

AGA KHAN UNIVERSITY
Guidelines, Policies and Procedures

Policy Name	Academic Quality Framework: Policies and Procedures
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Contact	Provost Office

1.0 Preface

The regulatory bodies in the countries in which Aga Khan University (AKU) operates have various models for quality assurance and improvement. Some of these have already been implemented and some are being actively pursued. Currently, the models of quality assurance and improvement used across the University vary.

In Pakistan, the Quality Assurance Manual from the Higher Education Commission (HEC) recommends the establishment of quality assurance cells in all universities. They are intended to “develop quality assurance processes and methods of evaluation to affirm that the quality of provision and the standard of awards are being maintained.”¹

The School of Nursing and Midwifery and the Medical School in Pakistan have used models proposed by the HEC to assure quality (e.g., the self-assessment reports in 2005 and 2008 for nursing and the Quality Assurance Mechanisms for undergraduate medical education). In some cases, these have been undertaken annually. The use of external inputs to these reviews varies.

In East Africa, the Inter-University Council for East Africa’s (IUCEA) *Road Map to Quality* has evolved from a combined initiative of three government commissions: Kenyan Commission for University Education, Ugandan National Commission for Higher Education, and Tanzanian Commission for Universities.² The Road Map to Quality 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 Kenya and Tanzania have produced self-assessment reports. These reports along with a self-assessment improvement plans have been reviewed by peer reviewers.

In the UK, the Institute for the Study of Muslim Civilisations (ISMC) was reviewed by the Quality Assurance Agency (QAA), under the Recognition Scheme for Educational Oversight in June 2012, June 2019, and October 2021. QAA used a self-assessment statement about academic standards, the

¹ Higher Education Commission, Islamabad, undated, Quality Assurance Manual for Higher Education in Pakistan

² Inter University Council for East Africa (IUCEA), 2010, A Handbook for Quality in Higher Education

quality of learning opportunities and public information. This self-assessment formed the basis of the review of the programme, which was undertaken by three peer reviewers. A report was subsequently written containing an action plan, which identified areas of good practice and recommendations.³

Other examples of existing processes of quality assurance across AKU could be cited but it is clear that the process of self- assessment for programme review and improvement is varied across AKU. Only a standardized framework will ensure a consistent approach to quality assurance and genuine commitment to improvement. This document outlines such a framework for quality assurance and improvement for AKU.

The policy and its procedures in the framework draw on best practice across AKU and from the United Kingdom, 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.

2.0 AKU Academic Quality Framework

2.1 Introduction

“As an international institution, in achieving its mission, AKU operates on the core principles of quality, relevance, impact and access.”⁴

Across AKU, there is a need for a uniform approach to the review of the quality of academic programmes and entities. A variety of different, often ad hoc, review processes currently exist. However, AKU must adopt a consistent and structured approach to quality assurance and improvement. Examples of good practice already exist upon which a uniform approach can be developed.

The AKU Academic Quality Framework describes the quality assurance procedures designed to align with its principles. The procedures encompass periodic programme reviews that incorporate the use of curriculum review within the Outcome-Based Education framework and align with AKU’s first Digital Learning Strategy. This involves 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 geographic discipline grouping review, following sound practices of self-assessment and peer review as described in the procedures. The procedures will be available on the Network of Quality, Teaching and Learning website. QTL_net will also provide support for 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, possibly at different levels (certificate, diploma, undergraduate degree, advanced diploma/associate degree or postgraduate degree) within one or more academic entities. These are grouped to facilitate effective and efficient quality review processes.

³ QAA, June 2012, Recognition Scheme for Educational Oversight: The Aga Khan University (International) in the United Kingdom for the Study of Muslim Civilisations

⁴ [Our Vision | About AKU | The Aga Khan University](#)

- 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 and unit under review, always from outside of AKU but often also involving peers from other AKU 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, associate 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 including the integration of digital experiences at the University⁵.
- 2.2.9 QAI 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 higher education, who manages the review process and acts as the key point of contact between the entity, QTL_net directorate and the review teams. The resource person is responsible, in consultation with and with the support of QAI 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 organizing review activities to ensure that conclusions and recommendations are sound and evidence-based; identifying the most effective way of engaging with students; and editing review reports.
- 2.2.10 QARC (Quality Assurance Review Committee): is appointed by the Provost, and responsible 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, serviced by QTL_net and will include resource persons from across entities, faculty, programme and academic heads with an interest and record in curriculum development and promoting the use of technology in 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 and unit.

3.0 AKU Academic Quality Framework: Policy

3.1. Purpose

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

⁵ QAA, undated, "What is Quality Assurance"

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 are collectively responsible for maintaining and enhancing the quality of its academic programmes and for improving the quality of the student learning experience. The University recruit's 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 academic community at a level that meets or exceeds those determined by the appropriate regulatory or professional bodies in the countries in which AKU operates; 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 programmes is an essential component of accountability. Programme quality will be judged based on a range of evidence and not on any single piece of evidence.
The University's quality procedures shall be transparent 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. QTL_net 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.
- 3.3.2. To ensure an appropriate degree of harmonization in the quality assurance and improvement processes being used across AKU.
- 3.3.3. To enhance and communicate good quality assurance and improvement practices across AKU.

3.4. 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 take into account only documented evidence and not anecdote. Evidence that should feed into periodic reviews include reports on needs assessments from stakeholders; curriculum review or transformation into the Outcome-based education, alumni and employer surveys; review of the digital learning environment where applicable, student satisfaction surveys; faculty CVs highlighting faculty research and scholarship, student evaluations of teaching; external examiners report, research, publications, 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 1-2 years before a periodic review in liaison with deans or entity directors or heads. Curriculum reviews will therefore also occur every 5 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 AKU Academic Quality 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 3.3 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 Vice Provost QTL 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, summarizes 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.

4.2 Roles in periodic programme reviews

POSITION	ROLE & RESPONSIBILITY
Provost	<ul style="list-style-type: none"> • Appoints QARC • Approves the recommended nominations of peer reviewers • Receives the summary of the review from QARC with best practices and risks identified

	<ul style="list-style-type: none"> • Reports on the QARC summary to the Academic Council and presents to the Academic and Student Affairs Committee (ASAC) of the Board. • Receives an annual update from QARC on the implementation of improvement plans.
Dean or entity head	<ul style="list-style-type: none"> • Initiates the process of periodic programme review with QAI team. • 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. • 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 Council.
Director of programme	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Appointed by the Provost and composed of QA resource persons, curriculum development experts, educational technologists and others from across the University. • Ensures that quality assurance and improvement processes are followed. • Is supported by the QTL-net Directorate. • 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. • QARC receives and considers reports from the Curriculum Advisory group (CAC) and the Digital Learning Strategy Working Group (DLSWG) • Receives copies of the annual self-monitoring progress reports. • Will do a 12-month follow-up (with QAI team support) to monitor progress on implementing recommendations and will report annually to Provost. • The committee will not replace the normal reporting route to deans and entity heads but will represent an addition to this process.

QTL_net Directorate	<ul style="list-style-type: none"> • Services QARC and provides details of the schedule and process of periodic programme review to the University as whole, reporting to the Vice Provost, QTL. • 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 QA resource persons including curriculum developers, and educational technologist, and others. • Advises the dean and provost on external peer reviewers. • Orients external peer reviewers on use of the IUCEA model.
QAI resource person	<ul style="list-style-type: none"> • Acts as the channel for communication between the peer reviewers and the entity and QTL_net Directorate. • Will have previous experience of quality assurance processes and be trained by QAI unit. • With the support of the QTL_net Directorate, 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	<ul style="list-style-type: none"> • Composed of four to six faculty members, staff and a minimum of two students selected by the dean/ director. • The dean nominates program director from the group to serve as chair. The chair is responsible for submitting the self-assessment report and improvement plan. • Workswith the Self-assessment group and others to prepare the self-assessment report, dividing the work into suitable smaller groups. • Participates in the periodic programme review visit. • Responds to the external peer review report and revises the improvement plan accordingly.
External peer review team	<ul style="list-style-type: none"> • Appointed in consultation with the dean, Vice Provost (QTL) and Provost, this team is responsible for writing an external peer-review report, including commendations. • Includes individuals always from outside of AKU but often also involving peers from other AKU 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 reviewer who is 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 geographic locations will be reviewed in the same year. See section 4.7 for scope of reviews. Appendix 5 details an implementation plan and the criteria and timing of discipline grouping 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.

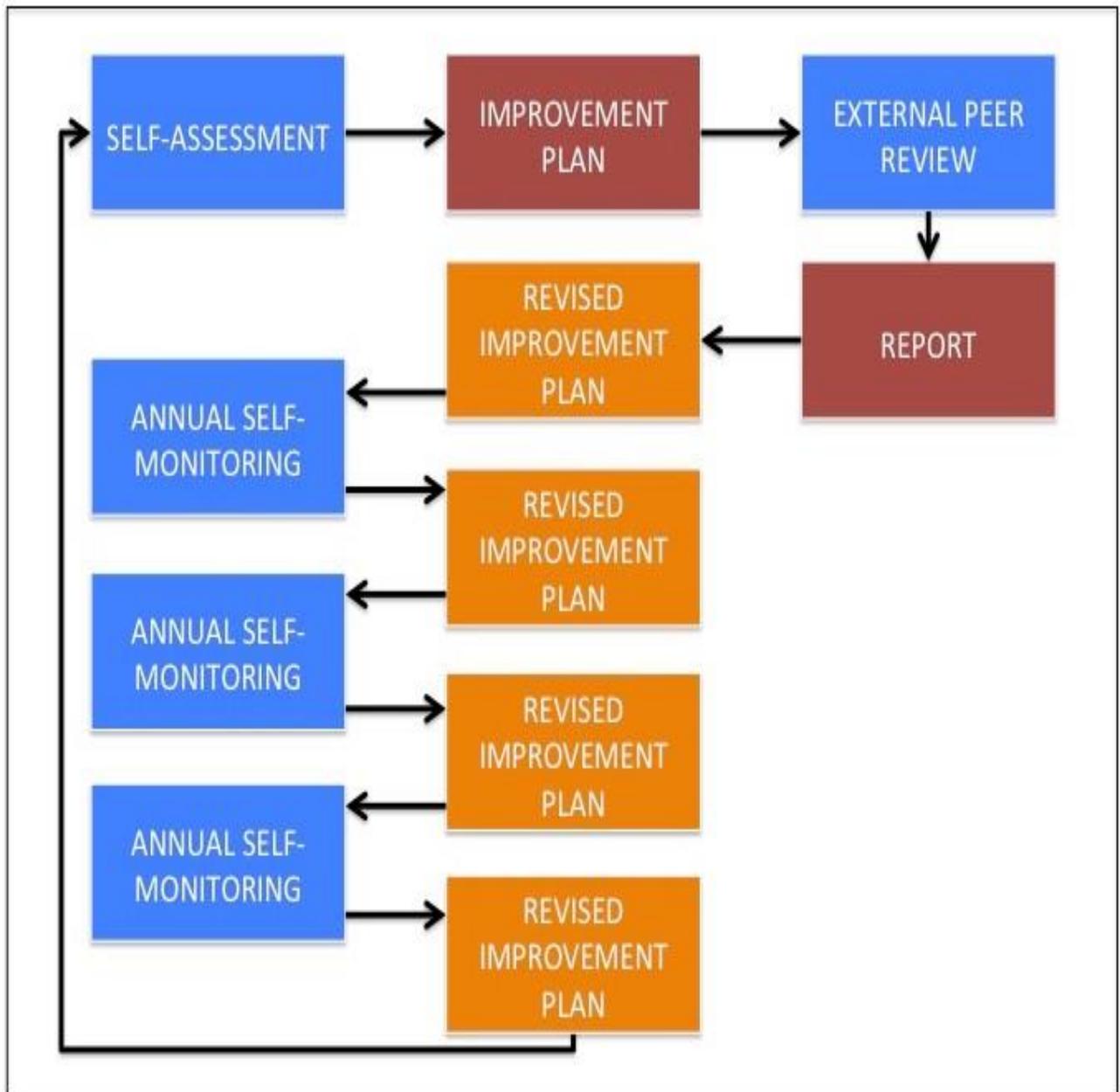


Figure 1. The cyclical process of periodic programme review

From start to finish, the periodic review cycle takes a maximum of eight (8) to ten (10) months for a programme and ten (10) to twelve (12) months for cluster review. Figure 2 identifies the schedule, roles and responsibilities for the review cycle.

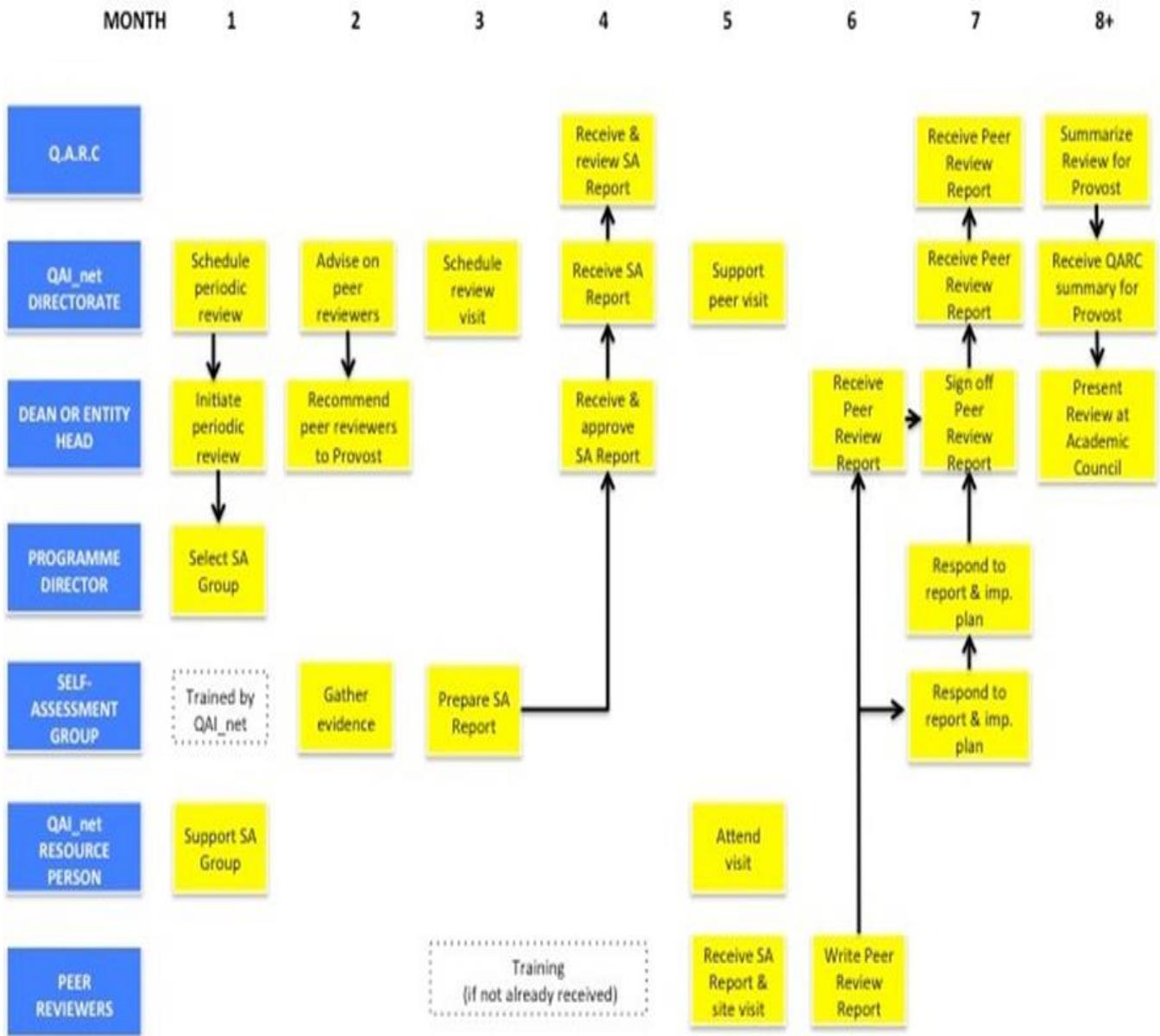


Figure 2. Periodic review schedule, identifying roles and responsibilities

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 the Program Director 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 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 and is being used for the Master in Health Professional Education (MHPE) in Pakistan.
- The QTL_net will provide training on the IUCEA model of self-assessment to the self-assessment group and/or the QAI resource persons.
- Each self-assessment report will conclude with an improvement plan (see Appendix 5).

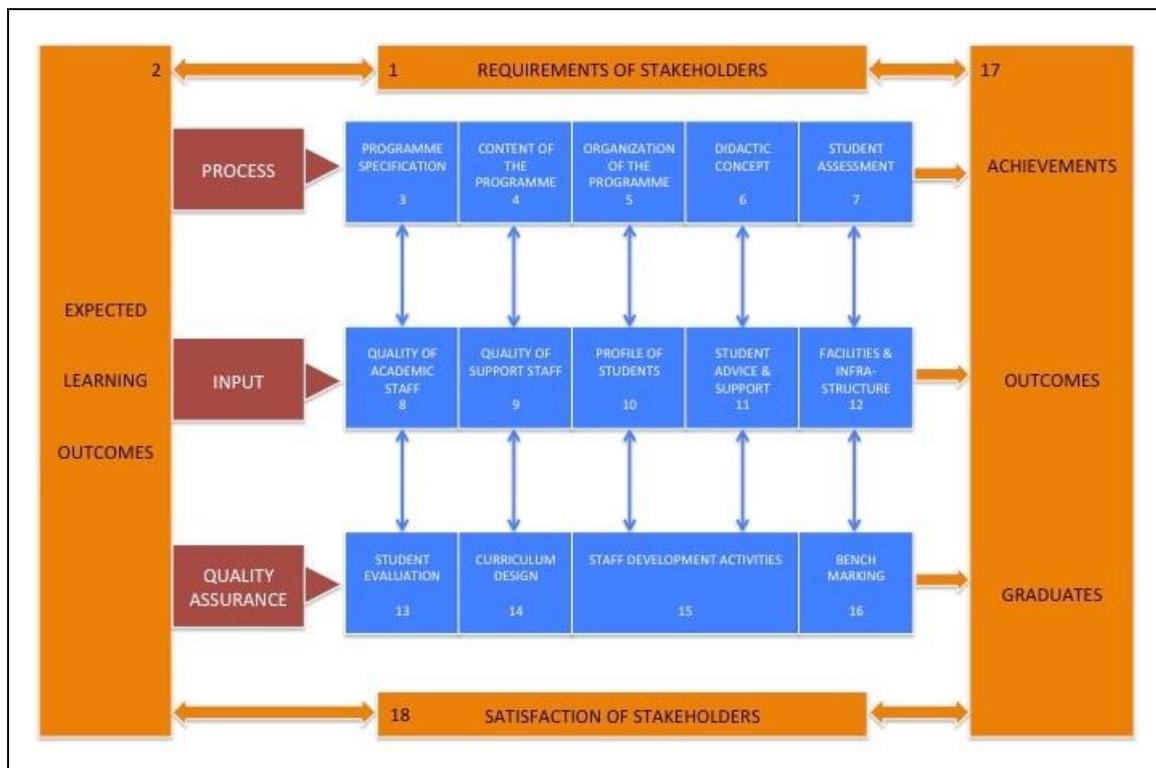


Figure 3. IUCEA's analysis model for the self-assessment of teaching and learning

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 reports⁶
- Reference to any curriculum reviews
- Input from alumni, employer and student satisfaction surveys

Each of the 18 cells must be reported upon. The IUCEA Quality Assurance Handbook Vol 1 and 2- Inter-University Council of East Africa will be used. This also provides a suggested format for the self-assessment report on page 24-25.

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 Guidelines for External Assessment at program level handbook will be used for the peer review exercise.

4.5.1 The process

- The QTL-net directorate 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 Vice Provost, QTL_net, 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 reviewer who is external to the entity. Of this group, at least one will be an expert in the subject under review.
- The QTL_net Directorate will ensure the reviewers are trained to use the IUCEA's Guidelines for External Assessment at Program Level available 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 QTL_net directorate who will provide any factual corrections before the report is finalized.
- The final report will be shared through the QTL_net directorate with the dean and QARC. QARC will identify and share good practices, and consider recommendations, to provide a summary to the Provost, 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 Academic Council and by the Provost to the Academic and Student Affairs Committee (ASAC) of the Board of Trustees.

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.

⁶ [007 External Examiners \(aku.edu\)](http://007.ExternalExaminers(aku.edu))

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.

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 2.2 above). Currently, nine discipline groupings have been identified as follows:

- Education in Pakistan
- Education in East Africa
- Nursing in Pakistan
- Nursing in East Africa
- Medicine in Pakistan
- Medicine in East Africa
- The Study of Muslim Civilisations in the United Kingdom
- Media and Communication in East Africa
- Arts and Sciences, Pakistan

There would be merit in conducting the periodic review of the same discipline grouping across geographic sites 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 (5) 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 6-8 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)⁷. 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)⁸.

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 means for improvement, externally initiated processes tend to be more accountability-driven and less sensitive to internal needs. Similarly, (Knight, 2001)⁹ 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)¹⁰.

However, it is also suggested that an emphasis on internal processes does not exclude the use of external processes. Harvey (2002)¹²¹¹ 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)¹². 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 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 QTL_net, the emphasis is on continuous improvement with QTL_net supporting this.

⁷ Vroeijenstijn, A.I. (1995a) Improvement and accountability: navigating between Scylla and Charybdis, Higher Education Policy Series 30

⁸ Billing, D. (2004) International comparisons and trends in external quality assurance of higher education: Communitary or diversity? Higher Education, Vol. 47

⁹ Knight, P.T. (2001) The Achilles' heel of quality: the assessment of student learning; paper presented at The Sixth QHE Seminar: The End of Quality? Birmingham, 25---26 May

¹⁰ Lemaitre, M J (2014), Internal quality assurance, Provost's Speaker Series, Aga Khan University, 9 May

¹¹ Harvey, L. (2002) The End of Quality? Quality in Higher Education, Vol. 8, No. 1

¹² 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 reflections of 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 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/transformation into OBE framework, and external examiner reports.

Appendix 3: Steps in the periodic programme review process

1. QTL_net initiates periodic programme review process with the deans
The dean of the faculty or entity contacts the programme directors to request that they begin the self-assessment review process. QARC, Registrar's, and IDAR Offices will be notified by QTL_net.
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 of 5 of 6 members that include faculty, staff and students.
3. Training of self-assessment group
The QTL_net and the deans will agree on the training requirements of the self-assessment report group. Where needed, the QTL_net will provide training in conjunction with resource persons. The resource person will be trained by QTL_net 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 and analysis of evidence. The group must also communicate with faculty on the review criteria, key milestones expected, and progress towards fulfilling those milestones.
5. The self-assessment report should be completed within four to six months as in steps 7-10.
6. 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 QTL_net and approved by the Provost, ensuring no conflict of interest.
7. Training of the external peer review team
The QTL_net and the deans agree on the training requirements of the reviewers within the peer review team. Where needed, the QTL_net will provide training in conjunction with resource persons.
8. Coordination of the review
The resource person is trained by the QTL_net and coordinates the work of the self-assessment group and peer reviewers. S/he is the link between the entity and QTL_net.
9. 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 and analysis is an important task in developing the self-assessment report. The SAR team submits a request to the Office of Institutional Data & Analytics 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

10. 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 26. This must be shared with the faculty and dean. The self-assessment report must be completed within four-six months.
11. 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 QTL_net Directorate. 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.
12. Establish schedule
QAI resource person in conjunction with the QTL_net 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).
13. Release documentation to external peer review team
The resource person in conjunction with QTL_net forwards to the periodic programme review team a set of information that includes: a self-assessment report; the Academic Quality Assurance Policy 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.
14. 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.
15. 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)
 - University and regional librarians
 - Dean of the faculty or academic heads
- The resource person guides the peer review team through their agenda during the site visit
16. 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 QTL-net Directorate.

17. 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.

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

19. 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 QTL_net Directorate to the Provost.

20. Release peer review report to the Academic Council

The dean presents their periodic review to Academic Council. The provost shares the deliberation of QARC to the Academic Council and to ASAC.

21. 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 QTL_net Directorate. QARC presents annual report to the provost with an update of the implementation of improvement plans.

Appendix 4: Implementation and the schedule of reviews

It is intended that all programmes offered by a discipline grouping will be reviewed regularly on a five-year cycle. The QTL_net Directorate will publish the schedule of periodic programme reviews in consultation with deans/entity heads. There are currently 42 programmes (diploma/associate, undergraduate degree, or postgraduate degree) at AKU, across 9 discipline groupings in Pakistan, Kenya, Uganda, Tanzania and UK.

QA Programme Review Schedule 2024-2028

	Entity Name	2024	2025	2026	2027	2028
	PAKISTAN					
1	School of Nursing and Midwifery, Pakistan	*				
2	Institute for Educational Development, Pakistan		*			
3	Medical College, Pakistan	*		*		
4	Faculty of Arts and Science, Pakistan				*	
	EAST AFRICA					
5	Graduate School of Media and Communications, East Africa	*				
6	Medical College, East Africa	*		*		*
7	Institute for Educational Development, East Africa		*			
8	School of Nursing and Midwifery, East Africa		*			
	UK					
9	Institute for Study of Muslim Civilizations	*				

Notes:

* Program Review will take place before the Unit Review

* FHS doctoral programme includes a Nursing strand in Pakistan

^ Master of Medicine, East Africa specialties are offered in Kenya and Tanzania.

PGME is offered in Pakistan; the programme is not recognized as a Master of Medicine as in East Africa.

Suggested criteria for the timing of periodic programme reviews, 2024-2028

- 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 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 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 (page28)*.

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 "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 (essential), medium (desirable) and long term (advisable). 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 1-2 years Desirable:Medium 3-5 years Advisable: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	<ul style="list-style-type: none"> • Assessment of the quality of the programme against the defined criteria of evaluation set out in the <i>AKU Academic Quality Framework</i>. • 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 <p><i>For all programmes (diploma, undergraduate, graduate)</i></p>
Timing	<ul style="list-style-type: none"> • Every 5 years
Number	<ul style="list-style-type: none"> • Two external Peers (outside of AKU) for single programme • Three external PEERs (outside of AKU) for cluster review • One internal peer (outside of programme) – no fees
Days	<ul style="list-style-type: none"> • One – two programmes = 4 days • Cluster programmes (3 or more programmes) =6 days <p>Including Preparation and Report Writing</p>
Fees (Honoraria per reviewer)	<ul style="list-style-type: none"> • International peer reviewers – no fees; business class fares; small gift (US\$ 50-100) • Local reviewers – economy flights; US\$ 300 honorarium; small gift
Other Costs	<ul style="list-style-type: none"> • Good accommodation, travel Insurance, all ground costs. All costs /fees to be borne by the Provost’s Office.