

Quality Assurance Agency (QAA), Pakistan

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REQAAB

Draft Document-02



Reviewing the Effectiveness of Quality Assurance and Accreditation Bodies (REQAAB)

Review of Accreditation Bodies including QAA

PSG-2023

Unlocking the Potential for Transforming Higher Education



A Draft Policy developed in consultation with
QAA-UK

02

Draft Policy for External Review of QAA &
Accreditation Bodies



Higher Education Commission, Pakistan



Reviewing the Effectiveness of Quality Assurance and Accreditation Bodies (REQAAB)

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

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

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

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Introduction

This document sets out the approach for reviewing the effectiveness of quality assurance and accreditation bodies (QAAB), including an introduction of the review procedure and review standards, key stakeholders' roles and responsibilities and how QAA-HEC or an existing accreditation body should be prepared for external review by international quality assurance (QA) agencies/bodies like QAA-UK or by CHEA or any other similar international body.

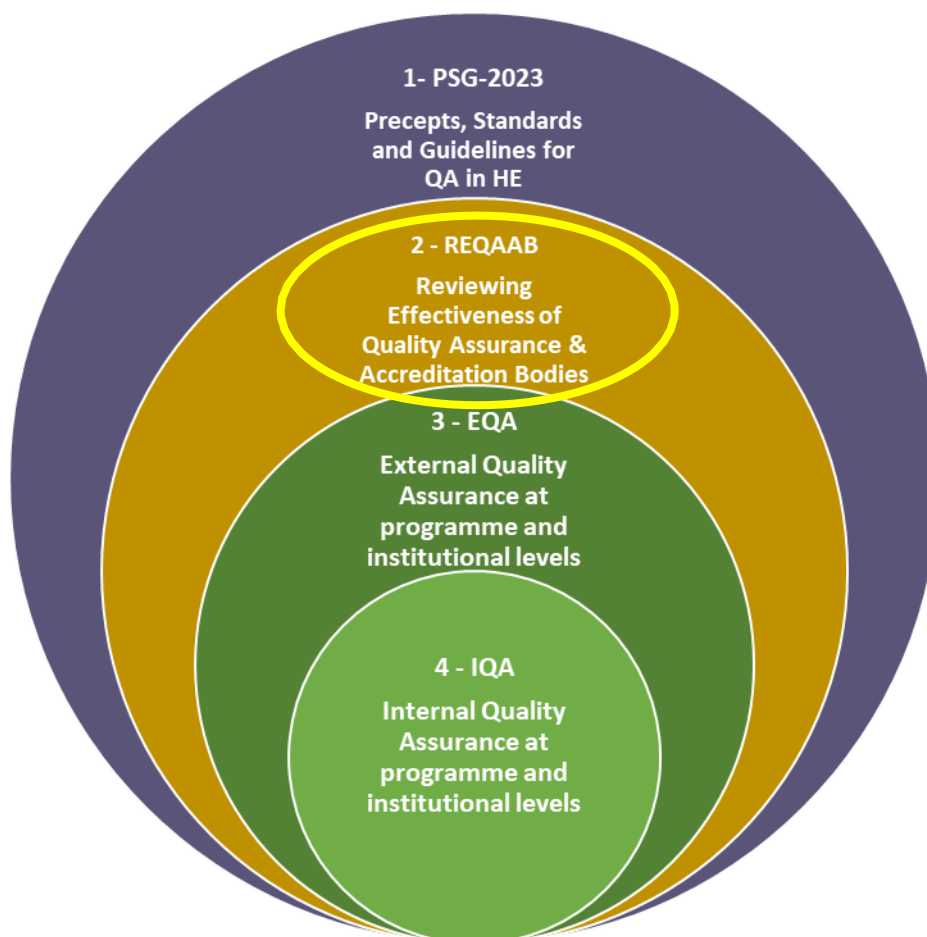


Figure 1: The Quality Assurance Framework

Aim

The aim of Reviewing the Effectiveness of Quality Assurance and Accreditation Bodies (REQAAB) is to assess the QAAB's compliance with the REQAAB Standards as required in the Quality Assurance Framework and to support it in its efforts to constantly review and enhance its work.

For example, the quality assurance body in Pakistan is identified as QAA-HEC. In conducting its business as the higher education regulator in Pakistan, QAA-HEC is expected to align its activities to the REQAAB Standards and make sure its reviews are conducted fairly, efficaciously, consistently and in accordance with the mission of HEC. This alignment should be reviewed by an invited equivalent international higher education regulator/QA agency every five years through a peer-led review process.

Other existing accreditation councils in Pakistan should also map out their practice in line with the REQAAB Standards and be reviewed by international QA agencies/bodies periodically for their recognition and global acceptance.

Principles

The REQAAB review will be based on the following principles.

- The review is an evidence-based process carried out by independent experts.
- The review is face-to-face unless the review panel, on the basis of a risk analysis, specifies that a virtual visit should take place.
- The information provided by the QAAB is assumed to be factually correct unless evidence points to the contrary.
- The review is a process of verification of information provided in the self-assessment (SA) and other documentation and the exploration of any matters which are omitted from that documentation.
- The review results in a set of judgements about the quality assurance and accreditation body's performance against the REQAAB Standards and may identify aspects of good practice and recommendations for further improvement.
- The level of conformity with the REQAAB Standards as outlined in the Quality Assurance Framework is that of 'overall compliance', not rigid adherence.
- The process is transparent and outputs are published.
- The review results in an action plan which identifies how and when the QAAB will address the outcomes of the review.

Review criteria

The Quality Assurance Framework sets out the following REQAAB Standards with which Quality Assurance and Accreditation Bodies are required to align when conducting their business.

- Standard 1: Official status of quality assurance and accreditation bodies
- Standard 2: Activities, policy and processes for quality assurance and accreditation bodies
- Standard 3: Independence
- Standard 4: Thematic analysis
- Standard 5: Institutional resources
- Standard 6: Internal quality assurance and professional conduct
- Standard 7: Cyclical external review of quality assurance and accreditation bodies
- Standard 8: Consideration of internal quality assurance
- Standard 9: Designing methodologies fit for purpose
- Standard 10: Implementing processes
- Standard 11: Review panel/peer-review experts
- Standard 12: Criteria for outcomes
- Standard 13: Reporting
- Standard 14: Complaints and appeals

Detailed information about the Standards, including what QAAB should do to meet each of the Standards and how to do so, as well as a contextual statement to explain the reasoning behind each Standard, are provided in [Annex 1](#).

Who does what

Review panel

The size of the review panel for the REQAAB review (that is, the desk-based analysis and the review visit) will be defined by the international QA agencies/bodies invited to conduct the review. Typically, it may be between two and six reviewers. Every panel will include at least one member or former member of academic staff from an international institution and one student reviewer alongside reviewers with recent senior experience in an international regulatory context. Larger panels may include a reviewer with an international background, or a current employer or vocational expert.

An officer appointed by the international QA agencies/bodies will act as Review Manager and will coordinate the REQAAB review, support the review panel and act as the primary point of contact with the QAAB under review.

Training for review panel members is provided by the international QA agencies/bodies and facilitated by QAA-HEC. The purpose of the training is to ensure that all panel members fully understand the aims and objectives of the review process; that they are acquainted with all the procedures involved; and that they understand their own roles and tasks, and QAAB's expectations of them.

Facilitator

The QAAB under review (either QAA-HEC or an existing accreditation council in Pakistan) will nominate a facilitator. In summary, the facilitator will carry out the following key roles:

- liaise with the appointed Review Manager throughout the review process to facilitate the organisation and smooth running of the review
- provide the review panel with advice and guidance on the QAAB's structures, policies, priorities and procedures
- meet the review panel outside the formal meetings to provide or seek further clarification about particular questions or issues.

The facilitator will help to provide a constructive interaction between all participants in the review process.

Overview of the process

The REQAAB review is composed of four main elements: self-assessment, external evaluation, external review report, and follow-up.

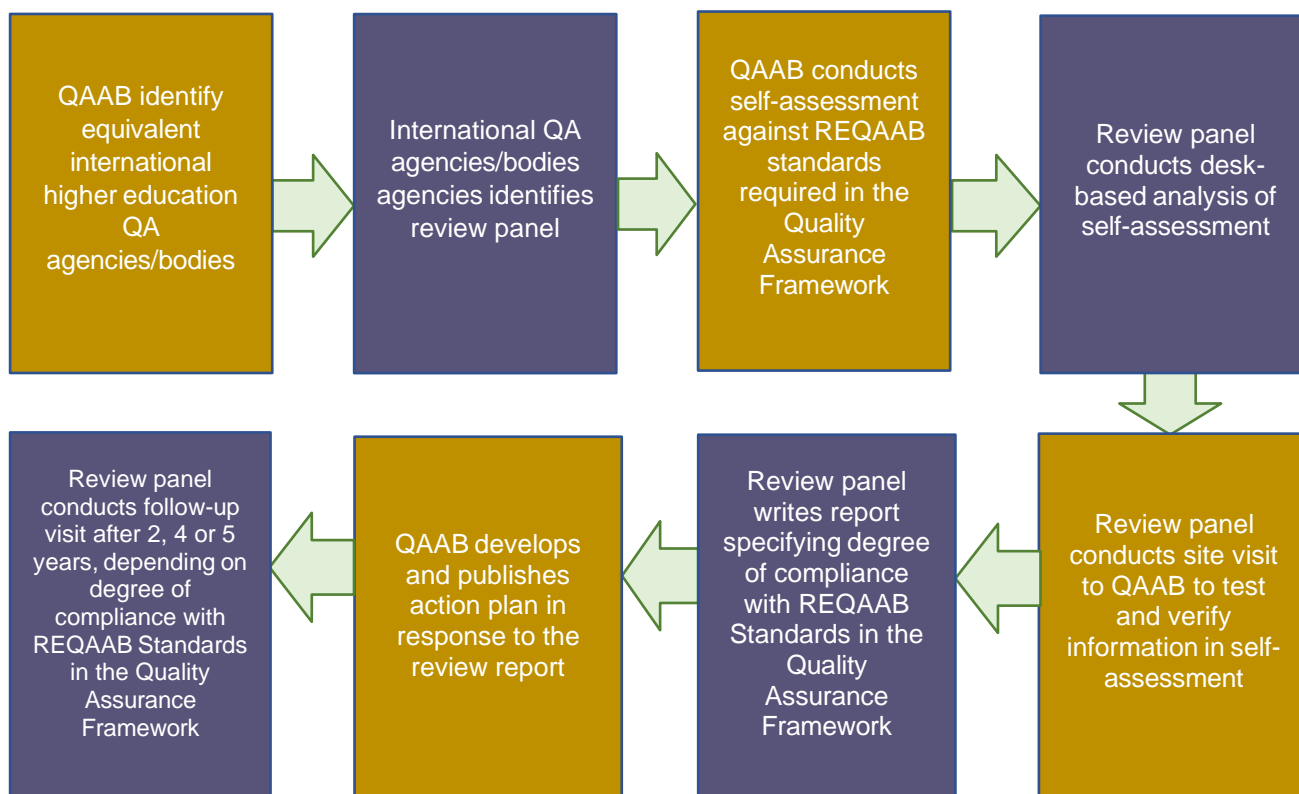


Figure 2: Basic steps of reviewing the effectiveness of quality accreditation bodies

Before the review

The QAAB under review identifies an equivalent international QA agency to conduct the REQAAB review (for example, QAA in the UK, NAQA in Ukraine, GAES in Macau).

Self-assessment

The first main stage of the review process is the production of the self-assessment (SA) by the QAAB. The SA must be analytical in nature. This should be part of a routine internal QA process and should enable the QAAB to reflect on its activities in designing and delivering reviews of higher education institutions and conducting its business. It should enable the QAAB to identify opportunities for enhancement and areas which require improvement.

- Further details of how QAAB (either QAA-HEC or an existing accreditation council in Pakistan) should prepare for external review by international QA agencies/bodies can be found in [Annex 2](#).

During the review

External evaluation

The invited equivalent international higher education QA agency will commission a panel of independent reviewers to carry out the review process. The mandate for the review panel is to evaluate the QAAB's activities and provide its view on whether the QAAB is acting in compliance with the REQAAB Standards as required in the Quality Assurance Framework. The review panel will be able to do so by thoroughly assessing the self-assessment, studying additional material (such as information available on the QAAB's website) and attending a site visit to QAAB. The purpose of the site visit is to verify and expand on the information provided in the self-assessment. It is also an opportunity for QAAB to engage with the review panel in an exchange regarding its activities and development.

After the review

Based on the information collected from documentation and the site visit, the review panel drafts the external review report. The panel's judgement on compliance is provided for each Standard with the following grading: compliant, partially compliant, and non-compliant. Before sending the report to the QAAB for factual corrections, the Review Manager checks the report for completeness, consistency, clarity and language. After the factual check by the QAAB, the review panel finalises the external review report which will be published on the HEC website. The QAAB develops an action plan in response to the findings in the report and publishes it alongside the report on its website.

Follow-up

A follow-up is an integral part of a review process and supports the QAAB in its continuous reflection and the development of its work.

A review panel convened by the original international QA agency conducts a follow up visit after two, four or five years, depending on the degree of compliance with the REQAAB Standards as outlined in the Quality Assurance Framework. The size of the review panel, and the length and mode of the follow-up visit will be dependent on the outcome of the original review. At least one person from the original review panel should take part in the follow-up activity.

Annex 1: Standards and guidelines for Reviewing the Effectiveness of Quality Assurance and Accreditation Bodies (REQAAB)

The REQAAB Standards are listed below:

REQAAB Standards
Standard 1: Official status of quality assurance and accreditation bodies
Standard 2: Activities, policy and processes for quality assurance and accreditation bodies
Standard 3: Independence
Standard 4: Thematic analysis
Standard 5: Institutional resources
Standard 6: Internal quality assurance and professional conduct
Standard 7: Cyclical external review of quality assurance and accreditation bodies
Standard 8: Consideration of internal quality assurance
Standard 9: Designing methodologies fit for purpose
Standard 10: Implementing processes
Standard 11: Review panel/peer-review experts
Standard 12: Criteria for outcomes
Standard 13: Reporting
Standard 14: Complaints and appeals

Standard 1: Official status of quality assurance and accreditation bodies

Expectation

Quality assurance and accreditation bodies should have an established legal basis and should be formally recognised as quality assurance bodies/entities by competent public authorities.

Expectation outcome indicators (EOIs)

Quality assurance and accreditation bodies should:

- I ensure that when external quality assurance is carried out for regulatory purposes, institutions have the security that the outcomes of this process are accepted within their higher education system, by the state, the stakeholders and the public.

Indicative evidence

- a Legal document showing official status such as act, charter, NOC, approval and notification of competent public authority
- b Ministerial decree
- c Certificate of incorporation

Guidelines

In particular, when external quality assurance is carried out for regulatory purposes, institutions need to have the security that the outcomes of this process are accepted within their higher education system, by the state, the stakeholders and the public. Either such a quality body established through an act of parliament in the form of a charter, or it may have approval and notification of a competent public authority.

Further reading and QA resources

Standard 2: Activities, policy and processes for quality assurance and accreditation bodies

Expectation

Quality assurance and accreditation bodies should undertake external quality assurance activities on a regular basis. They should have clear and explicit sets of policies, procedures, rules and regulations which are consistent with the defined goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the quality assurance and accreditation bodies. Quality assurance bodies/entities should ensure the involvement of stakeholders in their governance and work.

Expectation outcome indicators (EOIs)

Quality assurance and accreditation bodies should:

- I prescribe policies, statutes and rules consistent with the legal ambit, scope and provisions they are working in
- II describe and publish the goals and objectives of the quality assurance activities along with the nature of interaction between the quality assurance bodies and relevant stakeholders in higher education, especially the higher education institutions, and the scope of the quality assurance bodies' work
- III have clear policies for external quality assurance and their other fields of work (for instance, evaluation, review, audit, assessment, accreditation or other similar activities at programme or institutional level)
- IV have well-thought-out and well-defined policies for the conduct of reviews and making judgements
- V have clear institutional mechanism/policies for the selection, development and retention of reviewers that include reviewers' training and capacity building and maintaining a comprehensive database of a reviewers pool.
- VI have a well-thought-out and robust institutional mechanism for continuous quality improvement (CQI)

Indicative evidence

- a Notification of the approved mission statement and its availability on its website

- b List of approved and published policies
- c Approved Standardised Operational Procedures (SOPs) for reviews and reviewers' engagement
- d Articles of association (that is, a document that defines the purpose of the quality assurance body and specifies the regulations for its operations)
- e Annual report
- f Quality assurance body strategy and strategic plan
- g Quality assurance body annual plan
- h Policy for recruitment, appointment, training, development and evaluation of reviewers
- i Reviewer contracts
- j Review handbooks
- k Reviewer guidance
- l Reviewer training materials
- m Terms of reference and minutes of any stakeholder engagement committees, such as a Student Advisory Committee
- n Stakeholder surveys
- o Stakeholder survey reports

Guidelines

To ensure the meaningfulness of external quality assurance, it is important that institutions and the public trust quality assurance and accreditation bodies. Therefore, the goals and objectives of the quality assurance activities are described and published along with the nature of interactions between the quality assurance and accreditation bodies and relevant stakeholders in higher education, especially the higher education institutions, and the scope of the quality assurance and accreditation bodies' work. The expertise in the quality assurance and accreditation bodies may be increased by including international members in quality assurance and accreditation bodies' committees.

A variety of external quality assurance activities are carried out by quality assurance and accreditation bodies to achieve different objectives. Among them are evaluation, review, audit, assessment, accreditation or other similar activities at programme or institutional level that may be carried out differently. When a quality accreditation body also carries out other activities, a clear distinction between external quality assurance and its other fields of work is needed.

Further reading and QA resources

Standard 3: Independence

Expectation

Quality assurance and accreditation bodies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

Expectation outcome indicators (EOIs)

Quality assurance and accreditation bodies should:

- l be independent, and be able to demonstrate:
 - i organisational independence, demonstrated by official documentation (for example, instruments of government, legislative acts or statutes of the organisation) that stipulates the independence of the quality assurance and

- accreditation bodies' work from third parties, such as higher education institutions, governments and other stakeholder organisations
- ii operational independence: the definition and operation of the quality assurance and accreditation bodies' procedures and methods as well as the nomination and appointment of external experts are undertaken independently from third parties such as higher education institutions, governments and other stakeholders
- iii independence of formal outcomes: while experts from relevant stakeholder backgrounds, particularly students, take part in quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the quality assurance and accreditation bodies.

Indicative evidence

- a Approved SOPs of decision-making processes
- b Notification of Board of Directors or similar board, committee, and so on
- c Articles of association
- d Organisational structure chart
- e Governance structure
- f Committee structure
- g Board members
- h Board committees, for example terms of reference, minutes, actions
- i Advisory committees, for example terms of reference, membership, minutes, actions
- j Declaration of interests on board and advisory committee agendas
- k Key performance indicators operational report
- l Policy for recruitment and appointment
- m Reviewer contracts
- n Contracts with external organisations
- o Memoranda of understanding

Guidelines

Autonomous institutions need independent quality assurance and accreditation bodies as counterparts.

In considering the independence of a quality accreditation body, the following is important.

- a Organisational independence, demonstrated by official documentation (for example, instruments of government, legislative acts or statutes of the organisation) that stipulates the independence of the quality assurance and accreditation bodies' work from third parties, such as higher education institutions, governments and other stakeholder organisations.
- b Operational independence: the definition and operation of the quality assurance and accreditation bodies procedures and methods as well as the nomination and appointment of external experts are undertaken independently from third parties such as higher education institutions, governments and other stakeholders.
- c Independence of formal outcomes: while experts from relevant stakeholder backgrounds, particularly students, take part in quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the quality assurance and accreditation bodies.

Anyone contributing to the external quality assurance activities of a quality assurance and accreditation bodies (for example as an expert) is informed that while they may be nominated by a third party, they are acting in a personal capacity and not representing their constituent organisations when working for the quality assurance and accreditation bodies.

Independence is important to ensure that any procedures and decisions are solely based on expertise.

Further reading and QA resources

Standard 4: Thematic analysis

Expectation

Quality assurance and accreditation bodies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

Expectation outcome indicators (EOIs)

Quality assurance and accreditation bodies should:

- I publish reports from their work that can:
 - i be useful beyond the scope of a single process, providing material for structured analyses across the higher education system
 - ii contribute to the reflection on and the improvement of quality assurance policies and processes in institutional, national and international contexts.

Indicative evidence

- a Approved/notified policy to carry out such activities
- b Availability of publications on various themes based on the institutional learning gains
- c Notification of appropriate office and/or staff with such responsibilities
- d Annual report and other analysis reports
- e Minutes showing analysis of activity outcomes, identification of themes, strategies for cross-sector enhancement, development of materials and events
- f Published thematic reports and published good practice case studies
- g Associated conference material such as calls for papers, agendas, presentations and evaluations

Guidelines

In the course of their work, quality assurance and accreditation bodies gain information on programmes and institutions that can be useful beyond the scope of a single process, providing material for structured analyses across the higher education system. These findings can contribute to the reflection on and the improvement of quality assurance policies and processes in institutional, national and international contexts. A thorough and careful analysis of this information will show developments, trends and areas of good practice or persistent difficulty.

Further reading and QA resources

Standard 5: Institutional resources

Expectation

Quality assurance and accreditation bodies should have adequate and appropriate resources, including human, financial, and virtual/technological resources, to carry out their work.

Expectation outcome indicators (EOIs)

Quality assurance and accreditation bodies should:

- I be adequately and appropriately funded
- II use appropriate technological resources to organise and run their external quality assurance activities in an effective and efficient manner
- III reflect on their practice and inform the public about their activities
- IV have appropriate work distribution with adequate number of department/wings/units for smooth functioning of assignments/tasks
- V have appropriate human resources for each department, unit and wing
- VI have appropriate and adequate infrastructure, building and arrangements to ensure smooth functioning of the QA activities
- VII have appropriate financial resources to run the operational and development of QA activities.

Indicative evidence

- a Approved HR policy
- b Notification of work distribution into department/units and wings
- c Notification of appropriate office and/or staff and job descriptions for each department/units and wings
- d Quality assurance body strategy
- e Quality assurance body annual plan
- f Articles of association
- g Financial regulations
- h Financial plan
- i Financial report
- j ISO 27001:2013
- k Information security policy
- l Minutes of any committees where resource allocation is discussed, and actions

Guidelines

It is in the public interest that quality assurance and accreditation bodies are adequately and appropriately funded, given higher education's important impact on the development of societies and individuals. The resources of the quality assurance and accreditation bodies enable them to organise and run their external quality assurance activities in an effective and efficient manner. Furthermore, the resources enable the quality assurance and accreditation bodies to improve, to reflect on their practices and to inform the public about their activities. Quality assurance and accreditation bodies where there is a lack of institutional resources in general, and human resources in particular, results in compromised systems of quality assurance processes, due to the inherent limitations and complex, demanding processes of quality assurance activities. It is, therefore, critical to ensure the availability of appropriate institutional resources (human, financial and technological) in order to ensure a fully functional and robust QA institution.

Further reading and QA resources

Standard 6: Internal quality assurance and professional conduct

Expectation

Quality assurance and accreditation bodies should have in place well-defined policies and processes for internal quality assurance related to defining, assuring and continuously enhancing the quality and integrity of their activities.

Expectation outcome indicators (EOIs)

Quality assurance and accreditation bodies should:

- I ensure that all persons involved in their activities are competent and act professionally and ethically
- II include internal and external feedback mechanisms that lead to continuous improvement within the quality assurance and accreditation bodies
- III guard against intolerance or discrimination of any kind
- IV outline the appropriate communication with the relevant authorities of those jurisdictions where they operate
- V allow the quality assurance and accreditation bodies to establish the status and recognition of the institutions with which they conduct external quality assurance.

Indicative evidence

- a Approved policy and procedures that ensures its activities are competent and act professionally and ethically
- b Audit and risk committee terms of reference
- c Risk register
- d Equal opportunities policy
- e Communications policy
- f Communications plan
- g Web accessibility such as web content accessibility guidelines
- h Copy of surveys conducted for feedback or approved mechanism for feedback and closing the loop
- i Approved policy and procedure to ensure continuous quality improvement
- j Approved internal quality assurance policy is available on its website
- k ISO 9001:2015
- l Contracts with external organisations
- m Memoranda of understanding
- n Performance review process
- o Staff development process, for example continuous professional development (CPD)
- p Annual report
- q Review evaluation process
- r Complaints and appeals
- s Appeals panel terms of reference
- t Appeals panel training
- u Lessons learned log
- v Provider survey
- w Provider survey report

Guidelines

Quality assurance bodies need to be accountable to their stakeholders. Therefore, high professional conduct and integrity in the quality assurance and accreditation bodies' work are indispensable.

The review and improvement of their activities are ongoing so as to ensure that their services to institutions and society are optimal. Quality assurance and accreditation bodies apply an internal quality assurance policy which is available on their website.

This policy ensures that all persons involved in their activities are competent and act professionally and ethically; includes internal and external feedback mechanisms that lead to continuous improvement within the quality assurance and accreditation bodies; guards against intolerance or discrimination of any kind; outlines the appropriate communication with the relevant authorities of those jurisdictions where they operate; allows the quality

assurance and accreditation bodies to establish the status and recognition of the institutions with which they conduct external quality assurance.

Further reading and QA resources

Standard 7: Cyclical external review of quality assurance and accreditation bodies

Expectation

Quality assurance and accreditation bodies should undergo an external review at least once every five years in order to demonstrate their compliance with international best practice and the Pakistan Precepts.

Expectation outcome indicators (EOIs)

Quality assurance and accreditation bodies should:

- I undergo periodic external review to help the quality assurance and accreditation bodies to reflect on their policies and activities.

Indicative evidence

- a Cyclical external review reports - reports and subsequent action plans confirmed by national or international quality assurance agencies

Guidelines

A periodic external review will help quality assurance and accreditation bodies to reflect on their policies and activities. It provides a means for assuring the quality assurance and accreditation bodies and their stakeholders that they continue to adhere to the principles enshrined in the Pakistan Precepts and international best practice.

Further reading and QA resources

Standard 8: Consideration of internal quality assurance

Expectation

External quality assurance should address the effectiveness of the internal quality assurance processes described in the Pakistan Precepts and prepare the institution for external review.

Expectation outcome indicators (EOIs)

External quality assurance should:

- I recognise and support institutional responsibility for quality assurance
- II make all the decisions after thorough debate and discussion in the relevant forums with collective wisdom and shared responsibility
- III place all the decisions made in the forum on the institutional website for public information
- IV ensure the link between internal and external quality assurance (external quality assurance includes consideration of the Precepts of Part 1; these may be addressed differently, depending on the type of external quality assurance).

Indicative evidence

- a Policy on internal QA process and continuous quality improvement
- b Process for method design - the development of quality assurance: process trail
- c Board committee minutes where method design was discussed, and actions
- d Advisory committees minutes where method design was discussed, and actions
- e Review handbooks
- f Reviewer guidance explaining how internal quality assurance contributes to external quality assurance
- g Reviewer training material

Guidelines

Quality assurance in higher education is based on the institutions' responsibility for the quality of their programmes and other provision; therefore, it is important that external quality assurance recognises and supports institutional responsibility for quality assurance. To ensure the link between internal and external quality assurance, external quality assurance includes consideration of the Precepts of Part 1.

Further reading and QA resources

Standard 9: Designing methodologies fit for purpose

Expectation

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

Expectation outcome indicators (EOIs)

External quality assurance should:

- I consider the level of workload and cost that they will place on institutions in the development of the aims, objectives, policies, and the implementation of the processes
- II take into account the need to support institutions to improve quality
- III allow institutions to demonstrate improvement and enhancement
- IV result in clear information on the outcomes and the follow-up.

Indicative evidence

- a Quality assurance body strategy and strategic plan
- b Quality assurance body annual plan
- c Articles of association
- d Process for method design
- e Board committee minutes where method design was discussed, and actions
- f Advisory committees minutes where method design was discussed, and actions
- g Minutes of any stakeholder engagement committees, such as a Student Advisory Committee
- h Review handbooks

Guidelines

In order to ensure effectiveness and objectivity it is vital for external quality assurance to have clear aims agreed by stakeholders. The system for external quality assurance might operate in a more flexible way if institutions are able to demonstrate the effectiveness of their own internal quality assurance through well-thought-out design that fits the purpose.

Further reading and QA resources

Standard 10: Implementing processes

Expectation

External quality assurance processes should be reliable, useful, predefined, implemented consistently and published. They include a self-assessment or equivalent, an external assessment normally including a site visit, a report resulting from the external assessment, and consistent follow-up.

Expectation outcome indicators (EOIs)

External quality assurance should:

- I provide the basis for the external quality assurance through a self-assessment or by collecting other material, including supporting evidence. The written documentation is normally complemented by interviews and/or surveys with stakeholders during a site visit. The findings of the assessment are summarised in a report written by a group of external experts
- II have a consistent follow-up process for considering the actions taken by the institution. The nature of the follow-up will depend on the design of the external quality assurance.

Indicative evidence

- a Quality framework
- b Articles of association
- c Process for method design
- d Board committees' minutes where method design was discussed, and actions
- e Advisory committees' minutes where method design was discussed, and actions
- f Provider guidance for self-assessment, evidence, review process, desk-based analysis, site visit and outcomes
- g Reviewer guidance for desk-based analysis, site visit, outcomes and reporting
- h Review handbooks
- i Reviewer training material.

Guidelines

External quality assurance should be carried out professionally, consistently and transparently on a cyclical five-year basis (and not annually). Depending on the design of the external quality assurance system, the institution provides the basis for the external quality assurance through a self-assessment report or by collecting relevant material, such as a Review of Institutional Performance and Enhancement (RIPE) report, including supporting evidence. The written documentation is normally complemented by interviews with stakeholders during a site visit. The findings of the assessment are summarised in a report written by a group of external experts.

External quality assurance does not end with the report by the experts. The report provides clear guidance for institutional action. Quality assurance and accreditation bodies have a consistent follow-up process for considering the actions taken by the institution. The nature of the follow-up will depend on the design of the external quality assurance.

Further reading and QA resources

Standard 11: Review panel/peer-review experts

Expectation

External quality assurance should be carried out by groups of external experts that may include (a) student member(s).

Expectation outcome indicators (EOIs)

External quality assurance should:

- I use groups of external experts who:
 - i contribute to the work of the quality assurance and accreditation bodies through input from various perspectives, including those of institutions, academics, students and employers/professional practitioners
 - ii are carefully selected; have appropriate skills and are competent to perform their tasks supported by appropriate training and/or briefing
- II have a well-thought-out policy on performance-based reviewers' retention such as peer feedback surveys and/or institutional feedback surveys.

Indicative evidence

- a Policy for recruitment and appointment of experts, including student members
- b Identification of, and declaration of, conflicts of interest
- c Reviewer role specifications
- d Reviewer contracts
- e Reviewer training material
- f Reviewer guidance
- g Reviewer development
- h Reviewer performance monitoring and evaluation

Guidelines

The quality assurance and accreditation bodies ensure the independence of the experts by implementing a mechanism of no conflicts of interest. It is equally important to consider diversity of region and gender in groups of experts that would cover a wider dimension of the review. The involvement of international experts in external quality assurance, for example as members of peer panels, is desirable as it adds a further dimension to the development and implementation of processes. Like the selection and recruitment of the reviewers is based on a well-thought-out policy, similarly, there has to be a policy that ensures only those reviewers are getting more chances who have very good understanding of processes and have excellent contributions.

Further readings and QA resources

Standard 12: Criteria for outcomes

Expectation

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

Expectation outcome indicators (EOIs)

- I External quality assurance should ensure outcomes of external quality assurance are based on predefined and published criteria, which are interpreted consistently and are evidence-based.
- II External quality assurance ensures that the judgement criteria should be well-thought-out and prepared in consultation with the broader stakeholders.

Indicative evidence

- a Quality framework and judgement criteria
- b Articles of association
- c Board committees' minutes where method outcomes are discussed, and actions
- d Advisory committees' minutes where method outcomes are discussed, and actions
- e Process for making judgements against method criteria
- f Provider guidance about outcomes
- g Reviewer guidance for making judgements against method criteria
- h Review handbooks
- i Reviewer training materials
- j Moderation arrangements
- k Complaints and appeals policy
- l Appeals panel terms of reference
- m Appeals panel training

Guidelines

External quality assurance, and in particular its outcomes, have a significant impact on institutions and programmes that are evaluated and judged. Depending on the external quality assurance system, outcomes may take different forms, for example, recommendations, judgements or formal decisions. The judgement procedures need to be understood well by all the stakeholders in general, and reviewers in particular.

Further reading and QA resources

Standard 13: Reporting

Expectation

Full reports by the experts should be published in liaison with the institution. They should be clear and accessible to the academic community, external partners and other interested individuals. If the quality assurance and accreditation bodies take any formal decisions based on the reports, the decisions should be published together with the report.

Expectation outcome indicators (EOIs)

Result in a report that:

- I is clear and concise in its structure and language and in what it covers
- II has a context description (to help locate the higher education institution in its specific context)
- III describes the individual procedure, including experts involved
- IV includes evidence, analysis and findings
- V has a context description against the findings (to help the reader to understand the specific context of recommendations/action plan)
- VI contains conclusions
- VII contains features of good practice, demonstrated by the institution
- VIII contains recommendations for follow-up action

- IX is published, as per the institutional policy, for the consumption of broader stakeholders and the public, on the external website of the quality assurance body as well as the institution reviewed.

The syndicate/BOG (or equivalent) has a key role and responsibility for fiduciary oversight and institutional performance; accordingly, the evaluation outcomes/report should be exclusively shared with each member either directly by the QAAB or through the university.

Indicative evidence

- a Communications plan
- b Reviewer guidance for report writing
- c Review handbooks
- d Reviewer training material
- e Report publication policy
- f Published reports

Guidelines

The report by the experts is the basis for the institution's follow-up action of the external evaluation and it provides information to society regarding the activities of an institution. The preparation of a summary report may be useful. The factual accuracy of a report is improved if the institution is given the opportunity to point out errors of fact before the report is finalised.

Further reading and QA resources

Standard 14: Complaints and appeals

Expectation

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

Expectation outcome indicators (EOIs)

External quality assurance should:

- I give institutions access to processes that allows them to raise issues of concern with the quality assurance and accreditation bodies (for instance, its dissatisfaction about the conduct of the process or those carrying it out)
- II handle such issues in a professional way by means of a clearly defined process that is consistently applied
- III provide an appeals procedure with a fair decision-making and dispute-resolution process.

Indicative evidence

- a Policy on complaints and appeals and fair decision-making process
- b Communications plan
- c Provider guidance about complaints and appeals
- d Complaints and appeals policy
- e Appeals panel terms of reference
- f Appeals panel training

Guidelines

In order to safeguard the rights of the institutions and ensure fair decision-making, external quality assurance is operated in an open and accountable way. Nevertheless, there may be misapprehensions or instances of dissatisfaction about the process or formal outcomes. Institutions need to have access to processes that allow them to raise issues of concern with the quality assurance and accreditation bodies; the quality assurance and accreditation bodies need to handle such issues in a professional way by means of a clearly defined process that is consistently applied. A complaints procedure allows an institution to state its dissatisfaction about the conduct of the process or those carrying it out. In an appeals procedure, the institution questions the formal outcomes of the process, where it can demonstrate that the outcome is not based on sound evidence, that criteria have not been correctly applied or that the processes have not been consistently implemented.

Further reading and QA resources

Annex 2: Preparing a self-assessment document for REQAAB

This Annex provides guidance for QAA-HEC or an existing accreditation council in Pakistan to prepare a self-assessment document (SA) for review by international QA agencies/bodies.

Main functions of the SA

The SA should be both descriptive and **evaluative**. It has several main functions:

- to give the review panel an overview of the QAAB under review, including its background and experience in managing higher education quality and standards
- to describe and evaluate the QAAB's approach to quality assurance and accreditation
- to explain to the review panel how the QAAB knows that its approach is effective in meeting the REQAAB Standards as required in the Quality Assurance Framework, and how it could be further improved
- to guide the review panel through the evidence base.

How the SA is used in the review

The SA is used throughout the review process. During the desk-based analysis it is part of the information base that helps to determine the schedule for the review visit. The review panel will be looking for indications that the QAAB under review:

- systematically monitors and reflects on the effectiveness of its quality assurance and accreditation activities, making sure its quality assurance and accreditation activities are carried out fairly, efficaciously, consistently and in accordance with the mission of the QAAB
- employs monitoring and self-assessment processes that use management information to enable comparisons against previous performance and against national and international benchmarks, where available and applicable
- employs monitoring and self-assessment processes that are inclusive of students (and other stakeholders and organisations, where relevant)
- employs monitoring and self-assessment processes that lead to the identification of strengths and areas for improvement, and subsequently to improvements in procedures or practices.

The SA continues to be used by the review panel during the review visit, both as a source of information and as a way of navigating the supporting evidence.

The SA preparation process

How does a QAAB (either QAA-HEC or an existing accreditation council in Pakistan) prepare an SA for review by international QA agencies/bodies?

On the approval of the QAAB Executive Team, a project team should be established to conduct the self-assessment exercise and develop a self-assessment document. This team should be made up of staff from across the QAAB, drawing on the expertise and knowledge of colleagues from all parts of the QAAB. The REQAAB Standards are wide ranging so the staff involved in developing the SA should cover a wide range of areas.

At various stages of drafting the SA, the project team will draw on others within the QAAB to support the development of the document. This might include staff workshops that focus in particular on developing an initial SWOT analysis and a meeting with the senior management team that focus on clarifying the key themes and principles outlined in the document. The SWOT analysis is a valuable opportunity to understand the QAAB's own

strengths, weaknesses, opportunities and threats (SWOT) and involve a wider range of staff in the development of the SA.

The project team should share a well-developed draft of the SA with the QAAB Board members and also draw on people outside of the QAAB to provide advice and guidance on the content and presentation of the SA. This should be conducted through consultation with key Pakistani stakeholders, for instance ministries, students, employers, and external members of the QAAB board. External contributions add an external perspective and their comments will enrich the SA. The SA might also be sent to international readers to check its clarity for those reading it without a Pakistani background.

The range of internal and external inputs into the development of the SA is illustrated in Figure 3.

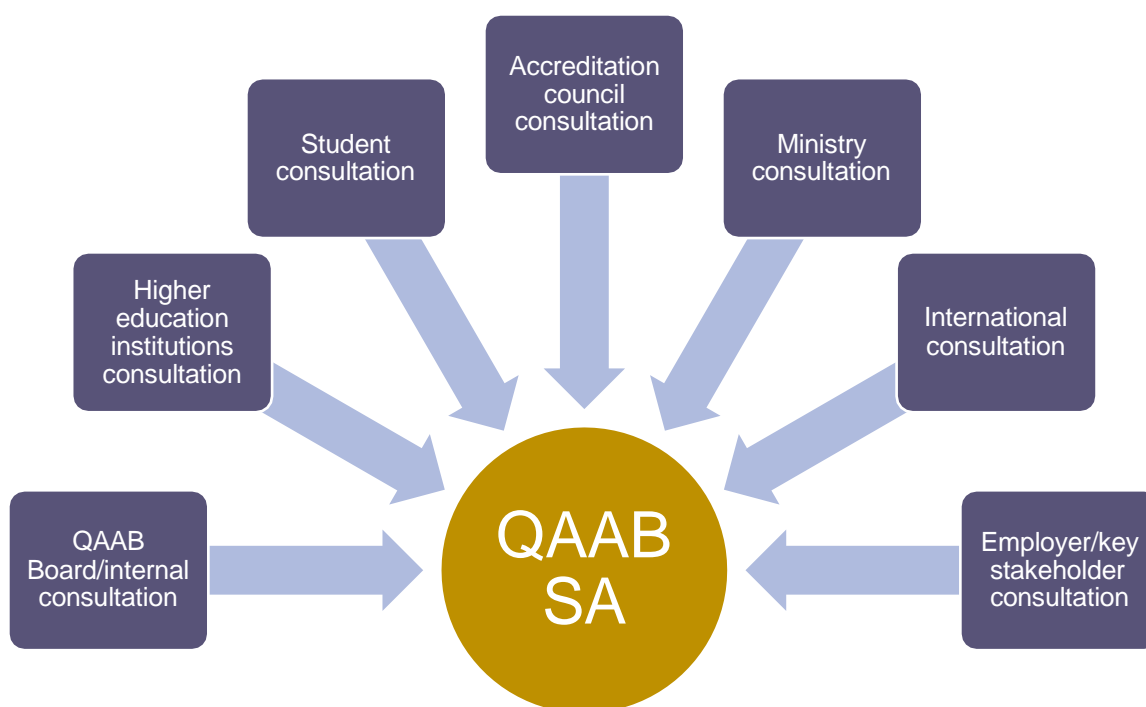


Figure 3: Range of internal and external inputs into the development of the SA

Following revisions, the SA will be confirmed by the QAAB Board and finally signed off by the Chair of the Board and the Chief Executive before being submitted to the international higher education QA agency for review.

The structure of the SA

The SA should be structured around a brief description of the quality assurance and accreditation activities of the QAAB, followed by a self-assessment against each of the REQAAB Standards as outlined in the Quality Assurance Framework.

Section 1: Brief description

- Mission of the QAAB

- Key challenges the QAAB faces
- Implications of changes, challenges, strategic aims and priorities for safeguarding academic standards and the quality of students' learning opportunities through quality assurance and accreditation activities
- Details of the external reference points which the QAAB is required to consider

Section 2: REQAAB Standards

The QAAB under review should map out its performance against each of the REQAAB Standards separately, commenting on:

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

The SA must be accompanied by supporting documentation as evidence. It is vital that the SA identifies the evidence that illustrates or substantiates the narrative. It is not the responsibility of the review panel to seek out this evidence. The selection of evidence is at the discretion of the QAAB.

- I The QAAB should refer to the document *Pakistan Precepts, Standards and Guidelines for Quality Assurance in Higher Education* and demonstrate how each REQAAB Standard could be met by the QAAB.

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