AGA KHAN UNIVERSITY
Guidelines, Policies and Procedures

Policy Name	Academic Quality Framework: Policies and Procedures
Policy Number	UG-005
Approved by	Academic Senate
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Contact	Provost Office /Quality Assurance Improvement Directorate (QAID),

1.0   PREFACE

The National Council for Higher Education (NCHE) in Uganda has adopted the Inter-University Council for East Africa's (IUCEA) *Road Map to Quality model* for quality assurance and improvement which is also implemented by other East African Community member states. This framework is intended to "develop internal quality assurance policy including processes and methods of evaluation to affirm that the quality of provision and the standard of awards are being maintained

The Universities Standards and Guidelines, 2014 issued by the National Council for Higher Education in Uganda stipulate that "A university shall have documented policies that include but not limited to human resources policy, research policy, ICT policy, disability policy, gender mainstreaming policy, curriculum development policy, academic integrity policy and Internal Quality Assurance Policy"[1]. This is further emphasized by the Universities (Amendment), Regulations 2019 and Standards and Guidelines for University Academic Programmes that every University in Uganda establish a quality assurance mechanism for purposes of developing and implementing an Internal Quality Assurance policy among other functions.[2] The AKU-Uganda recognize and meets the IQA requirements of CUE. ."[13]

The Inter-University Council for East Africa's (IUCEA) *Road Map to Quality* has evolved from a combined initiative of three government commissions: Kenya Commission for University Education, Ugandan National Council for Higher Education, and Tanzanian Commission on Universities.[4] The Road Map recommends a self-assessment process at the programme level with peer review. These peer reviews of universities have been piloted (March-September 2014) as part of the training of peer reviewers across East Africa. Programme teams in the School of Nursing and Midwifery in Uganda and Tanzania have produced self-assessment reports. These reports along with a self-assessment improvement plan have been reviewed by peer reviewers.

This policy framework and its procedures draw on best practice across East Africa, Uganda, the United Kingdom and elsewhere in Europe, Canada and other countries. The resources used in the development of this policy are listed in Appendix 1. The research evidence on quality assurance in higher education is outlined in Appendix 2.

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[1] https://www.cue.or.ke/index.php?option=com_phocadownload&view=category&id=16:standards-and-guidelines&Itemid=187
[2] https://www.cue.or.ke/index.php?option=com_phocadownload&view=category&id=71:amended-universities-regulations-2019&Itemid=187
[3] https://www.cue.or.ke/index.php?option=com_phocadownload&view=category&id=16:standards-and-guidelines&Itemid=187
[4] https://www.AKU - KENYA.edu/qtl/Documents/QA_HB_Vol2%20(8).pdf

2.0   ACADEMIC QUALITY FRAMEWORK

2.1   Introduction

"As an international institution, in achieving its mission, AKU-UGANDA operates on the core principles of quality, relevance, impact and access."[55]

Across AKU-UGANDA, there is a need for a uniform approach to the review of the quality of academic programmes and academic entities. This Framework is developed as stipulated by the Aga Khan University Charter, 2021 in the manner prescribed by the Universities Act, 2012.

Academic Quality Framework describes the quality assurance procedures designed to align with its principles. The procedures include periodic programme review, including self-assessment and external peer review, and annual self-monitoring. All programmes will be subjected to periodic review every five years as part of a discipline grouping review, following sound practices of self-assessment and peer review as described in the procedures. The procedures will be available in the Quality Assurance Improvement Directorate and network of quality, teaching and learning website. (QAID). QAID will also provide support to entities undergoing review, including training.

2.2   Definitions

2.2.1   Academic quality: a comprehensive term referring to how, and how well, universities manage teaching and learning opportunities to help students progress and succeed.

2.2.2   Discipline grouping: may contain one or more disciplinarily related courses or programmes of study, at different levels (certificate, diploma, undergraduate degree, advanced diploma or postgraduate degree) within one or more academic entity. These are grouped to facilitate effective and efficient quality review processes.

2.2.3   Enhancement or improvement: the process by which the members of the University community systematically improve the quality of academic programme delivery and the ways in which students' learning is supported.

2.2.4   Good practice: a process or way of working that, in the view of the peer review team, makes a particularly positive contribution to a faculty's management of academic standards and the quality of its educational provision.

2.2.5   Peer review: an external validation of the self-assessment conducted by peers external to the programme under review, always from outside of AKU-UGANDA but often also involving peers from other AKU-UGANDA units.

2.2.6   Periodic programme review: a review of one or more programmes of study, undertaken periodically, to confirm that the programmes are of an appropriate academic standard and quality.

2.2.7   Programme: a course leading to a certificate, diploma, undergraduate degree, advanced diploma or postgraduate degree.

2.2.8   Quality assurance: the systematic monitoring and evaluation of learning and teaching, and the processes that support them, to make sure that the standards of academic diplomas and degrees meet the expectation of the University, and that the quality of the student learning experience is being safeguarded and improved. Quality assurance is ultimately all about raising standards and ensuring students have the best possible experience at University[66].

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[5] https://www.AKU - KENYA.edu/about/at-a-glance/Pages/our-vision.aspx

[6] QAA, undated,/ "*What is Quality Assurance*"

2.2.9 The Quality Assurance Improvement Directorate resource person: an existing member of faculty or staff, selected by their entity head for her/his experience in quality assurance or the management of highereducation, who manages the review process and acts as the key point of contact between the entity, QAID directorate and the review teams. The resource person is responsible, in consultation with and with the support of QAID core staff, for agreeing to the timetable for the visit with the discipline grouping team; fulfilling the primary coordination and liaison function during the review team's visits; ensuring that the review team has access to appropriate documentation; leading and organising review activities to ensure that conclusions and recommendations are sound and evidence-based; identifying the most effective way of engaging withstudents; and editing review reports.

2.2.10 QARC (Quality Assurance Review Committee): is appointed by the Provost/Deputy Vice Chancellor, andresponsible to ensure that all periodic programme reviews follow the academic quality assurance processes appropriately and consistently and for monitoring and comparing the outcomes of reviews. QARC is an advisory body to the Provost/Deputy Vice Chancellor, serviced by QAID and will include QAID resource persons from across entities, faculty, programme and academic heads with an interest and record in curriculum development of educational programmes.

2.2.11 Self-Assessment: the structured process of critically reviewing the quality of one's own performance and provision of a programme.

3.0 ACADEMIC QUALITY FRAMEWORK: POLICIES AND PROCEDURES

3.1 Purpose

The AKU-UGANDA- Academic Quality Assurance Framework is intended to promote improvement, assure the quality of learning opportunities and the standards of AKU-UGANDA programmes and awards, and provide evidence of quality assurance to stakeholders.

Every programme within a discipline grouping will be subject to periodic review every five years, consisting of self-assessment; external peer review; and monitoring of resulting improvement plans through an annual self-monitoring process.

3.2 Principles

3.2.1 Ownership: Faculty and staff at AKU - UGANDA are collectively responsible for maintaining andenhancing the quality of its academic programmes and for improving the quality of the student learning experience. The University recruits high quality staff who are trusted to work to first-class standards.

3.2.2 Standards: University standards are set by the members of the AKU - UGANDA academic community at a level that meets or exceeds those determined by the regulatory or appropriate professional bodies in the country; they are implemented by faculty and staff.
Judgments about the quality and standards of academic programmes, in the first instance, must be made by the academic units responsible for those programmes through the self-assessment process but must also be informed by the peer review by academic and professional peers.

3.2.3 Accountability: The University is accountable to its stakeholders for the quality and standards of its academic programmes and awards. The provision of reliable information about AKU - UGANDA programmes is an essential component of

accountability. Programme quality will be judged based on a range of evidence and not on anysingle piece of evidence.

The University's quality procedures shall be transparent and fair and based on common sense. The degree of regulation is commensurate with the task and sensitive to the dangers of overly bureaucratic processes.

3.2.4   Continuous improvement: Faculty are expected to engage in reflective practice and critical self-evaluation. Systematic sharing of good practice and responsiveness to the ideas of others are central features of improvement. QAID will provide support, guidance, training and capacity building for the implementation of this university-wide quality assurance and improvement policy.

3.3   Objectives

3.3.1   To safeguard high standards and continuous improvement of all programmes and entities within AKU - UGANDA.

3.3.2   To ensure an appropriate degree of harmonization in the quality assurance and improvement processes being used across AKU - UGANDA.

3.3.3   To enhance and communicate good quality assurance and improvement practices across AKU - UGANDA.

Evidential inputs to the periodic programme reviews.

The responsibility for the maintenance of academic quality rests at the level of programme delivery.
Periodic reviews must consider only documented evidence and not anecdote.
Evidence thatshould feed into periodic reviews include reports on needs assessments
from stakeholders; alumni and employer surveys; student satisfaction surveys;
student evaluations of teaching; program specifications; curriculum documents etc.

Reviews of the currency and relevance of the curriculum are important in ensuring the health and quality of programmes. These should be a regular part of the activities of programmes and should take account of the views and inputs of students, alumni and external examiners (if available). The frequency of curriculum reviews within each academic unit should occur over one – two years before a periodic review in liaison with deans. Curriculum reviews will therefore also occur every five years. The outcomes of these reviews should be documented and form part of the evidence in a periodic programme review and as part of the annual self-monitoring reports.

4.0   FRAMEWORK: PROCEDURES

Every five years entities are expected to engage in periodic programme review involving the following processes:

- Self-assessment
- External peer review
- Monitoring of resulting improvement plans through an annual self-monitoring process

4.1   Principles of periodic programme review

A periodic programme review is an opportunity to consider documented evidence as highlighted in 3.4 and report on the confidence that a team of peer reviewers has in the processes of quality assurance and improvement being undertaken by a programme team.

The periodic programme review will follow these principles:

- The periodic programme review begins with a self-assessment exercise, based on documented evidence, and is followed by an external peer review.
- The process is fair and open.
- The involvement of programme faculty, staff, and students is critical.
- Periodic programme review documents must be concise and easily understood.
- The deans, in conjunction with the Associate Vice Provost of the QAID are responsible for ensuring academic periodic programme reviews and annual self- monitoring reports are completed within the recommended time limits.
- The Quality Assurance Review Committee (QARC) is responsible for ensuring that all periodic programme reviews follow the academic quality assurance processes appropriately and consistently and for monitoring and comparing the outcomes of reviews. QARC receives the programme review reports, summarises these for the Provost identifying best practice and highlighting areas of risk.
- Entities will engage in the monitoring of improvement plans that result from the self-assessment and external peer review through an annual self-monitoring process. Entities will to include SET Dashboard analytical report and action to improve upon it.

4.2   Roles in periodic programme reviews

POSITION	ROLE & RESPONSIBILITY
Provost/Deputy Vice Chancellor	- Appoints QARC - Approves the recommended nominations of peer reviewers - Receives the summary of the review from QARC with best practices and risks identified - Reports on the QARC summary to Uganda Academic Council and presentsto Academic and Student Affairs Committee (ASAC) of the Board. - Receives an annual update from QARC on the implementation of improvement plans.
Dean	- Initiates the process of periodic programme review with QAID. - Notifies the programme directors and approves the self-assessment review group. - Approves the self-assessment report and improvement plan. - Recommends the nominations of peer reviewers to the Provost/DVC. - Receives the peer reviewers' report - Ensures that annual self-monitoring takes place and receives the annual self-monitoring reports. - Presents the self-assessment and peer review reports and resulting revised improvement plan to Academic Senate.
Director of programme	- Advises on the selection of the self-assessment group and works with them to produce the self-assessment report. - Attends the periodic programme review visit. - Coordinates inputs to and drafts of the annual self-monitoring report.

QARC	• Appointed by the Provost and composed of QAID resource persons and others from across the University. • Ensures that quality assurance and improvement processes are followed. • Is supported by the QAID. • Receives the periodic programme review reports, identifies and shares good practice, and considers recommendations, to provide a summary to the Provost, highlighting critical areas for improvement and programmes at risk. • Receives copies of the annual self-monitoring reports. • Will do a 12-month follow-up (with QAID support) to monitor progress on implementing recommendations and will report annually to Provost. • The committee will not replace the normal reporting route to deans but will represent an addition to this process.
QAID	• Services QARC and provides details of the schedule and process of periodic programme review to the University as whole, reporting to the Provost. • Maintains a database to schedule reviews and document reviews and related action plans to enable effective monitoring by QARC. • Provides training and support to those undergoing periodic review. • Builds capacity of QAID resource persons and others. • Advises the dean and provost on external peer reviewers. • Orients external peer reviewers on use of the IUCEA model.
QAID resource person	• Acts as the as the channel for communication between the peer reviewers and the entity and QAID Directorate. • Will have previous experience of quality assurance processes and be trained by QAID. • With the support of the QAID, trains and supports the self-assessment team. • Meets with the periodic programme review team and guides it through its site visit agenda, addressing questions and concerns as they arise and facilitating access to people and facilities as required.
Self-assessment group	• Composed of four to six faculty members, staff, program officers, and students selected by the dean. • The dean nominates a faculty member from the group to serve as chair. The chair is responsible for submitting the self-assessment report and improvement plan. • Works with the programme directors to prepare the self-assessment report, dividing the work into suitable smaller groups. • Made up of faculty, staff and students, as appointed by the dean. • Participates in the periodic programme review visit. • Responds to the external peer review report and revises the improvement plan accordingly.

External peer review team	• Appointed in consultation with the dean, QAID, and Provost, this team is responsible for writing an external peer-review report, including commendations and recommendation (essential, advisable, and desirable for program improvement). • Includes individuals always from outside of AKU - UGANDA but often also involving peers from other AKU - UGANDA units. • Academic external peers should be from both within and outside the programme's disciplinary focus • The review team will normally consist of two peer reviewers who are external to the University and one internal AKU - UGANDA reviewer whois external to the entity. Of this group at least one will be an expert in the subject under review.

4.3   Overall process of periodic programme review

It is intended that all programmes offered by a discipline grouping will be reviewed regularly on a five-year cycle and that periodic reviews will be timed so that similar discipline groupings in different academic entities will be reviewed in the same year. See Section 4.7 for scope of reviews.

The periodic review begins with a self-assessment of the programme/s to generate a report and an improvement plan. These are submitted to an external peer review team that assesses the quality assurance processes in place for the programme/s and the robustness of the self-assessment report. The review team may be made up of the same or different external peer reviewers depending on the number of programmes within a discipline grouping. The external peer review team generates a peer review report. Based on this, the self-assessment team revises their improvement plan that is monitored annually by the programme and results in an updated improvement plan. Appendix 3 and 4 highlight the detailed steps in the process and the requisite reports generated at each stage as well as programme review implementation.
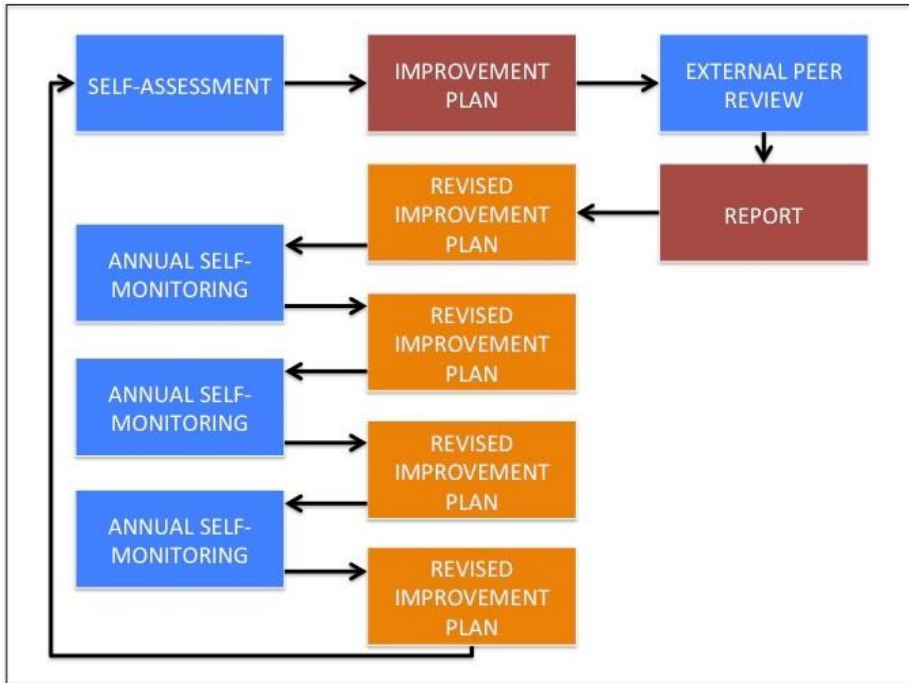
Figure 1.   The cyclical process of periodic programme review

From start to finish, the periodic review cycle takes a maximum of eight months. Figure 2 identifies the schedule, roles and responsibilities for the review cycle.
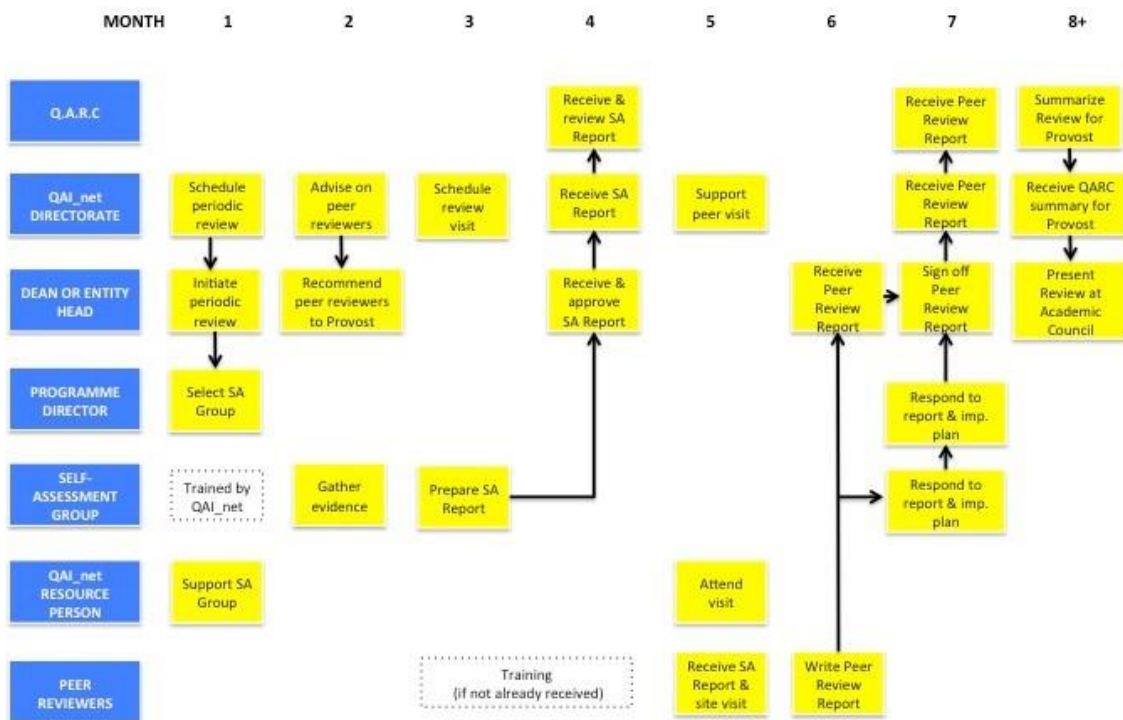

Figure 2.   Periodic review schedule, identifying roles and responsibilities

4.4   Self-assessment

4.4.1   The process

Academic units, led by their deans, have the responsibility to consider, review and improve their programmes.

- Deans will select a self-assessment group made up of around four to six persons including faculty, staff and students from their academic entity. The dean will nominate a faculty member from the group to serve as chair and to be responsible for the production of the self-assessment report. A secretary from within the entity will be assigned to work with the self-assessment group.
- The group will use the IUCEA's *Guidelines for Self-Assessment at Program Level* (available at http://tinyurl.com/RoadMapVol1) to perform the self-assessment and write the self-assessment report. Figure 3 outlines the IUCEA model. These guidelines are built on effective practices from the Bologna process and adapted for contextual relevance. The approach has worked successfully in the preparation of two self-assessment reports for the School of Nursing and Midwifery in East Africa.
- QAID will provide training on the IUCEA model of self-assessment to the self-assessment group and/or the QAID resource persons.
- Each self-assessment report will conclude with an improvement plan (see Appendix 6).
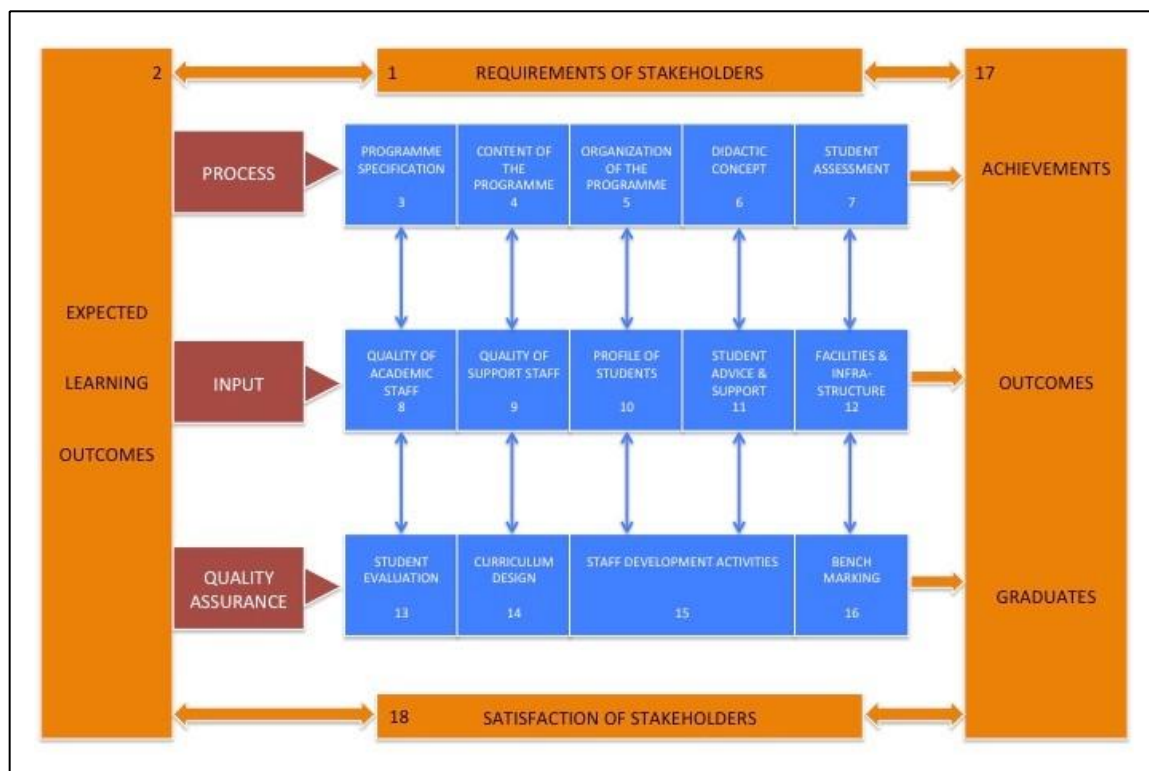

Figure 3.   IUCEA's analysis model for the self-assessment of teaching and learning

4.4.2   The self-assessment report

The IUCEA model requires that the self-assessment report must be based on the following:

- Documented evidence, including curriculum documents
- Input from students
- Reference to any external examiner reports[77]
- Reference to any curriculum reviews
- Input from alumni, employer and student satisfaction surveys

Each of the 18 cells must be reported upon. The IUCEA Handbook http://tinyurl.com/RoadMapVol1 will be used. This also provides a suggested format for the self-assessment report on page 34.

4.5   External peer reviews

Every self-assessment will be followed by an external peer review in order to verify the robustness of the self-assessment process, deliver confidence to stakeholders and the public, and contribute to recognition and acceptance of the programme. The IUCEA handbook http://tinyurl.com/RoadMapVol2.pdf will be used for the peer review exercise.

4.5.1   The process

- The QAID will initiate and coordinate the external peer review process.
- The external peer review team will be chosen through discussions with the provost, dean, and the QAID, ensuring no conflict of interest. The review team will normally consist of two peer reviewers who are external to the University and one internal AKU - UGANDA reviewer who is external to the entity. Of this group, at least one will be an expert in the subject under review.
- The QAID will ensure the reviewers are trained to use the IUCEA's *Guidelines for External Assessment at Program Level* (available at http://tinyurl.com/RoadMapVol2) to conduct the external peer reviews.
- The external peer review team will visit the programme/s under review and meet with various stakeholders.
- The team will submit a report of its findings and recommendations to the dean and self-assessment group chair through the QAID who will provide any factual corrections before the report is finalized.
- The final report will be shared through the QAID with the dean and QARC. QARC will identify and share good practice, and consider recommendations, to provide a summary to the Provost/DVC, highlighting critical areas for improvement and programmes at risk.
- The self-assessment group in consultation with the dean will revise its improvement plan based on the external peer review recommendations.
- The self-assessment report, the external peer review report and the improvement plan will be presented by the Dean at the AKU- Academic Senate.

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[7] https://www.aku.edu/admissions/Documents/policy-external-examiners-007.pdf

4.6 Annual self-monitoring

Deans are responsible for initiating annual self-monitoring. This involves reviewing the prior year's improvement plan and assessing progress and challenges. The process will be led by programme directors for each of the programmes offered in a discipline grouping in consultation with the faculty.

During the annual self-monitoring process the faculty will review, update and revise the improvement plans produced through the periodic programme reviews. This revision will be reflected in the annual academic planning cycle reports to QARC and the Provost/DVC.

4.7 Scope of periodic programme review

Periodic programme reviews will be implemented for groupings of programmes, referred to as "discipline groupings" (see Definitions in Section 2.2 above). Currently, three discipline groupings have been identified as follows:

- Nursing & Midwifery
- Medicine
- Media & Communications

There would be merit in conducting the periodic review of the same discipline grouping of each entity in the same cycle and year. The review team may be made up of the same or different external peer reviewers depending on the number of programmes within a discipline grouping.

The cycle of periodic programme review will normally take place every five years. The complete periodic programme review process from beginning to end, shown in Figure 2 above, should be conducted within a reasonable overall time frame, usually six – eight months.

Periodic programme reviews will apply to programmes at all levels that award a certificate, diploma or degree and offered in all modes of delivery within a discipline grouping. There will be some differentiation of evidence used for different modes of study.

5.0   APPENDICES

Appendix 1:   Selected academic references on quality assurance

Quality assurance procedures can serve two major purposes: accountability and improvement. The literature suggests that there is sometimes an uneasy balance between both purposes (Vroeijenstijn, 1995a)[8]. Quality procedures for accountability purposes are based on criteria set down by external authorities and institutions. They aim at strengthening external insight and control, with the possibility of undertaking external corrective action, if necessary. Quality assurance for accountability purposes implies the use of a summative approach (Billing, 2004)[9].

Quality assurance for improvement purposes implies a formative approach: the focus is not on control but on improving quality (Billing, 2004). It is argued that while internally initiated quality monitoring can be problem driven and useful as a mean for improvement, externally initiated processes tend to be more accountability driven and less sensitive to internal needs. Similarly, (Knight, 2001)[10] warns that reliance on external quality monitoring is unwise and argues that more attention should be paid to internal quality improvement. Quality assurance must promote self- regulatory capacities, not a culture of compliance (Lemaitre, 2014)[11].

However, it is also suggested that an emphasis on internal processes does not exclude the use of external processes. Harvey (2002)[12] argues that the interaction between both processes is essential to ensure that the results of external monitoring are not just temporary adjustments but lead to lasting improvement.

It is argued that in order to achieve quality improvement, trust in higher education needs to be re-established, and more attention should be paid to internal processes (Harvey and Newton, 2004)[13]. Current trends in quality assurance in the UK emphasize that trust should be put in universities to assure the quality of their programmes and they should rely on only occasional external checks.

The AKU - UGANDA Academic Quality Framework builds on these references to promote the following principles:

- Quality rests with those delivering programmes.
- Quality assurance will be used for the purposes of improvement and not in any punitive controlling way.
- Quality control is not the remit of QAID – the emphasis is on continuous improvement with QAID supporting this.

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[8] Vroeijenstijn, A.I. (1995a) Improvement and accountability: navigating between Scylla and Charybdis, *Higher Education Policy Series* 30

[9] Billing, D. (2004) International comparisons and trends in external quality assurance of higher education: Communality or diversity? *Higher Education*, Vol. 47

[10] Knight, P.T. (2001) *The Achilles' heel of quality: the assessment of student learning*; paper presented at TheSixth QHE Seminar: The End of Quality? Birmingham, 25-26 May

[11] Lemaitre, M J (2014), *Internal quality assurance*, Provost's Speaker Series, Aga Khan University, 9 May

[12] Harvey, L. (2002) The End of Quality? *Quality in Higher Education*, Vol. 8, No. 1

[13] Harvey, L. and Newton, J. (2004) Transforming Quality Evaluation, *Quality in Higher Education*, Vol.10, No. 2

Appendix 2:   Reports

Document	Produced by	Description
Self-assessment report	Self-assessment group	Documents the findings and reflectionsof the self-assessment group on the discipline grouping. Includes an improvement plan.
Review report	Review team	Documents the findings of good practice and recommendations from the visit of the peer review team as well as revision as required of the improvement plan.
Improvement plan	Self-assessment teams	Identifies recommendations from the self-assessment and peer review teams.
Dean's response	Dean with self-assessment group	Presents the response of the dean and the self-assessment team to the periodic programme review report and the response of the self-assessment review team.
Review commentary	QARC	Presents a report to the Provost/DVC to summarise the quality assurance process followed, key areas of concern and risk areas as well as identified areas of good practice for each cyclical review.
Annual self-monitoring report	Programme directors	Details progress on the improvement plan and identifies any external expert views or other relevant documents or evaluations received since the periodic programme review such as curriculum reviews and external examiner reports.

Appendix 3:   Steps in the periodic programme review process

1.   QAID initiates periodic programme review process with the deans

The dean of the faculty contacts the programme directors to request that they begin the self-assessment review process. QARC, IDAR's and the Registrar's Office will be notified by QAID.

2.   Select self-assessment group

The programme directors, in consultation with the dean of the faculty, selects the members of the self-assessment group from within the discipline grouping. This will normally be a minimum five of six members that include faculty, staff, program officers and students.

3.   Training of self-assessment group

The QAID and the deans will agree on the training requirements of the self-assessment report group. Where needed, the QAID will provide training in conjunction with QAID resource persons. The QAID resource person will be trained by QAID to train others in their entity. They will also be the facilitators and coordinators of a review in their entity.

4.   Plan the discipline grouping review process

The self-assessment group plans the discipline grouping review process by setting the key deadlines in review and sketching out the tasks and work required, including gathering of evidence. The group must also communicate with faculty on the review criteria, key milestones expected, and on progress towards fulfilling those milestones.

The self-assessment report should be completed within four-six months as in steps 7-10.

5.   Select and approve the external peer review team

The periodic programme review team consists of three members, at least one will be an expert in the subject under review and one should be internal to AKU but external to the programme under review. This nomination of this group is recommended by the dean in conjunction with QAID and approved by the Provost/DVC, ensuring no conflict of interest.

6.   Training of the external peer review team

The QAID and the deans agree on the training requirements of the reviewers within the peer review team. Where needed, the QAID will provide training in conjunction with QAID resource persons.

7.   Coordination of the review

The QAID resource person is trained by the QAID and coordinates the work of the self-assessment group and peer reviewers. S/he is the link between the entity and QAID.

8. Gather evidence for the self-assessment report

To compile the self-assessment report, the self-assessment group consults the dean of the faculty or school responsible for the programme, faculty members who teach in the programmes, programme staff, past and current students, alumni, and other individuals or groups as required.

Data gathering is an important task in developing the self-assessment report. The QAID resource person submits a request to the Office of Institutional Data Analysis (when in place) and/or the Registrar's Office in good time for the data for the self-assessment report.

The self-assessment group can also gather additional data from Human Resources, student support, etc.

9. Prepare self-assessment report

The self-assessment group develops a self-assessment report, in line with the IUCEA Handbook, Volume 1, that documents the findings of the self-assessment identifying the strengths and weaknesses of the programme using the rating scale on page 36. This must be shared with the faculty and dean. The self-assessment report must be completed within four-six months.

10. Release self-assessment report

The self-assessment group chair sends a copy of the self-assessment report to the dean whom after reviewing it, shares it with the chair of QARC through the QAID. If the QARC chair determines that the self-assessment report is incomplete, s/he returns it to the self-assessment group with a request to provide any missing information.

The self-assessment report should be completed at least two months before the external peer review team is scheduled to do its site visit.

11. Establish schedule

The QAID resource person in conjunction with the QAID Directorate establishes a schedule for completing the major documents of the review process (peer review team report, discipline grouping self-assessment team response, and dean's response).

12. Release documentation to external peer review team

The QAID resource person in conjunction with QAID forwards to the periodic programme review team a set of information that includes: self-assessment report; the Academic Quality Framework: Policies and Procedures and Procedures, directing the reviewers to Volume 2 of the IUCEA Handbook; and a timeline for the completion of the peer review report.

This set of information must be sent to the peer review team a minimum of four weeks in advance of the site visit.

13.   Prepare for site visit

To assess programme quality, the peer review team conducts a site visit, during which its three members interview key personnel involved with the programme/s of the discipline grouping. Before conducting the site visit, the team arranges the agenda and schedule of the visit with the self-assessment group, and develops the questions that it will pose during the visit.

The QAID resource person will act as the facilitator for the site visit and meet the peer review team and guide them through their site visit agenda, addressing questions andconcerns as they arise and facilitating access to people and facilities as required.

14.   Complete site visit

Usually taking place over two to three days, the site visit involves the peer review team meeting with and interviewing several individuals and groups, for example:

•   Self-assessment group
•   Programme directors
•   Faculty members (in groups)
•   Individual faculty members
•   Students (in a group meeting with the periodic programme review team)
•   Support staff
•   University and regional librarians
•   Dean of the faculty

The QAID resource person guides the peer review team through their agenda during the site visit.

15.   Prepare peer review report

Following the on-site visit, the peer review team prepares a report on its findings. The peer review team submits the report to the dean within four weeks of the visit, copied to the chair of the QARC through the QAID Directorate.

16.   Evaluate peer review report

The dean reviews the periodic programme review team report and forwards it to the self-assessment report group for their response.

17.   Develop response to the peer review report

The self-assessment group and dean develops a response to the concerns and areas identified for improvement from the peer review report and revise its improvement plan with timelines for addressing the issues raised by the review.

The QAID resource person sends a copy of the response to QAID Directorate for forwarding to the external peer review team. Once the final peer review report is received from the external peer reviewers, the QAID Directorate sends it to the dean and chair of QARC.

18.   Sign-off peer review report

The QARC reviews the peer review report and the revised improvement plan. The committee drafts a brief summary of the review, highlighting areas of risk and areas of good practice and submits it through QAID Directorate to the Provost/DVC.

19.   Release peer review report to the Academic Council and Uganda Academic Senate?

The dean presents their periodic review to Academic Council through the Registrar's Working Group. The provost shares the deliberation of QARC to Uganda Academic Council and to ASAC.

20.   Develop implementation expectations of resulting improvement plans

The dean and the programme directors are responsible for ensuring that any action plan developed as a result of a periodic review is implemented.

They set out the expectations for implementing the improvement plan. The dean, in conjunction with the programme directors are responsible for the self-monitoring reports that are due annually and should be reported to the deans and QARC through the QAID Directorate. QARC presents annual report to the provost/dvc with an update of the implementation of improvement plans.

Appendix 4:   Implementation

It is intended that all programmes offered by a discipline grouping will be reviewed regularly on a five-year cycle. The Director for QAID will publish the schedule of periodic programme reviews in consultation with deans.

There are currently 14 programmes (undergraduate degree, or postgraduate degree) at AKU - UGANDA, across three discipline groupings in three academic entities:

List of AKU-UGANDA Programmes, @ December 2023		
Academic Entity	**#**	**Programme Title**
School of Nursing and Midwifery, East Africa (SONAM)	1	Post-RN Bachelor of Science in Nursing (BScN)
	2	Bachelor of Science in Midwifery (Upgrading RN-BScM)

Suggested criteria for the timing of periodic programme reviews, 2020-2025:
- Discipline groupings that have recently been subject to peer review should undertake periodic programme review during the last of the five years of the cycle.
- Periodic programme reviews should be spread across AKU - UGANDA during each year.
- Periodic reviews should be timed to synergize with required reviews from professional bodies and higher education authorities so as not to be too burdensome.
- Discipline groupings of the same programmes in two locations could be reviewed during one year with some overlap of peer reviewers. This could provide the commonality of reviews that the Provost/DVC has suggested. Where large numbers of programmes exist, as in the Medical College, Pakistan, reviews could be conducted in two groups – graduate and undergraduate.

Appendix 5:   Format of an improvement plan

For formats for self-assessment reports see IUCEA's *A Road map to Quality, Handbook for Quality in Higher Education, Volume 1: Guidelines for self-assessment at programme level* (page 35).

The headings for the improvement plan (which may be presented in tabular form) are:

1.   Good Practice and Recommendations for Improvement

This repeats precisely the wording of the good practice and/or recommendations for improvement identified in the periodic review report.

2.   Intended Outcomes

State the outcomes that will be achieved in response to the good practice and recommendations on areas of improvement. Outcomes for good practice should involve wider dissemination and/or enhancement. Outcomes for recommendations on weakness should show improvement.

It may be helpful to consider the following questions.

- What will be different as a result of the action(s) taken?
- What will success look like?
- How can success be measured?

3.   Identify areas of weakness to be strengthened and actions to be taken (to achieve intended outcomes)

- Identify areas of weakness under each of the 18 cells of the IUCEA framework
- Each point of weakness and each recommendation must be accompanied by at least one action.
- Each action should be evidence-based and "SMART" (specific, measurable, achievable, realistic and time- bound).
- Each action must be specific and detailed.
- The actions should allow the programmes to achieve the intended outcomes. It is possible that several actions may be needed. Multiple actions may be used as milestones.

4.   Target Date(s)

Set dates for when the actions will be completed in the short, medium and long term. The more specific the action, the easier it will be to set a realistic target date. Ensure there is a specific target date for each milestone or subsidiary action.

If an action is to happen more than once, state the first date for the action to take place. The word "on-going" should be avoided.

5. Action By

State the role or job title of the specific person who is responsible for carrying out the action and who is to be accountable for this. Ensure that the role/committee is different from that in the "reported to" column.

6. Reported To

Identify the role of the person or committee who will monitor the success of the action. A clear designation helps to maintain accountability and ensure successful completion of the action plan.

7. Evaluation of Process or Evidence

Identify what process or evidence will show how successful the action has been and what the outcomes of the action are.

Advice on completion of the improvement plan:

- Do the actions provide a sufficient framework to move forward in a structured way?
- Can progress be monitored and evaluated?
- Does the action plan show progress to someone external to the programmes? What evidence could be used to confirm that the actions have been achieved and their effectiveness evaluated?

Example of an Improvement Plan Implementation Matrix

Cell title IUCEA cells 1-18	Areas of Good Practice and intended Outcomes	Areas of Improvement and intended Outcomes	Action to be taken (Essential Short term 1-2 years), Advisable Medium (3-5 years), Desirable Long term (5+ years)	Responsible persons	Action by and reported to

Addendum as Guidelines to Academic Quality Framework

Schedule on Honoraria for External Peer Reviewers for Cyclical Review of Programmes

	External Peer Programme Reviewer
Scope of Work	• Assessment of the quality of the programme against the defined criteria of evaluation set out in the AKU - UGANDA *Academic Quality Framework*. • Assess the quality of the self-assessment report • Assess whether the programme or the academic entity meets the defined quality criteria and standards; • Assess the relevance, feasibility and potential effectiveness of the Improvement Plan: in particular, note any significant omissions. • Takes into account External Examiner Reports • An independent report to the Provost *For all programmes (diploma, undergraduate, graduate)*
Timing	• Every 5 years
Number	• Two external Peers (outside of AKU - UGANDA) for single programme • Three external PEERs (outside of AKU - UGANDA) for cluster review • One internal peer (outside of programme) – no fees
Days	• One – two programmes = 4 days • Cluster programmes (3 or more programmes) =6 days Including Preparation and Report Writing
Fees **(Honoraria per reviewer)**	• International peer reviewers – no fees; business class fares; small gift (US$ 50-100) • Local reviewers – economy flights; US$ 300 honorarium; small gift
Other Costs	• Good accommodation, travel Insurance, all ground costs. All costs /fees to be borne by the Provost's Office.