INSTITUTIONAL QUALITY ASSURANCE AUDIT MANUAL

NCHE
EQUITABLE ACCESS TO QUALITY HIGHER EDUCATION
National Council of Higher Education

Institutional Quality Assurance Audit 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

General overview

This manual should be read in conjunction with the document *Quality Assurance System for Higher Education in Namibia (December 2009)*, related acts (such as the Namibia Qualification Authority (NQA) Act (1996) and the Higher Education Act (2003)).

See Appendix 1

The legislative framework

Higher education in Namibia is governed by the following acts:

- Higher Education Act (2003)
- Namibia Qualification Authority (NQA) Act (1996)

Copies of the Acts are available in Appendix 2 and 3

It is the Higher Education Act that gives the National Council for Higher Education its mandate to operate at a national level and to, among other things, promote

- The establishment of a coordinated higher education system
- Access for students to higher education institutions
- Quality assurance in higher education.

The mandate and approach of NCHE to quality assurance is laid out in *Quality Assurance System for Higher Education in Namibia (December 2009)*.

The approach to Quality Assurance

The quality assurance system in Namibia has two sub-systems, namely

- Programme accreditation, and
- Institutional audit.

See Glossary

Notes

The implications of this mandate are that NCHE must accredit, with the concurrence of NQA, programmes of higher education provided at higher education institutions, as well as monitor the quality assurance mechanisms of the higher education institutions.

Both subsystems are based on the following premises:

- The primary responsibility for quality assurance lies with the institution
- Self evaluation by the institutions of their offerings is key to the quality assurance system that has been established
- It is the quality assurance mechanisms of the higher education institutions in regard to both accreditation and quality assurance that are under scrutiny, rather than the quality of the institution in itself.

Purpose of the manual

The purpose of this manual is to provide to both the higher education provider as well as the NCHE Secretariat, guidance and advice on how best to implement the quality assurance system as laid down in the document *Quality Assurance System for Higher Education in Namibia* (December 2009). A further purpose of the document is to recommend procedures that will be complementary to the processes that have been outlined in the *Quality Assurance System for Higher Education in Namibia* (December 2009).

Notes

Scope of Institutional audits

The scope of Quality Assurance audits includes the following:

- Public institutions
- Private institutions of higher education offering only and exclusively higher education programmes (i.e. at or above level 5 on the National Qualifications Framework)
- Private institutions offering, among others, higher education programmes.

See www.nqa.org for the National Qualifications Framework

In addition, NQA and various statutory bodies also have a variety of responsibilities for the quality and quality assurance of programmes. In the case of the statutory (or professional bodies), professional programmes will have to meet the stakeholder requirements for programme quality, as well as be subjected to the requirements of NCHE for institutional audit. See www.nqa.org for the National Qualifications Framework

Overview of the audit process

Flow chart for the audit process

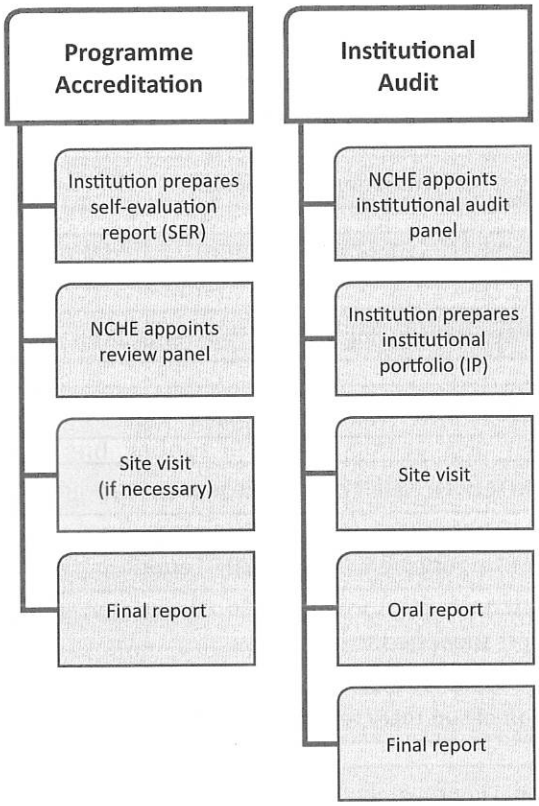
Notes

1. Institution informed of audit dates
2. Appointment of institutional audit panel by NCHE
3. Preparation of institutional portfolio by institution
4. Submission of institutional portfolio to NCHE
5. Preparatory panel meeting and site visit
6. Site visit by audit panel
7. Oral exit report (including although not regulated)
8. Preparation of audit report on findings
9. Institution receives audit report of comment
10. Audit panel report submitted to NCHE Council
11. Final report submitted to institution
12. Publication of summary report on the NCHE website
13. Institutional improvement plan submitted to NCHE
14. Institutional progress report submitted to NCHE

Synergy with accreditation process

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.

Notes



Costs of institutional audit

The responsibility for the costs of institutional audit will be decided from time to time by NCHE and institutions will be informed of these arrangements.

Purpose of the IP

The Institutional Portfolio (IP) is a document compiled by the institution that provides an exhaustive critical appraisal of the institution's quality assurance mechanisms against NCHE's 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)*

Methodological approach to writing the IP

The approach to writing the IP (or organising principles) will be at the discretion of the institution. These are some of the approaches that can be used:

- Thematic – dealing with important themes that have emerged in the development of the institution and related to the criteria
- Criterion-based – dealing with each of the audit criteria in order to create the structure
- Case study approach –different case studies that exemplify how the criteria are being met
- Any other approach – that can accommodate a response to the institutional audit criteria.

Notes

Make your own notes here.

The IP team

The institution will appoint a team that will have oversight of the process of developing the report. The number of members of this team will be guided by the methodological approach that is taken to the preparation of the IP. The size of the group should not exceed 15 persons and should not be smaller than 5 persons.

See methodological approach to writing the IP

The team leader or IP team chairperson should be a senior academic. The team should include both academic and administrative staff as determined by the methodological approach taken by the institution to the writing of the IP. The appointment of the IP team should be ratified by Senate and proof should be provided in the IP.

Notes

The team should be representative of the institution in terms of organising structure, i.e. faculty and / or schools.

Subcommittees should be formed to deal with different aspects of the audit criteria and will include, but not be limited to, the collecting and analysing of existing data, document analysis, and data generation.

The responsibility of collating the various sections of the IP should be given to one or two persons in order to ensure the consistency of style and approach.

At the discretion of the team leader (or IP team chairperson) a separate committee can be made responsible for the verification and triangulation of data.

Notes

The IP should not be an ad hoc set of reports.

Suggested time frames for preparing the IP

The preparation of the IP should commence as soon as possible after the institution has received notification of a forthcoming institutional audit and the IP write-up process has been established.

The preparation of the various sections of the IP should be completed within a time frame agreed upon by the steering committee, with sufficient time for the editing process to take place, prior to being submitted to NCHE.
The following guidelines should be considered by the institution as a **suggested** time frame for the preparation of the IP:

Constitution of the IP team	10 months before audit
Allocation of responsibilities	9 months before audit
Working on data collection and analysis	Completed 7 months before audit
compiling of all information and relevant documents and evidence	Completed 5 months before audit
Write-up of IP	Completed 3 months before audit
Final editing of document	Completed 2 months before audit
Printing and binding of document	2 weeks before deadline provided by NCHE

Evidence requirements

The current quality assurance system is one that is based on evidence. Claims will be made in the IP that need to be substantiated by various types of evidence. The evidence should be a blend of both qualitative and quantitative data that is well integrated. These different forms of evidence should be attached to the IP and should be labelled clearly. All evidence should be easily located. In some instances, one document might be used as evidence under more than one of the criteria. (During the course of the visit, further evidence, within reason, may be requested by the institutional audit panel.)

Notes

See Glossary

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)

Collecting the data

Both qualitative and quantitative data should be collected and should be included in the IP. While some of the data may already be existing in the system, other data might need to be generated for supporting the claims that are made in the IP. The responsibilities for collecting data should be shared among the various stakeholders within the institution. It should **not** be incumbent upon any one person within the institution.

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:

- 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

See Appendix 5 for a comprehensive list of more data sources

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

Writing the IP

The write-up 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.

Notes

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

The format of the IP should comply with the following minimum requirements:

Title page	Institution's name Institution's logo
Table of Contents	(Electronic where possible)
Table of figures	Numbered and referenced by page
Table of graphs	Numbered and referenced by page
Body of portfolio	Font type should be easily readable 11 point font size for body 1.5 spacing 12 point font size for headings Numbered correctly
References	All references be complete and accurately referenced using one referencing method consistently across the whole document
Proof of approval by governance structures	Minutes of meeting to be attached
List of all documents supplied	All documents to be clearly numbered and referenced
Acknowledgements	Persons responsible for various tasks within the portfolio
Number of copies to be provided	To be decided by NCHE
Bound	
Length	The length will vary from institution to institution

Submitting the IP

The IP should be approval by Senate (or a similar governance body) and Council for the institution, before being submitted to NCHE.

Proof of this approval process should be included by means of supporting documentation such as minutes of meetings of appropriate governance structures such as Quality Assurance committee, Senate, and Council meetings.

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.

Notes

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

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.

Please note 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? ***CHE: 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

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?

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

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

Council on Higher Education (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 institution's 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

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

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?

Notes

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?

4 The Audit Panel

Composition and number

The audit panel should meet the following minimum requirements:

Notes

- Academic with experience of institutional audit (local)
- Academic with experience of institutional audit (SADC or AAU)
- Two experts in higher education issues
- A member of the NCHE secretariat
- A student representative.

The team should not exceed 7 members and should reflect a balanced composition with expertise in the four key areas of the audit process – institutional vision, mission and goals, and general management processes, teaching and learning, research, and community engagement.

The team should be representative of the demographics of the country in terms of gender.

Criteria for selection

Experience in the following should be considered when making the selection of members of the audit panel:

- Quality assurance
- Teaching and learning
- Research
- Governance and management
- Community engagement.

In addition, members of the institutional audit panel should be well-published and well-respected within the scope of the higher education sector.

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.)

Informing the institution of the audit panel

Information to be included in the initial communication to the institution regarding the appointment of the audit panel members:

- Name
- Institution
- Position in institution
- Brief CV.

Notes

Objections and appeals to panel members

The list of prospective audit panel members should be submitted to the institution to give it the opportunity to register objections if necessary. If the institution is not satisfied with one or more of the audit panel members, the institution is obliged to inform NCHE in writing of this objection and the reasons for the objection need to be clearly stated. The institution has a period of 30 days from receipt of the list to lodge an objection. The objection will be discussed at a meeting of the AQA Committee and NCHE. The final decision on the audit members however lies with NCHE and its decision is final.

Procedures for appointment of the audit panel

NCHE will develop a database of possible institutional audit panel members based on experience and referrals. Institutions should be asked to submit recommendations of colleagues whom they deem to be able to fulfil the tasks of an audit panel member.

See Appendix 5 for a suggested format for letter of appointment and Appendix 6 Code of Conduct and accompanying forms (disclosure and confidentiality)

The potential audit panel member should be approached by the Executive Director of NCHE regarding willingness and ability to serve as a member of an audit panel. A suitable chairperson for the panel should be identified and approached in the same way by the Executive Director of NCHE.

A form should be developed for the purposes of soliciting information from a potential audit panel member should the person indicate that he or she is available.

The appointment of the audit panel member is confirmed by a letter to the individual which spells out the expectations of both the audit panel member and NCHE. The individual will be required to formally accept the appointment to service on the audit panel in writing.

Records of these documents should be archived.

Ethical code of conduct for panel members

The following should be included in the development of an appropriate code of conduct for panel members:

- Declaration of interests
- Confidentiality [1]
- Receiving of gifts
- Conduct during the audit visit
- Protocol for communicating
- Communications between members of panel and the institution (through the NCHE only)

Responsibilities of the audit panel as a team

Notes

It is the responsibility of the institutional audit panel members, individually and as a **team** to:

- Read the IP thoroughly to ensure a comprehensive understanding of the institution (including among others, type, focus, length in existence)
- Familiarise themselves with the policies and procedures of the institution
- Evaluate the quality of the IP for thoroughness, ability to engage with issues, the depth of the analysis, the attempt at authentic self-reflection and any other criteria as decided by the institutional audit panel chairperson
- Extent to which the institution has the capacity to achieve its goals
- Identify broad themes for investigation that arise from the IP
- Evaluate the sufficiency of the information and the evidence provided (requests can be made at this stage for further information)
- Prepare a brief written evaluation of the IP to be circulated by the chairperson prior to the preliminary site visit in which the central themes are raised
- Receive training as an audit panel member from NCHE
- Direct questions during the interviews

Roles and responsibilities of individual panel members

Notes

Chairperson

- Facilitates the work of the panel
- Supervise the preparation of the audit report
- Liaises with the institutional audit coordinator
- Receives and circulate audit panel members written evaluations prior to the preliminary site visit
- Delivers the exit report

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

- Leads and direct questions during the interviews
- Chairs the interviews
- Ensures that the panel conducts itself in a professional and ethical manner

Secretary

- Takes minutes of the interviews (electronically and in writing)
- Coordinates the compilation of the report during the institutional audit site visit
- Coordinates the presentation of the exit report
- Organises the contributions of the team members
- Coordinates and liaise with panel members with respect to the audit report
- Manages documentation during the institutional audit site visit
- Provides relevant administrative services

QA officer

- Provides relevant administrative services
- Coordinates and liaise with panel members
- Represents the views of NCHE when necessary

Observers

- Participate in the process as a spectator with no active role in the proceedings

Report writer

- Prepares the first and final drafts of the audit reports

5 The External Institutional Audit Visit

Informing the institution

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

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.

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

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 the 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.

Appointment of an audit coordinator

The institution will appoint an audit coordinator who will facilitate the smooth running of the audit visit. This person will be responsible for the following:

- Ensuring that the schedule is being adhered to
- Attending to requests from the audit panel members for additional documentation

- Attending to requests from the audit panel members with regard to additional stakeholders to be interviewed
- Attending to requests from the audit panel members for any changes in logistical arrangements

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

Interviews with stakeholder groups

Questions posed during interviews should be rigorous, fair and consistent, while at the same time creating the opportunity for interactive dialogue.

The audit panel should, prior to the audit site visit and through the chairperson, make requests for representation in interviews by different stakeholder groups, such as:

- Council members
- The Rector or Vice Chancellor
- Members of the management team
- Academic and academic support staff
- Administrative staff
- Full-time and part-time undergraduate and postgraduate students
- Union representatives
- Civic and community representatives (including industry representatives where appropriate)
- Alumni.

The exit report

The purpose of the exit report is to provide the institution with immediate feedback on the audit criteria. It is the responsibility of the chairperson of the audit panel to ensure that this feedback is consistent with what follows in the full audit report.

Notes

The exit report briefing should be attended by the following senior management members (if such positions exist in the institution):

- The Rector or Vice Chancellor
- Deputy vice chancellor/s
- Deans of faculties
- Heads of schools
- The director of Quality Assurance
- Head of Academic Planning
- Any other senior member of staff deemed by the Rector or Vice Chancellor to be included.

The format for the exit report is verbal and the institution is permitted to record the exit report and to take notes.

The draft institutional audit report

The following information should be included in the institutional audit report, apart from the audit report findings, commendations and recommendations:

- Cover page
- Table of contents
- List of all audit panel members including name, designation on panel, institution, and signature
- Executive summary
- Findings (indicating the rationale for the judgements and conclusions that have been made commendations and recommendations).

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

Institutional response

The audit report is then forwarded by the NCHE's Accreditation and Quality Assurance Committee to the institution for comments regarding accuracy, interpretation, omissions or discrepancies. No other comments will be included.

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

The final institutional audit report

The audit panel report as well as the institution's comments are then forwarded to the NCHE Council for approval, after which the NCHE Secretariat will forward it to the institution.

Dissemination of audit report

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

Consequences of the audit process

There are no direct consequences of the institutional audit process. The purpose of the audit is developmental and formative, rather than summative. As a result of the audit, the report will include commendations and recommendations.

Notes

Institutional follow-up

The institution is required, within six months of receiving the final audit report, to develop and submit a detailed improvement plan that addresses the recommendations in the final audit report.

The original IP team that was responsible for the development of the IP may take responsibility for the development of the improvement plan. This plan also requires approval by the various governance structures within the institution, including Senate and Council.

A progress report should be submitted to NCHE, detailing the implementation of the improvement plan, within two years of submitting the improvement plan (or within any other timeframe as specified by NCHE). If deemed necessary, NCHE may require a site visit during this period.

Appendices

Notes

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

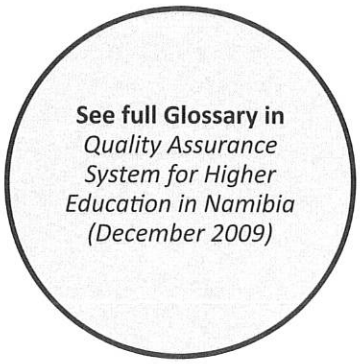
6 Code of Conduct for Institutional Audit panel members (including Confidentiality and Disclosure forms to be completed)

7 Example of typical letter head of institution will receive

8 Example of typical audit week

Glossary

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.
Concurrence	



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Published by
NCHE Secretariat

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