



## ***Quality Assurance Manual V.04***

***Ref: UC/P 428/2020***

***As approved by University Council Decision No. UC/2000/07/2019-20 of meeting No. UC/07/2019-20 held on Wednesday 1<sup>st</sup> April 2020.***

*This document is to be effective as of the Second Semester 2019/2020 and is to supersede previous versions of the same manual (QA Manual Version 3: UC/P 233/2016 and Addendum to QA Manual: UC/P 359/2018).*

# Ahlia University

## Quality Assurance Manual V.04

### Chapter 1: Introduction to Phase 2 of Ahlia University Quality Management System (AUQMS)

#### Version Control of AU Quality Manual

Version	UC Reference	Approval Date
Version 1	UC/P17/2010	3 <sup>rd</sup> March, 2010
Version 2	UC/P 82/2012	7 <sup>th</sup> November, 2012
Version 3	UC/P 233/ 2016	28 <sup>th</sup> November, 2016
	UC/P 359/ 2018 – Addendum to QA Manual	31 <sup>st</sup> December, 2019
Version 4	UC/P 428/2020	1 <sup>st</sup> April 2020

## **Chapter 1: Introduction:**

### **Section 1: The Aim of the Quality Assurance Manual:**

The aim of the quality assurance manual is to act as a guide for all Ahlia University Academic and Administrative members in all aspects of the operations of the University. The quality assurance manual addresses the Internal Quality Assurance Management System (AUQMS) along with the frameworks that are embedded to assure producing the highest quality standards in every operation.

This QA manual has been revised as a result reflection on cycles of implementation of policies and procedures and adaptations of new and revised quality and accreditation standards.

Within the QA manual V.04, detailed information is illustrated pertaining to the frameworks operationalized as part of AUQMS, newly introduced frameworks are developed to main quality assurance requirements along with new set of policies and procedures are introduced.

The QA manual v.4 also provides an updated version of the adapted standards as well as recent revisions to the committee structures that are involved in the quality assurance review and decision making process.

The QA manual is classified into sections. Each section addresses AUQMS framework, guidelines for implementation, identified champions with clearly defined roles and responsibilities, policies and procedures supporting its implementations, QA measures and deliverables as well as monitoring and evaluation mechanisms to facilitate further planning and quality loop closure.

### **1.1 The Quality Manual Outline:**

This QA Manual V.04 is a comprehensive manual covering Phase 2 of AUQMS frameworks as follows:

1. Introduction on Phase 2 of Ahlia University Quality Management System (AUQMS)
2. Institutional Accreditation Framework
3. Institutional Quality Review Framework
4. Academic Programme Reviews Framework (Cycle 2)

5. Institutional NQF Listing & Qualification Placement Framework
6. International Accreditation and Sustainability Framework
7. Collaborative Provision Quality Review Framework

### **1.2 The Process of Development of Policies:**

The University develops policies through rigorous consultation with relevant Committees (e.g. Accreditation and Quality Assurance Committee (AQAC) and Teaching, Learning and Assessment Committee (TLAC). The University revises existing policies and develops new policies, where needed, which come into force after approval by the University Council (UC). The committee terms of reference are approved by University Council, the role of each committee is classified within each QA framework.

### **1.3 Compliance with the Quality Manual:**

All Colleges, Directorates and Centers are required to comply with the Quality Manual. The Centre for Accreditation and Quality Assurance (CAQA) assists them in the interpretation and proper understanding of the Quality Manual.

### **1.4 Adapted Quality Assurance Standards**

The Quality Manual takes into account the following performance review Standards, as external reference points for implementing the AUQMS:

- i. Higher Education Council Institutional Accreditation Handbook
- ii. Institutional Review Handbook of (BQA/DHR)
- iii. Academic Programme Reviews Handbook (Cycle2) of (BQA/DHR)
- iv. National Qualification Framework Standards as classified by (BQA/GDQ)
- v. Collaborative Provision adapted QA standards (*where applicable*)

### **1.5 Version Control:**

In view of the on-going development of documents within the Quality Manual, users are requested to approach the CAQA for the most updated version of the Quality Manual.

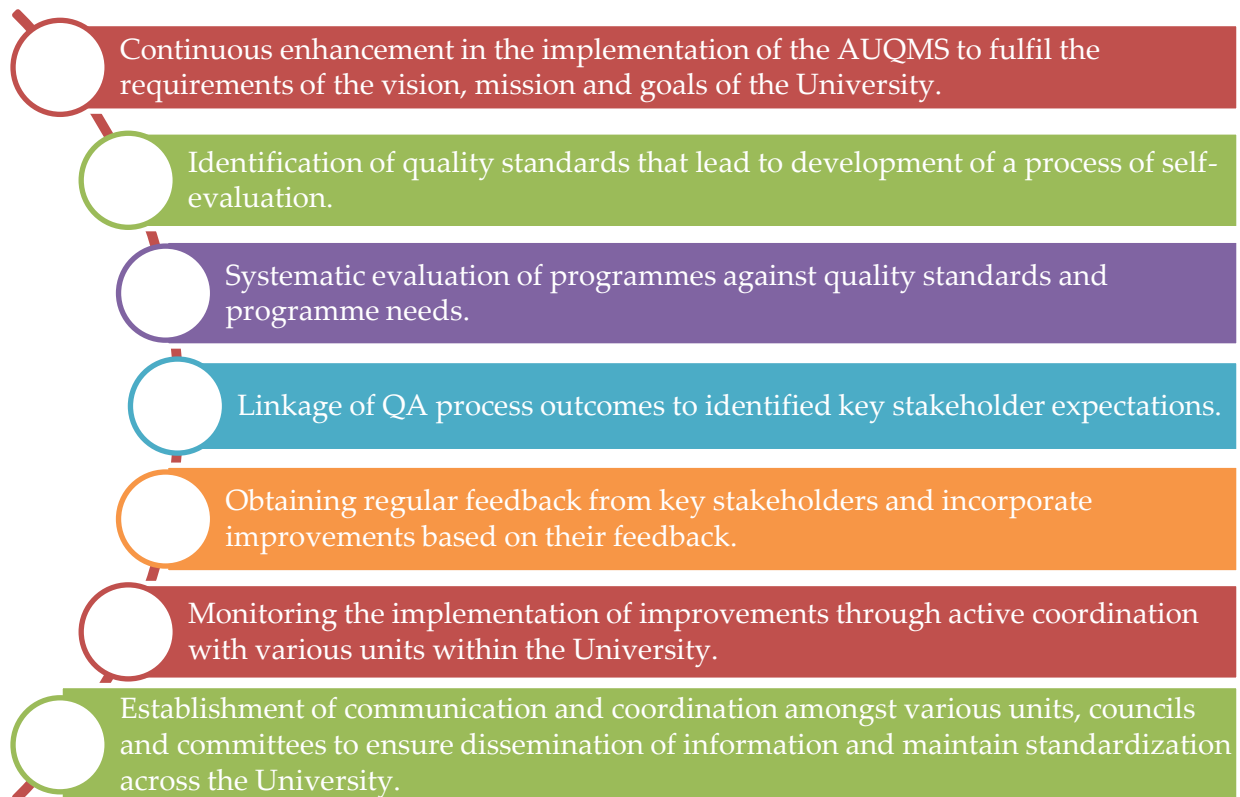
## **Section 2: Ahlia University QA Policy Statement:**

Ahlia University's approach to quality assurance is centered around satisfying key stakeholders' expectations, as well as fulfilling the vision, mission and goals of the University through a comprehensive set of processes that lead to continuous improvement in quality management of performance. Towards achieving this, quality management has been identified by AU as an important factor that is expected to play a leading role in every activity of the University.

The overall purpose of quality management is to provide all university stakeholders with systematic feedback on the performance of the programmes and the services run by the University. In addition it also promotes a culture of effective self-evaluation and review through which continuous improvement initiatives are identified and implemented.

An important feature of quality management is the continuous enhancement in the quality of performance at the University that aspires to meet the challenging needs of local and international students. This is achieved through a systematic approach to QA in teaching, learning and research, as well as community engagement.

## 2.1 Key Components of the QA Policy



## Section 3: Phase 2 of Ahlia University Quality Management System:

AUQMS is driven by the mission of the University. In order to achieve the mission, quality has been identified by AU as an important factor to play a leading role in every activity within the University. AU has developed an AUQMS that ensures the involvement of every member of the University, top management commitment in institutionalizing the Quality Frameworks, allocation of resources, establishment of processes and participation of different stakeholders. Keeping in view the University's primary goal in producing students of high calibre, the University has embraced the guidelines of Higher Education Council (HEC) rules and regulations/ Institutional accreditation standards act as one of the mandatory requirements with which the University should comply, in addition those of the Directorate of Higher Education Review Unit (DHR), National Qualification Framework (NQF) and United Nations Sustainability Development Goal 4.

Furthermore, affiliations with reputed institutions are an important and integral part of AU's aim to achieve international standards in delivering high quality education. Internationally reputed universities with whom AU is affiliated lay down standards that need to be fulfilled. As part of phase 1 processes were established that enable AU to fulfil the standards of those institutions. AUQMS is guided by the standards of the institution with which AU is affiliated.

As part of implementing AUQMS Phase 1, QA policies and procedures were revised and developed as well as additional standards being adapted, AUQMS was revised into Phase 2 considering all the new standards and the related policies and procedures, which introduced new frameworks covering the HEC Institutional Accreditation Framework, Institutional Review Framework, Academic Programme Review Framework, NQF Listing and Qualification Mapping Framework, International Accreditation and Sustainability Framework and Collaborative Provision Quality Review Framework. All the frameworks are related; however the main framework is the HEC Institutional Accreditation Framework which is operating through eight standards across all the institution operations.

In addition, AU has a Vision to be one of the top ranking Universities in the region. To achieve this AU has identified accreditation for programmes by international bodies as an important QA process. With respect to this, the AUQMS is guided by the standards set by the accreditation bodies that will be approached for accreditation. The process defined in the AUQMS is monitored according to the guidelines of accreditation agencies such as AACSB and ABET as a main target in line with Strategic Objective No.15.

In order to ensure that AU achieves its Vision, Mission, Goals and Core Values, AU is committed to the process of continuous improvement through a feedback mechanism that was obtained by external consultants and stakeholders. AU aims to achieve performance excellence through this. Thus, the AUQMS has a framework that is bound by "HEC/DHR/NQF/Accreditation Bodies/Affiliations" on one side and "Feedback and Continuous Improvement" on the other. AU is thus set on a journey to achieve continuous performance excellence through the AUQMS.

### 3.1 AUQMS QA Structure and Implementation Guidelines:

#### The Relationship among the entities within the QA Structure:

The QA structure provides relationships amongst the entities involved in QA with respect to decision making levels and communication. The structure has relevance to the three QA review frameworks namely:

1. Institutional Accreditation Framework
2. Institutional Quality Review Framework
3. Academic Programme Reviews Framework (Cycle 2)
4. Institutional NQF Listing & Qualification Placement Framework
5. International Accreditation and Sustainability Framework
6. Collaborative Provision Quality Review Framework

The various entities within the QA structure are interrelated as follows:

Channel	Relationship
<b>University Council (UC)</b>	<ol style="list-style-type: none"> <li>1. Takes final decision on all QA aspects, as an apex decision making body within the University</li> <li>2. Reports to the President</li> </ol>
<b>Accreditation and Quality Assurance Committee (AQAC)</b>	<ol style="list-style-type: none"> <li>1. Decides on all quality related aspects, as an apex QA body within the University</li> <li>2. In coordination with CAQA ensures that all the QA Frameworks are implemented.</li> <li>3. Reviews and approves recommendations by TLAC and CAQA</li> <li>4. Monitors the overall implementation and progress of all QA frameworks at the University level</li> <li>5. Reports to UC on all quality related issues</li> </ol>
<b>College Council</b>	<ol style="list-style-type: none"> <li>1. Interacts with Deanship of Graduates Studies regarding quality review aspects of the Master Programmes relevant to Academic Programme Reviews</li> <li>2. Interacts with TLAC regarding quality aspects related to academic issues relevant to Academic Programme Reviews</li> <li>3. Reports to UC and interacts with VP for Academic Affairs with regard to quality related issues pertaining to the College</li> </ol>



<b>Departmental Council/ Master Programme Committee</b>	<ol style="list-style-type: none"> <li>1. Reports to College Councils on all quality related issues pertaining to the Programme</li> <li>4. Conduct Programme Reviews in line with the Academic Programme Reviews</li> </ol>
<b>Deanship of Graduates Studies and Research</b>	<p>Interacts with TLAC and relevant bodies regarding all academic quality related aspects relevant to :</p> <ul style="list-style-type: none"> <li>▪ Academic programme review of Master Programmes,</li> <li>▪ Research as part of HEC Institutional Accreditation Framework</li> <li>▪ Research as part of the BQA Institutional Review</li> <li>▪ Provides relevant information pertaining to research for research-based programmes delivered as part of collaborative provision.</li> </ul>
<b>Teaching, Learning and Assessment Committee (TLAC)</b>	<ol style="list-style-type: none"> <li>1. Coordinates with CAQA on quality related issues pertaining to academia</li> <li>2. Interacts with the College Councils and the deanship graduate studies on assuring quality with regard to Institutional and Academic Programem reviews with the focus only on academic issues</li> <li>3. Reports to UC and interacts with AQAC in the process of approving any academic related aspects with respect to QA and monitoring the progress involved in the review processes</li> </ol>
<b>Centre for Accreditation and Quality Assurance (CAQA)</b>	<ol style="list-style-type: none"> <li>1. Coordinates all QA activities internal and external to the University, as a nodal centre for QA</li> <li>2. Coordinates with TLAC on quality related issues pertaining to academia and takes care of QA activities related to all administrative aspects</li> <li>3. Address all quality issues, together with TLAC, in an integrated manner</li> <li>4. Provides detailed report to the President with regard to all QA related activities within the University</li> <li>5. Interacts with AQAC in the process of approving any administrative related aspects with respect to QA and monitoring the progress involved in the review processes</li> <li>6. Facilitates AQAC and TLAC with decision making reports in line with AUQMS frameworks</li> </ol>

**Note:** For detailed terms of reference that includes additional roles and responsibilities refer to the approved Terms of Reference by University Council for each committee

# **Ahlia University**

## **Quality Assurance Manual V.04**

### **Chapter 2: Institutional Accreditation Framework**

## Chapter 2: Introduction:

### Section 2: About the Institutional Accreditation Framework

This chapter provides full information about the Institutional Accreditation Framework that is part of AUQMS, this chapter identifies all the related activities starting with identification of Champions/Team Members, Self-Evaluation, identification of areas for improvement, monitoring cycles, measurement and evaluation etc.

Institutional Accreditation Framework is in compliance with HEC standards that were published in 2015 and operationalized by the Accreditation and Quality Assurance Committee (AQAC), the committee reviews and assures that the framework is adhered to and implemented in coordination with CAQA.

This chapter provides information pertaining to the roles and responsibilities of the Champions, CAQA and AQAC as well as University Council and final approval body.

#### 2.1 HEC Areas and Standards

Area No.	Area	No. of Standards
Area 1	Governance, Strategy and Financial Management	3 Standards
Area 2	Academic Management and Administration	4 Standards
Area 3	Teaching, Learning and Assessment	4 Standards
Area 4	Research and Innovation	2 Standards
Area 5	Economy and Society Impact	3 Standards
Area 6	Student Recruitment, Support Guidance and Progression	8 Standards
Area 7	Premises, Facilities and Learning Resources	6 Standards
Area 8	Quality Management, Assurance and Enhancement	3 Standards

For more information, Key Indicators under each standards/area are stipulated within the [HEC Institutional Accreditation Handbook 2015](#)

## 2.2 Institutional Accreditation Framework

### 2.2.1 HEC Application:

In line with University Council Decision No. **UC/P197/2015** champions were allocated to implement the Institutional Accreditation Framework. Champions along with team members are to develop the HEC application form ([Appendix 2](#)) and forward the application along with the necessary supporting materials to CAQA as a channel to ensure completeness and relevancy of materials. This is then submitted to AQAC for further review and approval. Upon approval by AQAC the application form is forwarded to the UC for final approval.

Member/Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To draft the HEC application</li> <li>To submit the necessary supporting materials</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft</li> <li>Generate detailed reports to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the drafted application and provide feedback where necessary</li> <li>Identify further actions towards improvements</li> </ul>
UC	<ul style="list-style-type: none"> <li>Review the final complied draft and proceed with final approval</li> </ul>
Expected Deliverables	
1.	Approved HEC Application & Supporting Evidence
2.	Review Report by AQAC
3.	Quality Control Report by CAQA



### 2.2.2 Internal Review and Monitoring

In line with AUQMS, CAQA conducts internal review with every champion to monitor the extent of implementation of HEC areas/standards; CAQA monitoring is based on HEC Key Indicators as well as monitoring certain policies and procedures in coordination with designated committees. A list of policies and procedures with frequency of monitoring and monitoring body is available.

Upon receiving CAQA Internal Review reports in coordination with various committees; AQAC committee discusses CAQA review reports to facilitate decision making. The champions are required to implement any recommendable action by CAQA, monitoring committee and AQAC. This process is conducted twice a year to enable development of Self-Evaluation and Analysis as part of the HEC Institutional Accreditation Framework.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To ensure that the listed policies and procedures are implemented and documented</li> <li>To ensure compliance with HEC Key Indicators and take necessary actions where needed</li> <li>To provide CAQA with the status cross referenced each Area/Standard and Key indicators along with evidences</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct internal review twice a year</li> <li>To coordinate with the listed committees to ensure proper implementation of the related policies and procedures</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review based on CAQA internal review report</li> <li>Suggest any improvement to policies and procedures to comply with HEC standards/regulations</li> <li>Identify further actions towards improvements per Area/Standards</li> </ul>
Expected Deliverables	
1.	Internal Review Reports by CAQA
2.	Committee Reports/ Minutes indicating monitoring the implementation of related policies and procedures as stated in ( <b>Appendix 3</b> )
3.	AQAC Reports per Area/Standards

### 2.2.3 Self-Evaluation Analysis

Based on the Internal Review status identified by AQAC and further actions stated, the Champions are requested to self-evaluate their designated areas/standards. Champions along with their team members must fill the Self-Evaluation Template and provide the relevant evidences to support their status. The filled Self-Evaluation Report will be forwarded to CAQA as a channel to ensure completeness and relevancy of materials, it will be further passed to AQAC for further review and approval, upon approval by AQAC the application form will be forwarded to UC for final approval.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To draft a Self-Evaluation Report within the HEC template</li> <li>To provide the necessary Supporting Materials to CAQA</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft Self-Evaluation Report</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the drafted Self-Evaluation Report based on CAQA internal review reports and provide feedback where necessary</li> <li>Identify further actions towards improvements</li> </ul>
UC	<ul style="list-style-type: none"> <li>Review the final complied draft Self-Evaluation Report and proceed with final approval to enable Submission to</li> </ul>
Expected Deliverables	
1.	Approved Self-Evaluation Report & Supporting Evidence
2.	Review Report by AQAC
3.	Quality Control Report by CAQA

### 2.2.4 Inspection External Visit:

Upon submission the Self-Evaluation Report and in case of clarification is made and accepted, the HEC will allocate an external panel to conduct the inspection that is scheduled in coordination with CAQA. The inspection visit will involve meeting with selected staff members as described below:

Category	Members
Introductory Meeting with the Management Team	<ul style="list-style-type: none"> <li>President</li> <li>Vice President for Academic Affairs</li> <li>President Assistant for Quality Assurance</li> <li>President Assistant for Compliance</li> </ul>

Meeting with Owners	<ul style="list-style-type: none"> <li>• Chairperson of Board of Trustees</li> <li>• Members of the Board of Trustees</li> </ul>
Meeting with Presidents/ Vice Presidents	<ul style="list-style-type: none"> <li>• President</li> <li>• Vice President for Academic Affairs</li> </ul>
Meeting with Academic Management	<ul style="list-style-type: none"> <li>• Vice President Academic Affairs</li> <li>• Deans of Colleges</li> <li>• Chairpersons</li> </ul>
Individual Meetings with Key Academic and Managerial Staff	<ul style="list-style-type: none"> <li>• Champions</li> <li>• Directors</li> </ul>
Meeting with Student Support Staff	<ul style="list-style-type: none"> <li>• Directors, Heads and Officers from Deanship of Student Affairs</li> </ul>
Meeting with Student Representatives	<ul style="list-style-type: none"> <li>• Group of Students from multiple years/programmes and levels ( undergraduate and postgraduate)</li> </ul>
Meeting with Faculty Representatives	<ul style="list-style-type: none"> <li>• Group of faculty representatives from different ranks, teachers, tutors and lecturers</li> </ul>
Meeting with External stakeholders	<ul style="list-style-type: none"> <li>• Employers of AU Graduates</li> <li>• Advisory Board Members</li> <li>• Alumni</li> <li>• Community Leaders (if any)</li> </ul>

### 2.2.5 Loop Closure and Enhancement:

The HEC will develop a detailed report describing the findings of the Inspection by the external panel. Upon receiving the report; the report will then be developed into the following categories:

1. **Met**
2. **Substantially Met**
3. **Partially Met**
4. **Not Met**

Upon receiving the inspection report, CAQA will request the champions to develop an action plan in line with the above priorities with a time-frame for improvement; this process is conducted to assure loop closure and continuous enhancement to sustain the quality and the accreditation standards, the quality improvement will be aligned with the Institutional Quality Review and Quality Improvement Plan.



The champions should develop their action plans which will be monitored by CAQA and AQAC m for assurance of implementation, QA loop closure will be conducted in line with the Institutional Quality Improvement plan cycle.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To develop an action plan in line the action points as stipulated within HEC inspection report</li> <li>To provided CAQA/AQAC with the status of implementation along with Supporting Materials</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct internal review twice a year</li> <li>To coordinate with the listed committees to ensure proper implementation of the related policies and procedures</li> <li>To ensure that the listed policies and procedures are implemented and documented</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To make use of CAQA reports of monitoring the implementation of the action plans and take decisions.</li> <li>Identify further actions towards improvements</li> </ul>
Expected Deliverables	
1.	Action Plans developed by Champions
2.	Review Report by CAQA
3.	Review Report by AQAC
4.	Evidences of Implementation of the actions plans provided by Champions

### 2.2.6 Re- Accreditation of Applications:

HEC will request re-submit for re-accreditation within four years from the date of granting the first accreditation; the champions will be requested to provide their updates cross referenced each designated area.

CAQA will plan another cycle to implement the full HEC Institutional Accreditation Framework as stated above. One year prior to the end of the accreditation period, CAQA will request Champions to draft re-accreditation application form and support the related data and materials. CAQA will conduct a quality control on the submitted re-accreditation application form and forward it to AQAC for further review and approval. Upon approval by AQAC the application will be complied and forwarded to UC for final review and approval. Once the



HEC re-accreditation application is processed by HEC the entire framework cycle will be re-conducted.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To draft the HEC re-accreditation application</li> <li>To submit the necessary supporting materials</li> <li>To submit the necessary data required.</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft HEC re-accreditation application</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the HEC re-accreditation application and provide feedback where necessary</li> <li>Identify further actions towards improvements</li> </ul>
UC	<ul style="list-style-type: none"> <li>Review the final complied draft and proceed with final approval</li> </ul>
Expected Deliverables	
1.	Approved HEC re-accreditation application & Supporting Evidences
2.	Review Report by AQAC
3.	Quality Control Report by CAQA

### 3.0 Summary on the HEC Institutional Framework:

The below table provides a summary of the overall framework phases/stages that includes internal and external operations. The table also provides the expected deliverables with frequency of monitoring:

Phase/Stage	Expected Deliverable	To be Submitted to	Frequency of Monitoring
HEC Application	<ul style="list-style-type: none"> <li>Approved Application</li> <li>Supporting Materials</li> <li>Data Required</li> </ul>	CAQA	Once every four years ( depending on the accreditation period granted by HEC)
		AQAC	
		HEC	

Internal Review and Monitoring	<ul style="list-style-type: none"> <li>Champions reports on their status</li> <li>Internal Review Reports by CAQA</li> <li>Policies and Procedures Implementation reports by designated committees</li> <li>AQAC Review Reports</li> </ul>	CAQA	Minimum of twice a year or annually relaying on the status
		AQAC	
Self-Evaluation Analysis	<ul style="list-style-type: none"> <li>Approved Self-Evaluation Report</li> <li>Supporting Materials</li> <li>Data Required</li> </ul>	CAQA	Minimum of twice a year (for improvement and sustainability)
		AQAC	
		HEC	
Inspection External Visit	<ul style="list-style-type: none"> <li>Meeting with the designated members</li> <li>Additional evidences required by HEC</li> </ul>	CAQA	Once every four years ( relaying on the accreditation period granted by HEC)
		AQAC	
		HEC	
Loop Closure and Enhancement	<ul style="list-style-type: none"> <li>Status report by champions stating the extent of implementation on provided actions by HEC</li> </ul>	CAQA	Minimum of twice a year (for improvement and sustainability)
		AQAC	
		HEC	
Re- Accreditation of Applications	<ul style="list-style-type: none"> <li>Approved Re- Accreditation Application</li> <li>Supporting Materials</li> <li>Data Required</li> </ul>	CAQA	Once every four years ( relaying on the accreditation period granted by HEC)
		AQAC	
		HEC	

# **Ahlia University**

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### **Chapter 3: Institutional Quality Review**

### Section 3: About the BQA- DHR Institutional Review

The chapter provides information about the BQA Institutional Framework that is part of AUQMS, this chapter will provide full details about the all the related activities that starts with identifying the Champions/team members, self-evaluation, identification of areas for improvement, monitoring cycles, measurement and evaluation etc.

This chapter will provide information pertaining to the roles and responsibilities of the Champions, TLAC, CAQA and AQAC as well as University Council and final approval body.

#### 3.1 BQA DHR Standards and indicators

Standard No.	Standard	No. of Indicator
Standard 1	Mission, Governance and Management	6 Indicators
Standard 2	Quality Assurance and Enhancement	3 Indicators
Standard 3	Learning Resources, ICT and Infrastructure	3 Indicators
Standard 4	Quality of Teaching and Learning	7 Indicators
Standard 5	Student Support Services	1 Indicator
Standard 6	Human Resources Management	2 Indicators
Standard 7	Research	2 Indicators
Standard 8	Community Engagement	1 Indicator

For more information, Indicators under each standard are stipulated within the [DHR institutional Handbook- Cycle 2- 2018](#)

## 3.2 Institutional Framework

### 3.2.1 Institutional Self Evaluation Report

Champions were selected for each standard to implement the institutional framework. Champions and the team members were assigned to develop the Self-evaluation report and provide the supporting materials to CAQA as a channel to ensure completeness and relevancy of materials. CAQA then forward it to AQAC for further review and approval. Once AQAC reviews the materials, it's forwarded to UC for final approval.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To Draft the Institutional Self-Evaluation Report</li> <li>To Submit the necessary supporting materials</li> <li>To submit the necessary data required</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft Self-Evaluation Report.</li> <li>Generate detailed report to facilitate decision making at AQAC level.</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the Institutional Self-Evaluation Report and provide feedback where necessary for academic related sections</li> <li>Identify further actions towards improvements</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the Institutional Self-Evaluation Report and provide feedback where necessary</li> <li>Identify further actions towards improvements</li> </ul>
UC	<ul style="list-style-type: none"> <li>Review the final complied draft and proceed with final approval</li> </ul>
Expected Deliveries	
1.	Approved Institutional Self Evaluation Report & Supporting evidences
2.	Review Report by TLAC
3.	Review Report by AQAC
4.	Quality Control Report by CAQA



### 3.2.2 Internal Review and monitoring

CAQA conducts the internal review in line with the AUQMS with every delegated champion, in order to facilitate and monitor the extent of the implementation of the BQA Standards/Indicators. CAQA monitors the BQA Standards based on the Indicators provided under each Standard as well as monitoring certain policies and procedures in coordination with designated committees.

Once CAQA receives the internal review reports in coordination with various committees; AQAC committee discusses CAQA review report in order to facilitate decision making. The champions are required to implement any recommendable actions by CAQA, monitoring committee and AQAC.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>• To ensure compliance with BQA Indicators and take necessary actions where needed</li> <li>• To provide CAQA with the status cross referenced each Standard/ Indicator and along with evidences</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>• To conduct internal review in coordination with champions</li> <li>• To coordinate with the listed committees to ensure proper implementation of the related policies and procedures</li> <li>• Generate detailed report to facilitate decision making at AQAC level</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>• To conduct a detailed review based on CAQA internal review report for academic related actions</li> <li>• Suggest any improvement to policies and procedures to comply with BQA standards.</li> <li>• Identify further actions towards improvements per Standard/ Indicators</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>• To conduct a detailed review based on CAQA internal review report</li> <li>• Suggest any improvement to policies and procedures to comply with BQA standards.</li> <li>• Identify further actions towards improvements per Standard/ Indicators</li> </ul>
Expected Deliverables	
1.	Internal Review Reports by CAQA
2.	Committee Reports/ Minutes indicating monitoring the implementation of related policies and procedures

3.	TLAC Reports per Standard/ Indicator
4.	AQAC Reports per Standard/ Indicator

### 3.2.3 Self Evaluation Analysis

In line with the internal review status that is identified by AQAC and further actions stated, the champions are requested to self- evaluate their specified Standard/ Indicator. Champions along with their team members are requested to fill the Self- Evaluation Template and provide the relevant evidences to support their status. The filled Self- Evaluation Report will be then forwarded to CAQA as a channel to ensure completeness and relevancy of materials, it will be further forwarded to AQAC for further review and approval, upon approval by AQAC the application form will be forwarded to UC for final approval.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To draft a Self-Evaluation Report within the BQA template</li> <li>To provide the necessary Supporting Materials to CAQA</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft Self-Evaluation Report</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the drafted Self-Evaluation Report based on CAQA internal review reports and provide feedback where necessary for academic related actions.</li> <li>Identify further actions towards improvements</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the drafted Self-Evaluation Report based on CAQA internal review reports and provide feedback where necessary.</li> <li>Identify further actions towards improvements</li> </ul>
UC	<ul style="list-style-type: none"> <li>Review the final complied draft Self-Evaluation Report and proceed with final approval to enable Submission to BQA</li> </ul>
Expected Deliverables	
1.	Approved Self-Evaluation Report & Supporting Evidence
2.	Review Report by TLAC
3.	Review Report by AQAC
4.	Quality Control Report by CAQA

### 3.2.4 Inspection External Visit:

When the final Self- Evaluation Report is submitted to BQA, and in case of clarification is made and accepted, the BQA will designated an external panel to conduct the inspection that is scheduled in coordination with CAQA. The site- visit will involve meeting with selected staff members as described below, **however not restricted to the following:**

Category	Members
Introductory Meeting with the Management Team	<ul style="list-style-type: none"> <li>• President</li> <li>• Vice president for Academic Affairs</li> <li>• Vice president for Admin and Finance</li> <li>• QA Representative</li> </ul>
Meeting with Owners	<ul style="list-style-type: none"> <li>• Chairperson of Board of Trustees</li> <li>• Members of the Board of Trustees</li> </ul>
Meeting with Presidents/ Vice Presidents	<ul style="list-style-type: none"> <li>• President</li> <li>• Vice president for Academic Affairs</li> </ul>
Meeting with Academic Management	<ul style="list-style-type: none"> <li>• Vice President Academic Affairs</li> <li>• Deans of Colleges</li> <li>• Chairpersons</li> </ul>
Individual Meetings with key academic and managerial staff	<ul style="list-style-type: none"> <li>• Champions</li> <li>• Directors</li> </ul>
Meeting with Student Support Staff	<ul style="list-style-type: none"> <li>• Directors, Heads and Officers from Deanship of Student Affairs</li> </ul>
Meeting with student representatives	<ul style="list-style-type: none"> <li>• Group of Students from multiple years/programmes and levels ( undergraduate and postgraduate)</li> </ul>
Meeting with Faculty Representatives	<ul style="list-style-type: none"> <li>• Group of faculty representatives from different ranks, teachers, tutors and lecturers</li> </ul>
Meeting with External Stakeholders	<ul style="list-style-type: none"> <li>• Employers of AU Graduates</li> <li>• Advisory Board Members</li> <li>• Alumni</li> <li>• Community Leaders (if any)</li> </ul>



### 3.2.5 Loop closure and enhancement:

The BQA will develop a detailed report describing the findings of the Site-visit by the External Panel. The report will be having an overall judgment which is described below:

Criteria	Standard Judgment	Overall Judgment
The university should address all eight standards	Addressed	Meet Quality Assurance Requirements
The university must address a minimum of five standards including Standards 1,4 and 6 with the remaining standards being at least partially satisfied	Partially Addressed	Emerging Quality Assurance Requirements
The university does not address any of the above two overall judgments	Not Addressed	Does not meet quality assurance Requirements

Upon receiving the site-visit report after 3 months from the site-visit from the BQA, CAQA will request the champions to develop an action plan in line with the above judgments with a time-frame for improvement; this process is conducted to assure loop closure and continuous enhancement to sustain the quality and the accreditation standards.

The champions should develop their action plans which will be monitored by CAQA and AQAC twice a year for assurance of implementation.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To develop an action plan in line the action points as stipulated within BQA site-visit report</li> <li>To provided CAQA/AQAC with the status of implementation along with Supporting Materials</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct internal review</li> <li>To coordinate with the listed committees to ensure proper implementation of the related policies and procedures</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>To make use of CAQA reports of monitoring the implementation of the action plans and take decisions for academic related actions</li> <li>Identify further actions towards improvements</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To make use of CAQA reports of monitoring the implementation of the</li> </ul>

	action plans and take decisions. • Identify further actions towards improvements
<b>Expected Deliverables</b>	
1.	Action Plans developed by Champions
2.	Review Report by CAQA
3.	Review Report by TLAC
4.	Review Report by AQAC
5.	Evidences of implementation of the action plans provided by Champions

This cycle is conducted again after 5 years.

#### 4.0 Summary on the BQA Institutional Framework

The table below provides a summary of the overall framework phases/stages that includes internal and external operations. The table also illustrates the expected deliverables with frequency of monitoring:

Phase/ Stage	Expected Deliverables	To be submitted to	Frequency of monitoring
<b>Internal Review and Monitoring</b>	<ul style="list-style-type: none"> <li>Champions reports on their status.</li> <li>Internal Review Reports by CAQA</li> <li>TLAC/AQAC Review Reports</li> </ul>	<b>CAQA</b>	Once every Five years (relaying on the BQA Cycle Framework)
		<b>TLAC/AQAC</b>	<b>Subsequently annual internal review</b>
<b>Self- Evaluation Analysis</b>	<ul style="list-style-type: none"> <li>Approved Self Evaluation Report</li> <li>Supporting Materials</li> <li>Data Required</li> </ul>	<b>CAQA</b>	Once every Five years (relaying on the BQA Cycle Framework)
		<b>TLAC/AQAC</b>	
		<b>UC</b>	
		<b>BQA</b>	
<b>Inspection External Visit</b>	<ul style="list-style-type: none"> <li>Meeting with the designated members</li> <li>Additional evidences required by BQA</li> </ul>	<b>CAQA</b>	Once every Five years (relaying on the BQA Cycle Framework)
		<b>TLAC/AQAC</b>	
		<b>BQA</b>	
<b>Loop Closure and Enhancement</b>	<ul style="list-style-type: none"> <li>Status report by champions stating the extent of implementation on provided actions by BQA</li> </ul>	<b>CAQA</b>	Minimum of twice a Year (for improvement and sustainability)
		<b>TLAC/AQAC</b>	
		<b>BQA</b>	

# **Ahlia University**

## **Quality Assurance Manual V.04**

### **Chapter 4: Academic Programme Review (Cycle 2) Framework**

## Chapter 4: Introduction:

### Section 4: About the Academic Programme Review (APR) Framework

This chapter provides full information about the Academic Programme Review (Cycle 2) Framework that is part of AUQMS, this chapter identifies all the related activities starting with identification of APR Team, Self-Evaluation, identification of areas for improvement, monitoring cycles, measurement and evaluation etc.

Academic Programme Review Framework is in compliance with HEC standards that were published in 2019 and operationalized by Accreditation and Quality Assurance Committee (AQAC) and Teaching Learning and Assessment Committee, the committees review and assures that the framework is adhered to and implemented in coordination with CAQA.

This chapter will provide information pertaining to the roles and responsibilities of the APR Team, TLAC, CAQA and AQAC as well as University Council and final approval body.

#### 4.1 DHR 4 Indicators:

Indicator No.	Content
Indicator 1	The Learning Programme
Indicator 2	Efficiency of the Programme
Indicator 3	Academic Standards of Students and Graduate
Indicator 4	Effectiveness of Quality Management & Assurance

**Note:** For more information, Sub-Indicators under each Indicator are stipulated within [DHR Academic Programme Reviews Handbook \(Cycle 2\)](#)

## 4.2 Academic Programme Review Framework

### 4.2.1 Alignment of Frameworks:

This framework is directly aligned to HEC Area 3 pertaining to Teaching, Learning and Assessment, upon the implementation of this framework area 3 should be adhered to by all the Colleges. This framework is applicable to all the programmes offered by designated Colleges at Ahlia University. The implementation of this framework is based on the alignment of AU Strategic Objective No.14 that is based on integrating quality across the institutions.



### 4.2.2 Formation of APR Team:

Once a College is subjected for an external review by DHR, Academic Programme Review Team will be formed by the President. The team will consist of the Dean of the College, Chairpersons and Team Members whom are faculty or administrative assistants supporting the College. A classification of APR team is described as per the table below:

APR Designation	Position
Programme Review Leader/ Chairperson of the APR team	Dean of the College
Programm Review Coordinator	Chairperson of the Department offering the Academic Programme
APR Team Members	Faculty members as well as administrative members contributing to the Programme directly or from other colleges
Review Coordinator	QA Representative
Editor	Assigned member to edit the Self-Evaluation report in terms of consistency

**Note:** The Roles and Responsibilities of the Team are drawn along with the expected deliverable at every stage of the Academic Programme Review Framework.

#### 4.2.3 Internal Review and Monitoring:

In line with AUQMS, CAQA in coordination with TLAC conducts internal review with every Programme Review Coordinator to monitor the extent of implementation University-wide policies and procedures that are directly aligned with DHR Academic Programme Reviews Indicators. A list of policies and procedure with frequency of monitoring and monitoring body is available.

Upon CAQA Internal Review reports in coordination with TLAC for academic related policies and procedures; TLAC and AQAC discusses CAQA internal review reports to facilitate decision making. The programme review coordinators are required to implement any recommendable action by CAQA and TLAC throughout the monitoring process and further decision taken by AQAC. The full cycle of the APR framework is conducted once in every five years to enable development of Self-Evaluation and Analysis as part of DHR Academic Programme Reviews Framework, with an exception for those marked with (\*) at the end of each semester and end of academic year, Programme Review Coordinator will be requested reports to assure sustainability of outcomes/ enable further planning in compliance with HEC Area 8.

Member/ Committee	Roles and Responsibilities
APR Team	<ul style="list-style-type: none"> <li>To ensure that the listed policies and procedures are implemented and documented</li> <li>To ensure compliance with DHR 4 Indicators and take necessary actions were needed</li> <li>To provide CAQA/TLAC with the status cross referenced each policy and procedure and take action upon any recommendable area by CAQA/TLAC</li> <li><i>To provide an end-of-session report which includes student satisfaction, completion rate and achievement levels. *</i></li> <li><i>To compile the end-of-session reports in annual report and make use of it for decision making.*</i></li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct quality control on frequent basis</li> <li>To coordinate with the listed committees to ensure proper implementation of the related policies and procedures</li> <li>To develop a quality control report indicating the status of implementation to</li> </ul>

	facilitate decision making at TLAC level <ul style="list-style-type: none"> <li>• To forward the academic related reports to TLAC for further review and verification</li> <li>• To collect and review the end of session reports/annual reports generated by the Programme Review Coordinators</li> <li>• Support the APR team with detailed action plan towards improvement</li> <li>• Generate detailed report to facilitate decision making at TLAC/AQAC level</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>• To discuss CAQA quality control report and take further decisions</li> <li>• To conduct internal review on frequent basis</li> <li>• To review and evaluate the academic related aspects</li> <li>• To review the annual reports generated by the programme review coordinators and suggest further actions were needed</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>• To conduct a detailed review based on CAQA/TLAC internal review report</li> <li>• Suggest any improvement to policies and procedures to comply with DHR/HEC standards/regulations</li> </ul>
<b>Expected Deliverables</b>	
1.	Internal Review Reports by CAQA and TLAC
2.	TLAC Review Reports/ Minutes indicating monitoring the implementation of related policies and procedures
3.	End of Session Reports generated by Programme Review Coordinators which includes student satisfaction, completion rate and achievement levels.
4.	Annual Report which is based on end of session reports for all the semesters for decision making
3.	AQAC Reports and suggested action ( if available)

(\*) Reports to be generated every semester to be evaluated by CAQA in line with HEC Area 3

#### 4.2.4 Self-Evaluation Report and Analysis

Based on the Internal Review status identified by CAQA/TLAC and further actions stated, the Programme Review Coordinators along with their team members are requested to self-evaluate the offered Programmes at Departmental Level by filling the Programme Review Self-Evaluation Template and provide the relevant evidences to support their status. The filled Self-Evaluation Report will be forwarded to CAQA/TLAC as a channel to ensure completeness and relevancy of materials, it will be further passed to AQAC for further review and approval, upon approval by AQAC the Self-Evaluation Report will be forwarded to UC for final approval.



Member/ Committee	Roles and Responsibilities
APR Team	<ul style="list-style-type: none"> <li>Self-Evaluate within the area context, the routine activities against each indicator classified under each theme</li> <li>Ensure that the performance quality of the institution and the college satisfies the guidelines classified under various indicators and themes</li> <li>Identify actions, for each case of areas not satisfying the guidelines and prepare an action plan accordingly</li> <li>Implement CAQA proposed actions to support development of the Self-Evaluation Report</li> <li>To draft a Self-Evaluation Report within the DHR template</li> <li>To provide the necessary Supporting Materials to CAQA</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft Self-Evaluation Report</li> <li>To ensure that all the 4 Indicators are assessed</li> <li>Generate detailed report to facilitate decision making at TLAC/AQAC level</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>To review academic related contents within the Self-Evaluation Report</li> <li>Generate detailed report to facilitate decision making at TLAC/AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the drafted Self-Evaluation Report and provide feedback where necessary</li> <li>Identify further actions towards improvements</li> </ul>
UC	<ul style="list-style-type: none"> <li>Review the final complied draft Self-Evaluation Report and proceed with final approval to enable Submission to</li> </ul>
Expected Deliverables	
1.	Approved Self-Evaluation Report & Supporting Evidences
2.	Review Reports by APR
3.	Review Reports by CAQA
4.	Review Report by TLAC
5.	Review Report by AQAC

#### 4.2.5 Site Visit by External Panel

Upon submission the Self-Evaluation Report and incase of clarification is made and accepted, DHR will allocate an external panel to conduct the site-visit that is scheduled in coordination with CAQA. The site visit will involve meeting with selected staff members along with requirements of additional evidences as described below:

Category	Members
Brief Introduction about the Site Visit	<ul style="list-style-type: none"> <li>Senior Management nominated by the President</li> <li>QA Representative</li> </ul>



Meeting with Programme Review Leader and Coordinators	<ul style="list-style-type: none"> <li>• Dean of the College</li> <li>• Chairpersons</li> </ul>
Meeting with Involved Members per Indicator	<ul style="list-style-type: none"> <li>• Faculty Members contributing to the Programme</li> </ul>
Touring at the University Premises	<ul style="list-style-type: none"> <li>• Director for Library and Information Resources</li> <li>• Director of Admission and Registration</li> <li>• Director of ICTC</li> </ul>
Meeting with External Stakeholder's	<ul style="list-style-type: none"> <li>• Alumni</li> <li>• Employers of AU Graduates</li> <li>• Advisory Board Members</li> <li>• External Assessors and Evaluators</li> </ul>
Meeting with Students	<ul style="list-style-type: none"> <li>• Samples of Students from all levels, with different GPA's including transfer and exchange</li> </ul>

#### 4.2.6 Quality Improvement and Loop Closure

Upon receiving the programme review report by DHR, an improvement plan should be submitted to DHR three months after publication of the official report. CAQA will request the Programme Review Leader and Coordinator to develop an improvement plan in line with the recommendations provided by DHR with a time-frame for improvement; this process is conducted to assure loop closure and continuous enhancement to sustain the quality and the accreditation standards. The improvement plan should be developed within the Improvement Plan Template (**Appendix 7**) stating high priority actions that are implementable within 1 year from the date of submission to DHR.

As an outcome of the internal review the Programme Review Leader and Coordinator should utilize the outcomes obtained from internal and external stakeholder's feedback as well as while implementing university-wide procedures.

The summary should be documented in a detailed action plan as per the which demonstrates all the actions towards improvements, CAQA in coordination with TLAC will monitor the implementation of both improvement plans and support the department/colleges in case of further action needed.

Member/ Committee	Roles and Responsibilities
APR Team	<ul style="list-style-type: none"> <li>• To develop an improvement plan in line the recommendations points as</li> </ul>

	stipulated within DHR programme review report ( To be implemented within 1 year) <ul style="list-style-type: none"> <li>To develop an action plan addressing all the stakeholder's feedback and other information obtained while implementing university-wide procedures ( To be implemented within 2 years)</li> <li>To provided CAQA/TLAC with the status of implementation along with Supporting Materials</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct quality control on frequent basis</li> <li>To evaluate the extent of implementation of actions</li> <li>Generate detailed report to facilitate decision making at TLAC/AQAC level</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>To evaluate the extent of implementation of academic related actions</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To make use of CAQA/TLAC reports of monitoring the implementation of the improvement/action plans and take decisions.</li> <li>Identify further actions towards improvements</li> </ul>
<b>Expected Deliverables</b>	
1.	Quality Improvement Plan to be submitted to DHR
2.	Action Plan to utilize stakeholder's feedback
3.	Monitoring Reports by CAQA/TLAC
4.	Monitoring Reports by AQAC
5.	Evidences of Implementation of the actions plans provided by APR Team

#### 4.3 Summary on the APR Framework:

The below table provides a summary of the overall framework phases/stages that includes internal and external operations. The table also provides the expected deliverables with frequency of monitoring:

Phase/Stage	Expected Deliverable	To be Submitted to	Frequency of Monitoring
APR Team	<ul style="list-style-type: none"> <li>End of Session Report *</li> <li>Drafted SERs</li> <li>Supporting Materials</li> <li>Data Required</li> </ul>	CAQA/TLAC	Every Semester *
		AQAC	Once every three years ( relating on the DHR cycle)
		DHR	
Internal Review and Monitoring	<ul style="list-style-type: none"> <li>Internal Review Reports by CAQA/TLAC</li> <li>AQAC Review Reports</li> </ul>	CAQA/TLAC	Minimum of once a year

		AQAC	
Self-Evaluation Analysis	<ul style="list-style-type: none"> <li>Approved Self-Evaluation Report</li> <li>Supporting Materials</li> <li>Data Required</li> </ul>	CAQA/TLAC	Once every three years (relaying on the DHR cycle)
		AQAC	
		DHR	
Site Visit External Panel	<ul style="list-style-type: none"> <li>Meeting with the designated members</li> <li>Additional evidences required by DHR</li> </ul>	CAQA/TLAC	Once every three years (relaying on the DHR cycle)
		AQAC	
		DHR	
Loop Closure and Enhancement	<ul style="list-style-type: none"> <li>Status report by APR Team stating the extent of implementation on provided actions /recommendations by DHR and Stakeholder's</li> </ul>	CAQA/TLAC	Minimum of twice a year (for improvement and sustainability)
		AQAC	
		DHR	

# **Ahlia University**

## **Quality Assurance Manual V.04**

### **Chapter 5: Institutional NQF Listing & Qualification Placement Framework**

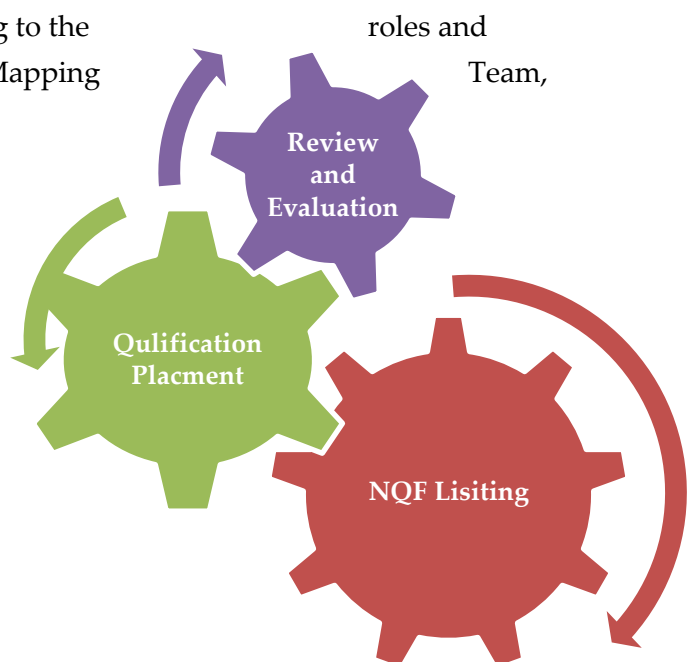
## Chapter 5: Introduction:

### Section 5: About the Institutional NQF Listing & Qualification Placement Framework

This chapter provides full information about the Institutional NQF Listing & Qualification Placement Framework that is part of AUQMS; this chapter identifies all the related activities starting with identification of Institutional Listing and Mapping qualifications towards placements.

Institutional NQF Listing & Qualification Placement Framework is in compliance with HEC standards that were published in 2013 and operationalized by Accreditation and Quality Assurance Committee (AQAC) and Teaching Learning and Assessment Committee, the committees review and assures that the framework is adhered to and implemented in coordination with CAQA.

This chapter will provide information pertaining to the responsibilities of the Champions, Design and Mapping Confirmation Panel towards institutional and qualification placements on NQF.



## 5.1 Institutional NQF Listing:

Ahlia University has adapted the Institutional Listing standards set by General Directorate of Qualification (GDQ) to be placed on the National Qualification Framework; this section provides a detailed procedure and process of approval that is adapted by AU to support the process of NQF Institutional Listing. The listing process is conducted by allocated Champions at AQAC level, which presents the draft application with the relevant evidences at AQAC level for review, upon approval at AQAC level the application along with the evidences further forwarded to UC for final approval prior to submission. A site visit will be conducted by GDQ team will request a site visit for triangulation and clarification, based on the site visit, placement judgment will be granted.

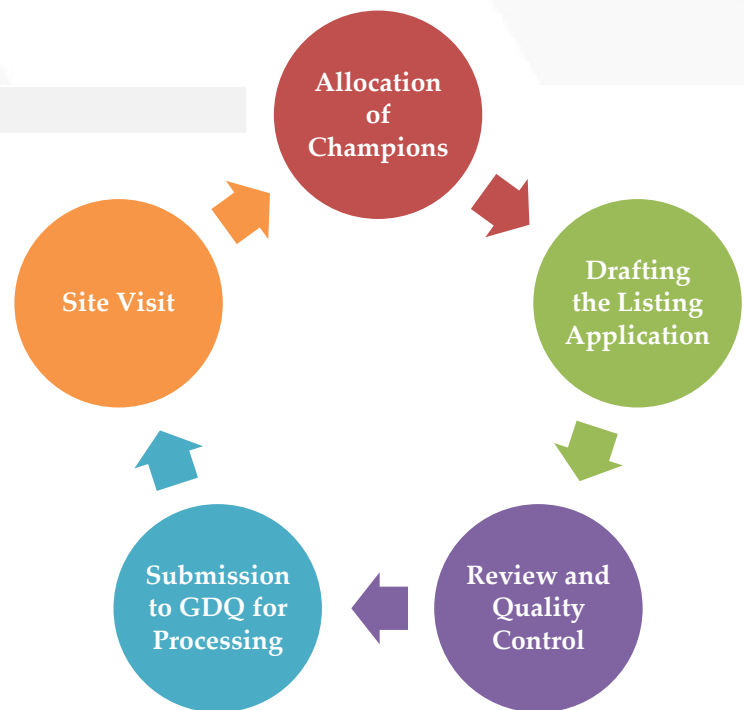
### 5.1.1 NQF Listing Standards:

Standard No.	Standard Content
<b>Standard 1:</b>	Access, Transfer, and Progression
<b>Standard 2:</b>	Qualification Development, Approval and Review
<b>Standard 3:</b>	Assessment Design and Moderation
<b>Standard 4:</b>	Certification and Authentication
<b>Standard 5:</b>	Continuous Quality Improvements

For more information pertaining to each standard please refer to [NQF Institutional Listing Handbook](#)

### 5.1.2 Institutional Listing Self-Evaluation Stage:

At AQAC level Champions will be allocated for each standard, champions are requested to self-evaluate their designated standards. Champions along with their team members must fill the Institutional Application Template and provide the relevant evidences to support their status. The filled application will be forwarded to CAQA as a channel to ensure completeness and relevancy of materials, it will be further passed to AQAC for further review and approval, upon approval by AQAC the application form will be forwarded to UC for final approval.



Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To draft an Institutional Listing Application within the GDQ template</li> <li>To provide the necessary Supporting Materials to CAQA</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft Institutional Listing Application</li> <li>Generate detailed report to facilitate decision making at IAQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the drafted Institutional Listing Application and provide feedback where necessary</li> <li>Identify further actions towards improvements</li> </ul>
UC	<ul style="list-style-type: none"> <li>Review the final complied draft Institutional Listing Application and proceed with final approval to enable Submission to</li> </ul>
Expected Deliverables	
1.	Approved Institutional Listing Application & Supporting Evidences
2.	Review Report by AQAC
3.	Quality Control Report by CAQA

### 5.1.3 Placement Site Visit:

Upon submission the Institutional Listing Application and in case of clarification is made and accepted, GDQ will allocate an external panel to conduct the visit that is scheduled in coordination with CAQA. The visit will involve meeting with selected staff members along with requirements of additional evidences upon request by GDQ team:

Category	Members
Introductory Meeting with the Management Team	<ul style="list-style-type: none"> <li>• President</li> <li>• Vice President for Academic Affairs</li> <li>• President Assistant for Quality Assurance</li> <li>• President Assistant for Compliance</li> </ul>
Meeting with Champions	<ul style="list-style-type: none"> <li>• Champion of Standard 1</li> <li>• Champion of Standard 2</li> <li>• Champion of Standard 3</li> <li>• Champion of Standard 4</li> <li>• Champion of Standard 5</li> </ul>
Meeting with Quality Assurance Team	<ul style="list-style-type: none"> <li>• AQAC Team Members</li> <li>• CAQA Team Members</li> </ul>

### 5.1.4 Loop Closure and Enhancement:

GDQ will develop a detailed report describing the findings of the site by external panel, upon receiving the report; the report will be developed into **MET, PARTIALLY MET or NOT MET**:

Action Point	Description
<b>Met</b>	The Institutional Listing Standard is sufficiently addressed by the institution as evidenced by the submitted formal arrangements.
<b>Partially Met</b>	The institutional listing standard is partially addressed by the institution as evidenced by the submitted formal arrangements. Ins. Application will require the applicant institution to fulfil all stated conditions within a specified timeframe.
<b>Not Met</b>	The institutional listing standard is not addressed by the institution as evidenced by the submitted formal arrangements. Ins. Application will indicate those aspects that need to be developed or revised to meet the Institutional Listing Standard.



Upon receiving the detailed report, CAQA will request the champions to develop an action plan in line with the above priorities with a time-frame for improvement; this process is conducted to assure loop closure and continuous enhancement to sustain the quality and the accreditation standards. The champions should develop their action plans which will be monitored by CAQA and AQAC twice a year for assurance of implementation, on annual basis a detailed review will be made to assure sustainability of the placed standards.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> <li>To develop an action plan in line the action points as stipulated within GDQ report</li> <li>To provided CAQA/AQAC with the status of implementation along with Supporting Materials</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct internal review twice a year</li> <li>To coordinate with the listed committees to ensure proper implementation of the related policies and procedures</li> <li>To ensure that the listed policies and procedures are implemented and documented</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To make use of CAQA reports of monitoring the implementation of the action plans and take decisions.</li> <li>On annual basis to review the placed standards and ensure its sustainability, in case of major changes made to the standards a notification should be sent to GDQ.</li> <li>Identify further actions towards improvements</li> </ul>
Expected Deliverables	
1.	Action Plans developed by Champions
2.	Review Report by CAQA
3.	Review Report by AQAC
4.	Evidences of Implementation of the actions plans provided by Champions

### 5.2.1 Qualification Placement Process:

The qualification placement process will be conducted at departmental and college council level for designing and mapping of the qualification and further forwarded to TLAC for confirmation and CAQA for quality control. A detailed procedure is drawn below:

Member/ Committee	Roles and Responsibilities
Mapping and Design Stage  (Departmental and College Council Level )	<ul style="list-style-type: none"> <li>• Designing and Mapping the courses in line with NQF level descriptors</li> <li>• Re-designing the courses may include customizations of ILOs in relations to keywords to fit with certain level</li> <li>• Ensure assessment criteria's is well defined and assesses the expected learning outcomes</li> <li>• Documenting the designed courses within the Courses Specification/Specification</li> </ul>
Confirmation Panel  ( TLAC Level)	<ul style="list-style-type: none"> <li>• Detailed review of the ILOs, mapped level and confirmation of appropriate of assessments, level mapped and the rationale</li> <li>• Assurance of appropriate distribution of the mapped courses, in terms of percentage at each level</li> <li>• Assurance of no discrepancy between the 3 documents, specification, syllabus and mapping scorecard</li> <li>• Review of the application and the related evidences</li> </ul>
Quality Control  (CAQA Level)	<ul style="list-style-type: none"> <li>• Assurance of availability of the courses in line with the approved study plan</li> <li>• Assurance of relevancy of the related supporting materials in line with the qualification application</li> </ul>
Expected Deliverables	
Mapping and Design Stage	<ul style="list-style-type: none"> <li>• Course Syllabus/Specification</li> <li>• Mapping Scorecards</li> <li>• Qualification Placement Application and Supporting Evidences</li> </ul>
Confirmation Panel	<ul style="list-style-type: none"> <li>• Confirmation panel report confirming :               <ol style="list-style-type: none"> <li>a) Course Syllabus/Specification</li> <li>b) Mapping Scorecards</li> <li>c) Qualification Placement Application and Supporting Evidences</li> </ol> </li> </ul>
Quality Control	<ul style="list-style-type: none"> <li>• Quality Control Checklist</li> </ul>

### 5.2.2 Re-Validation Procedures:

Upon the validation confirmation by GDQ, validation period will be provided based on which the procedure should be repeated for re-validation.

For the validated programmes, on annual basis they will be required to provide an update to CAQA in case of any major changes to the programme is made or any validated course. For more details refer to “Procedure for Re-Mapping and Re-Validation of NQF Placed Qualifications - Ref: UC/P 330/2018”

### 5.2.3 Summary on the NQF Framework:

The below table provides a summary of the overall framework phases/stages that includes internal and external operations. The table also provides the expected deliverables with frequency of monitoring:

Phase/Stage	Expected Deliverable	To be Submitted to	Frequency of Monitoring
IL Application Stage Champions	<ul style="list-style-type: none"> <li>IL Application along with evidences</li> <li>Minutes of the Meeting and Review Report of AQAC</li> </ul>	CAQA/TLAC	Once every five years (relaying on the GDQ cycle)
		AQAC	
		GDQ	
Quality Control Stage	<ul style="list-style-type: none"> <li>Implemented Policies and Procedures</li> </ul>	CAQA/TLAC	Minimum of once a year
		AQAC	
Mapping and Design Stage	<ul style="list-style-type: none"> <li>Course Syllabus/Specification</li> <li>Mapping Scorecards</li> <li>Qualification Placement Application and Supporting Evidences</li> </ul>	CAQA/TLAC	Once every five years (relaying on the GDQ cycle)  <i>*Update is required annually and any Major updates should be reported to CAQA</i>
		GDQ	

Confirmation Panel	<ul style="list-style-type: none"> <li>Confirmation panel report confirming :               <ul style="list-style-type: none"> <li>a) Course Syllabus/Specification</li> <li>b) Mapping Scorecards</li> <li>c) Qualification Placement Application and Supporting Evidences</li> </ul> </li> </ul>	TLAC	Once every three years ( relaying on the GDQ cycle)
		GDQ	
Quality Control	<ul style="list-style-type: none"> <li>Quality Control Checklist</li> </ul>	CAQA	Once every five years ( relaying on the GDQ cycle)
		GDQ	

# **Ahlia University**

## **Quality Assurance Manual V.04**

### **Chapter 6: International Accreditation and Sustainability Framework**

## Chapter 5: Introduction:

### Section 5: International Accreditation and Sustainability Framework

This chapter is developed in line with the University Strategic Objective No.15 the purpose of this chapter is to support the College concerned while proceeding with International Accreditation.

The purpose of developing this chapter is to provide an overall understanding of the role of Centre for Accreditation and Quality (CAQA) in the accreditation process.

In line with the University Strategic Plan 2016-2020, the following Colleges are targeting International Accreditation as scheduled below:

College	Accreditation Body
College of Business and Finance	American Association of Collegiate Schools of Business (AACSB)
College of Engineering	Accreditation Board for Engineering and Technology (ABET)
College of Information Technology	Accreditation Board for Engineering and Technology (ABET)

#### 5.1 AACSB Standards:

Main Standard	Standard No.	Content
Strategic Management and Innovation	Standard 1	Mission, Impact and Innovation
	Standard 2	Intellectual Contributions, Impact and Alignment with Mission
	Standard 3	Financial Strategies and Allocation of Resources
Participation – Students, Faculty and Professional Staff	Standard 4	Student Admissions, Progression and Career Development
	Standard 5	Faculty Sufficiency and Deployment
	Standard 6	Faculty Management and Support
	Standard 7	Professional Staff Sufficiency and Deployment

<b>Learning and Teaching</b>	<b>Standard 8</b>	Curricula Management and Assurance of Learning
	<b>Standard 9</b>	Curriculum Content
	<b>Standard 10</b>	Student Faculty Interaction
	<b>Standard 11</b>	Degree Program Educational Level, Student and Equivalence
	<b>Standard 12</b>	Teaching Effectiveness
<b>Academic and Professional Engagement</b>	<b>Standard 13</b>	Student Academic and Professional Engagement
	<b>Standard 14</b>	Executive Education
	<b>Standard 15</b>	Faculty Qualifications and Engagement

**Note:** For more information, Sub-Indicators under each AACSB standards are stipulated within **Eligibility Procedures and Accreditation Standards for Business Accreditation**

## 5.2 ABET Accreditation Criteria for Engineering as well as Engineering Technology/IT:

<b>Criteria No.</b>	<b>Content</b>
<b>Criteria 1</b>	Students
<b>Criteria 2</b>	Programme Educational Objectives
<b>Criteria 3</b>	Continuous Improvement
<b>Criteria 4</b>	Curriculum
<b>Criteria 5</b>	Faculty
<b>Criteria 6</b>	Facilities
<b>Criteria 7</b>	Institutional Support

**Note:** For more information, Sub-Indicators under each ABET Criteria are stipulated within **Criteria for Accrediting Engineering Programmes and Engineering Technology Programmes**

## 5.2 The College and CAQA Role:

Channel	Roles and Responsibilities
College	<ul style="list-style-type: none"> <li>▪ The College must ensure integration Strategic Objective No.15 as part of their annual operational plan</li> <li>▪ Upon the decision being made to proceed with international accreditation the college notifies CAQA for support through planning and facilitation of workshops</li> <li>▪ To follow the provided plans by CAQA and develop the necessary materials and self-evaluation reports</li> <li>▪ To submit the materials to CAQA review and proceeding the University-wide procedures</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>▪ To act as a focal point with the accreditation body</li> <li>▪ To develop action plans/road map to support the colleges per phase</li> <li>▪ To provide the necessary materials and conduct workshops if needed</li> <li>▪ To advice on any development or revision of policies/procedures to comply with accreditation standards selected.</li> <li>▪ To review the provided materials and development of reports/forwarding to TLAC ( incase of academic related) or AQAC for final review and approval</li> </ul>
TLAC	<ul style="list-style-type: none"> <li>▪ To review and approve any academic related documentation</li> <li>▪ To develop or revise of policies/procedures to comply with accreditation standards selected.</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>▪ To review and approve the self-evaluation or any documentation that will be submitted for accreditation</li> <li>▪ To develop or revise of policies/procedures to comply with accreditation standards selected.</li> </ul>



# **Ahlia University**

## **Quality Assurance Manual V.04**

### **Chapter 7: Quality Review of International Collaborative Provision**

## Chapter 7: Introduction:

### Section 7: About the Quality Review of Collaborative Provision Framework

This chapter provides full information about the Quality Review of Collaborative Provision Framework which is adapting the BQA Academic Programme Review (Cycle 2) standards. This chapter identifies all the related activities starting with identification of Collaborative Provision Academic Programme Review (APR) Team, Self-Evaluation, identification of areas for improvement, monitoring cycles, measurement and evaluation etc.

Academic Programme Review Framework is in compliance with BQA/HEC standards that were published in 2019 and operationalized by Accreditation and Quality Assurance Committee (AQAC) and Teaching Learning and Assessment Committee, the committees review and assures that the framework is adhered to and implemented in coordination with CAQA.

This chapter will provide information pertaining to the roles and responsibilities of the CPAPR Team, TLAC, CAQA and AQAC, Joint Board as well as University Council in terms of quality review, With regard to the Management of International Collaborative Provision please refer to *"Policy Procedures for Management of International Collaborative Provision V 2.0 – UC P399/2019"*

The Quality Assurance of Collaborative Provision is also subjected to the awarding Institute requirements, in case of the awarding Institute requests to conduct a quality assurance monitoring or review, Ahlia University will be subjected for a review based on the agreed scheduling to maintain equivalency of academic standards as well as compliance with regulations.

#### 7.1 DHR 4 Indicators:

Indicator No.	Content
Indicator 1	The Learning Programme
Indicator 2	Efficiency of the Programme
Indicator 3	Academic Standards of Students and Graduate

<b>Indicator 4</b>	Effectiveness of Quality Management & Assurance
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**Note:** For more information, Sub-Indicators under each Indicator are stipulated within [DHR Academic Programme Reviews Handbook \(Cycle 2\)](#)

## 7.2 Quality Review of Collaborative Provision Framework

This framework is directly aligned to HEC Area 3 pertaining to Teaching, Learning and Assessment, upon the implementation of this framework area 3 should be adhered to by all the Colleges and Operating based on BQA Academic Programme Reviews Handbook 2019. This framework is applicable to all collaborative provision programmes offered by designated Colleges at Ahlia University. The implementation of this framework is based on the alignment of AU Strategic Objective No.14 that is based on integrating quality across the institutions.



### 7.2.1 Formation of CPAPR Team:

Once a collaborative provision programme is subjected for an external review by BQA/DHR, Collaborative Academic Programme Review (CPAPR) Team will be formed by the President in consultation with the awarding Institute. The team will consist of dean of the college, dean of graduate studies, QA representatives and Joint Board Members, the CPAPR will consist members from the awarding Institute to contribute to the Self-Evaluation Process. A classification of CPAPR team is described as per the table below:

CPAPR Designation	Position
Joint Board Members	Board Members that are overseeing the Management of the Collaborative Provision
Awarding Institute Members	Members assigned by the awarding Institute that are involved in the management and operation of the collaborative provision.
Dean of the College offering the academic programme	CP Programme Review Leader
Dean of Graduate Studies and Research	CP Research Development Coordinator
Collaborative provision Programme Coordinator	Appointed coordinator by the awarding Institute that is based at Ahlia University
CPAPR Team Members	Faculty members involved in the operations of the collaborative provision programme well as administrative members contributing to the Programme directly or from other colleges/units
Review Coordinator	QA Representative
Editor	Assigned member to edit the Self-Evaluation report in terms of consistency

### 7.2.2 Self-Evaluation Report and Analysis

Internal Review of Collaborative Provision is conducted as per the *Policy Procedures for Management of International Collaborative Provision V 2.0 – UC P399/2019*, Joint Board is established for collaborative provision which consist of the members from Ahlia and the awarding Institute to oversee the overall operations of the provision in line with the approved agreement.

The CPAPR are requested to conduct to self-evaluate the offered Programme(s) by filling the Programme Review Self-Evaluation Template ([Appendix 6](#)) and provide the relevant evidences

to support their status. The filled Self-Evaluation Report will be forwarded to CAQA as a channel to ensure completeness and relevancy of materials, it will be further passed to AQAC for further review and approval, upon approval by AQAC the Self-Evaluation Report will be forwarded discussed and approved at the Joint Board and forwarded to UC endorsement.

Member/ Committee	Roles and Responsibilities
CPAPR Team	<ul style="list-style-type: none"> <li>Review the programme against the Academic Programme Reviews Handbook (Cycle 2) guidelines and develop the SER with compliance with the BQA requirements</li> <li>Collate the required supporting materials in coordination with awarding Institute to be submitted to BQA</li> <li>To act upon Centre for Accreditation and Quality Assurance internal review suggestions</li> <li>To raise any urgent matters to the PhD W.R joint Board</li> </ul>
CAQA	<ul style="list-style-type: none"> <li>To conduct a quality control on the submitted draft Self-Evaluation Report</li> <li>To ensure that all the 4 Indicators are assessed</li> <li>Generate detailed report to facilitate decision making at AQAC level</li> </ul>
AQAC	<ul style="list-style-type: none"> <li>To conduct a detailed review on the drafted Self-Evaluation Report and provide feedback where necessary</li> <li>Identify further actions towards improvements</li> </ul>
Joint Board	<ul style="list-style-type: none"> <li>To review the content of the Self-Evaluation and agree on the planning framework set along with defined areas for continuous improvements</li> <li>Approve the Final Self-Evaluation Report for Submission</li> </ul>
UC	<ul style="list-style-type: none"> <li>Endorse the approved Self-Evaluation Report to enable submission to BQA</li> </ul>
Expected Deliverables	
1.	Approved Self-Evaluation Report & Supporting Evidences
2.	Review Reports by CPAPR
3.	Review Reports by CAQA
4.	Review Report by AQAC

5.	Approval minutes of the meeting of the Joint Board
6.	Endorsement of the Self-Evaluation Report by UC

### 7.2.3 Site Visit by External Panel

Upon submission the Self-Evaluation Report and incase of clarification is made and accepted, DHR will allocate an external panel to conduct the site-visit that is scheduled in coordination with CAQA. The site visit will involve meeting with selected staff members along with requirements of additional evidences as described below:

Category	Members
Brief Introduction about the Site Visit	<ul style="list-style-type: none"> <li>• Senior Management nominated by the President</li> <li>• QA Representative</li> </ul>
Meeting with Collaborative Provision Programme Review Leader Collaborative Provision Coordinator	<ul style="list-style-type: none"> <li>• Dean of the College</li> <li>• Chairpersons</li> </ul>
Meeting with Involved Members per Indicator	<ul style="list-style-type: none"> <li>• Faculty Members contributing to the Collaborative Programme</li> </ul>
Touring at the University Premises	<ul style="list-style-type: none"> <li>• Director for Library and Information Resources</li> <li>• Director of Admission and Registration</li> <li>• Director of ICTC</li> </ul>
Meeting with External Stakeholder's	<ul style="list-style-type: none"> <li>• Students</li> <li>• Alumni</li> <li>• Employers</li> <li>• Joint Board Members</li> </ul>

## 7.0 Summary on the CPAPR Framework:

The below table provides a summary of the overall framework phases/stages that includes internal and external operations. The table also provides the expected deliverables with frequency of monitoring:

Phase/Stage	Expected Deliverable	To be Submitted to	Frequency of Monitoring
Self-Evaluation Analysis	<ul style="list-style-type: none"> <li>Approved Self-Evaluation Report</li> <li>Supporting Materials</li> <li>Data Required</li> </ul>	CAQA	Once every five years (relaying on the DHR cycle)
		AQAC	
		Joint Board	
Site Visit External Panel	<ul style="list-style-type: none"> <li>Meeting with the designated members</li> <li>Additional evidences required by DHR</li> </ul>	CAQA	Once every five years (relaying on the DHR cycle)
		AQAC	
		Joint Board	
Loop Closure and Enhancement	<ul style="list-style-type: none"> <li>Status report by CPAPR Team stating the extent of implementation on provided actions /recommendations by DHR and Stakeholder's</li> </ul>	CPAPR	Minimum annually (for improvement and sustainability)
		Joint Board	
		CAQA	