



***HEQC Institutional
Audits Manual
2007***

Higher Education Quality Committee

*Council on Higher Education
Higher Education Quality Committee*

*HEQC Institutional Audits Manual
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FOREWORD

The Higher Education Quality Committee (HEQC), tasked with conducting audits of South African higher education institutions, commenced the first cycle of audits in 2004. The broad principles and approach that the HEQC follows in the conduct of institutional audits are set out in the HEQC's *Institutional Audit Framework* (2004) document, which situates the audit system within the context of the transformation challenges that face the South African higher education sector.

The HEQC developed this manual to deal with the key aspects of the audit process during the first audit cycle. Subsequent audit cycles will be different in scope and focus and the audit methodology will change accordingly. During this cycle, the HEQC approach to institutional audits takes into account the differences that exist between public and private providers of higher education not only in terms of their relationship to the State but also in terms of mission, institutional arrangements for governance, funding and scope of academic activities. In terms of public higher education institutions, the HEQC approach to audit is mindful of the different institutional types which have emerged as a consequence of the restructuring of the public higher education system, and adjusts its criteria, when necessary, to take into account specific aspects of the mission of these new institutions. The HEQC audit system also takes into account the need to adapt some of its criteria according to the mode of delivery in which an institution offers its academic programmes and the CHE has developed specific criteria for distance and open learning institutions.

This manual presents a range of suggestions and guidelines. While the guidelines provide an indication of the essential elements in the audit (for example, the different types of documentary evidence required) the classification of evidence and the denomination of committees and governance structures are specific to institutions. The manual has not been developed in order to prescribe how individual institutions should approach audits. On the contrary, the manual encourages institutions to find the best and most suitable way of preparing for the audit, according to their needs and the aims they would like to achieve with the audit. The manual, nevertheless, specifies what is necessary, for example, responding to the HEQC audit criteria and engaging with the open ended questions, while not prescribing the order or structure of the audit portfolio.

Audits are a form of external quality assurance in which institutions' self-assessments against criteria are validated by panels of experts and peers. The purpose of the audit is to assess the effectiveness of the systems that institutions have put in place to manage the quality of their core functions, identify areas of strength that should be acknowledged or commended, and areas of weaknesses that need to be addressed with different degrees of urgency. In this sense, audits are both about accountability and development. Audits focus on accountability in that institutions have to demonstrate that they have appropriate systems to take care of the quality of their core functions, that these systems function and have an effect on the quality of academic provision. But audits also focus on development as they seek to identify those areas that need improvement so that institutions can develop the necessary

strategies to effect such improvement. Institutions do not “pass” or “fail” audits and are not rewarded or penalised accordingly. Audits provide institutions with a unique opportunity to acquire self-knowledge. Institutions are required through the audit process to engage critically with their conceptualisation of the three core functions: the effectiveness of their systems for quality; their historical trajectories; their position within the higher education system; as well as to assess their strategies and plans for the future.

The process of institutional self-assessment and external validation, through the analysis of the portfolio and the interviews that take place during the audit site visit, generate an enormous amount of information about higher education institutions, which needs to be looked at from a system perspective in order to identify and understand current trends in the higher education sector. The HEQC in collaboration with the Monitoring and Evaluation Directorate of the Council on Higher Education will produce system level analyses of the information gathered in audit reports, which can illuminate trends among different institutional types and help institutions, the CHE, government and the general public to understand better the effects that policy implementation, institutional context and national constraints and expectations have on higher education institutions.

This Audit Manual has been developed for the use of institutions, which are preparing for an audit, for members of audit panels and for HEQC staff. The manual addresses the different actors of the audit process and sets out the stages of this process providing suggestions and guidelines as to how to proceed in different instances. The manual also provides a summary of the audit framework and the full text of the audit criteria for easy reference.

Part One sets out the context and the HEQC institutional audit model. Part Two specifies the audit criteria for the audit areas relating to teaching and learning, research and community engagement. Part Three clarifies, for higher education institutions, their roles and responsibilities during the audit process. It discusses the development of the audit portfolio as well as providing guidance on the planning and conduct of the self-evaluation process. In addition, it deals with the responsibilities of the HEQC and institutions for the logistical aspects of institutional audits.

Finally, Part Four is dedicated to the auditors. It discusses the criteria, selection and training of auditors as well as their roles and responsibilities during the audit process. It then outlines techniques and strategies that auditors should use to enable them to make sound judgments about an institution’s quality arrangements for its key academic activities.

Dr Lis Lange
Executive Director
Higher Education Quality Committee, Council on Higher Education
September 2007

ACRONYMS

AUT	Universities and Technikons' Advisory Council
CHE	Council on Higher Education
CREST	Centre for Research on Science and Technology
DoE	Department of Education
ETQA	Education and Training Quality Assurance Body
HEIs	Higher Education Institutions
HEMIS	Higher Education Management Information System
HEQC	Higher Education Quality Committee
IAC	Institutional Audit Committee
NGO	Non-governmental Organization
NPHE	National Plan for Higher Education
NQF	National Qualifications Framework
NRF	National Research Foundation
NSBs	National Standards Bodies
PQM	Programme and Qualification Mix
QA	Quality Assurance
QAA	Quality Assurance Agency
RPL	Recognition of Prior Learning
SAPSE	South African Post Secondary Education
SAQA	South African Qualifications Authority
SETA	South African Education and Training Authority
SRC	Student Representative Council

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PART ONE: FRAMEWORK

1 CONTEXT

1.1 Policy and legislation

The Higher Education Act of 1997 (Act No. 101 of 1997) assigns responsibility for quality assurance in Higher Education in South Africa to the Council on Higher Education (CHE). The CHE's responsibilities are to:

- advise the Minister at his/her request or proactively on all matters related to higher education
- assume executive responsibility for quality assurance within higher education and training
- monitor and evaluate the achievement of policy goals and objectives for higher education
- contribute to the development of higher education through publications and conferences
- report to parliament on higher education
- consult with stakeholders on higher education matters.

The CHE discharges its quality assurance (QA) responsibility through the Higher Education Quality Committee (HEQC), a permanent committee of the CHE. The mandate of the HEQC is to:

- promote quality assurance in higher education
- audit the quality assurance mechanisms of institutions of higher education
- accredit programmes of higher education.

The Board of the HEQC has added capacity development to the above functions as this relates to quality.

The nature, purpose and scope of the HEQC's work relate to a range of policy documents and of legislation that shapes and regulates the provision of higher education in South Africa,¹ in particular, the requirements of the Higher Education Act as amended, and *White Paper 3: A Programme for the Transformation of Higher Education*. The HEQC further operates within the framework of the relevant policies and regulations of the Department of Education (DoE), including the National Plan for Higher Education (NPHE) and the Regulations governing the registration of private providers.

As the ETQA with primary responsibility for the Higher Education and Training Band of the National Qualifications Framework (NQF),² the HEQC also operates within the requirements of the South African Qualifications Authority (SAQA) Act and its Regulations.³ According to the Regulations, the functions of ETQAs are to:

- accredit constituent institutions for specific standards or qualifications registered on the NQF
- promote the quality of constituent institutions, and monitor their provision

1 Higher Education Quality Committee, *Founding Document*, Pretoria 2001, pp. 3-8.

2 South African Qualifications Authority Act, 1995 (Act No. 58 of 1995), Section 5 (1)(a)(ii) and Higher Education Amendment Bill, 2001, Section 7 (1) (a).

3 Regulations under the South African Qualifications Authority Act, 1995 (Act No. 58 of 1995).

- evaluate assessment and the facilitation of moderation among constituent institutions, register constituent assessors for specified registered standards or qualifications in terms of the criteria established for this purpose, and take responsibility for the certification of constituent learners
- cooperate with the relevant body or bodies appointed to moderate across ETQAs including, but not limited to, moderating the quality assurance on specific standards or qualifications for which one or more ETQAs are accredited
- recommend new standards or qualifications, or modifications to existing standards or qualifications, to the National Standards Bodies (NSBs) for consideration
- maintain a database acceptable to SAQA
- submit reports to SAQA in accordance with its requirements
- perform such other functions as may from time to time be assigned to it by SAQA.⁴

1.2 Context and governance of the HEQC work

The work of the HEQC, including its institutional audit activities, is conducted within the context of ongoing reform and restructuring in order to produce a transformed higher education system of high quality, which is able to address the complex knowledge and development needs of South African society. Institutional audits take account of the continuing uneven development that characterises the South African higher education sector, and audits are informed by a commitment to the principles that underpin the restructuring.

In conducting institutional audits, the HEQC is mindful of the differences that exist between public and private providers and among private providers themselves. As a result the HEQC has developed a differentiated system of institutional audits specifically focused on large private providers. While the general principles set out in this manual apply to both public and private providers, the latter will discuss with the HEQC how to use the audit criteria appropriately for their audits.

In terms of the governance of quality assurance, the CHE appoints the HEQC Board and delegates all decisions in relation to quality assurance to it. The Board of the HEQC determines policy and procedures for the quality assurance work of the HEQC and is ultimately responsible for approving audit and accreditation reports. The HEQC Board judgments are based on evaluation reports from peer and expert review panels. The Board makes its judgments independently of other national agencies but seeks to complement their work where issues of quality are concerned.

1.3 HEQC structure

In accordance with the mandate noted in 1.1, the HEQC discharges its responsibilities through three directorates: Institutional Audits, Accreditation and Coordination, Quality Promotion and Capacity Development. In 2006, the HEQC created a fourth directorate dedicated to national reviews, which focuses on the re-accreditation of existing programmes in specific discipline areas and qualification levels.

The HEQC works in a close collaborative relationship with the Monitoring and Evaluation Directorate of the CHE, which produces institutional profiles of public higher education institutions for use by the HEQC. The role of the institutional profiles in the audit process is discussed in Part Three, Section 4.5.1(i).

⁴ South African Qualifications Authority, *Criteria and Guidelines for ETQAs*, p. 27.

2 INSTITUTIONAL AUDITS APPROACH

2.1 Institutional audits part of the HEQC quality assurance system

Institutional audit constitutes one of the methodologies through which the HEQC carries out its responsibilities for quality assurance. The audit focuses on an institution's policies, systems, procedures, strategies and resources for the management of the quality of the core functions of teaching and learning, research and community engagement, as well as academic support services. More specifically, institutional audit seeks to assess an institution's capacity for quality management of its academic activities in a manner that meets its specified mission, goals and objectives, and engages appropriately with and responds to the expectations and needs of various internal and external constituencies.

The management of quality entails a number of elements of institutional planning and action. These include institutional arrangements for:

- **Quality assurance** – the policies, systems, strategies and resources used by the institution to satisfy itself that its quality requirements are being met
- **Quality support** – the policies, systems, strategies and resources used by the institution to support and sustain existing levels of quality
- **Quality development and enhancement** – the policies, systems, strategies and resources used by the institution to develop and enhance quality
- **Quality monitoring** – the policies, systems, strategies and resources used by the institution to review, monitor and act on quality issues.

The HEQC's criteria encompass all the above dimensions of the management of quality and cover the different aspects of the processes involved in each of these areas as well as the tracking and analysis of the effects that they have at different levels of the institution. The criteria are supplemented by open-ended questions pertaining to the intellectual identity and culture of the institution. (See Part Two of this document.)

2.2 HEQC approach to quality

In view of the prevailing higher education policy and educational context, the HEQC's understanding of quality encompasses fitness for purpose, value for money, and individual and social transformation, within an overarching fitness of purpose framework.⁵ With due allowance for mission differentiation and diversity, institutional audits assess the quality assurance arrangements in the institution's core academic activities.

- **Fitness for purpose** is examined in the light of the institution's mission and goals and definition of its identity.
- **Fitness of purpose** is examined with regard to the manner and extent to which an institution's mission and academic activities are responsive to national priorities and needs.

⁵ See also the HEQC's *Founding Document*, p. 14.

- **Value for money** is assessed by considering the extent to which efficiency, effectiveness and economies of scale are embedded in the quality management of the core functions of the institution.
- **Transformation** is assessed with regard to the development of individual students as well as the country's requirements for social and economic development.

2.3 Principles of audit system

The following principles guide the HEQC's institutional audit system:

- The audit links the achievement of quality to transformation objectives and the fostering of innovation and diversity in higher education.
- The primary purpose of institutional audits is to facilitate systematic and continuous quality development and improvement in higher education and to enhance institutional capacity to plan, act and report on quality related objectives and achievements.
- The primary responsibility for quality and the management of quality rests with higher education institutions themselves. Institutions should seek to establish and sustain effective internal quality management systems that enhance quality and yield reliable information for internal quality related planning, external audit and public reporting.
- The HEQC's responsibility is to maintain a value-adding external system of assessment that validates institutional information on the effectiveness of internal quality arrangements, especially as they pertain to the development, enhancement and monitoring of quality in teaching and learning, research and community engagement.
- The HEQC uses a system of peer and expert review in order to ensure informed and constructive assessments.

2.4 Objectives

The general objectives of HEQC audits are to:

- encourage and support higher education institutions in maintaining a culture of continuous improvement by means of institutional quality processes that build on HEQC and institutional requirements
- validate the self-evaluation portfolio of institutions on their quality arrangements for teaching and learning, research and community engagement
- enable higher education institutions to develop reliable indicators that assure institutional stakeholders and the HEQC of the effectiveness of their policies, systems, strategies and resources for assuring and enhancing quality in teaching and learning, research and community engagement
- provide information and evidence that enables higher education institutions and the HEQC to identify areas of strength and excellence as well as areas in need of focused attention for planned improvement in the short, medium and long term
- enable the HEQC to obtain baseline information in the targeted areas through using a common set of audit criteria for all institutions. Such information:
 - helps to identify and disseminate good practice in quality arrangements in the higher education sector (see Part Three, Section 8.6)

- facilitates the design of capacity development and improvement programmes by the HEQC and other role players
- enables the HEQC to generate a national picture of quality arrangements in higher education and to monitor system and sector level quality improvement.

2.5 Scope of audits

The scope of HEQC audits extends to institutional policies, systems, strategies and resources for managing quality in the core areas of teaching and learning, research and community engagement. General issues of institutional governance, management and financing will be considered only in relation to their impact on quality objectives.

During the first cycle of audits: 2004-2010, the assessment focus will be in two broad areas:

- Area 1: Mission of the institution; links between planning, resource allocation and quality management
- Area 2: Teaching and learning, research and community engagement.

The findings from the first cycle of audits will be reviewed by the HEQC and fully integrated into preparations for the second cycle. Decisions about modifications to the scope of evaluation of the second cycle of audits will be informed by systemic and institutional trends. The scope will be communicated timeously.

2.6 Audit methodology

The HEQC has, after consultation with the higher education institutions (HEIs), established a set of criteria for the conduct of audits. These criteria are outlined in Part Two of this document. In common with standard international practice, the HEQC employs an audit methodology consisting of institutional self-evaluation, followed by external validation by peers and experts. Self-evaluation requires institutions to develop an audit portfolio, consisting of a self-evaluation report and supporting information and evidence, in which the effectiveness and efficiency of the institution's quality arrangements of its core academic activities are assessed against the HEQC's audit criteria and any other relevant indicators or criteria that the institution has set for itself (see Part Three, Section 5.2).

The institution's audit portfolio is validated by a panel of peers and experts, which is appointed by the HEQC. The panel arrives at an independent judgment on the effectiveness of the institution's internal quality arrangements. Based on the panel's findings, the HEQC's report to the institution will identify areas of strength and good practice and areas in need of attention (see also Part Three, Section 7.1). The report will provide commendations as well as recommendations for action where improvement needs are identified. The HEQC report will not provide a single, overarching summative judgment on institutional quality and the management of quality at an institution. An executive summary of the audit report will be available in the public domain. Five months after receipt of the audit report, institutions are required to submit to the HEQC an improvement plan of how the institution intends to implement appropriate

follow-up strategies that address the recommendations of the report. Three years after the audit, the institution is required to report to the HEQC on its progress in implementing the plan along with any other strategies to enhance quality (see Part Three, Section 8.2). The HEQC envisages that the status of the implementation of the audit recommendations will constitute the point of departure of a new and different type of audit.

2.7 Register of auditors

The HEQC has developed and continually updates a register of auditors, which comprises knowledgeable and experienced individuals who are capable of performing effective institutional quality audits. Every attempt is made to ensure that the register of auditors is representative of the demography of the country, is balanced in terms of institutional typology and disciplinary expertise as well as persons able to understand, and having experience of higher education operations. Auditors are selected on the basis of the criteria outlined in Part Four, Section 9.2.1.

Inclusion in the register of auditors is based on a process consisting of nomination to serve as an auditor, selection to undergo training, and the successful completion of an auditor preparation programme. The HEQC may also invite applications from suitably qualified persons. The broad scope of the areas that are included in the institutional audit requires that a variety of persons with differing fields of expertise and responsibility, both within and outside higher education, should serve as auditors. Thus, nominees may be drawn from:

- academic and support staff in higher education institutions, with proven expertise in management or in specific areas of teaching and learning, research and community engagement
- persons with specific expertise and responsibility for quality assurance in higher education
- other persons with appropriate expertise and experience, such as higher education consultants; retired higher education professionals; members of statutory and/or professional bodies and SETAs; members of science and research councils and members of business, NGOs and community groups.

Persons are nominated to serve as auditors in their own right and in their personal capacities. See Appendix One: Criteria for the nomination of auditors.

2.8 First audit cycle schedule

The first audit cycle commenced in 2004 and will conclude in 2010. The HEQC took various considerations into account in preparing the schedule of institutions to be audited in a particular year of this seven-year cycle.

Institutions that are involved in merger processes will only be audited during the second half of the first audit cycle (2007-2010). The HEQC maintains an appropriate balance between the

different types and sizes of institutions that are to be audited in any particular year, for example, public and private institutions; contact and distance institutions; universities and universities of technology, and so on.

The final decision on when to conduct a particular audit rests with the HEQC, though each institution has the opportunity to make an input concerning its position in the audit cycle. As a rule, the HEQC determines the specific date for the audit visit in consultation with the institution at least twelve months before the intended visit, so that the institution has several months to prepare for the audit. In exceptional cases, or in the case of small institutions, the HEQC may notify the institution less than nine months before an audit visit.

PART TWO: THE CRITERIA

3 THE CRITERIA

3.1 HEQC criteria for institutional audits

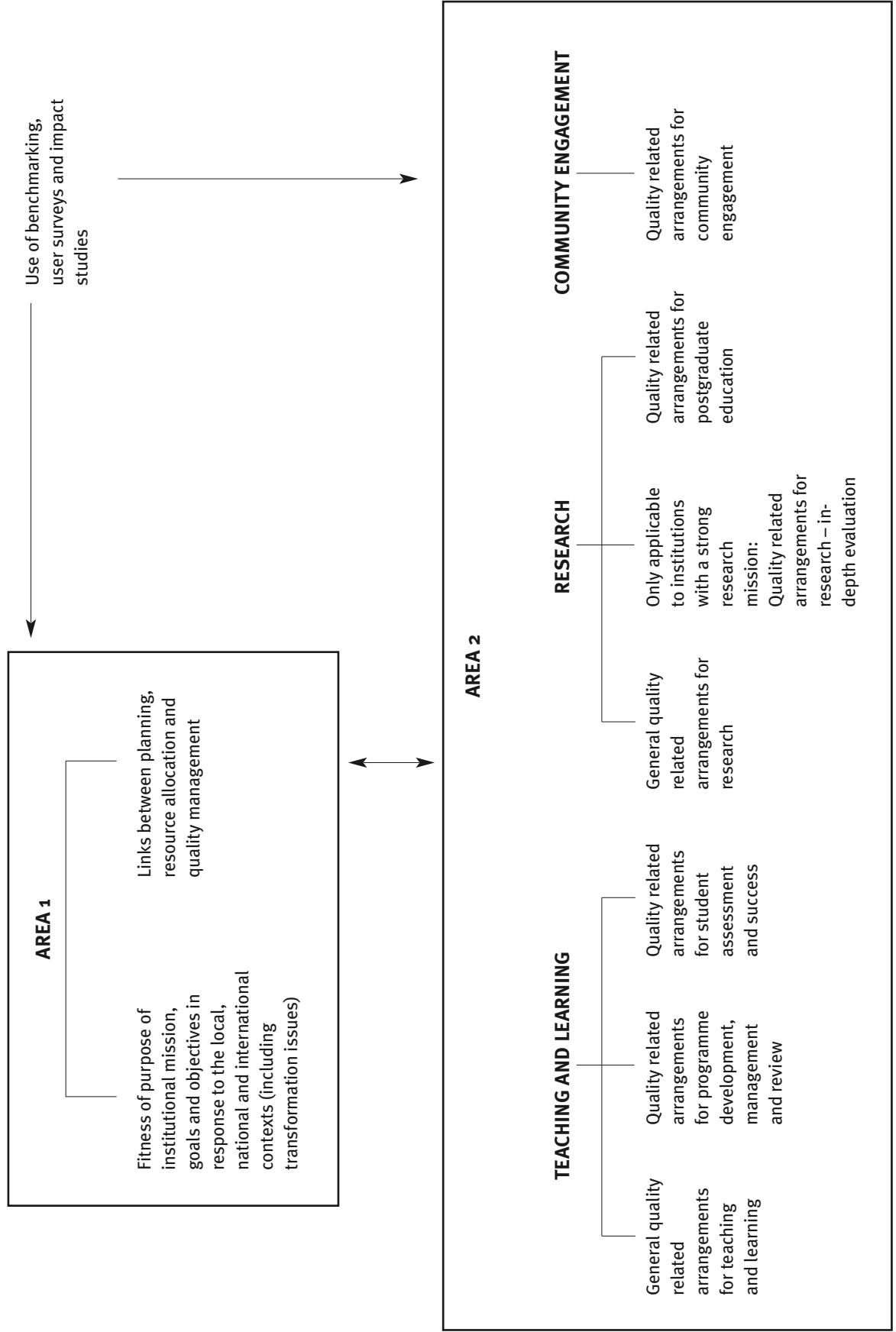
The following should be noted:

- (i) The criteria cover two broad areas which will form the focus of evaluation in the audit:
Area 1: Mission of the institution; links between planning, resource allocation and quality management
Area 2: Teaching and learning, research and community engagement.
 Benchmarking, user surveys and impact studies apply to both broad areas.
- (ii) The criteria will guide the evaluations of the peer and expert review teams during audit visits and will form a critical component of auditor training. Audit panels may choose to focus on specific audit areas during the visit, given the mission and goals of the institution to be audited.
- (iii) The criteria should guide institutional self-evaluation in preparation for an HEQC audit, together with additional requirements and quality benchmarks that an institution has set for itself.
- (iv) Quality issues in community engagement are evaluated primarily in relation to mission specification and to possible academic connections with teaching and learning, and research.
- (v) Where necessary, additional criteria for distance learning provision, universities of technology and comprehensive institutions will be used to supplement the criteria set out in this document.
- (vi) Although the HEQC may delegate responsibility for quality arrangements with regard to short courses, recognition of prior learning (RPL), moderation of assessment and certification to institutions themselves, it will use the audits to evaluate quality related institutional arrangements in these areas.
- (vii) *The Criteria for Institutional Audits* published by the HEQC in June 2004 (included in this document) will inform all HEQC audits in the first cycle: 2004-2010. The HEQC may amend the criteria or the scope and focus of institutional audits in the second cycle, depending on prevailing needs and priorities.

3.1.1 *Institutional mission; links between planning, resource allocation and quality management*

The fitness of purpose of the mission, goals and objectives of an institution is determined in relation to institutional responsiveness to the local, national and international contexts. The transformational role that institutions are required to play within the national higher education agenda is of key importance in this regard. A range of policy and legislative instruments has laid down transformational purposes and objectives for higher education. These include increased equity and access opportunities for previously marginalised groups, and greater responsiveness to local, regional and national needs in and through teaching and research. Engagement with the local and

Figure 1: Scope of the HEQC's audit system



broader community is one of the core functions of higher education through which institutions use their resources and expertise to address issues relevant to their communities. Mission issues must also be related to international quality benchmarks, where appropriate, in order to establish broad comparability and articulation possibilities with reputable institutions of higher learning abroad.

The success of quality management at institutions is, to a considerable extent, dependent on the integration of mechanisms for quality assurance and quality development with institutional planning and resource allocation. Quality management mechanisms need to be appropriately integrated with institutional planning at all relevant levels of institutional operation. Similarly, financial planning should ensure adequate resource allocation for the development, implementation, review and improvement of quality and quality management mechanisms for the core activities of teaching and learning, research and community engagement. The objective-setting, planning and resource allocation dimensions of institutional operations as set out in Area 1 of the criteria are seen as essential foundational elements for the quality objectives of Area 2 to be achieved (see Figure 1, Scope of the HEQC's audit system).

The HEQC approach to quality assurance seeks to encourage institutions to contribute actively to the enrichment of the higher education sector and the broader society within which they operate. Based on their missions, institutions realize these contributions in a variety of ways including the introduction of pedagogical and scientific innovations, and the creation of an intellectual culture where these contributions can take effect. Audit criteria may not fully account for the complexity and nuances of these activities and the thinking and approach that inform them. Thus, as a lead up to the criteria on institutional mission and planning, the audit panel will engage members of relevant institutional constituencies in discussion on the following open-ended questions:

- What are the unique and distinctive ways in which the institution enriches and adds excellence to the higher education sector and society, nationally, regionally and internationally?
- What does the institution do to produce a vibrant intellectual culture within the institution and in society at large?
- In what ways does the institution act as an incubator of new ideas and cutting edge knowledge and technologies within the national system of innovation?
- What are some of the notable examples in the last three years of institutional success in promoting and enhancing quality?

Table 1: Mission, planning, resource allocation

AREA	SUB-AREAS	CRITERION
Institutional mission; links between planning, resource allocation and quality management	Fitness of purpose of the mission of the institution in response to local, national and international context (including transformation issues)	1
	Links between planning, resource allocation and quality management	2

CRITERION 1: *The institution has a clearly stated mission and purpose with goals and priorities, which are responsive to its local, national and international context and which provide for transformational issues. There are effective strategies in place for the realisation and monitoring of these goals and priorities. Human, financial and infrastructural resources are available to give effect to these goals and priorities.*

In order to meet this criterion, the following are examples of what would be expected:

- (i) Engagement with local, regional, national and international imperatives (including national policy frameworks and objectives) in order to establish the fitness of purpose of the institution. Involvement of internal and external stakeholders in this process
- (ii) Adequate attention to transformational issues in the mission and goal-setting activities of the institution, including issues of community engagement
- (iii) The translation of the mission into a strategic plan with a clear timeframe and resources for the achievement of goals and targets in its core functions
- (iv) Allocated responsibilities at senior management level for implementation, monitoring and responsive action
- (v) Regular review of the nature and extent of institutional responsiveness and of the strategies and resources used to give effect to institutional goals and priorities.

CRITERION 2: *Objectives and mechanisms for quality management are integrated into institutional planning. Financial planning ensures adequate resource allocation for the development, improvement and monitoring of quality in the core activities of teaching and learning, research and community engagement.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Key quality related priorities in the core functions of teaching and learning, research and community engagement aligned with the mission and strategic goals of the institution
- (ii) Links between planning, strategic choices, resource allocation and quality management
- (iii) Institutional planning which includes:
 - quality management prioritisation and target-setting at all critical decision-making levels
 - goal setting and allocation of responsibilities for developmental issues
- (iv) Adequate resource allocation through financial planning for the development, implementation, review and improvement of quality management mechanisms at all relevant levels
- (v) Regular review of the effectiveness and the impact of the integration of the objectives and mechanisms for quality management with institutional and financial planning.

3.2 Teaching and learning, research and community engagement

3.2.1 Teaching and learning

Criteria for the support and enhancement of the quality of teaching and learning are divided into two categories:

- (i) General quality related arrangements for teaching and learning
- (ii) Programme development, management and review; and student assessment and success rates.

3.2.1.1 General quality related arrangements for teaching and learning

Efficient and effective institutional arrangements to support and assure the quality of teaching and learning are crucial to facilitate quality, especially at the point of delivery. In order to achieve this, appropriate policies, strategies and procedures have to be in place. The quality of academic services also requires attention in order to ensure that academic provision is appropriately supported.

Given the increase in the number of short courses offered in higher education, mechanisms are necessary to ensure their quality and to evaluate the impact of these courses on student success rates for full qualifications and on the mission of the institution.

The quality of programmes offered by South African higher education institutions beyond the borders of South Africa has to be equivalent to those offered in South Africa. Programmes offered in partnership with other institutions, as well as those at tuition centres and satellite campuses, have to be of equivalent high quality to those offered at the main campuses of institutions.

The processing and issuing of certificates, as well as security measures to avoid fraud or the illegal issuing of these certificates, is a crucial element in ensuring the credibility of an institution's qualifications.

Table 2: Teaching and learning

AREA	SUB-AREAS	CRITERION
Teaching and learning	Management of the quality of teaching and learning	3
	Academic support services	4
	Short courses	5
	Exported programmes	
	Partnership programmes	
	Programmes offered at tuition centres and satellite campuses	
	Certification	6

CRITERION 3: *The arrangements for the quality assurance of, and support for, teaching and learning enhance quality and allow for its continuous monitoring.*

In order to meet the criterion, the following would be expected:

- (i) An academic planning framework that articulates well with the institutional mission and strategic goals, and is adequately resourced
- (ii) Quality management systems and initiatives for teaching and learning at both undergraduate and postgraduate levels
- (iii) Key quality improvement priorities with regard to teaching and learning with appropriate resources, timeframes and indicators of success
- (iv) Ongoing discussions and initiatives on new approaches to, and innovations in, teaching and learning.
- (v) Staff development policies and strategies, which promote the professional competence of academic staff and give particular attention to the development needs of new personnel
- (vi) Mechanisms that promote access to students from previously disadvantaged groups, for example, through the provision of academic development programmes
- (vi) A system which stores and updates relevant information on students in order to inform policy, planning, implementation and review of teaching and learning
- (vii) Regular review of the effectiveness of systems of quality assurance and support of teaching and learning.

CRITERION 4: *Academic support services (e.g. library and learning materials, computer support services, etc.) adequately support teaching and learning needs and help give effect to teaching and learning objectives.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Academic support services which adequately provide for the needs of teaching and learning, research and community engagement and help give effect to teaching and learning objectives. Efficient structures and procedures facilitate the interaction between academic provision and academic support
- (ii) Academic support services that are adequately staffed, resourced and have the necessary infrastructure in place; the institution provides development opportunities for support staff to enhance their expertise and to enable them to keep abreast of developments in their field.
- (iii) Regular review of the effectiveness of academic support services for the core functions of the institution.

CRITERION 5: *The institution has effective systems in place for the quality management of short courses, exported and partnership programmes, and programmes offered at tuition centres and satellite campuses.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Policies and mechanisms that record and quality assure all short courses offered by the institution; these policies and mechanisms are widely known at the institution
- (ii) Mechanisms which evaluate the impact (both positive and negative) of offering short courses in relation to –
 - The mission, goals and priorities of the institution
 - Student success rates in whole qualifications
- (iii) Quality management mechanisms which ensure that exported programmes are of equivalent quality to those offered in South Africa and comply with the national quality requirements of the receiving country
- (iv) Clear allocation of quality management responsibility for all programmes offered in partnership with other institutions
- (v) Quality management mechanisms that ensure that programmes offered at tuition centres and satellite campuses are of equivalent quality to those offered at the main campus
- (vi) Regular review of the effectiveness of the quality management of short courses, exported and partnership programmes, and programmes offered at tuition centres and satellite campuses.

CRITERION 6: *Clear and efficient arrangements ensure the integrity of learner records and certification processes. Monitoring responsibility is clearly allocated and acted upon.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Effective mechanisms which –
 - ensure the integrity of learner records
 - quality assure the processing and issuing of certificates.
- (ii) Effective security measures to avoid fraud or the illegal issuing of certificates
- (iii) Regular review of the effectiveness of quality arrangements for ensuring the integrity of learner records and certification processes.

3.2.1.2 Quality related arrangements for programme development, management and review; and for student assessment and success rates

Programme development and review, and student assessment and success rates represent critical aspects of the teaching and learning process.

The arrangements for institutional planning, design and management of academic programmes are important indicators of the effectiveness of educational provision. Effective procedures in this area could ensure that programmes meet the needs of students and other stakeholders, are intellectually credible, and facilitate ongoing improvement in design and delivery.

Student assessment and success rates are a central indicator of teaching and learning effectiveness. The transformation related goals of widening access, improving retention and throughput rates, and producing graduates with appropriate knowledge and skills, can be supported by an effective assessment system. Assessment has a critical influence on the quality of teaching and learning and can be used as a powerful point of leverage for change and improvement in education.

Table 3 Programme development, management and review

AREA	SUB-AREAS	CRITERION
Programme development, management and review	Programme management	7
	Programme design and approval	8
	Staffing	9
	Programme review	10

CRITERION 7: *The administration of academic programmes is conducted within the framework of an effective programme management system. Responsibility and lines of accountability are clearly allocated. Management information systems are used to record and disseminate information about the programme, as well as to facilitate review and improvement.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Dedicated structures and line managers who are responsible for the quality management of academic programmes
- (ii) Clearly defined procedures, timeframes, reporting and communication arrangements for the administration of programmes
- (iii) In the case of work-based learning –
 - Learning contracts or agreements by which the student, higher education institution and employer can negotiate, approve and assess the objectives and outcomes of the learning process. The roles and responsibilities of the various parties, that is, the institution, students, mentors and employers are clearly spelled out in the contract or agreement
 - Regular and efficient communication between the institution, students, mentors and employers
 - A system (both at the institution and at the place of employment) to record and monitor regularly and systematically the content and progress of the student’s learning experience in the workplace
 - A mentoring system that enables the student to recognize strengths and weaknesses in his/her work, to develop existing and new abilities, and to gain knowledge of work practices.

- (iv) In the case of institutions with service learning as part of their mission: -
 - Service learning programmes which are integrated into institutional and academic planning, as part of the institution's mission and strategic goals
 - Adequate resources and enabling mechanisms (including incentives) to support the implementation of service learning, including staff and student capacity development
 - Review and monitoring arrangements to gauge the impact and outcomes of service learning programmes on the institution, as well as on other participating constituencies.
- (v) Capturing and continual updating of all necessary information about programmes, including their accreditation status, in the management information system; relevant aspects of this information are regularly available to staff and students in order to support improvement. At risk students can be identified and supported timeously.
- (vi) Regular review of the effectiveness of the programme management system, especially in relation to making students into independent learners.

CRITERION 8: *Clear and efficient systems and procedures are in place for the design and approval of new programmes, courses and modules. The requirements are consistently applied and regularly monitored.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Alignment of programme planning and budgeting
- (ii) Programme planning and approval arrangements which are linked to the operation of the institution's/academic unit's mission and goals, Teaching and Learning Plan (as appropriate), agreed 'Programme and Qualification Mix' (as appropriate) and the HEQC's Criteria for Programme Accreditation; these are used to guide the internal approval of new programmes
- (iii) Reasoned coherence between the aims and intended learning outcomes of the programme, on the one hand, and the scope of the learning materials and strategies for teaching (for example, delivery modes like face-to-face, distance, mixed modes of provision), on the other
- (iv) Specified procedures and realistic timeframes for the design and approval of academic courses offered as well as guidelines for academic staff and programme teams
- (v) Approval on the basis of transparent criteria, by an institutional authority that is independent of the programme team; consistency of standards across the institution is monitored
- (vi) Where appropriate, consultation between programme teams and external stakeholders, such as professional bodies, potential employers, government departments and local communities, to ensure that graduates meet employability requirements and labour market needs in the short and long term

- (vii) Where appropriate, accounting for the characteristics and requirements of professional and vocational education in the development of the programme. This includes the following:
 - The programme promotes an understanding on the part of the student of the specific occupation for which he/she is being trained.
 - The programme has a balance of theoretical and practical or applied knowledge. The student has opportunities to master the techniques and skills which are required by a specific profession or occupation.
 - Work-based learning forms an integral part of the curriculum, and placement in a work environment is regarded as an essential component of the programme.
- (viii) Consideration of national and regional aspects in the planning and offering of programmes
- (ix) In the case of distance learning programmes, tested systems, technologies and support arrangements for materials development and delivery for distance learning
- (x) In the case of e-learning, tested systems, technologies and support arrangements which provide an effective platform for quality delivery
- (xi) Regular review of the effectiveness of systems and procedures for the design and approval of new programmes, courses and modules.

CRITERION 9: *Recruitment, selection, development and support policies and procedures facilitate the availability of suitably qualified and experienced academic and support staff to deliver the programme. Staff capacity in relation to programme needs is regularly reviewed.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Clear recruitment, selection and appointment procedures to provide for a sufficient number of academic and support staff who have the necessary qualifications and expertise to teach and support the programme so that its outcomes are attainable at the appropriate levels of quality
- (ii) Availability of opportunities for the scholarly and professional development of academic and support staff
- (iii) Redress and equity issues receive adequate attention in the recruitment, selection, appointment and development of academic and support staff
- (iv) Regular review of the effectiveness of staff recruitment, selection, development and support in relation to programme needs.

CRITERION 10: *Clear and effective systems are in place (including internal and external peer review) to evaluate programmes on a regular basis. Review findings are disseminated appropriately and utilised for staff development, curriculum improvement and increasing student access and success rates.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Review of learning materials, teaching and learning strategies, modes of assessment, management of moderation, and the like, which are utilised for staff development, curriculum improvement and increasing student success rates
- (ii) Credible and consistent methods and processes for programme and course/module review, including user surveys, which allow for the triangulation of information and data in order to produce valid outcomes
- (iii) Training and support of academic managers and teaching staff to ensure the rigour and consistency of the review process
- (iv) Findings from graduate tracking and employer surveys integrated into processes of programme review
- (v) Regular review of the effectiveness and impact of programme review systems and procedures.

Student assessment and success rates

Table 4: Student assessment and success rates

AREA	SUB-AREAS	CRITERION
Student assessment and success rates	Management of assessment	11
	Moderation system	12
	Explicitness, fairness and consistency of assessment practices. Security of recording and documenting assessment data	13
	Recognition of prior learning	14

CRITERION 11: *The institution has an assessment policy and clear and effective procedures for its implementation. The policy and its procedures ensure academic and professional standards in the design, approval, implementation and review of assessment strategies for programmes and modules, and for the qualifications awarded by the institution.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Institutional/faculty/professional rules and regulations governing assessment; these include the following: assessment procedures, provision of timeous feedback to students, weighting of class marks and examinations, security procedures, disciplinary and appeals procedures, regulations for marking, grading, aegrotats, supplementary examinations, condoned passes, and so on
- (ii) Responsibility allocated for the implementation of institutional assessment policy to faculties and departments/schools. Implementation is monitored at different institutional levels

- (iii) Assessment procedures for distance learning programmes that are appropriate for the delivery mode and the circumstances in which the programmes are offered
- (iv) With regard to work-based learning, procedures whereby academics as well as workplace-based assessors (e.g., mentors and/or supervisors) provide an input into assessment
- (v) Procedures to ensure that academic staff responsible for official decisions on assessment are experienced and competent to assess, and are appropriately trained; development opportunities exist for teaching staff to improve and professionalise their assessment practices
- (vi) Regular review of the effectiveness of assessment policies, strategies and practices.

CRITERION 12: *The institution has effective procedures that facilitate the quality of the internal and external moderation of its assessment procedures and results, in order to ensure their reliability, as well as the integrity of the qualifications it awards.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Procedures which regulate internal moderation in order to provide a reliability check on the marking process, and to provide developmental feedback to students, and to staff on their assessment practices
- (ii) Procedures, which regulate external moderation, which include the following:
 - criteria for the appointment of moderators
 - information provided to moderators on the curriculum, assessment procedures, and related aspects of the programme
 - guidelines on the standards of achievement required of students in the programme
 - format for and handling of moderator reports
 - adjustment of marks by moderators
 - approval of final mark lists.
- (iii) Regular review of the effectiveness of internal and external moderation procedures and practices.

CRITERION 13: *The principles, procedures and practices of assessment are explicit, fair and consistently applied throughout the institution. Security arrangements for recording and documenting assessment data are in place to ensure the credibility of outcomes.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Institutional/faculty/professional regulations and rules to ensure the explicitness, rigour, fairness and consistency of assessment procedures and practices

- (ii) Regulations and rules governing assessment which are clearly communicated to students, staff and other relevant stakeholders; this includes information and guidance to students on their rights and responsibilities regarding assessment processes
- (iii) Student appeals procedures which are fair, effective and timeous
- (iv) Adequate security measures for the recording, documenting and storing of assessment data to ensure the credibility of outcomes
- (v) Regular review of the –
 - explicitness, fairness and consistency of application of the principles, procedures and practices of assessment
 - security arrangements for recording and documenting assessment data.

CRITERION 14: *The institution has an RPL policy, and effective procedures for recognising prior learning and assessing current competence.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Institutional policy to support access, through RPL measures
- (ii) Effective procedures stipulated for RPL; this includes the identification, documentation, assessment, evaluation and transcription of prior learning against specified learning outcomes, so that it can articulate with current academic programmes and qualifications
- (iii) Assessment instruments designed for RPL and implemented in accordance with the institution's policies on fair and transparent assessment.

3.2.2 Research

The White Paper and the National Plan for Higher Education place strong emphasis on the need to develop research capacity and increase research productivity to ensure both open-ended intellectual inquiry and the application of research activities to social development. The Department of Education has set an increase in postgraduate enrolments and research outputs as a strategic goal for the South African higher education system.

The HEQC audit will focus on the institutional arrangements for assuring, developing and monitoring the quality of research and postgraduate education. Although not all higher education institutions have research as a defining aspect of their mission, it is assumed that some measure of research activity is underway at all higher education institutions (e.g., research undertaken to inform teaching, and research by postgraduate students).

3.2.2.1 General quality related arrangements for research (for all higher education institutions)

Criterion 15 below deals with general quality related arrangements for research, which will be evaluated during audits of all higher education institutions.

CRITERION 15: *Effective arrangements are in place for the quality assurance, development and monitoring of research functions and postgraduate education.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) A research policy and/or plan, which indicate(s) the role and nature of research conducted at the institution, and is/are adequately resourced and consistently implemented and monitored
- (ii) Appropriate strategies for research development, including capacity development for researchers, which are implemented and monitored
- (iii) An effective research information system that captures appropriate data for research related planning
- (iv) Appropriate strategies for the support and development of postgraduate education, including effective postgraduate supervision, which are implemented and monitored
- (v) Regular review of the effectiveness of arrangements for the quality assurance, development and monitoring of research functions and postgraduate education.

3.2.2.2 Quality related arrangements for research (in depth evaluation for research-intensive institutions)

Criterion 16 below will apply in the case of institutions with a *specified research mission*.

CRITERION 16: *Research functions and processes are supported and developed in a way that assures and enhances quality, and increases research participation, research productivity and research resources.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Clear policies and regulations that indicate the role and nature of research conducted at the institution, which are effectively implemented and adequately resourced. These include:
 - research policies and plans that clearly state the institutional goals for research; this includes research on teaching and learning
 - criteria for the evaluation and approval of research proposals
 - policies that support and monitor the development of new researchers, especially black and women researchers
 - policies that encourage and support collaborative and problem-solving research at the local/regional/national level

- policies and criteria for access to and allocation of funding for research
- policies and regulations governing research outputs.
- (ii) Effective structures and mechanisms for the quality assurance of research. These include structures which –
 - apply clear criteria against which to evaluate and approve research proposals, as well as establish research programmes/groups/teams/units
 - manage and monitor the commercialisation of research.
- (iii) an efficient research information system which captures information on research capacity, research funding, and research outputs. This includes –
 - capturing essential information on research issues through a central research information system
 - linking captured data in a way that allows for meaningful reporting on and planning for research at the institution.
- (iv) Strategies that are effectively implemented for the support and development of research, including capacity development for new researchers; support and development opportunities and incentives are available –
 - to new researchers at all levels of research activity
 - for collaborative and problem-solving research at local/regional and national levels.
- (v) Strategies which evaluate, monitor and track the outcomes and impact of research and research management at the institution.

3.2.2.3 Quality related arrangements for postgraduate education

CRITERION 17: *Efficient arrangements are in place for the quality assurance, development and monitoring of postgraduate education.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Clear policies, regulations and criteria in relation to the quality of postgraduate education; these include –
 - policies that indicate the scope and nature of postgraduate education at the institution and stipulate clear admission requirements and procedures
 - policies and criteria for the evaluation and approval of Master's and doctoral proposals
 - policies and criteria governing access to, and allocation of funding for, postgraduate education and research
 - policies and regulations that specify the role and responsibilities of supervisors of postgraduate research
 - policies and criteria for assessment of postgraduate education and research
 - policies and regulations regarding postgraduate publications.
- (ii) Effective structures and processes that quality assure and monitor postgraduate education. These include structures which –

- apply clear criteria against which to evaluate, approve and monitor postgraduate research
 - evaluate and approve funding for postgraduate research
 - enable postgraduate students to lodge complaints or appeals that are swiftly dealt with, as well as provide for opportunities to defend their research findings
 - track developments and trends in postgraduate education at the institution.
- (iii) An effective research information system which supports the monitoring of postgraduate education. This includes –
- capturing essential information on postgraduate research issues through a central research information system
 - linking captured data in a way that allows for meaningful reporting on, and planning for, postgraduate education and research at the institution.
- (iv) Clear and effective policies and strategies which facilitate the development, support and improvement of postgraduate education; these include the availability of –
- training and development opportunities for new supervisors
 - research design and methods courses for postgraduate students
 - access to support services for postgraduate students
 - facilitation of regular access to supervisors and other researchers in the field
 - special funds to support postgraduate research
 - additional support and development programmes for previously disadvantaged students
- (v) regular review of the effectiveness of arrangements for the quality assurance, development and monitoring of postgraduate education.

3.2.3 Community engagement

Where community engagement is discharged through a range of activities, including service learning, quality considerations for institutional engagement with the local and broader community should be formalised within an institution's quality management policies and procedures. These arrangements should be linked to teaching, learning, and research, where possible, and given effect through the allocation of adequate resources and institutional recognition.

CRITERION 18: *Quality related arrangements for community engagement are formalised and integrated with those for teaching and learning, where appropriate, and are adequately resourced and monitored.*

In order to meet this criterion, the following are examples of what would be expected:

- (i) Policies and procedures for the quality management of community engagement
- (ii) Integration of policies and procedures for community engagement with those for teaching and learning and research, where appropriate
- (iii) Adequate resources allocated to facilitate quality delivery in community engagement
- (iv) Regular review of the effectiveness of quality related arrangements for community engagement.

3.3 Benchmarking, user surveys and impact studies

Benchmarking institutional/faculty/departmental performance against other equivalent quality reference points, both nationally and internationally, is a useful source of information for goal-setting and continuous self-improvement.

User surveys conducted at different institutional levels, which gather and analyse information from different stakeholders are important instruments in evaluating the effectiveness of institutions. Examples are student satisfaction surveys, graduate tracking surveys and employer satisfaction surveys.

Impact studies are important instruments for measuring and evaluating the effects of institutional initiatives to enhance quality in its core functions.

CRITERION 19: *The institution engages in benchmarking, where appropriate, and draws on user surveys and impact studies in the process of planning and setting of priorities for quality development and enhancement.*

In order to meet the criterion, the following are examples of what would be expected:

- (i) Benchmarking on a regular basis against internal and external reference points for the purposes of goal setting, improvement, and establishing institutional reputation and competitive edge
- (ii) User surveys undertaken on a regular basis to obtain feedback for quality improvement from a range of stakeholder constituencies, for example, student satisfaction surveys, graduate tracking surveys, employer satisfaction surveys, and the like
- (iii) Impact studies undertaken on a regular basis to assess the effectiveness of quality assurance and quality enhancement systems for the core functions of the institution
- (iv) Regular review of the effectiveness of benchmarking and the extent to which survey findings are utilised for priority setting and quality enhancement.

Table 5: Summary of criteria for the HEQC’s audit system

AREA	SUB-AREA	CRITERION
3.1 Institutional mission; links between planning, resource allocation and quality management	Fitness of purpose of institutional mission, goals and objectives in response to local, national and international context (including transformation issues)	1
	Links between planning, resource allocation and quality management	2
3.2 Teaching and learning, research and community engagement		
3.2.1 Teaching and learning		
3.2.1.1 General quality related arrangements for teaching and learning	Management of the quality of teaching and learning	3
	Academic support services	4
	Short courses, exported and partnership programmes, programmes offered at tuition centres and satellite campuses	5
	Certification	6
3.2.1.2 Quality related arrangements for programme development, management and review; and for student assessment and success rates		
Programme development, management and review	Programme management	7
	Programme design and approval	8
	Staffing	9
	Programme review	10
Student assessment and success rates	Management of assessment	11
	Moderation system	12
	Explicitness, fairness and consistency of assessment practices. Security of recording and documenting assessment data	13
	Recognition of prior learning (RPL)	14
3.2.2 Research		
3.2.2.1 General quality related arrangements for research (for all higher education institutions)		15
3.2.2.2 Quality related arrangements for research (in depth evaluation for research-intensive institutions)		16
3.2.2.3 Quality related arrangements for postgraduate education		17
3.2.3 Community engagement		18
3.3 Benchmarking, user surveys and impact studies		19

PART THREE: THE AUDIT

4 BEFORE THE AUDIT SITE VISIT: THE PREPARATORY STEPS

4.1 Agreement on the scope of the audit between the HEQC and the institution

Once the HEQC has sent notification of an audit, and normally at least twelve months before the audit visit, the preparation for the audit commences with an initial discussion between the institution and the HEQC about the scope and focus of the audit, as well as arrangements for conducting it.

The major decisions that result from the preliminary discussion between the HEQC and the institution are recorded by the HEQC as part of the documentation that informs the subsequent steps of the audit process. The scope of the audit agreed upon provides the primary reference point for the institutional audit portfolio, the site visit and the audit report.

In Part One, Section 2.5, it was indicated that the audit includes an analysis of two broad areas with various sub- areas. These are:

Area 1: Mission of the institution; links between planning, resource allocation and quality management

Area 2: Teaching and learning, research and community engagement.

During the initial discussion, the HEQC consults with the institution concerning the incorporation of specific areas from the Audit Criteria (see Part Two) that the institution may wish to include in the audit. The HEQC retains the final responsibility for determining the audit areas, in the light of information that is available to it as well as additional information that it may request from the institution.

While the target areas within Audit Area One are addressed uniformly across all institutions, the HEQC considers the nature and characteristics of the institution in determining the emphasis that will be placed on the various specific areas within Area Two. For example, the focus on the sub-areas that are included under teaching and learning within Audit Area Two will depend on factors such as whether and the extent to which the institution is involved in the presentation of short courses, or programmes that are offered at tuition centres and satellite campuses.

Within Audit Area Two, the Audit Criteria indicate that attention will be given to fitness for purpose as well as fitness of purpose in terms of teaching and learning, research and community engagement. The presentation of information and evidence relating to the core functions should not require the institution to engage in additional review activities at the programme level. Rather, the institution should draw on recent review activities from a selected number of academic programmes. In its self-evaluation, the institution should draw on its recent history of programme reviews to assess the consistency and effectiveness of its programme quality arrangements across various programme types, faculties and sites of delivery.

4.2 Arrangements for liaison between the HEQC and the institution

The HEQC and the institution agree on appropriate arrangements for liaison during the conduct of the audit process. A senior HEQC staff member is appointed as audit officer and is the principal point of contact for the institution. The HEQC also appoints an audit administrator to support the logistic and administrative aspects of the audit. Institutions are requested to appoint a senior representative to serve as the contact person for the audit process. The institutional contact person should be well informed about the requirements for the audit and have the authority to coordinate it effectively within the institution. (See also Part Three, Section 5.2.2.) These include:

- the activities leading to the production of the audit portfolio
- the activities associated with the audit visit
- the follow-up activities consequent to the audit visit.

The institution should appoint appropriate administrative support for their audit preparation process. The institution's contact person and the HEQC's audit officer should maintain a regular and direct line of communication to ensure the optimal functioning of the audit. The contact person and the audit officer usually identify individuals responsible for the administration of the audit; the audit administrator in the case of the HEQC, and an administrator from the institution being audited.

4.3 Confidentiality

Institutional audits provide the HEQC and audit panel members with a great deal of institutional information during the course of the audit. Such information will be used only for the purpose for which it was obtained in relation to the audit. All material, including the audit portfolio, will be treated as confidential by the HEQC and the audit panel. In order to ensure that confidentiality is preserved, the HEQC strictly monitors the dissemination and filing of information, as well as making the necessary arrangements for the destruction of confidential information from the institution. When it is no longer required by the HEQC, the auditors are required to sign an undertaking that they will treat all audit documentation as confidential and to return all specified documentation by a stipulated date.

4.4 Selection and composition of the audit panel

Subsequent to the preliminary discussion with the institution, the HEQC constitutes an audit panel for the institutional audit visit. In Part Four, Section 9.2.1 specific guidelines are outlined concerning the criteria for the selection of auditors. The panel is constructed in such a way that its members have the following:

- experience and understanding of higher education management, organizational development, capacity development, and approaches to quality assurance

- experience and understanding of academic processes in relation to teaching and learning, research and community engagement
- specialist disciplinary or other expertise
- a clear understanding of the principles and methods of institutional audit.

The size of the audit panel varies according to the size and complexity of the institution. Audits of public institutions may require a panel of eight to twelve persons, including the panel chairperson, an audit officer, and an international auditor. Panels of three to six persons are the norm for smaller institutions.

The HEQC provides the institution with the opportunity to comment on the composition of the audit panel in respect of any possible conflicts of interest.¹ The HEQC considers institutional submissions on this matter, and makes the final decision on the composition of the panel approximately four months before the audit visit.

4.5 Interactions between the HEQC and the institution before the audit site visit

The HEQC makes three visits to the institution before the audit site visit.

4.5.1 Visit (i): Scope of audit; date of audit

The first visit is concerned with the nature and scope of the audit. The Executive Director of the HEQC and the Institutional Audits Director meet with the Vice Chancellor or Head of the institution, followed by a second meeting with the senior executive and, preferably at the discretion of the Head of the institution, also with the deans of the institution and the leadership of the institution's standing quality assurance structure/committee or working group. This provides an opportunity to:

- discuss the context of the institution within the national higher education framework
- consider the connection between transformation and quality assurance, fitness of purpose, and fitness for purpose and how these are examined during the audit visit
- highlight the fact that whilst the audit is principally developmental, accountability issues are not excluded
- note that the audit is part of a peer review system
- discuss the scope of the audit, what it involves and how the process unfolds
- note that for public institutions there will be an Institutional Profile, which is developed by the Monitoring and Evaluation Directorate of the CHE and that the HEQC will provide a copy of this profile to the institution before the audit visit. The primary purpose of the *profile* is to assist panel members in understanding the institution, analysing the portfolio and developing lines of enquiry for the audit. The profile is constructed from four sources of data and information. These are:

¹ Conflicts of interest may be of different types. Personal conflicts include cases where an auditor has a close relationship, whether of a family or business nature, with the VC or another senior academic or administrator of the institution, or a particular bias against the institution due to a previous event. Professional conflicts include cases where the auditor renders professional services to the institution, or is a current applicant for a position in the institution. While more difficult to substantiate, a conflict of interest may also be ideological in nature. For example, a potential auditor has demonstrated a particular antagonism towards the type of institution or the ethos of the institution that is to be audited.

- (i) official audit data derived from the Higher Education Management Information System (HEMIS) and South African Post Secondary Education (SAPSE)²
 - (ii) official data about the disbursement of research funds by the National Research Foundation (NRF)
 - (iii) data on South African publications in accredited local and international journals and their authors collected in the SA Knowledgebase database³
 - (iv) the institution's website, which includes statistics, annual reports, research reports as well as information on learning programmes and other institutional information
- meet the HEQC's expectations
 - confirm the audit date
 - discuss any other relevant matter.

4.5.2 Visit (ii): Support for self-evaluation process

The second visit is designed to support the self-evaluation process. The HEQC Audit Officer meets the team that is preparing for the audit. The purpose of this meeting is to:

- reaffirm the nature, purpose, and scope of the audit
- discuss the interaction between, and the respective responsibilities of the institution and the HEQC as well as the role of the institution's audit team
- highlight the fact that whilst the audit is principally developmental, accountability issues are not excluded
- reinforce that the audit is evidence-based, that the site visit does not constitute the whole audit process, and that triangulation refers to the validation of data against more than one source (see Part Four, Section 11.1.3 for more details on triangulation)
- discuss the self-evaluation process
- ensure that the institution's audit portfolio is prepared in such a way that it supports the audit process
- emphasize that documentary evidence should be based primarily on existing material used in internal quality management, although it does not exclude material prepared especially for the audit
- note that the panel may require further supporting documentation before the audit visit or during the audit visit (see Part Three, Section 5.4)
- outline the rationale for the schedule
- discuss dates and other details related to the audit.

² These two information systems reflect higher education institutions' submissions of their own data to the Department of Education (DoE); HEMIS focuses on teaching and learning inputs and outputs, and SAPSE focuses on research outputs.

³ SA Knowledgebase is maintained by the Centre for Research on Science and Technology (CREST), University of Stellenbosch.

4.5.3 Visit (iii): Site visit schedule

During the third visit, the HEQC Audit Officer, the audit administrator and the institution's audit team meet to discuss:

- the site visit schedule
- the categories of interviewees
- panel activities
- the schedule, logistics, and any requirements of the audit panel.

This is also an opportunity for the steering committee to discuss any concerns it may have. This meeting normally takes place **at least one month before the audit visit** to ensure that institutions have sufficient time to identify, invite and brief the interviewees.

If the institution requires any further meetings, these will normally take place at the HEQC offices.

4.6 Logistics

Accommodation and travel: The HEQC is responsible for coordinating arrangements for the audit panel's travel to the institution and accommodation and subsistence during the visit.

Lunches and refreshments: Institutions are requested to provide modest lunches and teas for audit panel members during the audit visits – including possible visits to satellite campuses or teaching centres. Arrangements should not be lavish, although they should take the dietary requirements of team members into account. The HEQC's audit administrator will advise the institution in this regard.

Secretarial and administrative support: The HEQC audit administrator usually accompanies the panel to provide administrative and secretarial support to the panel and the HEQC's audit officer during the audit. The institution is asked, where possible, to provide the equipment necessary to enable secretarial and administrative work to be conducted by the audit administrator. Where possible, the institution is also asked to make e-mail and telephone facilities available for occasional use by the panel. These arrangements are negotiated with the institution in advance of the audit site visit.

Audit costs: The HEQC will from time-to-time review the cost-implications relating to audits for public institutions. Private providers are charged for the costs of the audit on a cost recovery basis.

5 PREPARATION OF THE INSTITUTIONAL AUDIT PORTFOLIO

5.1 Guidelines for the development of the institutional portfolio

This section provides some suggestions on how to prepare the audit portfolio, which includes the institution's self-evaluation and the supporting documentation selected by the institution. The HEQC does not have any particular preference in terms of the approach used to develop the self-evaluation or the structure and order of the self-evaluation report as long as institutions engage with the audit criteria.

The fundamental characteristic of a self-evaluation is that it has to be critical and analytical. Self-evaluation reports that are descriptive without engaging with the audit criteria in an evaluative and therefore critical manner do not help either the institution or the HEQC to achieve the purpose of institutional audits.

In terms of the presentation and organization of the self-evaluation and its supporting documentary evidence, institutions may choose to arrange their portfolios following the order and headings of the criteria, or build the self-evaluation on a particular core function or specific aspect of the institution from which the others are seen to derive or on which they depend. Whatever way an institution chooses to organise its portfolio, the objective must be for the specific aspects of the institution to be made manifest, and for the portfolio to show the institution's capacity for self-reflection.

5.1.1 *The portfolio*

The main product of the pre-audit visit preparation by the institution is the audit portfolio. This document is the outcome of the self-evaluation conducted by the institution which:

- sets the context for the institutional audit by providing information on its mission, its strategic goals and objectives, and its distinctive characteristics
- describes, analyses and evaluates the effectiveness of its quality arrangements for its academic activities in the light of the HEQC's audit criteria, and any institutional criteria
- identifies areas of strength and excellence, as well as areas in need of focused attention for improvement.

The focus of the portfolio depends on the nature and scope of the academic activities of an institution, and although the general guidelines provided in this manual apply to public higher education institutions as well as private providers, the latter institutions are encouraged to discuss with the HEQC Audit Directorate the self-evaluation process and the scope of their audit portfolio.

The portfolio consists of the institution's self-evaluation report and the appendices and documentary evidence provided by the institution in order to support its claims. It is important to distinguish between the process of self-evaluation itself and the written report on this process. Creating a document in itself does not necessarily equate with a process of analysis, reflection and evaluation.

The self-evaluation process lies at the heart of the institutional audit system. It requires that the institution reviews the adequacy and effectiveness of its quality arrangements in its three core functions, identifies areas of strength and weakness, and makes appropriate recommendations on the dissemination of good practice as well as improvement strategies; hence, the need for an appropriate mix of descriptive and analytical elements, and a balanced and concise discussion of the audit areas in the light of the HEQC's audit criteria and the institution's own performance indicators (see 5.2 for details on self-evaluation activities).

The portfolio should present an institution-wide perspective, both because it focuses on the evaluation of the institution as a whole and because it reflects meaningful participation by various institutional constituencies in the self-evaluation process. The portfolio is an official document of the institution and therefore it needs to be approved by the relevant institutional bodies, including Senate and Council or the equivalent structures.

The key purpose of the audit portfolio is to present a description, analysis and evaluation, supported by evidence, of the manner in which the institution assures the quality of its core academic activities within the specified scope of the audit. The institution assesses the effectiveness of its arrangements for quality against the HEQC's audit criteria and reports the outcomes of these assessments in the portfolio.

The production of the audit portfolio should represent the culmination of a process in which key stakeholders within the institution engage in a thorough consideration and assessment of strengths as well as problem areas and developmental challenges. While the portfolio is only produced in the context of an external audit, the self-evaluation process should not be seen as an isolated occurrence that is detached from the normal flow of institutional activities. Rather, it should build on the institution's internal quality arrangements for its core academic activities. The documentation produced in the course of carrying out such recurrent planning, implementation, and monitoring activities may become supporting evidence that is submitted within an audit portfolio. A key consideration in the audit is the extent to which the organizational culture and design of the specific institution supports its quality policies. It is more difficult for quality policies and processes that are not embedded in an appropriate institutional culture and design to contribute to a process of continuous improvement.

In summary, the key principles for HEIs to observe in the preparation of their audit portfolios are:

- **Comprehensiveness:** the portfolio must include all the necessary information about the institution's core functions together with the appropriate evidence to support institutional claims.
- **Reflective:** the portfolio must demonstrate that the institution is able to critique itself, to identify areas of weakness, obstacles to development, and so on.
- **Descriptive:** the portfolio must provide appropriate description of the systems, processes and procedures for the management of quality in the three core functions and how these relate to the institution strategic objectives, planning and resource allocation.
- **Analytical:** the portfolio must show how the core functions and the quality systems

operating in each of them relate to each other and to the mission and vision of the institution. In this regard, it is important that portfolios show the ongoing link between the institution's strategic level goals and academic planning.

- Inclusive: the preparation of the audit portfolio requires the whole institution to reflect upon itself; thus the different layers and institutional constituencies need to participate in the process.
- Frankness: the self-evaluation and the documentation provided by the institution reflect the institution openness about its problem areas and difficulties in institutionalising appropriate arrangements for quality in the three core functions.

5.1.2 Format of the self-evaluation report

This section provides guidelines about the content the self-evaluation is expected to include. As already indicated, the specific structure of the self-evaluation report is up to the institution. In this regard, the structure suggested here is merely indicative. The self-evaluation report should contain the elements outlined below. It is important that proper attention is given to the four open-ended questions (see Part Two, Audit Criteria). The open-ended questions should be addressed in Area One, but responses may also be integrated into other areas throughout the portfolio.

Section 1: Overview of the institution (profile, mission and context)

Reference should be made to:

- the institution's mission statement and its strategic plan (fitness for purpose) including strategic goals; the institution's programme and qualification mix
- a description of the process that was followed in the conduct of the self-evaluation, with reference to aspects such as: the role of the steering group; involvement of internal and external stakeholders; the procedure followed in the collection and validation of information; and evidence to support the statements that are contained in the portfolio.
- In outlining the processes followed in the conduct of the self-evaluation, particular attention should be given to the steps that the institution took to ensure that the discussion of specific practices and approaches is representative of an adequate sample of academic units; that it consulted a sufficiently diverse group of stakeholders, including students, members of the academic and non-academic staff, staff associations and unions; and other stakeholders (i.e. employers; community groups).

Sections 2 and 3: Audit areas

The self-evaluation report should deal with the two broad audit areas as specified in the Audit Criteria. In the discussion of Areas One and Two, the HEQC is interested in the external and internal reference points, and the feedback systems that the institution uses to ensure and improve the standards of its awards and the quality of its core activities. While the institution may choose to devote a separate discussion to the use of benchmarking, user surveys and impact studies, the discussion of the various audit areas should refer to the manner in which benchmarking, user surveys and impact studies inform

its quality arrangements. The open-ended questions should be addressed in these sections, but institutions may decide to do differently, in which case they should indicate in the portfolio the methodology used to answer these questions and how have they been introduced in the self-evaluation.

Section 2: Audit Area One

The areas identified for evaluation within Audit Area One are:

(i) Fitness of purpose of the mission of the institution in response to the local, national and international context (including transformation issues) and (ii) links between planning, resource allocation and the management of quality. Points of consideration are:

- the process that the institution followed to develop its mission and the criteria that determine the appropriateness of its mission and strategic direction statement in the light of its local, national and international context
- how the quality of the institution's core academic activities is integrally related to the strategic planning process by which it engages with current and future stakeholder and market needs, and the challenges of its external environment
- the institution's understanding of transformation and the role that this has in the mission and goal-setting of the institution¹
- the effectiveness with which the institution translates its mission into a strategic plan, with clear timeframes and resources for the achievement of goals and objectives in its core functions
- the effectiveness of the institution's mechanisms to support the achievement of its quality plans and objectives in its core academic activities. In particular, attention should be paid to the link between planning, resource allocation and quality arrangements at the institutional level.

Section 3: Audit Area Two:

Audit Area Two deals with teaching and learning, research, and community engagement. As noted in 4.1, the HEQC and the institution will formally agree on how the scope and focus of the specific audit accommodate these audit areas.

Section 4: Conclusion

Depending on the way in which the self-evaluation has been constructed, the conclusion may provide a summary of the areas that the institution has identified for improvement, the strategies that will be put in place in order to achieve this and an indication of those areas in which work is already underway.

5.2 Self-evaluation activities

As institutional audits serve both accountability and improvement purposes, institutions should achieve an appropriate balance between the external and internal considerations that motivate the self-evaluation. While the HEQC audit system poses specific accountability requirements, the central rationale for the self-evaluation process is that it provides an opportunity for institutional learning and creates the basis for further development.

¹ The HEQC includes in the concept of transformation issues of equity and redress of the student body and staff profile, responsiveness to national developmental imperatives, as well as development of the core functions in such a way that these are responsive to individual and collective needs in terms of knowledge, skills, competencies, and democratic values.

Table 6: Suggested format of the self-evaluation report

Section One	Introduction
	1.1 Description of how the institution conducted the self-evaluation process
	1.2 Profile and context of the institution
	1.3 Criteria and benchmarks which the institution wishes to include in the audit, if relevant
Section Two	Area 1
	2.1 Institutional mission
	2.1.1 Strategic priorities
	2.1.2 Transformation within the institution
	2.1.3 Institutional development priorities
	2.1.4 Open-ended questions (may be addressed elsewhere as well)
	2.2 Planning and resource allocation
	2.2.1 Institutional quality arrangements including the use of benchmarks and surveys
Section Three	Area 2
	3.1 Teaching and learning
	3.1.1 Quality arrangements for teaching and learning
	3.1.2 Programme development, management and review
	3.1.3 Student assessment and success rates
	4.1 Research
	4.1.1 Quality arrangements for research
	4.1.2 Quality arrangements for postgraduate education
	5.1 Community engagement
	5.1.1 Conceptualisation
	5.1.2 Quality arrangements for community engagement
Section Four	General Conclusions
	6.1 Overall assessment of quality arrangements
	6.2 Institutional development priorities as a result of the self-evaluation (including areas where work is already underway)
Appendices	

5.2.1 Commitment of the Vice Chancellor/Head of the institution

The success of an audit depends to a large extent on the commitment to the audit process demonstrated by the head of the institution. It is particularly important that the head of the institution expresses and demonstrates his or her commitment to the self-evaluation process in an explicit manner. Four aspects of this commitment deserve special attention:

- First, it ensures that the self-evaluation process receives the necessary priority within the institution, and that the steering group has sufficient access to information and other resources.

- Secondly, the head of the institution ensures that the terms of reference of the steering group are clearly spelled out, and widely communicated within the institution.
- Thirdly, the head of the institution notifies Council (or the governing body) of the institutional audit and what it entails, and provides Council with regular progress reports.
- Fourthly, the head of the institution will see that the recommendations that arise from the self-evaluation and external audit process will be acted upon. Participants in the self-evaluation are assured that, within existing financial, human and other resource constraints, the necessary conditions will be created to address the audit recommendations.

5.2.2 Roles and responsibilities of the steering group

Over and above the responsibility taken by the institution's leadership, the process of self-evaluation needs to be planned, managed and overseen. Institutions may wish to appoint a steering group to take care of this during the preparation for the audit. The steering group is normally constituted before the initial discussions take place between the HEQC and the institution about the scope of the proposed audit. In this way, the steering group is involved throughout the entire audit process. The steering group clarifies at the outset who will act as its coordinator, and who will be responsible for documenting the findings of the self-evaluation process as well as developing the audit portfolio. If the institution has a designated senior staff member with the responsibility for quality assurance, this person serves as a member of the steering group and may assume responsibility for the overall coordination of its work, unless determined otherwise. This person may assume responsibility for the development and overall authorship of the audit portfolio, unless determined otherwise by the institution, on the basis of the documented results of the self-evaluation process, and he or she also acts as the contact person between the institution and the HEQC.

The composition of the steering group and the approach an institution uses to prepare the self-evaluation are decisions that institutions make, taking into account their profile, and the context and scope of the audit. What follows constitutes only one possible way of constituting the steering group; and institutions should see it only as a suggestion. Institutions are encouraged to develop their own approach, format and strategy in the conduct of the self-evaluation.

The steering group should consist of individuals from key constituencies who understand the dynamics of the organization, and have the necessary authority in the institution and leadership and management expertise. Depending on the scope of the audit, the steering group may consist of one or two senior faculty members; a senior staff member responsible for academic affairs; a senior staff member responsible for research; a senior staff member responsible for community engagement, a key member of the academic administration; a staff member with responsibility for academic support services; and a staff member with responsibility for institutional research or management information. It is important that credible leaders are part of the steering group. In addition, it could be useful for members of the group to have an appreciation of the requirements for conducting institutional research and analysis. Consideration should also be given to student representation on the steering group.

5.2.3 Scope of the self-evaluation

One of the first tasks of the steering group is to clarify the scope of the audit in conjunction with internal constituencies and the HEQC. *The Institutional Audit Framework* document and the *Audit Criteria* in Part Two of this document clearly demarcate the scope of the audit as including the core academic activities of teaching and learning, research and community engagement. It is recognized that each institution is unique and that it exists within a particular context, has a particular history and set of circumstances that inform its mission and strategic priorities and that these, in turn, are translated into specific goals and objectives in the core functions. The scope of the self-evaluation is clearly communicated within the institution. It is important that the institution reflects on what it wishes to achieve during the audit. In this respect, the institution may use this opportunity to test its own performance indicators against the criteria, and may request the HEQC to add its own requirements to the scope of the audit.

5.2.4 Incorporation of HEQC's audit criteria within the self-evaluation

The Audit Criteria in Part Two of this document set out criteria and expectations for institutional quality arrangements relating to the various audit areas and sub-areas. It is incumbent upon institutions to incorporate the criteria into the self-evaluation process in a manner that is commensurate with their context and characteristics. For example, institutions may foreground certain criteria, or apply additional measures in the interests of developing an optimal approach to the self-evaluation. The steering group clarifies how it will use the HEQC's audit criteria within the self-evaluation, and ensures that all the role players who are involved in aspects of the review clearly understand the criteria that will be used to assess the various audit areas. This ensures that judgments are made as objectively and explicitly as possible.

5.2.5 Resources for the self-evaluation

The planning and organization of the self-evaluation process take account of the human, physical and financial resources that will be necessary for the conduct of the process. Staff members, and possibly students, will be required to devote considerable time to the work of the steering group as well as various working groups. Human resource demands may also include specialised staff assistance, as well as experts – both internal and external to the institution – who may be called upon to advise the steering group or working groups on particular aspects of the self-evaluation. Financial resources include the provision for planning and review activities that may take place at workshops as well as the costs of preparing the material that will be required as part of the audit portfolio. It may be necessary to provide for some capacity development activities. These would ensure that an appropriate perspective on the audit is widely disseminated throughout the institution and individuals or groups, who are to play leading roles in the self-evaluation and the subsequent improvement initiatives, are equipped for the tasks. It is advisable that the steering group prepares a budget for the conduct of the self-evaluation. The institution is responsible for providing the resources required to support the self-evaluation process.

5.2.6 *Plan for the self-evaluation*

The steering group prepares a project plan, which sets out the various tasks that must be undertaken as part of the self-evaluation. The plan indicates the prerequisites for the performance of specific tasks, for example, access to certain documents, identification of individuals and groups responsible for specific tasks and the establishment of realistic target dates for their completion. The plan makes provision for regular progress monitoring so that adjustments can be made to the schedule of activities if necessary.

The institution develops a well-formulated project plan that addresses the key requirements for the organization of the self-evaluation process and which is based on an appropriate process of consultation with staff, students and other stakeholders. It ensures that appropriate information and evidence is gathered, and that judgments are made in terms of clearly defined audit areas and their constituent criteria.

In developing the plan for the self-evaluation process, it is advisable that provision is made for a period of at least six months from the initial discussion between the institution and the HEQC to the date of submission of the audit portfolio. A realistic amount of time needs to be provided for working groups to complete their activities relating to the self-evaluation, for the development of the audit portfolio itself, and for the official approval processes. See Appendix Two: Schedules for the audit process.

5.3 **Requirements for identification and collection of information and evidence**

5.3.1 *Categories of information*

The self-evaluation draws on both quantitative and qualitative information that relates to the institution's core academic activities. It may be useful for the institution to describe the functioning of its core academic activities using quantitative information such as, for example, the profile of students or staff; the ratio of the total budget that is spent on specific activities and services (e.g., library; throughput rates in academic programmes; programme completion rates, the number of research publications in accredited journals, and so forth).

Qualitative information may consist of accounts of institutional strategies, policies and processes, evaluations, external reviews, institutional research in relation to the institution's core activities and support functions. It may also include insights into the perceptions and responses of stakeholders related to these activities. Thus, qualitative information may provide feedback obtained from staff, students and other stakeholders about input factors, including the policy environment, the quality of information services, or academic processes, such as teaching and learning. Similarly, feedback may be obtained from employers about outputs, such as the quality of the institution's graduates. Qualitative information may need to be used to interpret trends that become evident in quantitative data.

The steering group and its various working groups may draw on the advice of professional staff responsible for management information, institutional research and the like. It is important that the self-evaluation is not merely a description of current practices but also assesses such practices and provides plans on how weak areas can be strengthened.

5.3.2 Information as evidence for findings

Information, whether of a quantitative or a qualitative nature, does not necessarily constitute evidence that may be used to substantiate judgments that are made during the self-evaluation. Information becomes evidence when it is assessed against agreed criteria that are used to indicate institutional performance in the various audit areas. As already noted, institutions should constructively incorporate the HEQC's audit criteria so that these provide an appropriate framework for the self-evaluation, in the light of their specific context, characteristics and performance indicators.

Benchmarks allow an institution to judge its own performance against other institutions, both nationally and internationally or against HE system(s) nationally and elsewhere. Where used, benchmarks should be explicit, based on valid and reliable information, and appropriate to the institution's setting and capabilities.

Just as professional staff provide advice in the specification and classification of information, they also assist the steering group and its various working groups in the interpretation of information. It is important to clarify how information is used to support conclusions about the quality and standards of provision.

5.3.3 Procedures for data collection

The process of data collection should ascertain the existing data that is available with respect to the various audit areas. Such data may include previous studies, reports and reviews, existing policies, decisions and data-sets. In the review of existing data, the steering group and working groups should interact with committees or advisory groups that are responsible for a specific area, in order to place the data in context, assess its validity and reliability, and to determine additional data that may be needed for the review. In relation to quantitative information, where possible, the institution should attempt to use the same information that is provided to the DoE. (See Part Three, Section 4.5 (i).)

The exploration of existing data will help the steering group to determine its status, and the manner in which it may be used in the self-evaluation. Thus consideration may be given to the consultative processes that were followed in the development of policies, the extent to which policies have been implemented, the opinions and evidence on which existing reports are based, the reliability of data-sets, and so forth. Information should also be cross-checked by comparing it with information from other sources. A decision may be taken not to use

certain information or to use it in a qualified manner, for instance, where reports show a clear bias, or where information is based on questionnaire surveys with a low response rate.

On the basis of the review of existing data, a decision may be taken to collect additional data. The steering group should consult widely on how such additional data will be gathered in order to secure the legitimacy of the process. Data may be gathered by a variety of methods, such as interviews, focus groups, and surveys. Given the limited time that is available for the self-evaluation, as well as resource constraints, careful consideration should be given to the possible benefits of special surveys. It may be more beneficial to conduct interviews or to identify focus groups or other forms of qualitative research. The same procedures that are used to validate existing information should be used in the collection of additional information.

The self-evaluation report should normally acknowledge the data sources on which it is based. There may, however, be cases where information that is provided to the steering group is expected to be treated as confidential. While the confidentiality of respondents and other sources of information should be respected, the self-evaluation should acknowledge that such information is based on specific perspectives that need to be juxtaposed with other perspectives and documented decisions, policies and procedures.

5.3.4 Self-evaluation: making evidenced-based judgments

The steering group and its various working groups should clearly explain the rationale for the judgments that are reached on the basis of the available information and evidence. The judgments should identify areas of strength and weakness with respect to current quality arrangements, and make recommendations on opportunities for development or improvement. In the formulation of its judgments, the steering group may find it useful to work in terms of 'quality gaps', which allow for the identification of strategies that can address shortfalls in desired performance. These strategies will need to be based on a clear understanding of the issue at hand.

5.4 Documents linked to portfolio

The institution is requested to submit the self-evaluation report and its accompanying appendices in both hard copy and electronic format (a CD and/or website), where possible, these should have hyperlinked footnotes. Documentation provided on-site is normally in hard copy format. As with the self-evaluation report, all documentation should be in English.

5.4.1 Primary documents to accompany portfolio

A set of cross-referenced appendices should be provided as part of the self-evaluation report. Documentation must be divided into categories, for example, strategic, governance, core functions, and the Faculty. The following are examples of documents that should accompany the portfolio.

Strategic

- Strategic or business plan, three year rolling plan or equivalent, institutional programme and qualification mix, budget with detailed allocation of resources, annual reports, list of committees (e.g., Council, Senate, Faculty), institutional statistical information (e.g., undergraduate and postgraduate student access, enrolments, retention, throughput, research activities and output), staff profile – academic, managerial, administrative, and support service staff, samples of reporting against objectives set in organizational plans (from recent years).

Governance arrangements

- Statutes, institutional regulations, organogram that outlines governance, management structures, academic management structures, quality assurance plan – quality management arrangements in the three core areas of teaching and learning, research and community engagement.

Core Functions

These documents should include all major policies and procedures as well as reports to Senate. For instance,

- Institutional Calendar/Year Book
- Teaching and Learning Strategy/Framework: major policies and procedures (e.g., admissions, assessment, programme appraisal, programme review)
- Research Strategy/Plan: policies and procedures for funding and support, postgraduate policies and procedures, institutional research reports as well as statistical information on research: output, enrolments and graduates in Master's and doctoral degrees, research expenditure and research income
- Community Engagement Strategy: policy, monitoring and evaluation procedures.

Faculty and support services

- Faculty plans – how these fit into the institutional strategic or business plan, Teaching and Learning Strategy, Research Plan, Community Engagement Strategy; key policies for teaching and learning, research and community engagement, professional council reports and reviews, student support and development activities, academic services (e.g. library and IT services, international office) and administration, policies and guidelines to support the above. A range of statistical information should be provided by Faculty (College, School). Examples are: postgraduate and undergraduate student access and enrolments, retention and throughput, enrolments by qualification type, statistical information on staff – academic, managerial, administrative, and support service staff.

5.4.2 Secondary documents to be available on site

Other supporting documentation needs to be available during the site visit. The institution will be informed of the documents that should be made available after the panel's portfolio meeting. This will be not less than four weeks before the site visit. However, the following types of documentation would be expected to be available: a spread of examination papers, internal moderators' reports, external moderators' reports, minutes of meetings of Council, Senate, Senior Management, Council and Senate Committees (e.g., Research Committee, Academic Planning Committee, Faculty Boards), and any other documentation that the institution regards as important.

5.5 Submission of the Audit Portfolio

The head of the institution must approve and sign off the audit portfolio before it is submitted to the HEQC (after observing any protocols that are required by the institution, such as formal submission of portfolio to Senate and Council). Institutions should submit an agreed number of copies of the portfolio, as well as an electronic version, to the HEQC, no later than fourteen weeks before the scheduled audit visit.

Within two weeks of the receipt of the relevant documents from the institution, the HEQC secretariat, in liaison with the audit panel chair, will complete its review of the audit portfolio. The purpose of the review is to establish whether the documentation meets the HEQC's requirements for the audit portfolio. The HEQC may request additional documentation from the institution. The institution should provide the HEQC with additional documentation within three weeks of the request in both hard copy and electronic form. The HEQC will then distribute the audit portfolio to the audit panel members, together with a brief report based on its document review.

6 THE AUDIT VISIT

6.1 Purpose and conduct

The principal purpose of the audit visit is to validate the statements and claims that are made in the institution's portfolio. More specifically, all the activities that the panel undertakes during the audit visit should contribute to the development of substantiated findings on:

- the validation of the institution's claims concerning its quality arrangements in the audit target areas
- the reliability of the information that the institution makes publicly available about its arrangements for meeting its quality commitments in its core academic areas.

In arriving at its findings, the audit panel considers and assesses:

- the institution's quality arrangements including
 - institutional processes for planning, implementing, monitoring, reviewing and improving quality in the audit areas
 - support provided to staff in the conduct of the institution's core academic activities
- the relationship between policy documents and committee-level deliberations, and institutional practices in day-to-day academic activities
- the claims made about quality of educational programmes, research activities, and community engagement activities seen against the actual outputs of students and staff.

To assess the accuracy, completeness and reliability of the information in the audit portfolio, the panel conducts interviews with various stakeholders, and reviews supporting documentation. These activities, and particularly the interviews with staff and students, allow the panel to assess aspects that cannot easily be documented in written form. Such matters include the morale of the staff, the attitude of the students, the intellectual atmosphere and the commitment to quality.

6.2 Format of visit

An audit visit generally lasts between two and five days, depending on the size and complexity of the institution concerned. If the institution has multiple campuses, or operates a number of off-campus learning sites (including international campuses),¹ the visit may be conducted principally on one campus with preliminary visits being made to the other sites by at least two members of the audit panel together with the audit officer. (See Appendix Three for samples of audit visit schedules for public higher education institutions and Appendix Four for private providers.)

¹ It was indicated above (par 4.6) that the costs for visits to satellite campuses are for the institution's account. Given the substantial cost involved in visits to international campuses, the HEQC will discuss this issue with the institution when the first briefing meeting takes place.

6.3 Interview sessions

The audit panel's schedule makes provision for interview sessions with a broad cross-section of institutional staff and students as well as other stakeholders where appropriate. (See Appendix Five: Guidelines for interviewees.) Depending on the requirements of the specific audit visit, the panel generally conducts interviews with the following role players:

- the Head of the institution, and other senior staff at his or her discretion
- the chairperson and other members of Council, or the governing body
- members of key committees responsible for the development and overseeing of quality arrangements in each of the three core functions
- members of planning and finance committees
- a cross-section of academic staff from different levels of appointment and academic units
- a cross-section of administrative and support staff
- representatives of the staff unions or association(s)
- representatives of the students' association(s), in particular, the SRC and students who are responsible for academic liaison within the institution
- a cross-section of students drawn from different levels, disciplines and categories
- staff and students in, for example, academic programmes, research units or co-operative learning programmes
- advisory committees
- a selection of graduates (alumni)
- community representatives, such as representatives of business and industry, local and regional government, organized labour and civil society.

The institution identifies and invites the individuals to be interviewed within the framework and categories provided by the audit panel. The panel may also identify specific individuals to be invited to interviews.

Staff, students or other stakeholders of the institution not invited to participate in an interview, may submit written submissions to the panel or request to be interviewed by the panel. (These submissions and requests are channelled through the institutional audit steering committee.) The steering committee communicates this information to the institutional community before the audit visit.

6.4 Open sessions

In addition to its scheduled meetings with specific role players and stakeholders, the panel's programme allows for an open interview that can be attended by any staff member, student or other stakeholders of the institution who consider that they can provide relevant information to

the panel on quality matters. Requests to participate in an open session interview are communicated to the panel through the institution's audit steering committee. The panel decides on the most appropriate format for such an interview, and also exercises its judgment in ensuring that the interview does not divert its attention from the specified audit areas. Where a large number of people wish to attend an interview, the panel may divide into smaller groups. Where the panel deems that a specific contribution deserves further consideration or elaboration, it asks the individual or group concerned to provide the panel chairperson with a written submission. Individuals or groups may also make a written submission to the panel before the end of the audit visit, provided that they clearly justify the need for bringing such information to the attention of the panel. This submission is channelled through the institutional steering committee.

6.5 Recall sessions

If a panel is unable to form a judgment on a specific issue, it may recall a particular group of interviewees so that the matter can be explored further.

6.6 Panel only meetings

The panel needs to have a sufficient number of closed sessions in which it can plan its strategies, scrutinize the documentation that has been made available, and reflect on the interview and open sessions. The audit site visit programme provides for:

Planning meeting

The panel assembles prior to the official commencement of the visit, in order to plan its activities for the conduct of the audit. This planning session, which builds on the audit panel's pre-audit visit preparation, provides an opportunity to clarify and discuss issues that panel members regard as particularly important in the light of their assessment of the information and evidence provided by the institution. The planning session also serves to ensure that the panel members fully understand their responsibilities for the conduct of the audit.

Review sessions

The panel ensures that it has sufficient review sessions in which it considers and draws conclusions about the information and evidence that has been presented to it; reviews the day, prepares for the next day and prepares the oral feedback for the exit meeting (see 6.7 below).

Monitoring of audit visit

The chairperson of the panel and senior HEQC staff ensure that at the end of each day a meeting takes place with the head of the institution and/or, at his or her discretion, members of the institutional audit steering group, to monitor the progress of the audit.

A closing session

During its closing session the panel reaches consensus about its key impressions with reference to the audit areas. The judgments that the panel has formed during the audit visit provide the basis for the production of the audit report.

6.7 Oral feedback

At the end of the visit the panel presents a verbal account of its preliminary findings at a meeting with the head of the institution and the senior leadership of the institution and other senior staff at the Vice Chancellor/Head of the institution's discretion. As it takes some months before the institution receives the audit report, the feedback provides highlights of the main findings of the audit panel which include findings on the fitness of mission; institutional transformation; academic governance; planning, resource allocation and quality; quality management systems, benchmarking; teaching and learning, research and community engagement. This feedback forms the basis of the written audit report. It should be noted that no written copy of the oral feedback is provided to the institution and that this is not an opportunity for the institution to have a discussion with the panel on the oral feedback.

7 THE AUDIT REPORT

7.1 Purpose

The purpose of the report is to provide the institution with a view of the findings of the audit panel in relation to the audit criteria as well as the panel's assessment of the effectiveness of the institution's arrangements for quality. The findings presented in the report are supported by evidence and they constitute the basis on which commendations and recommendations are constructed. The report is not a report of the audit panel but a report of the HEQC Board to the institution. The HEQC takes into account the findings of the peers on the panel but final judgment rests with the HEQC Board. Thus the final commendations and recommendations presented in the report are from the HEQC. The institution is expected to take the report's findings into account when it constructs its quality improvement plan.

7.2 The process

The audit report is developed by a report writer who is appointed by the HEQC. The report writer draws on the deliberations of the audit panel and is in constant contact with the Audit Officer. Once the Audit Director is satisfied with the draft report, it is sent to the audit panel for consideration. After comments have been incorporated and the panel has indicated that the report reflects its findings, the report is taken over by the Audit Director. The HEQC usually produces a draft audit report which, after being scrutinized by the Institutional Audit Committee, is sent to the institution for comments relating to:

- factual errors
- omissions. The institution may wish to point to important information and evidence that seems to have received no or insufficient attention in the audit report.
- discrepancies. The institution may wish to draw attention to specific statements or parts of the report, which, in its view, do not present a balanced assessment of a specific aspect. In such cases, the institution should clearly explain the reason for its opinion, and provide appropriate evidence to substantiate its argument. Documentation that is provided in this regard should be concise and pertinent.

There may be cases where the HEQC's Director: Institutional Audits believes that the institutional response points to material deficiencies in the audit report. In such cases, the Director, in consultation with the Executive Director of the HEQC, will take appropriate action to investigate the matter, including consultation with the panel chairperson and audit officer, and a possible visit to the institution concerned. The submission of the final report for approval by the HEQC Board will be postponed until the Director is satisfied that the concerns raised by the institution have received adequate attention. The Executive Director of the HEQC will exercise the final judgment in this regard.

After receiving the institution's comments, the audit officer prepares the final report. The report is then submitted, together with the institution's response, to the Institutional Audit Committee,

as necessary, which is responsible for recommending that the report be tabled at the HEQC Board for approval.

7.3 Structure of the report

The report consolidates the analysis of the audit portfolio prepared by the institution, the evidence gathered at interviews, and the additional documentary evidence supplied by the institution. The report is structured on the audit criteria and deals with them systematically. In all sections, the main focus of the report is to articulate how the institution gives expression to its mission and understandings of quality in the three core functions (see Table 7).

7.4 Management letter

Issues of serious quality concern may arise during the process of the audit which require that the HEQC send a management letter to the chairperson of Council/governance body and to the Vice Chancellor/Head of institution for their urgent attention and remedy.

7.5 Approval of report

7.5.1 Institutional Audits Committee of HEQC

After the institution has submitted its comments, the draft report and the institutional comments are submitted to the Institutional Audits Committee (IAC) of the HEQC for review. The IAC, which is a subcommittee of the HEQC Board, consists of at least two HEQC Board members, at least three members from the higher education sector, the Executive Director of the HEQC (*ex officio*), the Director: Institutional Audits and the audit officer(s). Audit panel chairpersons may be asked to attend the meeting of the IAC. One of the two Board members serves as the chairperson of the IAC.

The IAC has no authority to change the substance of the report itself. Its mandate is, first, to assure itself of the integrity of the audit process, by confirming that the panel has followed the correct procedures in its review of the information and evidence supplied by the institution. Secondly, the IAC is required to check the style and tone of the report to ensure that it does not contain defamatory or destructive statements. Thirdly, the IAC is required to check the coherence and consistency of the report, ensuring that the conclusions are appropriately supported by evidence and that the recommendations are clear, realistic and achievable. The IAC's acceptance of the final draft report, therefore, consists of a confirmation that the correct audit protocols have been followed, as well as an endorsement of the judgments that are expressed in the audit report. Where necessary, the IAC may instruct the audit officer to adjust the style or mode of expression that is used in the report, or to clarify its findings.

The IAC also reviews the improvement plans submitted by institutions.

Table 7: Structure of the audit report

Overview of the Audit	
1.1	Introduction
1.2	The audit process
Summary of audit findings	
List of Commendations and Recommendations	
1.	Brief overview of the institution
2.	Institutional Mission
2.1	Mission and identity
2.2	Transformation, equity, redress and institutional culture
3.	Institutional Planning, Resource Allocation and Quality Management
3.1	Governance, management, planning and resource allocation
3.2	The quality management system
3.3	Benchmarking and surveys
4.	General Arrangements for Teaching and Learning
4.1	Conceptualisation of teaching and learning
4.2	The Organisation of Teaching and Learning
4.3	Management of quality in academic support services
4.3.1	Academic Development
4.3.2	Library
4.3.3	Information and Communications Technology
4.4	Certification
4.5	Management of quality of short courses
4.6	Programme Development and Review
4.7	Staffing and Staff Development
4.8	Management of Assessment
5.	Management of Research Quality
5.1	Conceptualisation and management of the quality of research
5.2	Quality management arrangements for postgraduate education
5.3	Research Output
6.	General Arrangements for the Management of Quality of Community Engagement
6.1	Conceptualisation of community engagement
6.2	Structure and Activities

7.5.2 HEQC Board

Once the institution has responded to the draft audit report, the Director of Institutional Audits must approve any accuracy-related or other amendments that have been made to the report, as necessary. The final audit report thus amended will be submitted to the full HEQC Board. The final audit report is approved by the full HEQC Board, and then sent to the institution concerned. As stated in 7.1, this is a report of the HEQC Board to the higher education institution.

7.6 Publication of audit report

An executive summary of the report is published on the HEQC's website. The full report is sent to the head of the institution. He or she is encouraged to make the report widely available within the institution.

8 AFTER THE AUDIT VISIT

8.1 Feedback on audit process

The HEQC obtains feedback from the institution as well as from the audit panel in order to adapt and improve on its own procedures. The institution is asked to provide feedback on whether the audit objectives were met, on the conduct of the audit panel members and its chairperson, and whether or how the institution benefited from the process. Evaluation forms are provided for this purpose. (See Part Four, Section 12 for details on the feedback process for auditors and chairperson.)

8.2 Quality improvement plan

8.2.1 *Quality improvement plan*

The HEQC will require the institution to draw up and implement a quality improvement plan based on the audit report. The improvement plan should set goals in response to the recommendations in the report, as well as any developmental issues identified by the institution itself. The plan may prioritise these goals and should propose explicit programmes of action to be undertaken by the institution within a specified time frame to achieve these priorities. The institution should submit the quality improvement plan to the HEQC within a reasonable period of time from the receipt of the audit report. The time needed by the institution to prepare its improvement plan will be discussed between the Vice Chancellor/Head of the institution and the HEQC.

In the case of public providers the Improvement Plan will serve at the Institutional Audit Committee, after which the HEQC will discuss the viability of the improvement plan with the institution. The institution may be required to provide the HEQC with progress reports on the implementation of the improvement plan at appropriate intervals. The HEQC will discuss with each institution the most appropriate way of reporting on the progress made in the implementation of the improvement plan.

8.2.2 *Format of quality improvement plan*

The improvement plan should include:

- a short narrative, which deals with the findings of the audit report, how the institution plans to deal with the recommendations, how and why priorities are established, where the overall responsibility for the improvement plan lies, who approves the plan, how progress will be monitored and evaluated
- who will serve as the institutional contact person for the follow-up process
- an action plan in the tabular format overleaf.

Example of a Quality Improvement Action Plan

Recommendation	Priority and justification	Resources needed (human and financial)	Action	Time line	Responsible person	Performance indicators	Structure/ person to monitor and sign off
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8.3 Mid-cycle report

Three years after the audit site visit, institutions will be expected to provide to the HEQC a mid-cycle report indicating progress since the audit visit and specifically the extent to which the recommendations have been addressed.

8.4 Funding

The HEQC does not allocate any funds to institutions or programmes, nor does it make any direct decisions on the funding and financing of higher education institutions. HEQC audit outcomes are, therefore, not directly linked to funding. Funding for public institutions is the responsibility of the DoE and, in the case of private providers, the responsibility of their owners or Board of Directors.

8.5 Ranking

The HEQC does not rank higher education institutions on the basis of audit findings. The purpose of institutional audit is to encourage higher education institutions to engage in systematic and continuous quality improvement in meeting their mission and strategic goals.

PART FOUR: THE AUDITORS

9 AUDIT PANELS

The HEQC audit system includes the views of the higher education community in the assessment of the quality arrangement of an institution through the participation in audit panels of peers and experts. The participation of academic peers and senior colleagues from higher education institutions in audit panels introduces a collegial dimension into the external assessment of higher education institutions. The participation in the audit panels of representatives of the business sectors and/or NGOs brings into the audit a dimension of public accountability to society, whilst the participation of international auditors serves in part as a benchmarking exercise for both the institution and the HEQC audit system.

9.1 The role of auditors

Within the framework of the HEQC's approach to audit, the task of auditors is to validate the institution's claims regarding its quality arrangements in the various audit areas. The deliberations of the audit panel will inform the recommendations and commendations in the audit report.

The HEQC's audit approach suggests that auditors should take four broad considerations into account in the fulfilment of their role. First, auditors should understand that each institution exists within a particular context, has a particular history, and set of circumstances that inform its mission and strategic priorities (see Part Three, Section 5.2.4). Auditors should respect the primary responsibility of institutions for the design and implementation of quality systems that are commensurate with their specific context and characteristics. Auditors should not expect institutions to take over the HEQC's audit criteria in an uncritical and unreflective manner. Rather, auditors should expect to find evidence of a process of constructive engagement with the criteria, which is reflected in a well-developed quality planning framework with clearly identified plans and priorities, implementation strategies, and monitoring and review processes. Furthermore, auditors should consistently conduct their audit activities in a manner that supports institutions in their efforts to assess their approach to quality and quality assurance, and to chart a realistic path for quality improvement in the light of identified areas of strength and weakness.

Secondly, auditors should adapt their approach to the conduct of an audit to the institution's demonstrated self-evaluative capacity. Where auditors find clear evidence that the institution has conducted a rigorous self-evaluation, they should understand their role as validating the institution's own conclusions about the various audit areas. In other cases, where the institution's self-evaluative capacity is less developed, auditors will assume greater responsibility for forming conclusions with respect to the various audit areas. However, in such cases, auditors should still stress the institution's primary responsibility for quality improvement.

Thirdly, auditors should clearly understand that their sphere of responsibility relates expressly to the independent assessment of institutions' quality arrangements for their core academic

activities. Their role should not be confused with the role of independent financial auditors, or auditors who are appointed to validate the reliability and validity of institutional data on students, staff or academic programmes.

Fourthly, auditors are responsible for making reasonable judgments concerning the institution's quality arrangements in the various audit areas. In order to fulfil this responsibility, auditors will:

- collect and analyse appropriate information and evidence before and during an institutional audit visit
- conduct interviews with various institutional role players during the institutional audit visit in order to substantiate the conclusions that the institution reaches in its audit portfolio as well as the information and evidence upon which the conclusions are based.

In order to make reasonable judgments, auditors should consider the extent to which the institution follows a systematic approach to quality and quality assurance in the various audit areas.

In the 'quality cycle' approach, effective quality systems include the activities of planning, implementation, monitoring and review, and improvement. Evidence with respect to the effectiveness of the institution's quality arrangements in the audit areas requires that there should be a clear link between the development of plans, whether in the form of specific policies, processes, structures or resource allocations, and their implementation in terms of their deployment and the ensuing results. For example, mechanisms for the promotion of access require that there should be a clear access policy, which is widely communicated and purposefully deployed by means of admissions decisions. Furthermore, the fact that an institution has increased access to students from disadvantaged groups does not necessarily imply that the increase is the result of a specific policy that has been effectively deployed within the institution. To support such a claim, the institution would have to produce evidence of the link between the design, implementation and results of the access policy. Auditors would also expect to find evidence that the institution regularly reviews and monitors its quality policies and their implementation, and makes improvements where necessary. In the review of each audit area or sub-area, auditors may therefore find it useful to ask the following four questions:

- What is the institution trying to do?
- How is the institution trying to do it?
- How does the institution know that it works?
- How does the institution bring about improvements where needed?

In sum, the HEQC expects that auditors will develop properly substantiated and documented judgments that form the basis for audit reports that address the various audit areas, and clearly specify areas that are in need of attention.

9.2 Selection and preparation of auditors

9.2.1 *Criteria for selection of auditors*

HEQC auditors should possess professional and personal credibility with institutional leaders and other stakeholders in the higher education sector. Therefore, the criteria for the selection of potential auditors from the list of nominees are based on a combination of knowledge and skills as well as personal attributes. (See Appendix One: Criteria for the nomination of auditors.)

Potential auditors should also ensure that they have the necessary time at their disposal to fulfil their responsibilities in terms of institutional audits. Audit visits require substantial preparation, while the visits themselves may require up to six successive days. Auditors are also required to contribute to, and comment on, the draft versions of the audit report.

9.2.2 *Auditor preparation activities*

The preparation and orientation of auditors consists of two distinct aspects, namely, general auditor preparation and the preparation for the audit of a specific institution. The HEQC provides persons who are nominated to serve as auditors with appropriate training opportunities. These orientate them to the HEQC's audit approach, and to the general principles that auditors should follow in the conduct of institutional audits. The training ensures that auditors understand the HEQC's audit approach, and in particular:

- the principles and objectives of the audit system
- the methodology that is used in institutional audits
- the scope of institutional audits and the criteria used to assess the various audit areas.

Auditors should

- be familiar with the HEQC's expectations of them, and the code of conduct that applies to the audit process
- understand their roles and responsibilities within the audit panel
- be able to develop and demonstrate their proficiency in the collection and analysis of information and evidence, the scrutiny of audit portfolios, the conduct of interviews and the formation of audit judgments
- understand the process that is used to arrive at audit judgments, the approval of these judgments by the HEQC Board, and their inclusion in the HEQC Board's report to the institution.

9.3 Code of conduct for auditors

In the execution of their responsibilities, auditors should observe various principles that are closely linked to the knowledge, skills and personal attributes that they are required to possess. These principles are as follows:

Respect for institutional autonomy

The institution that is being audited is an autonomous self-governing institution with its own unique characteristics, and should not be inappropriately compared with other institutions. The audit panel should require the institution to account for the effectiveness of its governance and management arrangements for assuring the quality of its core academic activities. However, the panel should refrain from pre-judging the institution on the basis of the choices that it makes with respect to its organizational design and the development of its internal culture.

Appreciation for the diversity of approaches to the management of quality

The Audit Criteria in Part Two indicate that there are certain generic criteria that institutions should normally be expected to address in the various audit areas. However, the audit panel should bear in mind that there is no single definitive approach to assuring quality in the core academic activities of higher education institutions, and that the use of predetermined models is detrimental to a culture of quality development and innovation. Panels should, therefore, respect the manner in which institutions adapt the HEQC's audit criteria to meet their characteristics and contexts, as well as the specific policies, processes and structures, which they use to assure quality.

Decorum in interactions with the institution

During the audit visit, as well as during pre- and post-audit activities, the panel members should conduct themselves with discretion. They should, therefore, not act aggressively, argumentatively or in an inquisitorial manner during the audit visit or in other dealings with the institution. In these instances, the panel chair is responsible for taking up the matter with panel members who fail to heed this requirement. During the conduct of interviews, they should have respect for sensitive situations, and for the concerns of specific persons or groups. At all times, panel members should refrain from conveying a superior or condescending attitude based on their own institutional affiliation or professional position. An audit enquiry can be conducted in an incisive and rigorous manner without being disparaging or disrespectful. Further, panel members should respect the decorum of the interview proceedings ensuring that these are conducted in an appropriately professional manner.

Confidentiality of information and evidence

Auditors should observe the confidentiality of all the information and evidence that the institution provides to them. All material, including the audit portfolio, should be treated as confidential and will usually be the intellectual property of either the HEQC or the institution. Under no circumstances may panel members use information and evidence from an audit visit without the express permission of the institution. Auditors are required to sign an official undertaking that they will treat all audit documentation as confidential and will return all specified documentation by a stipulated time as indicated in the gazetted regulations pertaining to institutional audits.

Commitment to impartiality and independence

Auditors should conduct themselves in an impartial manner that is free from bias, and should be as objective as possible. They should declare all conflicts of interest (see Part Three, Section 4.2), and consistently maintain their independence in the evaluation of the information and evidence that is made available to them. Beyond the formal audit activities, auditors are expected to have no social contact or private discussions on audit-related or any other matters with members of the institution for the duration of the audit visit.

Due care in the gathering and interpretation of evidence

Auditors should base their judgments on a representative selection of evidence that can be validated against documentary records. Auditors should also exercise care in the interpretation and validation of evidence, and should continually test their assumptions and hypotheses with respect to the various audit areas against other possible perspectives. The conclusions of the panel should arise from the considered deliberations of the panel members. Auditors should not ask institutional groups what kinds of recommendations they would like to see in the audit report.

Fair presentation

The audit findings and judgments that are contained in the audit report should present the audit activities in as faithful and accurate a manner as possible. The audit report should acknowledge instances in which the panel had difficulty in reaching a clear conclusion, as well as cases where there are clear differences of opinion between the panel members and the institution.

Commitment to the work of the audit panel

The effectiveness of audit panels depends on the contribution of all the panel members. With the exception of urgent personal circumstances, auditors are, therefore, expected to be fully available during the entire audit visit.

9.4 Auditors: logistics

The HEQC is responsible for coordinating the arrangements for accommodation and travel to the institution. See Appendix Six: Auditors: logistics.

9.5 Operation of audit panels

9.5.1 Panel chairperson

The panel chairperson will be a figure of acknowledged credibility and authority, who commands respect in the higher education sector. The chairperson is responsible for overseeing and providing leadership for the audit visit, and plays a crucial role in developing a sense of common purpose amongst the panel members. The panel chairperson should have audit experience and be well versed in facilitation methods, such as dealing with points of dispute

that may arise during the audit visit. The following description of the specific responsibilities, which the panel chairperson should fulfil in conjunction with the audit officer, builds on Part Three, Section 4.4.

During the entire course of the panel's activities, the panel chairperson ensures that panel members are mindful of and observe:

- the context and focus of the specific audit against the background of the HEQC's audit approach
- the code of conduct and procedures that apply to the audit visit
- their roles and responsibilities for the conduct of the audit.

The panel chairperson, together with the audit officer: guides the panel during the pre-audit preparation so that it clearly identifies the lines of inquiry to be pursued during the audit visit; ensures that themes and questions are integrated into the criteria; and gathers the necessary information and evidence relating to the various audit areas.

The panel chairperson, together with the audit officer, ensures that adequate preparation is completed for each interview session during the audit site visit and, where necessary, that such preparations are revised in the light of information received in preceding interview sessions.

The panel chairperson directs the panel's discussions and activities during the audit visit so that it remains focused on substantive issues; is able to allocate its time appropriately amongst the various audit areas; pays adequate attention to the views of various stakeholder groups; keeps to the allotted time for meetings; and is able to view a sufficient range of information and evidence. Importantly, at all times the panel chairperson should bear in mind the report and ensure that discussions facilitate the writing of the report.

The panel chairperson leads the panel in summarising its discussions during the panel-only meetings, and ensures that panellists who have worked as a sub-group or on their own to investigate a certain matter, report their findings accurately and clearly, and in a format that is suitable for incorporation into the eventual audit report.

At the end of the audit visit, the panel chairperson leads the panel in reaching judgments and conclusions, often in the form of commendations and recommendations about the target areas at the various audit levels. The panel chairperson reminds the auditors that their individual contributions to the audit report should supply the detailed evidence that has led to the panel arriving at these judgments and conclusions.

After the audit visit, the panel chairperson should consult with the audit officer with respect to the development and finalisation of the audit report, and should provide feedback about the audit process to the HEQC's Directorate: Institutional Audits in the debriefing session that is held after the audit visit.

The HEQC provides panel chairpersons with special training opportunities in order to assist them in the fulfilment of their responsibilities.

9.5.2 Audit officer

The audit officer is a senior staff member of the HEQC, who serves on the audit panel and assists the panel to fulfil its mandate. The audit officer ensures the smooth running of the audit process, and also serves as an important source of advice to the panel by virtue of his or her participation in a variety of audit visits. The audit officer's responsibilities are as follows:

- to act as the audit panel's principal contact point with the institution (see Part Three, Section 4.4)
- to survey the audit documentation prior to the audit to ensure completeness and comprehensibility
- to advise and assist the panel chairperson in all aspects and phases of the audit, and especially during the pre-audit preparation
- to ensure that the proceedings of the audit visit, in the form of the interviews and panel-only discussions, are recorded
- to assist where necessary in the interviewing and document review processes
- to ensure that the panel keeps within the parameters of the audit
- to ensure strategic focus by the panel
- to compile the draft spoken feedback in consultation with the panel chairperson and the other panel members
- to oversee all the administrative and logistical arrangements.

Where necessary, the audit officer may participate in interviews and panel review discussions in order to support the work of the panel. This participation should, however, be kept to a minimum.

9.5.3 Audit administrator

The audit administrator is a member of the HEQC staff. He or she must be familiar with the submission of the institution. The audit administrator works under the guidance of the audit officer to ensure the effective organization of the audit panel's activities. Typical functions that may be performed by audit administrators include making logistical arrangements, helping to ensure that documentation is prepared and circulated, assisting the audit officer to ensure that the proceedings of interviews and panel discussions are properly recorded.

9.5.4 Scribe

The scribe keeps verbatim notes of the sessions, records the proceedings, and provides daily transcripts for the panel.

9.5.5 Report writer

The report writer who may be a member of the panel is responsible for drafting the audit report. He or she ensures that the panel is focused and that criteria are adequately covered. He or she also indicates where further evidence is required to reach a judgment, and formulates the recommendations/commendations.

9.5.6 Other senior HEQC officers

Other senior HEQC officers support the panel. They participate in the panel meetings and assist in the preparation of the oral feedback to the institution. They also help strengthen the content and conclusion of the audit report in the different stages of its production.

9.6 Participation of observers

The HEQC sometimes receives requests from colleagues from other national agencies or institutions to participate as an observer in an audit panel. While the HEQC welcomes the interest in the audit process, the participation of external observers must be agreed to by the Executive Director of the HEQC and the relevant institution. The institution that is undergoing the audit must give its formal consent to the inclusion of the observer in the activities of the audit panel. No more than one person is permitted to act as an observer during the panel's portfolio meeting and the subsequent audit visit.

The audit officer briefs the observer, and provides him or her with a copy of the audit portfolio. The observer should respect the confidentiality of the audit portfolio, and abide by all other aspects of the code of conduct that governs the audit process. In particular, the participation of the external observer should not hinder the panel from conducting its activities as effectively as possible. The observer may not speak during panel interviews and may be asked by the chairperson not to be present at certain interviews or meetings. The panel chairperson may allow the observer to ask questions during private meetings of the panel. In general, however, the external observer should discuss questions arising from the audit visit with the audit officer or other senior members of the HEQC's Directorate: Institutional Audits after the conduct of the audit. The observer does not contribute to the deliberations of the panel. The observer is responsible for the logistical arrangements and costs relating to his or her travel and accommodation. Observers are required to sign a declaration indicating that they accept the conditions that apply to their participation in the panel.

9.7 Protocols for interviews

9.7.1 Guidance of the panel during interviews

Before beginning the interview, the chairperson ensures that panel members know what questions will be asked, in what order and to whom. The chairperson reminds the panel, of the following:

- Interview sessions are not the forum for discussion or for interviewees to ask questions of the panel, except by way of clarification.

- The panel's questions should consistently be linked to issues of quality at the institution.
- Questions should be direct and simple. Panel members should avoid long explanations as introductions to questions.
- Only one question should be asked at a time.
- Panel members should ensure that all interviewees are invited to respond and participate. One person should not be allowed to dominate the responses.
- Panel members should not ask inappropriate questions or follow 'personal' agendas.
- It is important that panel members should keep a professional distance from members of the institution during the visit. Discussions and comment on the audit must be avoided.
- Panel members should avoid the temptation to:
 - editorialise
 - comment
 - praise or commend
 - criticise, advise, explain, correct or recommend
 - ask questions that have no purpose
 - compare the institution to any other institution.

9.7.2 Introduction for interviewees

At the start of each session the chairperson:

- welcomes interviewees; thanks them for participating in the audit process. (Panel members have their name-cards in front of them. Interviewees will bring their own name cards. No introductions are required.)
- states clearly that the purpose of the interviews is to help the panel to validate the information and evidence contained in the audit portfolio and other documentation that has been supplied by the institution, and to gain a detailed understanding of how the institution's quality systems operate.
- emphasizes that while the interview will pursue issues and lines of enquiry that have been identified before or during the audit visit, its purpose is not to test individual people's knowledge. The HEQC's audit report will commend good practices and recommend areas of quality improvement in the institution.
- encourages the interviewees to provide concise answers
- reminds the interviewees that all comments made to the audit panel are treated in strict confidence, and that their names are not used in the report, even though the issues raised may be included in the report.

9.7.3 Conclusion of the interview

At the end of the interview, the panel chairperson should thank the interviewees for their participation, and inform them that the HEQC will produce an audit report that will be sent to the head of the institution in due course.

10 PRE-AUDIT PREPARATION

10.1 The portfolio meeting

The successful conduct of the audit depends on the effective coordination and execution of the audit panel's activities. To assist the panel in the coordination of its activities, the HEQC will create the opportunity for pre-audit preparation, which takes the form of a portfolio meeting four or five weeks before the audit visit. Panel members should familiarise themselves thoroughly with the content of the audit portfolio before the meeting so that they are well informed about the institution and its quality arrangements. Auditors should make written notes about the impressions they have gained from reading the portfolio, and be prepared to circulate these to the rest of the panel before the portfolio meeting.

The portfolio meeting serves the following purposes:

- confirmation that the auditors' are thoroughly familiar with the HEQC's approach to institutional audit, the requirements for auditors within the institutional audit system, and the scope and focus of the specific institutional audit
- ensuring that the auditors have an understanding of the context of the institution
- discussion of the audit portfolio and information requirements relating to it. From this the panel will indicate:
 - specific areas that should receive particular attention during the audit visit
 - issues that it wishes to clarify with institutional representatives
 - further documentation that may be needed from the institution
 - supporting documentation that should be available during the audit visit.
- development of a coherent team approach amongst the panel members. The portfolio meeting allows the panel members to:
 - become accustomed to the leadership of the panel chairperson
 - clarify their respective roles and responsibilities for the audit visit. As part of the portfolio meeting, broad areas of responsibility for specific areas of the audit will be assigned to individual panel members or a sub-group of the panel. Between the portfolio meeting and the audit visit, the auditors should develop these areas of responsibility into more specific lines of enquiry, in conjunction with the audit officer, and should ensure that they formulate specific audit questions for use in the panel interviews. Further, auditors should be aware of which parts of the audit report they will contribute to, and ensure that their interview questions and their perusal of documentation will generate the evidence needed to provide the conclusions required by these sections of the report.
- determination of the programme for the audit visit, including:
 - the categories of staff members, students and other institutional stakeholders with whom interviews will be conducted
 - identifying outcomes, themes, lines of enquiry, questions, in order to reach an evidenced-based judgment concerning the institution's quality assurance arrangements.

10.2 The institutional profile

In the case of public institutions, an institutional profile will be provided to the audit panel by the Monitoring and Evaluation Directorate of the CHE. (See Part Three, Section 4.5 (i) for detailed information on the content of the profile.) This should be read in conjunction with the portfolio.

11 THE AUDIT VISIT

11.1 Information gathering techniques

As this is an evidenced-based audit, a number of techniques are used to gather the information required to make formal judgments concerning the institution's quality arrangements for its core activities.

The panel's analysis of the information and evidence that is provided has two purposes, namely, to form an impression of the validity of the institutional self-evaluation, and to develop judgments with respect to the various audit areas. Audit judgments are formed throughout the audit process. Part Three, Section 6 provides an extensive discussion of the panel's activities during the audit visit. Part Three, Section 7 outlines the process relating to the development of the audit report. This section provides additional information on the strategies that the audit panel should use in order to reach valid and reliable judgments concerning the various audit areas.

11.1.1 Audit themes

The comprehensive scope of the audit as well as the limited duration of the audit visit necessitates the use of audit themes. Audit themes are the topics to be pursued during the audit. They allow the panel to investigate how the institution's quality arrangements work in a particular area throughout the institution. Evidence in respect to audit themes is gained from the portfolio, the documentation available on site, as well as the panel's interviews with staff and students.

11.1.2 Interviewing techniques

The validation of information and evidence requires the panel to use effective interviewing techniques, to check additional documentary material, to ensure that it canvasses a representative range of opinions, and to track the implementation of certain policies and procedures through various organizational levels. The HEQC will provide auditors with some exposure to the challenges associated with interviewing techniques during its training sessions. These include using clearly formulated questions. These may be used for a variety of purposes, such as asking for further information on a certain topic, confirming a certain approach or practice, or asking the interviewee to reflect on the possible reasons for the institution's approach to quality assurance in one of the audit areas or sub-areas. Effective interviewing relies on panel members being closely acquainted with all the documentation provided by the institution, and having developed a clear schedule of questions related to the lines of enquiry identified for the audit. Successful interviewing also relies on the ability of panel members to ask judicious follow-up questions to elicit fuller detail when needed, and the ability to adapt questions in the light of answers already received during that interview.

11.1.3 Triangulation

It is important that panels should use triangulation to cross-check information and evidence. Triangulation refers to the validation of data against more than one source, such as checking policies against various other forms of documentary evidence, for example, minutes or reports, or checking statements from one person or group against statements by other persons and/or documentary evidence. For instance, it is important to consult staff members with various levels of organizational responsibility as well as students when discussing the adequacy and effectiveness of a certain policy, process or structure. Furthermore, panels should track the implementation of a policy or process through various organizational levels. Thus the panel may wish to inquire how an institutional admission policy is implemented within a faculty and its constituent academic units, and to check the implementation of the policy against the student profile in certain programmes and disciplines.

11.1.4 Formulating judgments

The audit panel is required to formulate its findings in the form of commendations and/or recommendations with respect to each audit area, and its respective sub-areas. In formulating its judgments, the panel should take the following considerations into account:

- the extent to which the institution's quality assurance arrangements address all the aspects or requirements of the particular area
- the extent to which a specific policy or procedure is implemented, or a specific structure fulfils its stated responsibilities
- the extent to which a certain policy or procedure is communicated to, and is clearly understood, by stakeholders
- the extent to which a quality assurance practice is embedded within the institutional culture and is seen as an integral part of the institution's approach to the conduct of its core academic activities
- the effectiveness of the procedures that the institution uses to monitor and review the implementation of the policy, procedure or activity
- the improvement strategies that the institution has implemented as a result of its monitoring and review processes.

Through its consideration of such questions, the panel assesses the various audit areas in terms of the quality cycle (see 9.1 above). The systematic review of all the audit areas allows the panel to identify and confirm areas of strength and excellence, and to make substantiated recommendations on areas where the institution should develop and implement improvement strategies.

11.1.5 Oral feedback

As it will take some months before the institution will receive the draft report for comment, the panel presents its preliminary conclusions of the audit in a final session with the head of the institution and whomever the head of the institution wishes to have present. The oral feedback forms the basis for the written audit report. The feedback is read by the chairperson of the panel, or by a member of the panel, or by a senior staff member of the HEQC. There is no discussion on the feedback as the institution will have an opportunity to respond to the full draft report when it is sent to the head of the institution for comment.

11.2 Protocol on commendations and recommendations for institutional audits

This protocol on commendations and recommendations for use in institutional audits was approved by the HEQC Board in 2004. It seeks to clarify and distinguish between different categories of judgment used in audit reports.

The audit report is focused on the effectiveness of the institution's quality management systems in planning, implementing, reviewing objectives and achievements, in identifying omissions or shortfalls in relation to teaching and learning, research and community engagement, taking into account the institution's specific mission and history.

The audit report is a presentation of the audit panel's findings in relation to the different elements of an institution's quality management system, based on the HEQC's audit criteria. The report is based on analysis and interpretation of the evidence submitted by the institution and the further evidence gathered during the panel visit. Each section of the report provides reasoned arguments for the conclusions reached.

The report identifies strengths and weaknesses as well as exemplary and innovative features in the quality management arrangements of an institution. The evidence-based judgments made in the report may take the form of recommendations and commendations about the quality of provision at the audited institution. In addition, strengths and weaknesses may also be rendered in the form of acknowledgements and issues for attention.

11.2.1 Commendations

Commendations are statements that focus on the strengths and exemplary or innovative features of quality management systems and provision at an institution, and that acknowledge the actual achievements of an institution in certain areas of quality management. This recognition of strength comes in two forms:

- Commendations are focused on actual policies, procedures and practices that are able to realize or substantially improve good quality provision throughout the institution or in some parts of the institution. In these cases, the institution shows its ability to execute good, exemplary or innovative policies, practices and procedures. Good practices make a significant contribution to the quality of provision across the institution. To be deemed 'exemplary', a policy, procedure or practice must represent sector-leading best practice and be worthy of dissemination to, and emulation by, other providers of comparable programmes. Innovations refer to novel ways that South African providers find to improve the quality of provision. These need not be institution-wide, but must have the potential to be generalised throughout the institution.
- Commendations are placed as stand-alone statements within the text of the report and are highlighted in bold font.

11.2.2 Acknowledgements

Acknowledgments are statements focused on policies, procedures and/or practices that are in place, or under development, taking the history and context of the institution into account. Noting these issues in the report contributes to greater awareness of the importance of these policies, procedures and/or practices and the need to institutionalise them.

Unlike substantive commendations, these comments are embedded in the text of the report and are not highlighted in bold font. As in the case of commendations, they are supported by reasons and evidence.

11.2.3 Recommendations

Recommendations are statements focused on the institution's quality management systems. All recommendations suggest measures for improvement that need to be acted upon by the institution in response to the shortcomings identified by the panel. There are two types of recommendations:

- Recommendations are statements that deal with two issues. On the one hand, they deal with actual policies, procedures and practices (or lack thereof), which undermine quality provision at the institution and need urgent attention. On the other hand, they deal with matters which have the potential to endanger the quality of the provision and need preventative or corrective action. Both actual and potential shortcomings can have an effect on the quality of provision across the institution or in some parts of the institution.
- The recommendations made in an audit report can be prioritised in relation to the urgency with which action needs to be taken to remedy actual or potential shortcomings and the

level of risk that non-attention to such shortcomings represents for the quality of provision in the institution as a whole. Taking into account these two dimensions, recommendations may be essential or advisable.¹

- Essential recommendations refer to areas that require urgent attention, because they are currently putting the quality of provision at risk.
- Advisable recommendations refer to shortcomings which have the potential to put the quality of provision at risk and that require preventative or corrective action.

Recommendations are placed as stand-alone statements within the text of the report and are highlighted in bold font. The text preceding a recommendation is the evidence-based argument supporting the recommendation.

11.2.4 Issues for attention

Issues for attention are statements that deal with shortcomings in policies, procedures and/or practices, the rectification of which has the potential to enhance quality at the institution.

Unlike recommendations, issues for attention are noted in the text of the report and are not highlighted in bold font. As in the case of recommendations, they are supported by reasons and evidence.

¹ This distinction is adapted with acknowledgement from protocols developed by the Quality Assurance Agency (QAA) in the United Kingdom.

12 AUDIT PANEL: FEEDBACK ON AUDIT PROCESS

Audit panel members will be asked to provide comments, preferably formal and written, to the HEQC on their overall assessment of the process of the audit. These comments will be used by the HEQC to improve its systems as well as to reflect systematically on the overall implementation of quality audit system.

GLOSSARY

Academic development

Also known as Educational Development. A field of research and practice that aims to enhance the quality and effectiveness of teaching and learning in higher education, and to enable institutions and the higher education system to meet key educational goals, particularly in relation to equity of access and outcomes. Academic development encompasses four interlinked areas of work: student development (particularly foundational and skills-oriented provision), staff development, curriculum development and institutional development.

Accreditation

Recognition status granted to a programme for a stipulated period of time after an HEQC evaluation indicates that it meets minimum standards of quality.

Assessment

Systematic evaluation of a student's ability to demonstrate the acquisition of the learning goals intended in a curriculum.

Audit

See Institutional audit.

Audit criteria

Audit criteria indicate the requirements for institutional policies, systems, strategies and resources for assuring, developing and monitoring the quality of teaching and learning, research and community engagement.

Audit cycle

A six-year period in which every higher education institution will be audited at least once.

Audit evidence

Information provided by the institution in its audit portfolio and presented to the audit panel by institutional and other interviewees with regard to the claims made in the audit portfolio. Audit evidence is evaluated by the panel, in accordance with the HEQC's audit criteria, in order to make commendations and recommendations on the institution's quality management system.

Audit panel

External panel of peers and experts, who are selected by the HEQC to conduct institutional audits on the basis of their relevant knowledge and experience, and who are trained by the HEQC for this purpose.

Audit portfolio

Self-evaluation report of the institution to be audited with appendices and documentary evidence, in which evidence on the effectiveness of the institution's policies, systems, strategies and resources for quality management in the areas of teaching and learning, research and community engagement is described, analysed and evaluated against the HEQC's audit criteria.

Audit report

Evaluation report from the HEQC to the audited institution. On the basis of the quantitative and qualitative evidence gathered during the audit, the report is developed by the HEQC on the basis of panel deliberations and finalised in consultation with the chairperson and other members of the audit panel. The report provides an assessment of the adequacy and effectiveness of the internal quality arrangements of the institution, as well as commendations and recommendations in the various target areas of the audit. The final audit report is a report of the HEQC; it is not a report of the panel.

Audit scope

Range of areas for evaluation during the institutional audit.

Audit visit

Site visit of two to five days, during which time the audit panel engages in various evaluative activities, such as conducting interviews and scrutinising documents, in order to validate the claims that are made in the audit portfolio.

Benchmarking

A process by which an institution, programme, faculty, school, or any other relevant unit evaluates and compares itself in chosen areas against internal and external, national and international reference points, for the purposes of monitoring and improvement.

Community engagement

Initiatives and processes through which the expertise of the institution in the areas of teaching and research are applied to address issues relevant to its community. Community engagement typically finds expression in a variety of forms, ranging from informal and relatively unstructured activities to formal and structured academic programmes addressed at particular community needs (service learning programmes).

Cooperative education

A philosophy of learning that promotes the concept of enhanced learning based on cooperation between education institutions and industry, commerce and the public sector.

Criteria for programme accreditation

Minimum standards necessary to support and enhance the quality of teaching and learning, research and service, and learning programmes.

Education and Training Quality Assuror

Body responsible for monitoring and auditing the level of achievement of national standards or qualifications offered by providers and to which specific functions have been assigned by the South African Qualification Authority (SAQA).

Existing programmes

Programmes that are registered on the NQF and have been accredited by the Universities and Technikons Advisory Council (AUT), SAQA or the HEQC.

Experiential learning

A term traditionally used within the former technikon sector for “work-based learning” (see Work-based learning.).

Institutional audit

An improvement orientated external evaluation of institutional arrangements for quality in teaching and learning, research and community engagement, based on a self-evaluation conducted by the institution. The external evaluation is conducted by a panel of peers and experts in accordance with the HEQC’s criteria and other quality requirements set by the institution itself. The audit panel’s report forms the basis of the HEQC’s report to the audited institution with commendations on good practice and recommendations for improvement.

Institutionally managed evaluation

Evaluation activities that are initiated, managed and financed by the institution itself.

Institutional quality management system

Institutional policies, systems, strategies and resources for assuring, developing and monitoring the quality of teaching and learning, research and community engagement.

Moderator

A person, apart from the examiner, who is appointed by the institution to be responsible for ensuring the standard of the examination and its accompanying marking framework and response exemplars, and for marking a representative sample of examination responses.

New programme

A programme which has not existed before, or a programme the purpose, outcomes, field of study, mode or site of delivery of which have been considerably changed.

Professional programmes

Programmes that have to meet the licensure and other professional and work-based requirements of statutory councils.

Programme

Purposeful and structured set of learning experiences that leads to a qualification.

Programme review

An institutional quality assurance process undertaken to make an evaluation of a programme's development, management and outcomes and, where external, to validate the findings of an internal programme review.

Quality assurance

Processes of ensuring that specified standards or requirements have been achieved.

Quality improvement plan

A plan developed by the audited institution specifying activities, designated responsibilities and time frames in order to address the requirements and recommendations of the audit report.

Quality management

Institutional arrangements for assuring, supporting, developing and enhancing, and monitoring the quality of teaching and learning, research and community engagement.

Recognition of prior learning

Formal identification, assessment and acknowledgement of the full range of a person's knowledge, skills and capabilities acquired through formal, informal or non-formal training, on-the-job or life experience.

Self-evaluation

Within the context of an audit, self-evaluation refers to the process by which an institution reviews the effectiveness of its quality management system for assuring, supporting, developing and monitoring the quality of teaching and learning, research and community engagement against the requirements of the HEQC's audit criteria and any other quality criteria that the institution deems relevant. The self-evaluation process leads to the development of an audit portfolio by the institution for submission to the HEQC.

Service learning

Applied learning, which is directed at specific community needs and is integrated into an academic programme and curriculum. It could be credit-bearing and assessed, and may or may not take place in a work environment.

Work-based learning

A component of a learning programme that focuses on the application of theory in an authentic, work-based context. It addresses specific competences identified for the acquisition of a qualification, which relate to the development of skills that will make the learner employable and will assist in developing his/her personal skills. Employer and professional bodies are involved in the assessment of experiential learning, together with academic staff. (See also Experiential learning.)

APPENDICES

APPENDIX ONE: CRITERIA FOR THE NOMINATION OF AUDITORS

The success of external audits depends largely on the professionalism, knowledge and understanding of the audit panellists. There are many senior, experienced people in higher education in South Africa who have the expertise necessary to conduct effective audits. Equally, there is a great need to draw in new layers of potential expertise. The HEQC auditor preparation programme is intended to provide auditors with a common information base and procedures agreed upon for the conduct of an audit.¹

1 Principles

- 1.1 The approach to the development of criteria and the selection process will be guided by the policy frameworks established in the White Paper on the Transformation of Higher Education, the Founding Document of the HEQC and the Institutional Audit Framework document.
- 1.2 Audit panel members will be credible experts in one or more quality relevant fields. The majority will be academic peers. Others will be drawn from relevant contexts that have a bearing on academic provision. The composition of teams will take into account the requirements for each audit and the principle of equity.
- 1.3 The HEQC reserves the right to approach individuals in order to supplement the database of nominated auditors.
- 1.4 Higher education institutions (HEIs) are expected to cooperate with the HEQC in respect of releasing academics to participate in the audit system on the grounds that they would be contributing to the development of a national system of quality assurance.
 - 1.4.1 The participation of academics will increase their own knowledge, understanding and experience of quality assurance (QA) issues, which will be a resource on which the HE institution can draw to strengthen its internal QA systems.
 - 1.4.2 The process will add meaning and content to the concept and practice of academic citizenship.
 - 1.4.3 For the reasons given above, the participation of HE staff in audits will be to their own benefit as well as to the benefit of the HE system at large.
- 1.5 All panels will have both experienced and new auditors to ensure that the pool of auditors has a balance of credible expertise and development opportunities.
- 1.6 There will be no remuneration of auditors for their services as panel members.
- 1.7 Expenses incurred by auditors in the conduct of an audit will be met according to norms that will be approved by the CHE.

¹ Not all nominees who meet the following criteria will be selected to join the auditor preparation programme. This will depend on the requirements of the HEQC and the pool of potential auditors available at a given time. The CHE will capture the details of all nominees on a database and may approach individuals to serve in capacities other than on audit panels: for example, in programme evaluations or on relevant project teams.

2 Definitions

- 2.1 'Selection' covers two processes:
- Selection for the preparation programme from a pool of candidates who meet the criteria required
 - Selection from a pool of people who have attended the preparation programme and thus meet one of the essential requirements for selection to audit panels.
- 2.2 'Audit panels' are the panels constituted in order to carry out an institutional audit of a higher education provider that falls within the jurisdiction of the HEQC.
- 2.3 'Expert' signifies a person who can make expert judgments on the effectiveness of QA arrangements in a higher education institution. The majority will be academic peers but experts will also be drawn from other sectors.

3 General requirements that must be met for an expert to be considered a candidate for the auditor preparation programme

- 3.1 They must have been nominated by a stakeholder with a relevant interest in higher education.
- or
- 3.2 They must have been approached by the HEQC as individuals.

Whether nominated or approached directly by the HEQC, the individual must attest that he or she:

- 3.2.1 is willing and able to attend the required auditor preparation programme
- 3.2.2 is willing and able to serve on at least two audit panels over a period of six years
- 3.2.3 is willing to abide by the decisions of the HEQC regarding their suitability for selection for preparation and for their selection to an audit panel
- 3.2.4 is willing and able to complete and sign a 'Declaration of Interest' form and a 'Confidentiality Agreement'
- 3.2.5 is willing and able to furnish the HEQC with a CV plus any other relevant details as required by the HEQC to make an informed decision on the suitability of the candidate for selection for either the preparation programme or for audit panels
- 3.2.6 is willing and able to abide by HEQC policies, procedures and regulations in respect of all aspects of audits
- 3.2.7 is willing and able to work in a team, to act collegially, and to act with authority, and to express views independently.
- 3.2.8 is willing and able to abide by the confidentiality agreement and observe the level of discretion necessary
- 3.2.9 has the necessary personal credibility, diligence and commitment
- 3.2.10 possesses good listening skills, and can communicate effectively.

4 Specific requirements that must be met for an expert to be considered a candidate for joining the auditor preparation programme

The HEQC will assess a candidate's knowledge and skills on the basis of education and work experience, which should include an appropriate combination of the following:

- 4.1 a willingness and an ability to form independent and informed judgments:
 - on the effectiveness of institutional quality assurance arrangements and related matters at higher education institutions
 - in areas that require specialist expertise that the person may have. These areas must be defined and mutually agreed on by the person and the HEQC.
- 4.2 a degree or postgraduate qualification. (For academic peers this should be at the level of a Master's degree or higher, as specified below.)
- 4.3 substantial experience (five years or more) relating to the core academic functions of teaching, research and community engagement in higher education institutions
- 4.4 reasonable experience in higher education governance, management and administration, managerial experience in the provision of support services within higher education institutions
- 4.5 experience in and/or understanding of the management of quality in higher education
- 4.6 knowledge and experience in evaluation activities in higher education
- 4.7 an understanding of the policy and regulatory environment of the South African higher education sector
- 4.8 involvement in policy development, regulatory and advisory bodies, and activities that affect the management of higher education institutions and the conduct of their core academic activities
- 4.9 familiarity with the basic principles and policies informing the HEQC's approach to audit, and is willing to work within that framework
- 4.10 the ability to assimilate and analyse large amounts of information
- 4.11 the breadth of perspective, knowledge and experience to make reliable evidence-based judgments in relation to the quality of QA arrangements at HE institutions
- 4.12 the ability to hold discussions at a high level about strategic and operational approaches in the context of higher education
- 4.13 In addition to their knowledge and skills, auditors should generally possess the following personal attributes:
 - be persons who function well in a team context, and relate well to other people on an interpersonal level
 - be open-minded and flexible, with a capacity to see beyond their specific academic or professional specialisations
 - be able to adapt to, and understand, the complex dynamics that may be occasioned by audit
 - be able to apply discretion in delicate situations, and deal tactfully with people
 - have an inquiring disposition
 - possess keen powers of analysis and sound judgment

- be able to act according to strict ethical principles, such as honesty, sincerity and impartiality
- have the capacity for conscientiousness and attention to detail in completing the tasks included in the audit process
- have well-developed oral and written communication skills.

5 Additional requirements to be met by experts who are academic peers

- 5.1 They must be full-time staff members engaged in teaching, research and/or academic administration.
- 5.2 Teaching and research experience and/or experience of academic administration of at least five years at higher education level.
- 5.3 They must possess at least a Master's degree or a higher qualification.
- 5.4 Knowledge and experience of some aspects of curriculum development is required.
- 5.5 Publications in recognized national and/or international journals or books are essential.
- 5.6 They must have personal credibility with senior managers and head of institutions/HE providers OR with their peers in their disciplinary or administrative fields.
- 5.7 It is highly recommended that the persons
 - 5.7.1 have more than five years experience of teaching, research and/or administration at a HEI
 - 5.7.2 have prior involvement with HEQC/CHE or related processes
 - 5.7.3 have been external examiners at higher education levels
 - 5.7.4 have knowledge and experience of specific fields and systems: e.g., academic planning, student services, and so on.

6 Requirements that must be met for a person to be considered for selection to an audit panel

- 6.1 They must have met the requirements specified above.
- 6.2 They must have successfully completed an auditor's preparation programme as prescribed by the HEQC.

7 The HEQC reserves the right, in exceptional cases, to consider persons for selection to relevant preparation programmes and to audit panels who do not meet one or more of the criteria specified above.

8 Potential auditors should also ensure that they have the necessary time at their disposal to fulfil their responsibilities in terms of institutional audits. Audit visits require substantial preparation, while the visits themselves may require up to six successive days. Auditors are also required to comment on the draft versions of the audit report.

APPENDIX TWO: SCHEDULE FOR THE AUDIT PROCESS

The following is an example of a schedule for an HEQC audit

No.	Activity	By	Proposed Period
1	First pre-site visit: notification and finalisation of date for the first audit visit to the institution; the scope of the audit is determined	HEQC	At least 12 months before audit
2	Confirmation of the determination of the scope of the audit; appointment of HEQC audit officer and institutional contact person; discussion on a provisional strategy for the audit	HEQC and institution	At least 10 months before the audit visit
3	Second pre-site visit (see section 4.5.2); discussion of a provisional strategy for the audit	HEQC and institution	Between 12 and 10 months before the audit visit. (When the self-evaluation process commences)
4	Institutional self-evaluation based on the HEQC audit criteria; development of institutional audit portfolio	Institution	Between 12 months and 14 weeks before the audit visit
5	Finalise selection of the audit panel, including the panel chairperson	HEQC	4 months before audit visit
6	Appointment of additional HEQC administrative staff – where necessary – to the audit panel	HEQC	4 months before audit visit
7	Make preliminary travel and accommodation arrangements for the panel members	HEQC	3 months before audit visit
8	Institution submits audit portfolio to the HEQC	Institution	14 weeks before audit visit
9	Completion of HEQC documentation review and requests for additional information from the institution where necessary	HEQC plus panel chair	13 weeks before audit visit
10	Finalisation of travel and accommodation arrangements for the panel	HEQC	8 weeks before audit visit
11	Distribution of audit portfolio to the panel	HEQC	14-13 weeks before audit visit

APPENDIX TWO: SCHEDULE FOR THE AUDIT PROCESS (CONTINUED)

No.	Activity	By	Proposed Period
12	Institution supplies to the HEQC additional documentation as requested to the HEQC	Institution	10 weeks before audit visit
13	Audit portfolio meeting; panel finalises: i) Programme for the audit visit; ii) Requirements for additional information and evidence; and iii) Details of supporting documentation to be available on site during audit visit; iv) Persons to interview; v) Members of the panel and dates to visit satellite campuses, if applicable	Panel, HEQC and institution	6-7 weeks before audit visit
14	Third pre-site visit (see section 4.5.3). Final programme for audit visit sent to the institution	HEQC	6 weeks before the audit visit
15	Institution provides the HEQC with a list of the names and positions of staff and students to be interviewed in accordance with the final programme for the audit visit	Institution	About 2 weeks before audit visit
16	Site visit to main campus	Panel, HEQC and institution	Up to five days per institution for public higher education institutions
17	Completion of first version of draft audit report. Audit report sent to panel members for comment	HEQC in consultation with panel chairperson	8 weeks after audit visit
18	Panel members send comments on draft audit report to audit officer	Panel	8-10 weeks after audit visit
19	Completion of second version of draft audit report. Audit report sent to the panel members for comments	HEQC in consultation with panel chairperson	10 weeks after audit visit
20	Panel members send comments on draft audit report to HEQC audit officer	Panel members	11 weeks after audit visit
21	Third draft audit report sent to HEQC Institutional Audit Committee for approval to release to HEI	HEQC audit officer	13 weeks after audit visit

APPENDIX TWO: SCHEDULE FOR THE AUDIT PROCESS (CONTINUED)

No.	Activity	By	Proposed Period
22	Draft audit report sent to the institution for comments as indicated in Section 7.2	HEQC audit officer and institution	15 weeks after audit visit
23	Institution sends comments to HEQC audit officer	Panel, HEQC and institution	17 weeks after audit visit
24	Where necessary the adjusted draft report and the comments of the institution are sent to the Institutional Audit Committee.	Institutional Audit Committee	18 weeks after audit visit
24	Approval of audit report by HEQC Board	HEQC Board and audit officer	19 weeks after audit
25	Publication of the summary of the audit report on HEQC website	HEQC audit officer	20 weeks after audit
26	Institutional improvement plan sent to the HEQC	Institution	5 months after publication of audit report
27	Follow up of implementation of improvement plan – where necessary	HEQC	Periods to be determined by the HEQC, as necessary
28	Mid-cycle report on post-audit progress from institution to HEQC	Institution	3 years after the audit visit

APPENDIX THREE: SAMPLE SCHEDULE FOR AUDIT VISITS TO PUBLIC HIGHER EDUCATION INSTITUTIONS

COUNCIL ON HIGHER EDUCATION - HIGHER EDUCATION QUALITY COMMITTEE Public institution with a research focus Sample Audit Visit Schedule Day 0 - Sunday	
10:00 – 10:30	Panel arrives at the institution
10:30 – 11:00	Brief welcome and presentation from the Vice Chancellor and team
11:00 – 13:00	Agenda: Revisiting purposes and conduct of audit, including the role of chair, sub-chairs and auditors Updates and other analyses since the portfolio meeting Rationale and logic of site visit schedule Allocation of reading tasks for the review of on site documents Preparing the questions for the first two days
13:00 – 14:00	Lunch
14:00 – 16:30	Preparing the questions for the first two days
16:30 – 17:30	Campus tour – include computer labs
17:30 – 18:00	Finalise questions for the first two days
18:00 – 19:00	Reading and review of on site (supporting) documents
19:00 – 20:00	Dinner (at the institution)
20:00	Auditors return to hotel to continue their preparations

DAY ONE (Monday) FULL PANEL		
SESSION 1 08:00 – 09:00	The Panel to interview the Vice Chancellor	The Panel to interview the Vice Chancellor
09:00 – 09:15	Panel review	Photo session
SESSION 2 09:15 – 10:30	The Panel to interview the Senior Executive	Vice Chancellor and Principal not present (maximum of 8 people in any one interval)
10:30 – 10:45	Panel review	
SESSION 3 10:45 – 11:45	The Panel to interview the Deans of Faculties	
11:45 – 12:00	Panel review	
SESSION 4 12:00 – 12:45	The Panel to interview members of Council	External members of Council, include chairperson, deputy chair and chair or member of the audit committee.
12:45 – 13:15	Panel review and lunch	
SESSION 5 13:15 – 14:15	The Panel to interview members of the Senate Executive	Teaching and learning, and research Senate Academic Planning Committee issues
14:15 – 14:25	Panel review	
SESSION 6 14:25 – 15:00	The Panel to interview the DVC responsible for Community Engagement	
15:00 – 15:15	Panel review	
SESSION 7 15:15 – 16:00	The Panel to interview members of the Executive of the SRC	Outgoing SRC Executive; newly elected as well
16:00 – 16:15	Panel review	
SESSION 8 16:15 – 17:00	The Panel to interview members of the staff unions	
17:00 – 17:15	Panel review	
17:15 – 17:30	Chairperson and senior HEQC staff to have a brief meeting with the Vice Chancellor and/or his delegate(s)	Feedback and possible concerns from the institution to the Panel
17:30 – 19:30	Panel review of day 1: reflections, conclusions and issues for follow-up. Overview of the macro issues. Consider possible persons for a recall session. Preparation for days 2 – review of sessions and questions. Preparation for days 3 and 4	
19:30 – 20:30	Dinner Panel members continue to update their notes and prepare written comments.	At the institution

DAY TWO (Tuesday) FULL PANEL		
SESSION 9 08:00 – 08:45	The Panel to interview members of the Budget and Planning Committee	
08:45 – 09:00	Panel review	
SESSION 10 09:00 – 09:45	The Panel to interview the members of Council's Human Resources Committee and other relevant persons	
09:45 – 10:00	Panel review	
SESSION 11 10:00 – 10:45	The Panel to interview members of the Employment Equity Forum	
10:45 – 11:00	Panel review	
SESSION 12 11:00 – 11:45	The Panel to interview members involved in student recruitment; admissions and loans/bursaries	
11:45 – 12:00	Panel review	
SESSION 13 12:00 – 12:45	The Panel to interview members of the Institutional Forum	
12:45 – 13:15	Panel review and lunch	
SESSION 14 13:15 – 14:00	The Panel to interview those directly responsible for Quality Management	
14:00 – 14:15	Panel review	
SESSION 15 14:15 – 15:15	The Panel to interview representatives of the Province and City, Community and business partners, employers, research partners, alumni, Convocation	Panel to divide and meet with groups of a maximum of 6 persons. – maximum 9 groups Group 1. Provincial and local Government. Group 2 Employers Group 3. Employers. Group 4 - 7. Industry Partners and. Individuals involved in Partnerships. Group 8 Community Partners. Group 9 Alumni [Interview could be less than one hour]
15:15 – 15:30	Panel review	
SESSION 16 15:30 – 16:30	The Panel to interview academic and support staff	Group 1. Recently appointed F/T Academic staff. Group 2. Women Academic staff. Group 3. Academic support staff – general. Group 4. Senior international academic staff. Group 5. Senior academic staff. Group 6. Part-time academic staff. Group 7. Academic support staff: from counselling, health, etc. Group 8. Academic support staff (6 per group – spread of faculties) [Interview could be less than one hour]
16:30 – 17:15	Panel feedback on group sessions and review	
17:15 – 17:30	Chairperson and senior HEQC staff to have a brief meeting with the Vice Chancellor and/or his delegate(s).	
17:30 – 18:45	Panel review of day 2: reflections, conclusions and issues for follow-up. Overview of the macro issues. Consider possible persons for a recall session.	
18:45 – 20:00	Sub-group preparation for interviews of days 3 and 4	In teaching and learning and research sub-groups
20:00 – 21:00	Dinner Panel members continue to update their notes and prepare comments.	At the institution

DAY THREE (Wednesday) GROUP ONE (TEACHING AND LEARNING)		
SESSION 17 08:00 – 08:45	The Panel to interview the DVC Academic	
08:45 – 09:00	Panel review	
SESSION 18 09:00 – 9:45	The Panel to interview the deans	Focus on teaching and learning
9:45 – 10:00	Panel review	
SESSION 19 10:00 – 10:45	The Panel to interview representatives of Faculty Boards	Management of the quality of teaching and learning
10:45 – 11:00	Panel review	
SESSION 20 11:00 – 11:45	The Panel to interview representatives of Faculty Programme Committees	Programme management, development and review.
11:45 – 12:30	Panel review and lunch	
SESSION 21 12:30 – 13:30	The Panel to interview heads of departments	Panel divides and interviews groups of 6. Maximum 6 groups.
13:30 – 13:40	Panel review	
SESSION 22 13:40 – 14:30	The Panel to interview undergraduate students	6 groups: Women, international, residential; (disciplinary mix). Include a group of PG research coursework students (6 per group)
14:30 – 14:45	Panel review	
SESSION 23 14:45 – 15:40	The Panel to interview members involved in programme management, review and design structures	Chairpersons of Faculty Programme Committees (Members of Programme Evaluation Committee)
15:40 – 16:00	Panel review	
SESSION 24 16:00 – 16:45	The Panel to interview members of the Department of Library Services	Include staff from campus libraries
16:45 – 17:15	Panel feedback from group sessions and review	
17:15 – 17:30	Chairperson and senior HEQC staff to have a brief meeting with the Vice Chancellor and/or his delegate(s), if necessary.	
17:30 – 18:30	Sub-Panel review of day 3: reflections, conclusions and issues for follow-up. Consider possible persons for a recall session.	
18:30 – 19:15 19:15 – 20:15	Full Panel review Sub-group preparation for interviews of day 4	In teaching and learning, research and infrastructure sub-groups
20:15 – 21:00	Dinner Panel members continue to update their notes and prepare comments.	At the institution

DAY THREE (Wednesday) GROUP TWO (RESEARCH)		
SESSION 25 08:00– 09:00	The Panel to interview the DVC responsible for Research	
09:00 – 09:15	Panel review	
SESSION 26 09:15 - 10:00	The Panel to interview members of the Senate Committee on Research	
10:00 – 10:15	Panel review	
SESSION 27 10:15 – 11:00	The Panel to interview members of the Senate sub-Committee for Research Ethics and Integrity	
11:00 – 11:15	Panel review	
SESSION 28 11:15 – 12:0	The Panel to interview members of the Faculty Research Committees and the Faculty Committee for Research Ethics	
12:00 – 12:45	Panel review and lunch	
SESSION 29 12:45 – 13:30	Panel to interview postgraduate students	At masters and doctoral levels. Group 1 SA students Group 2 SADC and International. Group 3 PhD students (6 per group)
13:30 – 13:45	Panel review	
SESSION 30 13:45 – 14:30	The Panel to interview members of the Research Structures	3 groups (maximum 6 per group)
14:30 – 14:45	Panel review	
SESSION 31 14:45 – 15:30	Panel to interview research leaders and research support personnel	Group 1 Rated researchers Group 2 Research Centres, Group 3 Those involved in faculty research administration and support (maximum 6 per group)
15:30 – 15:45	Panel review	
SESSION 32 15:45 – 16:30	Panel to interview groups of researchers	3 groups (6 per group)
16:30 – 17:15	Panel feedback from group sessions and review	
17:15 – 17:30	Chairperson and senior HEQC staff to have a brief meeting with the Vice Chancellor and/or his delegate(s), if necessary.	
17:30 – 18:30	Sub-Panel review of day 2: reflections, conclusions and issues for follow-up. Consider possible persons for a recall session.	
18:30 – 19:15 19:15 – 20:15	Full Panel review Sub-group preparation for interviews of day 4	In teaching and learning, research and infrastructure sub-groups
20:15 – 21:00	Dinner	At the institution

DAY FOUR (Thursday) GROUP ONE (TEACHING AND LEARNING)		
SESSION 33 08:00 – 08:45	The Panel to interview members involved in programme management, review and design structures	
08:45 – 09:00	Panel review	
SESSION 34 09:00 - 09:45	The Panel to interview members involved in examination and assessment structures (incl. Postgraduate assessment and RPL)	Include at central and faculty levels
09:45 – 10:00	Panel review	
SESSION 35 10:00 – 10:45	The Panel to interview those involved with short courses at central level and some faculty representatives on the management of short courses	
10:45 – 11:00	Panel review	
SESSION 36 11:00 – 11:45	The Panel to interview external examiners and moderators	
11:45 – 12:00	Panel review	
SESSION 37 12:00 – 12.45	Panel review and sub-group discussion on teaching and learning	
12:45 – 13:30	Panel members to prepare their notes	
13:30 – 14:00	Lunch	Full Panel

DAY FOUR (Thursday) GROUP TWO (RESEARCH)		
SESSION 38 08:00 – 08:45	The Panel to interview members of the faculty Postgraduate Committees	
08:45 – 09:00	Panel review	
SESSION 39 09:00 - 09:45	The Panel to interview members involved in examination and regulatory structures for postgraduate education	
09:45 – 10:00	Panel review	
SESSION 40 10:00 – 10:45	The Panel to interview postgraduate supervisors	
10:45 – 11:00	Panel review	
SESSION 41 11:00 – 11.45		
11:45 – 12:00	Panel review	
SESSION 42 12:00 – 12:45		
12:45 – 13:30	Panel review and sub-group discussion on research	
13:30 – 14:00	Return to main venue and lunch	

DAY FOUR (Thursday) GROUP THREE (INFRASTRUCTURE AND SUPPORT)		
SESSION 44 08:00 – 08:45	The Panel to visit the main library	Speak with the librarian and senior staff including the computer labs
SESSION 45 08:45 – 09:30	The Panel to check the certification arrangements	Registrar or Deputy Registrar, interview senior staff
09:30 – 9.45	Panel review	
SESSION 46 09:45 – 10:30	The Panel to interview senior IT Services staff	Look at both strategic and operational issues
SESSION 47 10:30 – 11:15	The Panel to interview Dean of Students and senior members of the student support services	
11:45 – 12:00	Panel review	
SESSION 48 12:00 – 12:45	The Panel to interview members of the Department of Residence Affairs	Include: House committees, Residence heads, etc.
SESSION 49 12:45 – 13:30	Panel review and sub-group discussion on infrastructure and support.	
13:30 – 14:00	Return to main venue and lunch	

DAY FOUR (Thursday) – AFTERNOON (FULL PANEL)		
14:00 – 15:30	Panel review	
SESSION 50 15:30 – 17:00	Recall session, if necessary Panel review	The Panel may ask to clarify issues with the head of institution, deans, etc.
17:00 – 17:15	Chairperson and senior HEQC staff to have a brief meeting with the Vice Chancellor and/or his delegate(s), if necessary.	
17:15 – 18:30	Panel review and consolidation of findings – prepare spoken feedback	
18:45 – 19:00	Panel review	
19:00 – 20:00	Panel members to prepare their written notes	
20:30 – 21:30	Dinner Panel members continue to prepare their written notes	

DAY FIVE (Friday) FULL PANEL		
SESSION 51 08:00 – 09:00	Open session	Any member of the institution (including former students and partners) may approach the Panel to address them on quality issues. Organised through the contact person of the University.
SESSION 52 09:00 – 10:00	Recall session	The Panel may ask to clarify issues with staff of the University.
10:00 – 12:30	Panel review	Finalisation of the spoken feedback.
12.30 – 13:00	Oral feedback to the head of the institution	With the Vice Chancellor and whomever s/he wishes to have present. The feedback is read by the chairperson of the Panel. There is no discussion of the feedback. The Vice Chancellor concludes the audit site visit with a few comments.
13:00	Panel Departs	The Panel greets the Vice Chancellor and senior staff who are present and departs.

Notes:

The HEQC would appreciate it if the University would attend to the following matters:

1. Individual panel members may break away from interview sessions in order to review the supporting documentation provided on site by the University.
2. If possible, arrange for a separate room for on-site documentation, computer, printer and access to the internet.
3. Ensure that there are **not more than 8 persons** to be interviewed in any one interview.
4. Supply the names and designations of those in each interview in electronic format in word, not in tables, to the HEQC audit Administrator by **XXXXX**. The HEQC will block and paste the names into the auditor worksheets. Please do not provide the names in Excel spreadsheets.
5. The University is asked to inform all interviewees of the purpose of the audit visit and the protocol of the interviews. This includes making known the names of the members of the audit panel.

6. The University is requested to notify all members of the institution that there will be an open session where any member of the University can address the audit panel on any matter relating to quality.
7. The University is further requested to provide name cards for each of the interviewees, with clear designation of department or faculty. The interviewees will place these cards in front of them to assist the panel and scribe to identify, and address appropriately, the interviewees.
8. If agreeable to the Vice Chancellor, the HEQC would like to arrange for the taking of photographs of the Vice Chancellor, his/her team and the Panel. Possibly on Day 1.
9. Please provide modest refreshments for the Panel, including water, tea, coffee, sandwiches, fruit, etc.

APPENDIX FOUR: SAMPLE SCHEDULE FOR AUDIT VISITS TO A PRIVATE PROVIDER OF HIGHER EDUCATION

COUNCIL ON HIGHER EDUCATION - HIGHER EDUCATION QUALITY COMMITTEE Private Provider of Higher Education Sample Audit Visit Schedule Day 0 - Monday	
10:00 – 10:30	The Panel arrives at the institution
10:30 – 11:00	Brief welcome and presentation by the head of the institution (who is to decide who is to be present) on any matter that relates to the audit process
11:00 – 17:00 (Incl. Lunch)	Agenda: Revisiting purposes and conduct of audit, including the role of chair and auditors Updates and other analyses since the portfolio meeting Reminder on the rationale and logic of the site visit schedule Preparing the questions for the sessions of first two days Allocation of reading tasks for the review of on-site supporting documentation Reading of on site supporting documentation
17:00 – 19:00	Continued reading by auditors of the on-site supporting documentation
19:00	Panel returns to the hotel
19:30	Dinner Auditors to continue their preparations

DAY ONE (Tuesday) FULL PANEL		
SESSION 1 08:00 – 09:00	The Panel to interview the head of institution	
09:00 – 09:30	Panel review	Photo session
SESSION 2 09:30 – 10:15	The Panel to interview the senior management Committee	
10:15 – 10:30	Panel review	
SESSION 3 10:30 – 11:15	The Panel to interview the members of the governing body	
11:15 – 11:30	Panel review	
SESSION 4 11:30 – 12:15	The Panel to interview senior academic managers	Teaching and Learning
12:15 – 12:30	Panel review	
SESSION 5 12:30 – 13:15	The Panel to interview Heads of Programmes	
13:15 – 13:45	Panel review and Lunch	
SESSION 6 13:45 – 14:30	The Panel to interview those responsible for Quality Management	
14:30 – 14:45	Panel review	
SESSION 7 14:45 – 15:30	The Panel to interview the Library Committee	
15:30 – 15:45	Panel review	
SESSION 8 15:45 – 16:30	The Panel to interview the SRC	
16:30 – 17:00	Panel review	
17:00 – 17:15	Chairperson and senior HEQC staff to have a brief meeting with the head of institution and the contact person	
17:15 – 19:30	Panel review of day 1 Reflections, conclusions and follow-up. Overview of the big issues at the institution. Consider who should be recalled Preparation for day 2 Preparation of spoken feedback begins	
20:00 – 21:15	Dinner Panel members continue to update their notes and prepare comments.	

DAY TWO (Wednesday) FULL PANEL		
SESSION 9 08:00 – 08:45	The Panel to interview campus directors	
08:45 – 09:00	Panel review	
SESSION 10 09:00 – 09:45	The Panel to interview external partners	Programme Advisory Committees; Employers; Alumni.
09:45 – 10:00	Panel review	
SESSION 11 10:00 – 10:45	The Panel to interview a representative group of academic staff	Panel to split into 4 groups. 2 groups of full-time staff and 2 groups of part-time staff. Maximum of 6 interviewees per group.
10:45 – 11:00	Panel review	
SESSION 12 11:00 – 11:45	The Panel to interview a representative group of students	Panel to split into 7 groups Maximum of 6 interviewees per group. Representative of local campuses; programmes and level of study; race; gender; etc.
11:45 – 12:00	Panel review	
SESSION 13 12:00 – 12:45	The Panel to interview those responsible for student Academic Support Services	
12:45 – 13:00	Panel review	
SESSION 14 13:00 – 13:45	The Panel to interview external examiners	
13:45 – 14:15	Lunch	
14:15 – 17:00	Panel Review	
17:00 – 17:15	Chairperson and senior HEQC staff to have a brief meeting with the head of institution and the contact person.	
17:15 – 19:30	Panel review of day 2 Reflections, conclusions and follow-up. Overview of the big issues at the institution. Consider who should be recalled. Preparation of spoken feedback.	
20:00 – 21:15	Dinner Panel members continue to update their notes and prepare comments.	

DAY THREE (Thursday) FULL PANEL		
SESSION 15 08:00 – 09:00	Open session	Any member of the institution (including former students and partners) may approach the Panel to address them on quality issues. Organised through the institution.
SESSION 16 09:00 – 10:00	Recall session	The Panel may ask to meet again to clarify issues with the head of institution, deans, permanent staff members, etc.
10:00 – 12:00	Panel review	Finalisation of the spoken feedback.
SESSION 17 12.00 – 13:00	Oral feedback	With the head of institution and whomever s/he wishes to have present. The feedback is read by the chairperson of the Panel. There is no discussion of the feedback. The head of institution concludes the audit site visit with a few words.
13:00	Panel Departs	The Panel greets the head of institution and senior staff who are present and departs.

APPENDIX FIVE: GUIDELINES FOR INTERVIEWEES

Thank you for making yourself available for an interview with the HEQC Audit Panel. The HEQC greatly appreciates your contribution to this important process. The following are some guidelines to brief you on the nature and objectives of the interviewing process.

The audit is a developmental exercise, which enables the HEQC to issue a report on the effectiveness of your institution's internal quality management systems for Teaching and Learning, Research and Community Engagement. The report contains commendations on good practices at your institution and recommendations for improvement in specified areas. This is different from the accreditation work of the HEQC.

The audit exercise is intended as an opportunity to assess, in the light of national priorities, and strengthen where necessary, your institution's arrangements for managing the quality of its core activities of Teaching and Learning, Research and Community Engagement.

Institutional identity, transformation (fitness of purpose) and high level strategies are also important areas of scrutiny during the audits of all higher education institutions. This is a legitimate part of the scope of the audit. Please keep in mind that the audit also has a developmental focus. It aims to help the institution to achieve its goals, including its transformation goals.

You are requested to familiarise yourself with the institution's audit portfolio before the interview.

A panel of peers has been appointed to review your institution's audit portfolio and to conduct any other data-gathering necessary to arrive at a clear view of the effectiveness of your institution's quality arrangements. The interviews are an important opportunity for the Panel to validate the institution's own self-evaluation and to deepen its understanding of the institution's approach to its academic activities.

A panel of 10-12 people, or a smaller sub-group of the panel, will interview you. The number of people from your institution participating in each session will depend on the purpose of the interview, though most sessions will usually not include more than eight institutional representatives at any single session. Sessions may be timed to last between 30-60 minutes. Each panel member and each participant will have a name tag. The audit panel has been given your name, title and your role in the institution. It is the intention of the Panel to enable all interviewees to respond to at least one question; interviewees are thus asked to keep their answers focused and to the point so that everyone has a chance to participate.

The purpose of the interview is for you to provide the Panel with information and insights about your experience of your institution's quality management arrangements. This is not a public relations exercise, nor a 'complaints' session. It is, rather, an opportunity for a constructive and analytic account of systems and practices at the institution. Interviewees are asked to present the Panel with an accurate and informed view of arrangements at their institution.

Questions may be fairly broad, or may focus on specific details regarding particular arrangements or practices. Please take your cue from the questions directed to you, and be sensitive to signals from the Panel that your answer may be too detailed or deviating from the focus of the interview. Panel members may ask follow-up questions to elicit further detail.

Where appropriate, you may wish to refer to quality management arrangements that have been in place over a number of years, some of which may have changed over time as you have learnt what improvements need to be made. Other arrangements may be more recent and you may not yet have had time to judge their effectiveness. The auditors are looking for evidence of the effectiveness or otherwise of these arrangements. Therefore, references to specific examples, documents or other forms of evidence would be useful. If there are arrangements relevant to the issues under discussion that the Panel has not asked about, please take the opportunity to mention these to the Panel.

It is possible that you will be asked questions that seem to be outside the areas of focus for the interview session. The Panel will be 'triangulating' (or cross-checking) information provided during the process, and may need to ask additional questions not directly related to other issues dealt with in the session. If you are unsure of the answer, or do not know, please say so. If you do not understand the question, ask the auditor for clarification, or ask him or her to repeat or restate the question.

The Panel will adhere strictly to interview session timeframes. Panel members have been directed to ask short and focused questions. Please be succinct and clear in your responses, while providing context and examples wherever possible to support your views.

You may notice that the panel members are passing notes to one another during the interview. This is how the Panel coordinates the content and order of questions asked during the session. Although the Panel has prepared for the session, they still need to fine-tune the questioning, based on the responses they hear during the session.

When HEQC reports are written, information and observations made by those who are interviewed are not ascribed to any individual. Such information remains confidential to the HEQC Panel.

If you have any concerns arising from the interview process, please inform the chairperson of the Panel or those debriefing you after the interview session. This will enable the HEQC to address timeously any problems that have arisen.

APPENDIX SIX: AUDITORS: LOGISTICS

(i) Accommodation

When staying in a hotel/guest house, the following is paid for by the CHE:

- Accommodation and two meals per day in a hotel/guest house (bed and breakfast).
- Additional meals are provided by the institution during the course of the audit.
- The Panel usually eats dinner together. Covering the costs of room service is dependent on the agreed-upon arrangements with the hotel. Should an auditor request the use of room service, it is necessary to discuss this with the audit administrator.
- Each auditor is responsible for their personal account when consuming beverages from the hotel room bar fridge.

(ii) Daily allowance and subsistence

A daily allowance is intended to cover expenses incurred in the normal course of an official's activities during a period in which s/he is undertaking the business of the CHE away from his/her own place of residence for a period exceeding 24 hours.

A daily allowance shall be paid in lieu of incidental expenses, such as tips for table and room service, newspaper, magazines, entertainment, personal telephone calls and faxes.

Private and business telephone calls, faxes and Internet connection made from hotel telephones will not be covered by the HEQC. The HEQC will attempt to set up a business centre at the institutions that are being audited to facilitate the communication of auditors with their own institutions.

(iii) Conduct

Auditors are requested not to make any outside personal arrangements, such as meals and meetings, during the site visit and are urged at all times to observe the programme of the Panel as per the schedule agreed upon.

NOTES



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