Institutional Quality Assurance Audit Trainer Manual

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Acronyms and Abbreviations

AQA	Accreditation and Quality Assurance
ETSIP	Education and Training Sector Improvement Programme
HEI	Higher Education Institution
IQAMS	Institutional quality assurance management system
IP	Institutional Portfolio
NCHE	National Council for Higher Education
NQA	Namibia Qualifications Authority
NQF	National Qualifications Framework
QA	Quality Assurance
SEMS	Student enrolment management system

1 Introduction

Guidelines

General overview

The legislative framework

- It is important to be familiar with the Acts and to keep updated if changes occur.
- If changes occur the manuals need to be updated and providers need to be informed.
- Processes for review and update of manuals need to be put in place by NCHE.

See Appendix 1

Copies of the Acts are available in Appendix 2 and 3

The approach to Quality Assurance

- Important to understand concurrence and be able to explain it.
- Stress that the quality of the programme is under scrutiny not the quality of the provider (although the two are interlinked).

See Glossary

Purpose of the manual

- Procedures that are referred to may change from time to time.
- Additional procedures will need to be added as they become necessary
- Need to standardise these procedures and the way in which they are communicated to the stakeholders.

Notes

Scope of Institutional audits

- Important to stress that public and private providers are included in the process.
- Need to advise providers where only some of their programmes are at or above level 5.
- Need to be familiar with NQF.

See www.nqa.org for the National Qualifications Framework

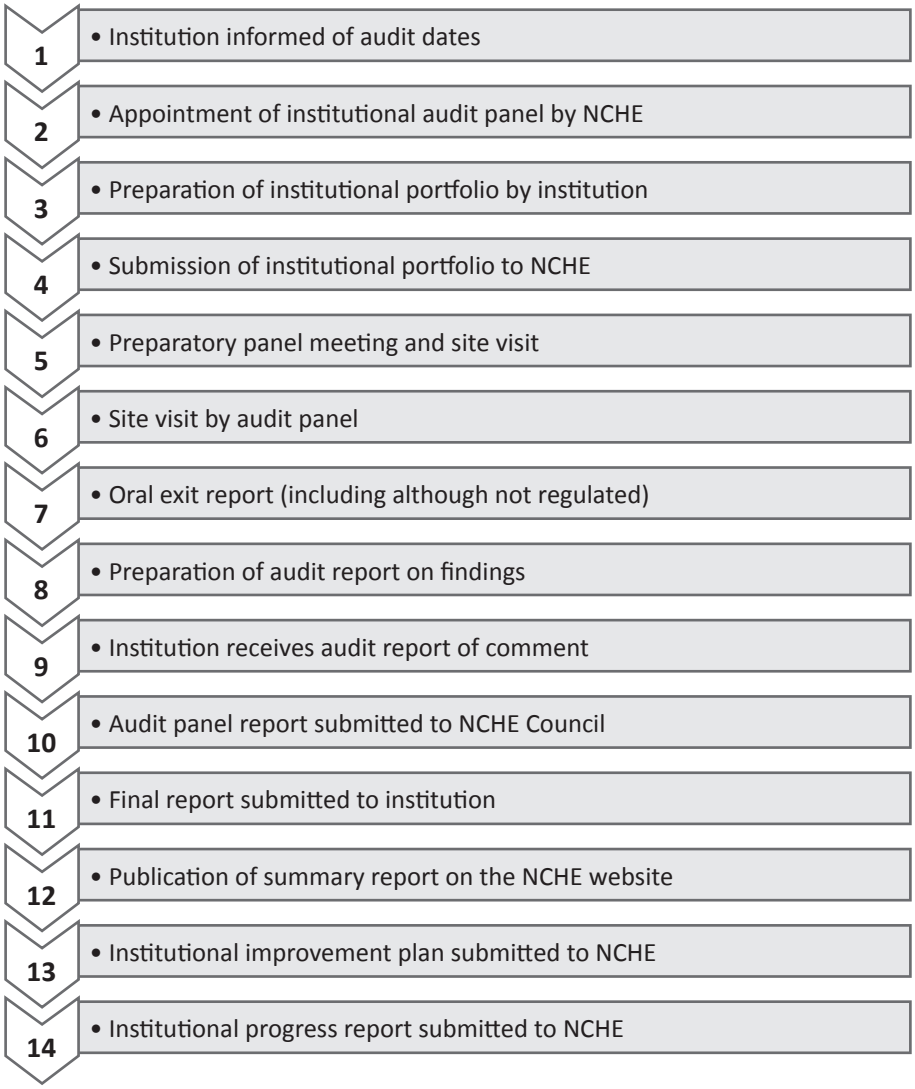
See handout

Guidelines

Overview of the audit process

Flow chart for audit process

Notes

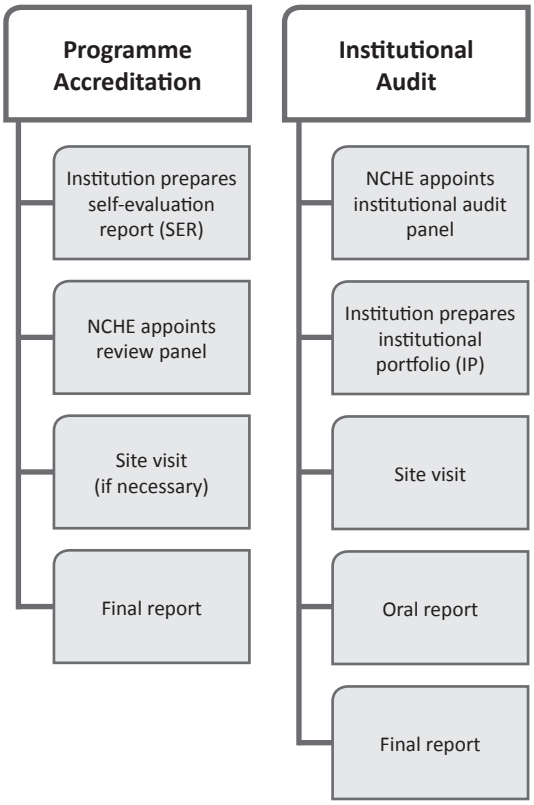


Guidelines

Synergy with accreditation process

Notes

The institutional audit process should be seen as a subsystem, along with programme accreditation, of the quality assurance system. While there are many similarities, there are also differences. The table below explains these synergies.



Costs of institutional audit

Needs to be decided and communicated to providers and other stakeholders.

Purpose of the IP

The Institutional Portfolio is a document compiled by the institution that provides an exhaustive **critical appraisal** of the institution's quality assurance mechanisms against the NCHE audit criteria. The IP should reflect the institution's **self-reflection** on its practices, its **strengths** and **weaknesses**, areas of **concern** and **opportunity**. It should make suggestions on the institution's **own capacity** to enhance the quality of their offerings.

Refer to *Quality Assurance System for Higher Education in Namibia (December 2009)*

It is essential that a trusting and developmental environment is created in order for this to be possible.

2 Preparing the Institutional Portfolio (IP)

Guidelines

Methodological approach to writing the IP

Further explanation of organising principles of the IP *Notes*

Thematic – example of themes can be **teaching and learning**, **research,** and **community engagement.**

Advantage: reads well, will allow for a good analysis of the institution
Disadvantages: need to ensure that all criteria have been dealt with

Theme or Criterion-based – probably the simplest approach; based on dealing with each of the criteria in turn

Advantage: built in structure
Disadvantages: can become mechanical

Case study – approach that deals with one or more case study within the institution. Example: First year experience; assessment reform in one department; curriculum reform in a faculty; introducing Work Integrated Learning into a programme

Advantage: demonstrates thorough analysis of the institution
Disadvantages: need to exemplify each criterion

Other approaches
Timeline – following the student from start to finish
Application – admission – registration – teaching – learning – assessment – practical work – research – certification etc

Resist calls for NCHE to be more prescriptive in regard to the approach taken in the IP. The 'default' approach is the criterion-based approach, but there should be flexibility if providers want to use a different approach.

The IP team

It is important to stress the following to providers:

- The IP should not be an ad hoc set of reports (the criterion-based approach sometimes encourages this)
- The size of the group is linked to the methodological approach chosen by the institution
- The chairperson of the IP writing team needs to be a senior academic – if not, the process is not taken seriously by the members of the institution

Guidelines

Notes

- The team has to have visible support from the management of the institution
- The team should be representative of the organisational structures of the institution. For example, if there are four faculties, there should be equal representation from each faculty
- The establishment of sub-committees is also dependent on the chosen methodological approach. In some instances it might be possible to have a subcommittee that collects data and evidence, while in others, the data and evidence might be collected by the members of the team.
- The document should be a coherent and coordinated document that is consistent in structure, style and approach.
- The document must be carefully edited for style and format.

Suggested time frames for preparing the IP

Notes

- Ongoing support and guidance needs to be given to the institution during the IP writing process. These can consist of:
  - Monthly progress checks
  - Responding to questions from the institution
  - Workshops
- Institutions need to be provided with a deadline for the submission of the IP. This must be communicated in writing to the institution.
- This deadline must allow sufficient time for the institutional audit team members to read the documentation before the visit. (The reading of these documents is usually quite time consuming.)
- NCHE has to make decisions as to how to deal with an institution that defaults on the deadline or on the submission of the IP.

Evidence requirements

This is one area in which institutions may need additional support in the form of workshops.

See Glossary

It is important to stress that the system is evidence-based and that institutions understand what constitutes **evidence**.

Notes

Collecting the data

See the comprehensive list of evidence possibilities in the appendices. It is important to stress to the institutions that they will not have **all** of these documents – they are simply a list of possibilities and there may be other documents that they could use as well.

Guidelines

The evidence that is provided to support claims should fulfil the following requirements:

- Relevant (to support the audit criteria)
- Accurate (reliable, valid and correct)
- Current (recent)
- Authentic (not manipulated)
- Sufficient (adequate for the purpose)

It will be the responsibility of the institutional audit team to verify that these requirements have been met.

There should be a blend of both qualitative and quantitative data collected: this means that there need to be data that relies on numbers and statistics (e.g. pass rates) and also qualitative data (e.g. course evaluations that go with the courses pass rates). The one set of data should support and confirm the other.

Possible data sources

Some of the data or evidence will be generic in nature and would be applicable broadly across the institution and used as supporting documentation for addressing all criteria. These would include the following:

See Appendix 5 for a comprehensive list of more data sources

- Institutional mission statement
- Institutional strategic plan
- Institutional operating plan
- Organogram illustrating the structures and lines of responsibility for academic planning and approval
- Faculty reports
- Academic handbooks or calendars
- Other promotional material on academic offerings

Analysing the data

It is not sufficient to **only** present the data that has been collected: this data must be analysed with the intention of showing what this reveals about the area under scrutiny, and **should be able to support the claims that are made in the IP** in a meaningful way. It should not be left up to the audit panel members to make the necessary links between the claims and the evidence; these links must be made clear in the IP. The analysis of the data should accommodate the verification and triangulation of the data.

See Glossary

It is important for the providers to understand this process through ongoing guidance and support.

Guidelines

Notes

Writing the IP

The writing of the IP should be the culmination of the data collection and analyses processes. It should reflect the **synthesis** of the data in order to demonstrate how the institutional audit criteria are being met, or how attempts are being made to meet these criteria.

It should have an **honest and authentic** stance that allows for sincere self-reflection. The approach to the IP should allow for the institution to **showcase its best practices.**

The IP should be consistent in style, approach and formatting across the whole document, and should be carefully edited for spelling and grammar. The structure of the IP will be determined by the methodological approach of the IP.

Format for the IP

It should be stressed to providers that these are the **minimum** requirements and that it is possible for them to go beyond these.

Submitting the IP

It is important to explain why it is important for the IP to be approved through the various governance structures of the institution:

- Shows that the document is derived through consultations across the institution
- Cannot claim that it is not a true reflection of the institution
- Shows institution's endorsement of the document

3 Understanding the Criteria

Introduction

The institutional audit criteria serve as benchmarks for institutional quality assurance in the three areas of higher education: Teaching and learning, research and community engagement. The criteria are sufficiently generic in nature, and should be interpreted in relation to the institution's **context**, **mission, type, objectives, level of development and regional and national priorities**. Each of the criteria, clustered in the four themes, should be addressed by the IP. (The way in which this is organised is at the discretion of the institution.) The following questions can be used as guidelines for addressing the criteria.

Notes

Refer to *Quality Assurance System for Higher Education in Namibia (December 2009)*

Reinforce the idea that the IP should <u>not</u> consist of a set of questions and answers.

Theme 1: Cluster Institutional vision, mission and goals, and general management processes

Self-evaluation questions /quality indicators
Criterion 1: Institutional vision, mission and goals
Does the institution have a clear strategic vision statement?
Is the strategic vision statement widely consultative and formally approved?
Does the strategic vision provide guidance and strategic direction on what the institution intends to be in the future?
Are the mission and goals for the institution clearly articulated?
Do the goals of the institution reflect the institution's vision and mission?
Does the strategic vision articulate the roles the institution intends to play in the longer term?
How does the strategic vision align with the academic offerings of the institution?
How does the strategic vision align with the national goals?

Notes

Criterion 2: Institutional quality assurance management system (IQAMS)
What IQAMS is in place to ensure that policies and procedures are in place?
What mechanisms are in place to ensure that IQAMS are adequately resourced in terms of both funding and staffing?
What mechanisms are in place to ensure that academic planning, resource allocation and quality assurance systems are aligned?
What mechanisms are in place to ensure that policies and procedures are integrated in a way that provides for a comprehensive IQAMS?
How is accessibility of the IQAMS ensured?
How is monitoring and evaluation of the IQAMS ensured?

Criterion 3: Human resource management system
Do institutional policies and strategies for human resource management ensure that sufficient numbers of qualified staff are deployed to meet human resource needs in the institution? What systems are in place to manage recruitment, appointment, record-keeping, employment equity, compensation and benefits? What systems are in place to manage performance? What systems are in place to manage training and development? What systems are in place to manage labour relations? How are the various systems integrated to ensure a comprehensive human resource provision? How effectively do all systems operate? What mechanisms are in place to ensure that human resource management systems are monitored and evaluated regularly? What risks and challenges has the institution encountered in implementing these systems and what measures has the institution taken to mitigate the risks?

Criterion 4: Financial resource management system
What systems does the institution have in place to ensure effective financial management in terms of the following: • Budgeting • Resource allocation aligned to institutional mission and strategic goals • Asset management • Debt management • Financial reporting What mechanisms are in place to ensure that these systems are routinely monitored and evaluated? What mechanisms are in place to deal with financial irregularities? What risks and challenges has the institution encountered in implementing these systems and what measures has the institution taken to mitigate the risks?

Criterion 5: Facilities management system
What systems are in place for facilities management? How does the institution monitor and evaluate facilities management system? What measures has the institution taken to mitigate the risks encountered in implementing the facilities management system?

Theme 2: Teaching and learning

Self-evaluation questions
Criterion 6: Planning and approval of academic offerings
Is there a curriculum management/ academic planning system in place for the planning, approval and administration of academic programmes? If so, how does it operate? How does the system allocate responsibility and lines of accountability? How effective are the organisational structures for this process? Does the institution have clearly defined policies and effective procedures for determining the need for a programme and for designing and approving programmes and their modules/ courses? Do academic planning and programme approval link to the operationalisation of the institution's mission and goals? ***(Council on Higher Education 2004: Improving Teaching and Learning guides No 1)*** What regulations are in place to ensure that all standards and regulations/ requirements are met? Does the institution have policies and procedures/rules in place with regards to continuous renewal of curriculums? How often is the institution's curriculum renewed? What are the mechanisms used to ensure alignment of new knowledge and skills with the needs of students, and industry as well as that of country? Does the institution have policies and procedures in place with regards to development of new qualifications and programmes?
Criterion 7: Enrolment planning
What mechanisms are in place to ensure effective enrolment planning that is in line with the institutions mission and vision and strategic plans? Does the institution have a reporting system in place to provide accurate and timely information on enrolment numbers, capacity, future and historical information? Is there a sufficient and effective system in place to manage student enrolment according to the institutional policy? What reporting system or structure is in place to disseminate enrolment information and how are the results reported? What mechanisms are in place to ensure that the strategies for enrolment planning are monitored and reviewed on a regular basis?

Refer to *Quality Assurance System for Higher Education in Namibia (December 2009)*

Criterion 8: Student enrolment management system (SEMS)
What mechanisms are in place that addresses the criteria of the student enrolment management system in terms of marketing, admissions, selection, registration and central management of information?
What systems are in place to ensure that data on student enrolment is accurate and up-to-date?
How is information from the student enrolment planning system used to inform the planning processes?
What mechanisms are in place to ensure that the SEMS is monitored and reviewed regularly?
What mechanisms are in place to deal with risks, gaps and challenges in the student enrolment management system?
How is the SEMS benchmarked to other institutions and to international best practice?

Criterion 9: Academic support services
Is there institutional policy (or are there guidelines) in place that conceptualises and promotes student support and academic development in an integrated manner?
What models of student/ academic development has the institution adopted? Why were these models adopted?
How are student support and academic development reflected and inserted into tuition/ programme and curriculum development policies and strategies?
What structures are in place to give effect to these policies?
What systems does the institution have in place for monitoring and evaluating the effectiveness of its student support systems and student development programmes?
What student development and support services does the institution provide and how well are these resourced and managed?
What types of curriculum innovation are being implemented to promote student academic development?
How are staff encouraged to implement innovations in curriculum that address the needs of students whose first language is not English and / or who may come from educationally disadvantaged schools?
(Council on Higher Education 2004: Improving Teaching and Learning guides No 4)
What support services are currently provided?
Are there mechanisms in place for students to report issues/problems?
How does the institution ensure sufficient support for students?

Criterion 10: Facilitation of learning
Is the delivery of learning aligned to the instructional mission and vision?
Is the facilitation of learning appropriate for the target student population?
Does the institution have well qualified and trained staff to facilitate learning and what policies does the institution have in place to make sure that appropriate learning outcomes are deployed?
What mechanisms are in place to ensure that quality assurance processes at satellite campuses are consistent with those at the main campus?
What monitoring and evaluation systems does the institution have in place to ensure continuous improvement in learning and facilitation?
Is there opportunity for staff to be developed in their capacity to facilitate learning?
What mechanisms does the institution have to manage challenges posed by the facilitation of learning?

Criterion 11: Assessment and certification of student learning
Does the institution have an assessment policy and effective procedures for guaranteeing its implementation?
To what extent do the policy and procedures ensure academic and professional standards in the design, approval, implementation and review of assessment strategies for subject/ courses/ programmes and for the qualifications awarded?
How does the institution moderate and validate its assessment procedures and results, in order to ensure their validity and reliability and the integrity of the qualifications it awards?
To what extent are the views of the students and other key stakeholders solicited in this regard?
To what extent are the academic staff who are responsible for official decisions on assessment, appropriately trained and experienced and competent to assess? What staff development opportunities does the institution offer its teaching staff in order to improve and professionalise assessment practice?
To what extent are institutional / faculty / professional rules and regulations governing assessment adhered to?
To what extent is assessment conducted securely and with rigour and fairness?
To what extent are assessment decisions recorded and documented securely, accurately and systematically over time?
To what extent are assessment data and results used for developmental purposes – to adjust teaching and assessment practices and to improve the curriculum?
(Council on Higher Education 2004: Improving Teaching and Learning guides No 5)
What mechanisms does the institution have to manage risks and challenges posed by the institutional assessment system?

Criterion 12: Assessment and certification of student learning
What mechanisms are in place to ensure that the certification system is robust and reliable? What mechanisms are in place to ensure that the certification process is secure and accurate? What mechanisms does the institution have to manage risks and challenges posed by the institutional certification system? What benchmarking activities have been undertaken to ensure that the practices in regard to certification of student learning are aligned to international best practices?

Criterion 13: Tracking, review and feedback systems
Does the institution have a comprehensive and clearly laid out policy for the QA of its academic offerings? How does the policy allocate responsibility for QA to academic line managers? How does the policy ensure that programmes and courses are reviewed according to a regular, but not onerous, cycle? How does the policy ensure that data gathered at course level are aggregated to feed into programme and/or school reviews? What guidelines, procedures and support does the institution offer academic managers and teaching staff to ensure the quality and rigour of the academic review process? How is feedback from course and programme reviews used to effect changes to the curriculum? How does the institution use peer-review to judge the quality of the curriculum and of student learning? ***Council on Higher Education:*** ***Improving Teaching and Learning Resources 2003 No 2*** What mechanisms does the institution have to manage risks and challenges posed by the tracking, review and feedback systems?

Criterion 14: Management of postgraduate studies
What mechanisms are in place to ensure the effective management of postgraduate studies in relation to: • Design and criteria • Approval • Delivery • Evaluation? What mechanisms are in place to ensure that the development needs of Namibia are being addressed by postgraduate programmes? What support is provided to postgraduate students in terms of the development of research projects, supervision and research methodology? What mechanisms are in place to ensure that staff delivering such programmes are suitably qualified and experienced in research processes?

What mechanisms are in place (e.g. code of conduct) to ensure that relations between supervisors and students is professional?

What mechanisms are there to ensure that the assessment of postgraduate studies is reliable, rigorous and valid?

How does the central management of postgraduate student information ensure that accurate information is readily available?

What mechanisms ensure that the monitoring and evaluation of postgraduate management systems is benchmarked to international best practices?

What mechanisms ensure that risks, gaps and challenges are identified through monitoring, evaluation, review and bench marking processes?

Theme 3: Research

Refer to *Quality Assurance System for Higher Education in Namibia (December 2009)*

Self-evaluation questions
Criterion 15: The research management system
Is there a research policy that clearly outlines the research vision of the institution?
Do the policies and regulations cover all aspects of the research process?
Do the policies encourage and accommodate the monitoring of research partnership agreements?
Are there policies that regulate access to funding and are the criteria and mechanisms clear, transparent and easily accessible?
Are research policies directed at increasing research participation, productivity and funding?
Are research policy goals aligned with national goals?
Are research policy goals appropriate to the institution's mission and vision?
Are policies and regulations readily available to researchers at all levels of the institution?
Have sufficient funds been allocated to implement the research related policies?
Are there sufficient and appropriate structures to implement, coordinate and monitor all levels of research?
Are these structures located at the appropriate place in the institution's governance structures?
Are there appropriate approval processes for research proposals, funding applications and commissioned research?
Do the quality management structures for research operate efficiently?
Is there a research central information system that captures data regarding research funding, research capacity and research outputs?
Does the research information system support institutional planning?
Is the research information system robust and reliable?
Is accurate information readily available from the research information system?

Is the research information system updated regularly?

Is there sufficient infrastructural support to foster a lively research environment?

Are there support and development strategies directed at all levels of the research process?

Do support and development strategies assist in creating an enabling environment for research to flourish?

CHE (2005): A good practice guide for quality management of research

What mechanisms does the institution have to manage risks and challenges posed by the management of research within the institution?

What strategies are in place to implement the policy?

What action plans does the institution have in place to respond to identified risks, gaps and challenges?

What are the institutions' benchmarking processes?

What action plans does the institution have in place to respond to identified risks, gaps and challenges?

Theme 4: Community Engagement

Self-evaluation questions
Criterion 16: The community engagement planning and management system
How does the vision, mission and values of the institution provide for community engagement in general?
Has a community engagement policy been developed through a consultative process with community stakeholders?
Does the institution have a clear vision of the nature, role and goals of community engagement, as well as ways in which to engage with community through its operations?
How does the institution ensure alignment of community engagement projects with the needs of the students and community?
How is community engagement provided for in the curriculum?
What mechanisms are in place to ensure the continued support and development of both staff and students in engaging with the community?
What mechanisms are in place to ensure that the approval of community engagement projects is rigorous and reliable?
What mechanisms are in place to manage partnerships with communities?
What mechanisms are in place to ensure the monitoring and evaluation of community engagement projects?
Is there a central management system in place that provides accurate and timely information on community engagement activities within the institution?
What mechanisms does the institution have to manage risks and challenges posed by engaging with the community?

Refer to *Quality Assurance System for Higher Education in Namibia (December 2009)*

Notes

4 The Audit Panel

Guidelines

Notes

Composition and number

- Plans and procedures need to be in place to identify and select audit panel members
- Contingency plans need to be in place to deal with eventualities such as panel members suddenly not being available (i.e. identify more members than are needed)
- Some flexibility might be required until such time as there are sufficiently experienced academics
- Need to consider training for a 'pool' of auditors
- Costs of the audit process might require that there are a limited number of international panel members.
- The selection of the NCHE Secretariat member should be at the discretion of the Executive Director of NCHE in consultation with the AQA Committee
- The student representative should be nominated by the student body.

Criteria for selection

Additional criteria can be added, such as the minimum number of year's experience, minimum number of publications.

There should be some flexibility as while the system is maturing.

Exclusions and conflicts of interest

Any prospective members of an institutional audit panel should be asked to declare any conflict of interest in performing their task. Such conflicts could include being **previously employed** by the institution to be audited, having a **relative or spouse** either employed or studying at the institution, being engaged in any **consultancy work** for the institution or **serving on any committee** or body related to the institution. (In the case of private institutions, institutional audit panel members should disclose the nature of his or her relationship with the institution e.g. competing for similar target markets, or acting as an external moderator for the institution.)

It might be necessary to deal with private and public institutions differently in regard to disclosure and conflicts of interests.

Guidelines

Informing the institution of the audit panel

- This information can be provided in a separate communication dealing specifically with the members of the audit panel.
- CVs should be no longer than 2 pages each (potential members should be asked to provide both an extended and an abbreviated CV)
- A deadline for objections and / or appeals should be provided to the institution and this should be adhered to (30 days from receipt of the names)
- Institutions should be informed as to how an objection and / or appeal (if any) should be conducted by the institution and how it will be dealt with by NCHE.

Notes

Objections and appeals to panel members

Institution objects or appeals against a member of the panel

Sends objection within 30 days to NCHE in writing with reasons

NCHE Secretariat acknowledges receipt

NCHE Secretariat forwards objection / s to AQA Committee

AQA Committee makes a decision and communicates this to NCHE

NCHE Secretariat informs institution accordingly

Procedures for appoint-ment of the audit panel

- Call to institutions for recommendations and referrals
- Assessed against criteria
- Letter sent to potential panel member regarding availability (Executive Director of NCHE)
- Form to be completed by panel member if available
- Letter to confirm appointment (xecutive Director)

Guidelines

- Formal acceptance by panel member
- Recording of documentation (NCHE)
- Chairperson of panel to be appointed (by Executive Director) at the outset and approached in same way as the other panel members

Ethical code of conduct for panel members

- Potential panel members must be briefed extensively on these issues
- Confidentiality and communications are very important issues

The panel (including the chair) need to be VERY clear about issues of confidentiality and that the final report comes from NCHE and not the individual panel members and it is not for them to talk to the press or 'leak' the findings.

CASE STUDY

Responsibilities of the audit panel as a team

Notes

- These responsibilities need to be made clear to the panel members at the outset
- Can be included in letter of appointment as a panel member
- Potential panel members should indicate their acceptance of these responsibilities.

Roles and responsibilities of individual panel members

Notes

- Audit panel members need to be briefed on their roles and responsibilities before, during and after the audit visit.
- Audit panel members should be able to ask questions about the process before, during and after the audit visit
- NCHE Secretariat should be able to support and guide panel members during the process

5 The External Institutional Audit Visit

Guidelines

Informing the institution

The institution will be informed of a forthcoming visit at least 10 months prior to the audit visit event.

Refer back to the diagram that explains the audit process in the introduction.

Preparatory site visit

The preparatory meeting takes place **two months** prior to the institutional audit site visit and is located at the institution. The purpose of this meeting is to

- Give the panel members a better understanding of the **institutional context**
- Clarify **expectations** of both the institution and the audit panel
- Clarify **procedures** for the institutional audit
- Clarify **discrepancies** or contradictions
- **Sharing of ideas**, contributions, expertise and knowledge.

NCHE is responsible for the travel and accommodation arrangements for audit panel members to attend this meeting.

Programme for the week's site visit can also be confirmed at this meeting.

Duration and purpose of the site visit

The duration of the audit visit will be **five working days**. Interviews with stakeholders of the institution should be used to

- Verify claims that have been made in the IP,
- Clarify issues,
- Seek explanations and further information and
- Receive any additional input from the stakeholders.

Logistical arrangements for the audit visit

Notes

NCHE will make the necessary travel arrangements for the members of the institutional audit panel both to the institution and on a daily basis to and from the institution.

NCHE will make arrangements for transport and accommodation of members of the institutional audit panel.

The institution will be responsible for the **catering** arrangements during the institutional audit visit and will accommodate any special dietary requests of the individual panel members.

Guidelines

REMEMBER TO FIND OUT THE DIETARY REQUIREMENTS OF PANEL MEMBERS BEFORE HAND AND INFORM THE INSTITUTION ACCORDINGLY.

Appointment of an audit coordinator

All requests to the audit coordinator must be through the chairperson of the audit panel.

Communication protocol must be established at the first meeting of the audit panel's site visit.

Interviews with stakeholder groups

- Training may be required for panel members in regard to appropriate questioning techniques to use in the interviews.
- Interviews should not be allowed to run over time.
- The institution should be informed at least 2 months before the site visit as to which stakeholder groups will be interviewed
- The programme should allow for some flexibility to accommodate limited changes.

The exit report

The purpose of the exit report is to provide the institution with immediate feedback on the audit criteria.

- In special instances, the institution may request that all members of staff attend the exit report meeting. This request should be made to the Executive Director of NCHE PRIOR to the site visit.
- The preparation of the oral report is coordinated by the chairperson
- The chairperson delivers the report

The draft institutional audit report

- The length of the report will vary from institution to institution
- The structure of the report should follow the themes and criteria set out in the *Quality Assurance System for Higher Education in Namibia (December 2009)*
- Deviations (if necessary) from this approach should be justified with reasons at the outset.

Institutional response

- It is important to stress that only inaccuracies, misinterpretations or omissions will be accepted.
- No other comments are to be included.

The final institutional audit report

Dissemination of audit report

Finally, the executive summary of the report is published on the NCHE website.

Notes

Refer to *Quality Assurance System for Higher Education in Namibia (December 2009)*

Refer to *Quality Assurance System for Higher Education in Namibia (December 2009)*

Guidelines

Consequences of the audit process

Institutional follow-up

There are no direct consequences of the institutional audit process.

Notes

- The structure of the improvement plan will be dependent on both the original structure of the IP and the audit panel's report
- It is **advisable** for the original IP team to develop the improvement plan. Deviations from this can be accommodated but must be justifiable with reasons.
- There should be no prescription as to what the structure of this document should be
- NCHE might find it necessary to conduct an additional site visit (dependent on the areas of improvement)
- NCHE must develop a mechanism for dealing with institutions that default on the submission of the improvement and subsequent progress reports.

Appendices

1 Quality Assurance System for Higher Education (December 2009)

2 Higher Education Act 2003

3 Namibia Qualifications Authority Act 1996

4 Comprehensive list of possible data sources

5 Suggested format for letter of appointment as audit panel member

6 Code of Conduct for Institutional Audit panel members (including Confidentiality and Disclosure forms to be completed)

7 Example of typical letter head of institution will receive

8 Example of typical audit week

Glossary

Notes
Concurrence

Accreditation	Formal recognition by NCHE, in concurrence with the NQA, that specific quality standards have been met by a programme. Accreditation is valid for a stipulated period of time.
Audit	The term audit is used to describe a quality assurance audit initiated by NCHE and undertaken with institutions of higher education on a cyclic basis.
Audit report	Final report, prepared by the audit team members for presentation to the institution and for publication.
Commendations	Used with reference to issues identified in panel reports as good practices that support and enhance the quality of a programme
Exit report	Provisional report provided to institution on the conclusion of the site visit
Institutional Portfolio (IP)	Self-evaluation document prepared by institutions prior to institutional quality audit
Programme accreditation	Process by which a programme at or above National Qualifications Framework (NQF) level 5 offered by an institution is approved for delivery purposes
Qualitative data	Non-numerical data; related to quality
Quantitative data	Numerical data that can be measured; relating to an amount
Recommendations	Used with reference to issues indicated in panel reports as needing improvement and requiring action on the part of the institution.
Triangulation	Technique of investigating an issue by considering information on it from different sources. It is a process of verifying perceptions and conclusions.

See full Glossary in *Quality Assurance System for Higher Education in Namibia (December 2009)*

Reference

Notes

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