3 Steps for Conducting the External Review

The External Review process is expected to follow the following steps.

Step 1	• Appointing of the Audit Panel by MQA
Step 2	• Audit Panel's Initiation Meeting
Step 3	• Reviewing of the Institutional Self-Evaluation Report
Step 4	• Pre Site Visit Meeting
Step 5	• Site Visit
Step 6	• Post Site Visit Meeting
Step 7	• Drafting the Audit Report
Step 8	• Clarifying Pending Issues with the HEI
Step 9	• Audit Panel Report Finalization Meeting
Step 10	• Submiting of the Audit Report

The External Review process is expected to be completed in less than 7 weeks.

Step 1: Appointing of Audit Panel Members

MQA will write to invite members of the Audit Panel. The Audit Panel will consist of 3 to 5 members and, among the members, a Chair of the Panel will be appointed.

Those who are appointed as members of the Audit Panel will be among those who have been identified earlier and have agreed to be placed on a roster of potential Audit Panel members. Those on this roster would have received training on MQA's Institutional Audit and on conducting the External Review.

The letter of invitation from MQA will indicate that the HEI(s) that are to be externally reviewed by the respective Audit Panel. The deadline to complete the review process will be informed.

This letter will also include the contact details of a staff of MQA who would be appointed as the MQA's representative on the Panel to provide secretariat support. The MQA representative will also actively participate in the review process.

In addition, MQA will request the invited member to contact MQA if the candidate foresees a situation of potential conflict of interest arising from the HEI(s) that has been selected for External Review.

The invitation letter will include samples of the following documents for the invited member to review and bring to the Initiation meeting of the Audit Panel. These documents are:

1. Declaration of Non-Conflict of Interest
2. Non-Disclosure Statement
3. Audit Panel Member Contract

Step 2: Audit Panel Initiation Meeting

During this meeting MQA will appoint the Audit Panel members by signing the Audit Panel Member Contract. MQA will request Panel members to sign the Declaration of Non-Conflict of Interest and Non-Disclosure Statement. The Non-Disclosure Statement is a statement on which the reviewer declares that all information obtained during the process of the Institutional Audit will remain confidential and will only be used for the work of the Audit Panel internally.

Once relevant documents are signed, the Chair will take charge of the meeting and proceed with the meeting. The Chair will distribute the Self-Evaluation Report (SER) to be reviewed by the Panel.

During this meeting a work schedule will be agreed by the Panel. It should include:

1. Discussing the process and timeline for initial reviewing of the Self-Evaluation Report by each member

2. Selecting dates for
   (a) Pre Site Visit Meeting
   (b) Site Visit
   (c) Post Site Visit Meeting

3. Discussing the process, timeline and delegating of responsibilities for drafting the Audit Report among Panel members

4. Selecting a date to meet the HEI to clarify pending issues before finalizing the Audit Report.

5. Selecting a date for the Audit Report Finalization Meeting

Step 3: Review of the HEI's Self-Evaluation Report (SER)

The purpose of this step is for the Audit Panel members to become familiar with the content of the SER. Members should carefully review the claims made and evidence provided in the SER.

The SER will follow the following format:

1. An introductory section that provides general information about the HEI
2. Separate sections on:
    1) Mission achievement
    2) Quality Assurance
    3) Governance and Planning
    4) Teaching and Learning
    5) Staffing
    6) Facilities and Resources
    7) Research
    8) Admission, Records and Support Services

3. A section on the summary of the findings and proposed actions.

Appendix III, "Audit Panel Assessment Form" provides a set of questions under each criterion for Panel members to assess. The SER would have been generated using the same set of questions under each criterion.

Audit Panel members may divide up the responsibility of assessing certain components of the Criteria among members of the Panel for efficiency.

Step 4: Pre Site Visit Meeting

Having become familiar with the respective SER, the next step is to prepare for the Site Visit. It is expected that before this meeting, Panel members would have identified documents and statistics to verify, additional evidence/data to seek, and whom to interview during the Site Visit.

In this meeting, Panel members should come to a consensus on what further information to gather during Site Visit and whom to meet or interview. The Panel may decide to interview students, academic staff, administrative staff, Head of the HEI and members of the governing body of the HEI. The Panel may also decide to hold focus group meetings, if deemed useful.

It is important to ensure that the duration of the Site Visit to a single campus does not exceed more than 3 days. However, it should be noted that depending on the size and complexity of the HEI, the duration of the Site Visit may take longer. If a HEI has multiple campuses, the duration of the Site Visit could be extended accordingly.

By the end of the pre Site Visit Meeting, Panel members would have developed a well-defined schedule of meetings and interviews. The Panel would also have created a list of documents and systems to review during the Site Visit for verification purposes.

Following this meeting, the MQA staff on the Panel will inform the HEI regarding the schedule of activities and dates of the Site Visit so that the HEI can prepare to accommodate the Audit Panel.

Each HEI would have designated a Liaison Officer who will work with the Audit Panel for during the Site Visit. This Liaison Officer is expected to make internal arrangements within the HEI for the Site Visit and ensure that the visit goes smoothly.

Step 5: Site Visit

The purpose of the Site Visit is multi-fold and it includes:

1. To validate and substantiate the claims made in the SER
2. To assess the HEI and to collect data for the Audit Panel Report.
3. To observe and facilitate Audit Panel's process of arriving at judgments

During the Site Visit, the Audit Panel would conduct a series of interviews with different groups, scrutinise relevant documents and assess facilities. Interviews may be conducted with the leadership of the HEI, full-time and part-time academic staff, administrative staff, students, and graduates. If focus group sessions are conducted, it is advised to limit the group size to no more than 5 to 7 members.

Where necessary, the principle of confidentiality should be applied for those who are interviewed in which information provided by respective interviewees should not be identifiable on the Report.

Step 6: Post Site Visit Meeting

The post Site Visit meeting should be held soon after visiting the HEI. The purpose of this meeting is to compare notes and to come to a consensus on the assessment made under each criterion. At this meeting, Panel members should assess, allocate points, generate findings, and decide on recommendations.

At this meeting, members should also identify if any additional documents or information needs to be obtained from the HEI.

The second purpose of this meeting is to designate a Panel member who will lead drafting of the Audit Report.

It is also important to determine a timeline for completing the first draft of the Report. The time allocated to obtain feedback among Panel members should also be decided so that the Report could be completed by a target date.

Step 7: Drafting the Audit Panel Report

The Audit Panel Report should describe the situation, offer analytical comments, and make recommendations under each criterion. The Audit Report Format in Appendix IV outlines a suggested format for the Report.

Step 8: Clarifying Pending Issues with the HEI

During the drafting of the Audit Panel Report, certain issues such as need to collect additional information are likely to arise. Clarification of certain statistics and data may be required to avoid factual errors in the Report. Therefore, Audit Panel is suggested to conduct a follow-up visit to the HEI to clarify any such pending issues.

If deemed appropriate, the Panel may also discuss some of the findings with the leadership of the HEI. What findings to share should be a judgment made by the Panel.

Step 9: Audit Panel Report Finalization Meeting

This is the final meeting of the Audit Panel. The purpose of this meeting is to carefully go through the Report, bring any last-minute changes, and prepare the final Report for submission to MQA.

Step 10: Submitting the External Audit Panel Report

The Audit Report should be signed by all members of the Audit Panel, and submitted to MQA on the stipulated deadline. Chair of the Audit Panel should contact MQA to make arrangements to submit the Report in person to the Head of the HEI, or designated staff, of MQA.

Related Documents

Appendix I: Institutional Audit Criteria
Appendix II Self-evaluation Assessment Form
Appendix 1 of the Institutional Audit Guideline: Template for the Audit Report

5. Entry into force of this Manual

This Manual shall come into force from the date it is published in the Gazette of the Government of the Maldives.

Appendix I: Institutional Audit Criteria

Criterion 1: Mission Achievement

The mission of a higher education institution is vital to guide the strategy and operations of the institution. The mission should therefore be formally adopted by the highest academic decision-making body of a higher education institution.

The mission statement should be written in a manner that it appropriately reflects the characteristics of the higher education institution. The mission statement should therefore not just refer to basic principles that are applicable to any higher education institution, such as quality in teaching and research, but rather point out the unique features and ambitions of a higher education institution.

In order to facilitate the use of the mission statement, it should be disseminated and communicated throughout the higher education institution. Furthermore, it should be known to the wider public. Hence, the mission should be publicly available.

As the mission is supposed to guide a higher education institution in its planning and operations, the institutional strategy should be derived from the mission statement. Hence, the strategy should be aimed at achieving and implementing the mission of a higher education institution. It would be expected that the strategy is underpinned by an action plan and a corresponding financial strategy that adequately takes into account strategic priorities.

The strategy should reflect short-term, medium-term and long-term objectives. It would normally be expected that the objectives are translated into key performance indicators that allow for measuring the progress of the implementation of the institutional strategy.

Furthermore, it is expected that the higher education institution periodically reviews and adjusts its strategy in order to reflect progress made and to take into account changing circumstances.

Criterion 2: Quality Assurance

It is essential that the HEI assumes responsibility for the quality of its operations and, therefore, have in place a published policy on quality assurance. In addition, HEI should have a system of quality assurance, supported by a quality assurance strategy. Such a policy and system should ensure that stakeholders, i.e. management, academic staff, administrative staff, students and external stakeholders, have an active role in carrying out quality assurance activities.

It is vital that the quality assurance system covers all aspects of its operations, including teaching and learning, admissions, record keeping, facilities, finances, community engagement, management, governance, and support services.

The quality assurance system should also have adequate processes, with clear responsibilities for the individual staff members and institutional bodies involved. The outcomes of the processes should be integrated into the operations of the HEI; such operations include teaching and learning, management, planning, decision-making and administrative functions.

To support the enhancement of quality, the quality assurance system should provide for relevant information and data that can be used for strategic management to mitigate identified weaknesses. HEI should also regularly review its quality assurance system with a view to improving it.

The continuous enhancement of the quality depends on the commitment of everybody involved. Hence, the quality assurance system should place emphasis on the development of a quality culture in which every member of staff clearly embraces the idea of quality enhancement as an integral part of their work.

Criterion 3: Governance and Planning

Written vision and mission statements that reflect the aspirations, functions and characteristics of the higher education institution are vital to guide the strategic plan and operations of the institution. These statements may include the values and principles of the HEI, such as quality in teaching and research, but also point out the unique features and ambitions of a higher education institution. Such statements are most effective when disseminated and communicated throughout the HEI, and made known to the wider public.

The institutional strategic plan should reflect the short-term, medium-term, and long-term goals/objectives. These objectives could be translated into key performance indicators that allow for measuring the progress of the implementation of the plan.

The governance system of the HEI should be designed in a manner that it effectively supports the achievement of the institutional mission and the implementation of the strategic plan. It should ensure that academic staff, administrative staff as well as students are adequately involved in decision-making. To facilitate this, a qualified Head of the HEI (Vice-Chancellor, Rector, Director or Dean) needs to be appointed, and appropriate institutional bodies such as academic senate/board/committee and other relevant committees need to be created. A clear division and distribution of responsibilities and accountabilities between respective bodies of the institution are essential.

The institutional decision-making processes need to be transparent. This requires appropriate documentation, including minutes, of decision-making bodies.   All individuals who may be impacted by institutional decisions should be appropriately informed about such decisions in a timely manner.

Criterion 4: Teaching and Learning

It is essential that a higher education institution has an effective system in place for the design, approval, monitoring and review of the study programmes it offers. This system needs to guarantee that the requirements resulting from the Maldives National

Qualifications Framework for each study programme are systematically taken into account. Furthermore, the system should also ensure that the offers in terms of study programmes adequately correspond to the mission and strategy of the higher education institution.

The higher education institution should ensure that its study programmes are in line with the needs and requirements of the labour market. The study programmes should also effectively integrate theory and practice and place a focus on employability.

The higher education institution should publicly provide adequate information about its study programmes, including provisions about credits, learning outcomes, the methods of teaching, learning and assessment as well as information about admission, progression and completion. Information about the MQA accredited academic programmes should be provided in the Self-Evaluation Report.

The higher education institution should have in place clear and consistently applied regulations about student admission that ensure that the minimum admission criteria are respected. The higher education institution should also ensure that alternative entry criteria are not the predominant entry route, but rather an additional option offered for a certain percentage of applicants. Evidence of implementation of this process should be provided in the Self-Evaluation Report with supporting information.

The higher education institution should also have in place a system and policy that ensures the adequate recognition of periods of studies in a timely and fair manner. The policy on recognition of periods of studies should ensure that recognition is granted unless there are substantial differences.

The higher education institution should also have a guideline with regard to advanced standing. Through this guideline, it should be ensured that only 1/3 of the credits of a programme could be considered as advanced standing. Furthermore, such a guideline should ensure that advanced standing can only be granted for learning, which took place at a higher or equal to the one for which a student is applying.

The higher education institution should have a system in place that ensures that the credits system is consistently applied to all study programmes. Through this system, it needs to be guaranteed that one credit is awarded for 10 hours of learning time of an average student, embracing contact hours, as well as self-study, assignments, workshop or laboratory time, research activities or practical placements. There should also be a mechanism to systematically ensure that the calculation of the workload and hence the credit numbers are realistic and that the total number of credits for one year of full-time study would normally amount to 120.

The higher education institution should also ensure that the standards and minimum requirements resulting from the MNQF are met regardless of the mode of delivery of a study programme.

The higher education institution should have a system in place that guarantees that the learning outcomes for study programmes adequately correspond to the level descriptors as outlined in the MNQF and that the teaching, learning and assessment methods appropriately relate to the learning outcomes. It would also be expected that a higher education institution has a policy in place that determines that written examinations are part of the assessment methods.

The higher education institution should ensure that students have access to adequate learning resources, including adequate facilities, libraries, IT infrastructure and support, as well as academic guidance. The higher education institution should also ensure an appropriate learning environment, in particular through counselling and other support services.

The higher education institution should have a policy on student assessment that guarantees that students are fairly assessed on the basis of consistently applied and transparent regulations. Furthermore, the higher education institution should ensure that regulations and procedures against plagiarism and other forms of academic malpractice are thoroughly enforced.

The higher education institution should have in place a system for the documentation and storage of student achievements.

Criterion 5: Staffing

The HEI needs to ensure that it employs sufficient number of academic and administrative staff to carry out its activities; this includes having a policy on student-staff ratio.

The HEI should ensure that staff employed are qualified for the activities they undertake. Academic staff should normally possess a qualification higher than the qualification to which the academic programme they teach. Exceptions can be made if the lecturer has significant experience and expertise. The HEI should also have policies and procedures for the recruitment and promotion of its staff that place emphasis on appropriate qualifications, competences and skills of the staff.

To further enhance the quality of its staffing, the HEI should provide for and encourage professional development opportunities for its staff based on needs assessments. Regularly performance review of staff should be in place, with a view to enhancing quality teaching and to recognise excellence in practice.

Criterion 6: Facilities and Resources

It is essential that the HEI has appropriate financial resources to undertake its activities. The HEI should therefore align its strategy and offerings of academic programmes with a financial strategy. It is vital that the HEI shows that it manages its financial resources efficiently and effectively.

The budget of the HEI should be appropriate for the attainment of its mission and the implementation of its strategy. The budgetary procedures should also allow for medium-term financial planning.

The accounting system used by the HEI should correspond to accepted professional accounting standards and be in line with national regulations. Furthermore, the HEI should ensure that it is subject to regular external financial auditing.

The HEI should ensure that it has adequate physical and technological facilities that are suitable and adequate for programmes of learning offered. In addition, supporting facilities, such as recreational facilities, cafeterias, etc. are desirable to facilitate academic success. Facilities provided should be appropriate to the size and nature of the institution.

Criterion 7: Research

A higher education institution should have a specific policy and strategy on research. The policy and strategy should be in line with the institutional mission and overall strategy. This may entail a stronger focus on basic or applied research.

The implementation of the institutional research policy and strategy should be supported by regulations and procedures relating to all aspects of research activities, including issues of intellectual property.

The higher education institution should have in place a system that ensures that all research activities are undertaken according to internationally accepted methodological standards. Furthermore, the higher education institution should have mechanisms in place to ensure compliance with ethical standards.

The higher education institution should take measures to guarantee that adequate and sufficient facilities and equipment are available for research activities of both students and staff, including access to appropriate academic literature.

It is expected that a higher education institution encourages research collaboration both across the higher education institution and with other higher education institutions. The higher education institution is also expected to appropriately integrate the outcomes of research into its teaching activities.

Criterion 8: Admission, Records and Support Services

The HEI should have a clearly defined system to manage student recruitment, admission, registration, granting of advanced standing, and in maintaining up-to-date student records. The HEI should also provide support services for students that include orientation (academic and social), and academic counseling/advising.

The opportunities for students to form associations, student clubs, and to experience student leadership should be provided. Furthermore, the HEI should facilitate co-curricular and sports activities and provide opportunities for community involvement for students.

Appendix II: Self-Evaluation Assessment Form

The purpose of this Appendix is to facilitate the Institutional Self-Evaluation process by providing a systematic approach to follow. Tables are provided for each criterion below. When writing the Self-Evaluation Report (SER), it is expected that the HEI will produce tables of similar format; modifications can be made based on the need. Tables included with the SER could replace the column heading of "suggested data/evidence" to "available data/evidence", and list the data/evidence which would be made available for External Review process.

Criterion 1: Mission Achievement

Criterion 2: Quality Assurance

Criterion 3: Governance and Planning

Criterion 4: Teaching and Learning

Criterion 5: Staffing

Criterion 6: Facilities and Resources

Criterion 7: Research

Criterion 8: Admission, Records and Support Services

Each table consists of the following columns: (1) question; (2) suggested data/evidence, (3) "yes", (4) "somewhat", (6) "no" and (7) remarks.

Question: This column includes questions regarding specific aspects of the relevant criterion

Suggested data/evidence: This column suggests data or evidence that the institution could collect to substantiate the answer provided to the respective question in the first column. Suggested data/evidences could be both quantitative (statistical) or qualitative (e.g. policies, procedures, systems, institutional statements and plans) The HEI may include documentary evidence in a separate appendix attached to the Self-Evaluation Report.

Yes: Select "Yes" if the aspect asked in the respective question has been addressed fully by your institution

Somewhat: Select "Somewhat" if the aspect asked in the question has been achieved partially by your institution

No   Select "No" if the aspect asked in the question is not addressed by your institution

Remarks: This could include strengths and weaknesses and plans for future improvements.

Criterion 1: Mission Achievement

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have a clearly defined mission statement?	HEI's mission statements				
Does our mission reflect the characteristics of the higher education institution?	HEI's mission statements				
Is our mission widely known in the higher education institution?	A survey among the staff of the HEI about the mission statement.				
Is the mission publicly available?	Website of the HEI				
Is the mission supported by a strategic or action plan with a specific duration, goals/objectives, strategies or actions? Is policy development and planning guided by systematic research?	HEI's strategic or action plan				
Do we periodically review our strategy?	Documentary evidence of reviews such as minutes and reports.				

Criterion 1: Mission Achievement

(please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future Plans

Criterion 2: Quality Assurance

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have a system/strategy/mechanism in place for internal quality assurance?	Decisions of the governing body, academic senate/board, and related minutes of meetings. Description of the processes (e.g., information gathering, data collection, surveys, evaluations, consultative meetings) that are undertaken for quality assurance.				
Do we have an institutional policy on internal quality assurance, which is publicly available?	Related policy documents on quality assurance.				
Do we have key stakeholders (councils/boards/committees) and institutional leaders involved in the internal quality assurance system? Summarize how these bodies relate to quality assurance, under remarks.	Mandates or terms of references of relevant bodies that are involved in quality assurance. Description of the respective role played by various institutional bodies and members of senior management.				
Do we focus on the enhancement of quality and foster the development of a quality culture?	Documentary evidence of internal quality assurance initiatives.				

Criterion 2: Quality Assurance (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have adequate processes and procedures for the management of quality assurance activities in place?	Related policy documents on quality assurance.				
Do we undertake quality assurance of all the activities?	Documentary evidence of internal quality assurance activities.				
Do we gather and use appropriate data and information to improve quality?	Documentary evidence of internal quality assurance activities.				
Do we regularly review the quality assurance system for its effectiveness?	Documentary evidence of reviews such as minutes and reports.				

Criterion 2: Quality Assurance

(please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future Plans

Criterion 3: Governance and Planning

Question	Suggested Data/evidence	Yes	Somewhat	No	Remarks
Do we operate on the basis of effective governance structure?	Organogram and its description.				
Do we involve internal stakeholders into decision-making processes?	Evidence of meetings/discussions (e.g. minutes of meetings) on plan implementation.				
Do we have a governance (including composition of the governing body) and management structure that is suitable for our institution in terms of size and nature (public or private)?	Organogram. Mandate of governing body. Benchmarking in relation to similar institutions of good international reputation.				
De we have a set of principles, codes, or values that govern our institution?	Documentary evidence of the principles and values that govern the institution. Policy documents of the governing body.				
Do we have a qualified Vice-Chancellor, Rector, Dean, or a Director responsible for academic and financial matters?	Organogram and its description.				

Criterion 3: Governance and Planning (continued)

Question	Suggested Data/evidence	Yes	Somewhat	No	Remarks
The roles and responsibilities of our decision-making bodies are appropriately described?	Related policy documents				
Our decision-making processes are undertaken in a transparent manner and adequately followed-up?	Related documents				
Do we ensure that external stakeholders have a role in the governance system?	Supporting documentary evidence				

Criterion 3: Governance & Planning

(please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future Plans

Criterion 4: Teaching and Learning

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have an effective system for the design, approval, monitoring and review of our study programme offered to check adherence to the standards for which accreditation was granted by MQA?	Documentary evidence of policies and procedures within the institution in new academic programme development, including institutional process obtaining approval before submitting for MQA accreditation.				
Do we ensure that our study programmes address needs of the labour market?	Documentary evidence of policies and procedures within the institution in new academic programme development, including institutional process obtaining approval before submitting for MQA accreditation.				
Do we provide public information about our study programmes?	Website or any other relevant materials.				

Criterion 4: Teaching and Learning (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
We ensure consistent student admissions with adherence to MQA's Minimum Entry Criteria for MNQF Qualifications.	Relevant Programme Accreditation documents, student recruitment materials.				
The higher education institution operates a fair system for the recognition of periods of study.	Relevant Programme Accreditation documents, student recruitment materials.				
Do we systematically ensure the appropriate implementation of the credit system?	Relevant Programme Accreditation documents, class timetables, etc.				
Do we ensure that the delivery modality of MQA accredited academic programmes is implemented appropriately?	Related documents such as course structures, timetables, etc.				

Criterion 4: Teaching and Learning (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do Students have access to appropriate learning resources required for various delivery modalities?	Various learning resources equipped at the HEI.				
Do we ensure that students are well informed of the codes of conduct for submission of assignments, project work, and for sitting examinations?	Policies, procedures and guidelines provided to students regarding academic conduct, including plagiarism, and the consequences of academic misconduct.				
Do we provide constructive and timely feedback for students as an opportunity to improve by reflecting on their own learning?	Policy and procedures on providing feedback to students on academic progress, and for performance on assignments, projects and examinations.				
Is the medium of instruction of our various academic programmes are relevant and delivered appropriately?	Related documents such as course structures, timetables, teaching and learning resources, etc.				

Criterion 4: Teaching and Learning (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do Students have access to appropriate learning resources required for various delivery modalities?	Various learning resources equipped at the HEI.				
Do we ensure that students are well informed of the codes of conduct for submission of assignments, project work, and for sitting examinations?	Policies, procedures and guidelines provided to students regarding academic conduct, including plagiarism, and the consequences of academic misconduct.				
Do we provide constructive and timely feedback for students as an opportunity to improve by reflecting on their own learning?	Policy and procedures on providing feedback to students on academic progress, and for performance on assignments, projects and examinations.				
Is the medium of instruction of our various academic programmes are relevant and delivered appropriately?	Related documents such as course structures, timetables, teaching and learning resources, etc.				

Criterion 4: Teaching and Learning (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
At the beginning of programmes and modules, do we inform students about programme/module objectives/learning outcomes, schedule of topics, methods of teaching, the types of assessments, weightage of assessments, timelines for assessments and issuing of results?	Samples of programme/module outlines that are distributed to students at the beginning of programmes or module (all levels).				
Do we inform the students, of the codes of conduct for submission of assignments, project work, and for sitting examinations? Do we have disciplinary procedures in relation to malpractices such as copying, plagiarism, contract cheating and violation of codes of conduct?	Include related policies				
Do we have a system to ensure that all module and programme outcomes (including credit and contact hours) are fulfilled by students, before awarding respective qualifications?	Policies, procedures, guidelines or directives on (1) accounting for credit hours completed by students, (2) accounting for module and programme outcomes, and (3) vetting of fulfilling programme requirements of individual students before granting awards.				

Criterion 4: Teaching, Learning (continued)
(please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future plans

Criterion 5: Staffing

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have a policy on student-academic staff ratio? If so, include the ratio and justification for the policy under remarks.	Policy on student to academic staff. Current student to staff ratio.				
Do we engage qualified staff for academic programmes, including those who can teach research methodology and undertake graduate supervision, if graduate level programmes are offered?	Staff recruitment policy and existing staff portfolios.				
Are all staff members provided with employment contracts in adherence to existing national laws and regulations?	Relevant statistics: number of full-time and part-time staff with contracts. Those without contract, if it is the case. Sample contract.				
Do we have a system to assess training needs, and provide sufficient opportunities for professional development of academic and professional staff members?	Training need assessment reports Examples of professional development activities provided in the recent years, including numbers and summary content of training.				
Do we have institutional policies on staff appraisal, promotion, leave, rewards and recognition, grievances, teaching workload, teaching conduct, and dress codes? If so, summarize them under remarks.	Policies on staff appraisal, promotion, leave, recognition, grievances, teaching load, teaching conduct, dress code, and so on. Samples of staff appraisal forms. Current teaching load of staff members, by levels or programmes of study				

Criterion 5: Staffing

(Please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future plans

Criterion 6: Facilities and Resources

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have sufficient financial resources to support and sustain academic programs and services?	Documentary evidence (e.g. financial statements) that shows that the institution has sufficient cash flow and reserves to maintain stability, and for contingency purposes in case unforeseen occurrences.				
Do we have a financial strategy implemented to carry out operations?	Documents that provide information about financial strategy and operations.				
Do we have an adequate accounting and auditing system in place?	Accounting standards used. Frequency of internal auditing and external financial auditing. Most recent audited financial statement.				
Do we provide adequate physical facilities and resources at all locations where we conduct teaching?	Size, numbers, and capacity of facilities. Description of facilities and usage				
Do we have adequate technological facilities (hardware, software and technical staff) to facilitate learning?	Type, number and capacity of facilities. Description of teaching software and online or technological learning platforms.				

Criterion 6: Facilities and Resources (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have adequate technological facilities for operational activities (e.g. staff and student record keeping)?	Description of hardware and software that supports institutional operations				
Do we plan and update technology to ensure that our technological infrastructure remains adequate to support our mission, operations, academic programmes, and student services?	Documentary evidence of future plans. Documentary evidence of past evaluations or reviews of facilities.				
Do we provide relevant instructional support and training for our academic and administrative staff and students in using technology driven systems and learning platforms related to our academic programmes, student services, and institutional operations?	Documentary evidence of future training activities or development of instructional materials. Documentary evidence of past training and instructional products developed (past three years)				
Are our facilities safe and secure, and provide a conducive learning and working environment?	Description of safety measures. Aspects such as air-conditioning and availability of facilities such as Wifi and space that facilitate learning.				

Criterion 6: Facilities and Resources (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we engage in realistic multi-year financial planning? Under remarks, state why the financial planning is realistic, based on identified sources of revenue?	Documentary evidence of multi-year financial planning. Most recent budget. Pro forma financial projections or projected financial statements.				
Do we ensure the integrity of our finances through appropriate internal control mechanisms, risk assessment, and timely financial reporting to the governing body?	Governing bodies directives or guidelines regarding financial control and risk management. Description of institutional practices in financial control and risk management.				
The institution has sufficient and qualified staff who are available to handle its finances.	Staff recruitment policy and staff portfolios.				

Criterion 6: Facilities & Resources

(please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future plans

Criterion 7: Research

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have a research policy and strategy	Documentary evidence of research policies and strategies.				
Do we ensure that we have qualified staff for academic programmes, including those who can teach research methodology and undertake graduate supervision, if graduate level programmes are offered?	Policies on qualifications of academic staff. List of current academic staff with qualifications and the programs and modules they teach. Policy or guideline on supervision of graduate students.				
Do we have adequate regulations relating to its research activities	Documentary evidence of regulations on conducting research activities.				
The higher education institution ensures that is research activities conform to international standards	Documentary evidence of regulations on conducting research activities.				

Criterion 7: Research

(please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future plans

Criterion 8: Admission, Records and Support Services

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we have a well-defined student recruitment and admission policy, with relevant procedures, that meet MQA's entry requirements?	Recruitment and admission policy and procedures.				
Are our recruitment and admission policies and procedures clearly communicated to all prospective students?	Description of how recruitment and admission policies and procedures are made public, i.e., website and in printed forms.				
Through our recruitment and admission policies, do we provide accurate and comprehensive information about fees, other financial obligations, and refund possibilities?	Recruitment and admission policy and procedures.				
Do we have a published policy on providing advanced standing or transfer of credit?	Policy on advanced standing and transfer of credits.				
Do we have a secure and consistent mechanism to handle student application, making offers of admissions, and for payment of fees?	Documentary evidence of the relevant mechanism, or description of the process or mechanism.				
Do we ensure that our new students are provided with orientation or induction programmes regarding the rules and regulations, facilities, teaching and assessment practices, and facilities available for them?	Agenda of past induction events or programmes. Documentary evidence of planned induction events or activities.				

Criterion 8: Admission, Student Records & Student Services (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Does our admission process identify students who may need additional support?	Documentary evidence of procedure in place for identification of students who need additional support during the admission process, and how such support is provided.				
Do we have a system to maintain student records permanently, securely, and confidentially, that includes secure backup (regardless of printed or digital form records)?	Description and documentary evidence of student record keeping system and its features.				
Do we have designated person or unit charged with the responsibility for ensuring timely collection of student records, maintaining of records, and ensuring the credibility of the records?	Job description of the person responsible for collecting and keeping secure academic records of students.				
Do we have policies and procedures in place for releasing of student records and transcripts?	Published policy and procedures on releasing student records, including transcripts.				
Do we analyze and make available enrolment and graduation statistics, segregated by year, academic programs, level of qualifications, gender, and academic achievements?	Relevant and current statistical data on enrolment and graduation.				

Criterion 8: Admission, Student Records & Student Services (continued)

Question	Suggested Evidence/Data	Yes	Somewhat	No	Remarks
Do we provide a set of co-curricular activities that are suitable for the socio-educational experience of our students? What are they?	Agenda, minutes, or description of co-curricular activities.				
Do we provide appropriate academic advising to support student development and academic success? How is it organized?	Job description of designated person for academic advising or counselling. Documentary evidence of academic advising, i.e., information on website or catalogue or prospectus.				
Do we provide financial support (under special circumstances), awards and scholarships?	Policies and procedures on providing financial support, if applicable. Awards and scholarships available for students, including criteria. Statistical details of awards and scholarships and financial support offered.				
Do we provide opportunities for student leadership and contributing to institutional decision making and governance?	Composition of institutional boards and committees with student representation. Documentary evidence of how student association functions.				

Criterion 8:   Admission, Records & Student Services

(please use additional sheets if required)

Descriptions and analysis (including strengths and weaknesses)	Future plans