



Ahlia University Quality Assurance Manual – Version 5.0

Ref: UC/ P 707/2024

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This document is to supersede the previous version of Ahlia University Quality Assurance Manual as contained in the University Council approved document carrying reference number UC/P 428/2020.

Ahlia University

Quality Assurance Manual V.05

Chapter 1: Introduction to Phase 3 of Ahlia University Quality Management System (AUQMS)

Version Control of AU Quality Manual

Version	UC Reference	Approval Date
Version 1	UC/P17/2010	3 rd March, 2010
Version 2	UC/P 82/2012	7 th November, 2012
Version 3	UC/P 233/ 2016 UC/P 359/ 2018 – Addendum to QA Manual	28 th November 2016 31 st December, 2019
Version 4	UC/P 428/2020	1 st April 2020
Version 5	UC/P 707/2024	26 th June 2024

Chapter 1: Introduction:

Section 1: The Aim of the Quality Assurance Manual:

The aim of the quality assurance manual is to act as a guide for all Ahlia University Academic and Administrative members in all aspects of the operations of the University. The quality assurance manual addresses the Internal Quality Assurance Management System (AUQMS) along with the frameworks that are embedded to assure producing the highest quality standards in every operation. This QA manual has been revised as a result reflection on cycles of implementation of policies and procedures and adaptations of new and revised quality and accreditation standards.

Within the QA manual V.05, detailed information is illustrated pertaining to the frameworks operationalized as part of AUQMS, newly introduced frameworks are developed to main quality assurance requirements along with new set of policies and procedures are introduced. The QA manual V.5 also provides an updated version of the adapted standards as well as recent revisions to the committee structures that are involved in the quality assurance review and decision-making process.

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

1.1 Quality Assurance Manual Alignment with National and International Frameworks:

- Higher Education Council Strategy in line with Bahrain Vision 2030
- Bahrain Quality Assurance Standards
- United Nations Sustainable Development Goals – SDG4 and SDG17
- International Accreditation Bodies including AACSB, ABET, ASIN etc.

1.2 The Quality Assurance Manual Outline:

This QA Manual V.05 is a comprehensive manual covering Phase 3of AUQMS frameworks as follows:

1. Introduction on Phase 3 of Ahlia University Quality Management System (AUQMS)
2. Institutional General Framework of Higher Education Institutional Review (2023)
3. Academic Programme Reviews Framework (Cycle 2)
4. Institutional NQF Listing & Qualification Placement Framework
5. International Accreditation and Sustainability Framework
6. Collaborative Provision Quality Review Framework

1.3 The Process of Development and Review of Policies:

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

The current QA policies that directly serve quality standards however, AU policies and procedure are not limited to the following mentioned:

Policy Procedure Guidelines	Summary	Serving Standard			
		institutional	Programme	Int. Accreditation	SDG
Strategic Planning, Monitoring and Evaluation Manual	The Manual guides the development, review and implementation of AU strategy and operational plans with clear processes for measurement and evaluation	Standard 1 Standard 3 Standard 7 Standard 9	Standard 1	AACSB ABET	4 17
Institutional Benchmarking Policy and Procedure	The Institutional Benchmarking Policy and Procedure guides the selection of peer institutions for benchmarking and includes criteria for benchmarking covering the core functions (teaching, Research and Community Engagement) with two types of benchmarking comparative and good practice	Standard 3	N/A	N/A	4 17
Programme Benchmarking Policy and Procedure	The Programme Benchmarking Policy and Procedure guides the selection of peer institutions for benchmarking, rationale for selecting programmes to be benchmarked and includes criteria for benchmarking covering the programme structure, aims, PILOs etc. with two types of benchmarking comparative and good practice	Standard 3	Standard 4	AACSB ABET ASIN	4 17
AU Assessment Manual	AU assessment manual includes all related policies to ensure effective, fair, and transparent assessments are conducted with a clear criterion for internal and external verification and	Standard 6	Standard 3	AACSB ABET ASIN	4 17

	moderation to serve directly NQF complexity levels				
Academic Programmes Periodic Review Framework	The Academic Programmes Periodic Review Framework provides a clear structure towards conducting programme periodic reviews with a focus on benchmarking, market needs, stakeholder input and external expert utilization. The framework guides the implementation of periodic reviews.	Standard 5	Standard 4	AACSB ABET ASIN	4 9 17
Annual Programme Review	The annual programme review procedure provides clear criteria for assessing the programme annually to assess its operations, resource allocation and learning outcomes attainment	Standard 5	Standard 4	AACSB ABET ASIN	4 9 17
Guidelines for External Evaluation	The guidelines provide clear criteria for assigning external evaluator as an independent reviewer to review the overall programme structure. The guidelines include clear set of criteria for be assessed including structure, learning outcomes, teaching, and learning strategies	Standard 5	Standard 4	AACSB	4
Centre for Measurement and Evaluation Manual	The CME manual set out the evaluation measures for specific KPIs that serves university strategic objectives and specific processes. The CME manual also includes the process of faculty annual evaluation	Standard 1 Standard 3 Standard 7 Standard 9	Standard 4	AACSB ABET ASIN	4 9 17
QA Programme end of semester report	The procedure includes a template to be utilized by departments to assess the programme against academic quality standards every semester that includes CILO attainment, teaching methods and learning etc.	Standard 5	Standard 1	AACSB ABET ASIN	4
Quality assurance policy for utilization of	This policy provides a clear guideline on the utilization of ADREG generated data towards	Standard 3	Standard 4	AACSB ABET ASIN	4 9 17

student and graduate data to enhance programme management	programme enhancement				
Quality Periodic Programme Reviews and Utilization of Feedback	This document provides detailed guidelines in utilization of periodic review feedback towards the improvement of the programmes with clear template that could be used by academic departments	Standard 3	Standard 4	AACSB ABET ASIN	4 9 17
Procedure for Introducing a New Course, Replacing Existing Course or Making Major Revision of a Course	This procedure provides a guideline of the process of Introducing a New Course, Replacing Existing Course or Making Major Revision of a Course including channels involved for approval and activation	Standard 5	Standard 1	AACSB ABET ASIN	4 9 17
Procedure for Re-Mapping and Re-Validation of NQF Placed Qualifications	This procedure provides a clear guideline for re-mapping at course level and re-validation at qualification level if needed	Standard 3	Standard 1	N/A	4
Customized Policies and Procedures serving		Serving Standard			
		institutional	Programme	Int. Accreditation	SDG
Policy and Procedure Establishing International Academic Partnership	The purpose of this document is to ensure a coordinated and systematic approach for the establishment of new agreements and partnerships with international HEIs.	Standard 1	Standard 1	Cross Boarder Qualifications	SDG4
Policy and Procedure for Management of International Collaborative Provision	The purpose of this document is to establish and formalise a working framework for the management of approved partnerships with international HEIs in a manner that would preserve the vision and mission of Ahlia University	Standard 1	Standard 1	Cross Boarder Qualifications	SDG4
Assurance of Learning (AOL) Manual	This procedure is developed to assess the learning from direct and in-direct assessment covering assessment rubrics to assess the college goals	Standard 6	Standard 3	AACSB	SDG4 SDG9

Ahlia University Assessment Manual (Cross Border Qualifications)	Ahlia University Assessment Manual (Cross Border Qualifications) includes clear criteria for assessment verification and moderation with guidelines (roles and responsibilities) for the awarding body	Standard 1	Standard 1	Cross Boarder Qualifications	SDG4
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1.3 Compliance with the Quality Manual:

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

1.4 Adapted Quality Assurance Standards

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

- i. The General Institutional Framework (BQA/HEC)
- ii. Academic Programme Reviews Handbook (Cycle2) of (BQA/DHR)
- iii. National Qualification Framework Standards as classified by (BQA/DFO)
- iv. Collaborative Provision adapted QA standards (*where applicable*)

1.5 Version Control:

In view of the on-going development of documents within the Quality Manual, users are requested to approach the CAQA for the most updated version of the Quality Manual. The quality manual and QA related policies are subjected for a 5-year cycle review or whenever needed as per the adapted standards.

Section 2: Ahlia University QA Policy Statement:

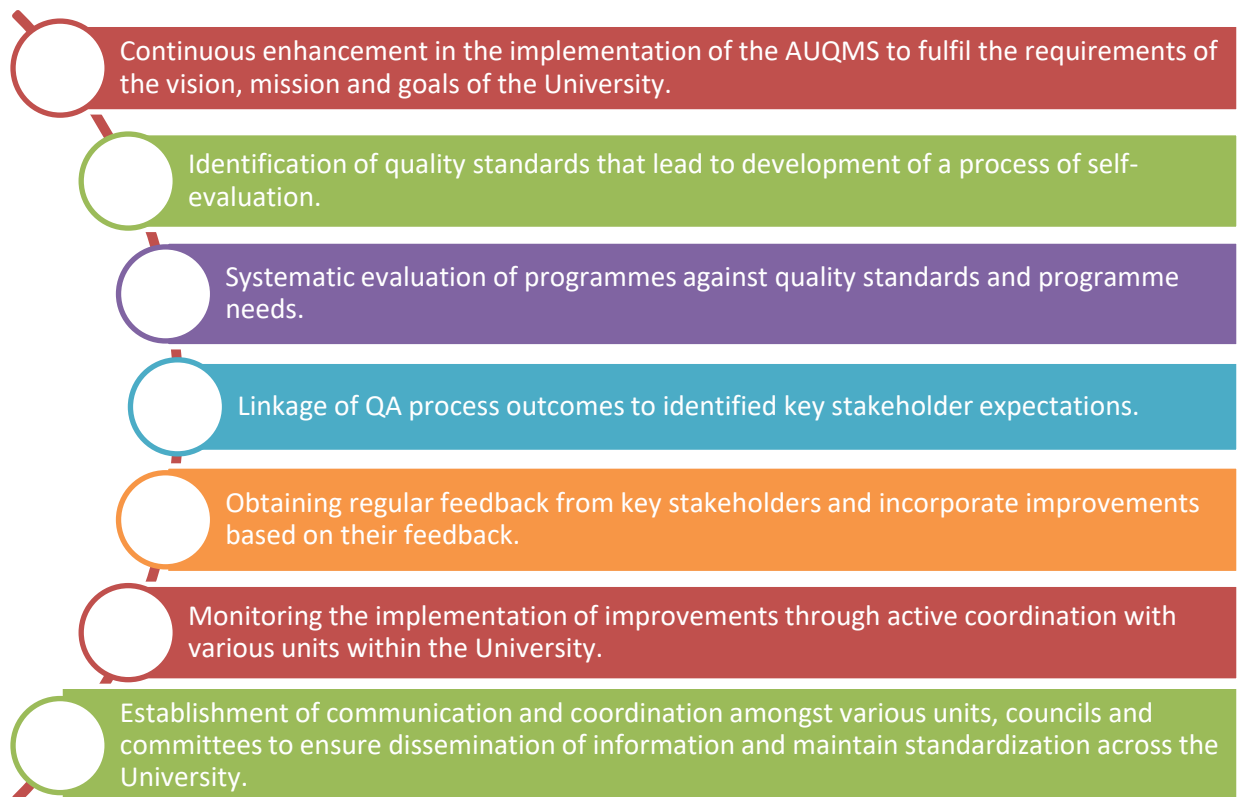
Ahlia University’s approach to quality assurance is centered around satisfying key stakeholders’ expectations, as well as fulfilling the vision, mission and goals of the University through a comprehensive set of processes that lead to continuous improvement in quality management of performance. Towards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

The overall purpose of quality management is to provide all university stakeholders with systematic feedback on the performance of the programmes and the services run by the University. In addition, it

also promotes a culture of effective self-evaluation and review through which continuous improvement initiatives are identified and implemented.

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

2.1 Key Components of the QA Policy



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

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

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

As part of implementing AUQMS Phase 2, QA policies and procedures were revised and developed as well as additional standards being adapted, AUQMS was revised into Phase 2 considering all the new standards and the related policies and procedures, which introduced new frameworks covering the General Institutional Framework, Academic Programme Review Framework, NQF Listing and Qualification Mapping Framework, International Accreditation and Sustainability Framework and Collaborative Provision Quality Review Framework. Phase 3 includes all updated frameworks with consideration of the General Institutional Framework which is operating through nine standards across all the institution operations. **In addition to executive streamlining between CAQA and Strategic Planning Directorate** in coordination with Centre of Measurement and Evaluation (CME) develop an Executive Reporting based on analysis of relevant stakeholders' feedback and engagements. The report will include set of suggestions to be integrated within the strategic plan, sub-plans, objectives and KPIs to maintain sustainable progress.

In addition, AU has a Vision to be one of the top-ranking Universities in the region. To achieve this AU has identified accreditation for programmes by international bodies as an important QA process. With respect to this, the AUQMS is guided by the standards set by the accreditation bodies that will be approached for accreditation. The process defined in the AUQMS is monitored according to the guidelines of accreditation agencies such as AACSB and ABET as a main target in line with Strategic Goal 1 and Strategic Objective No.4.

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

3.1 AUQMS QA Structure and Implementation Guidelines:

The Relationship among the entities within the QA Structure:

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

1. General Institutional Framework (HEC/BQA)
2. Academic Programme Reviews Framework (Cycle 2)
3. Institutional NQF Listing & Qualification Placement Framework
4. International Accreditation and Sustainability Framework

5. Collaborative Provision Quality Review Framework

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

Channel	Relationship
University Council (UC)	<ol style="list-style-type: none"> 1. Takes final decision on all QA aspects, as an apex decision making body within the University 2. Reports to the President
Accreditation and Quality Assurance Committee (AQAC)	<ol style="list-style-type: none"> 1. Decides on all quality related aspects, as an apex QA body within the University 2. In coordination with CAQA ensures that all the QA Frameworks are implemented. 3. Reviews and approves recommendations by TLAC and CAQA 4. Monitors the overall implementation and progress of all QA frameworks at the University level. 5. Reports to UC on all quality related issues
College Council	<ol style="list-style-type: none"> 1. Interacts with CAQA/TLAC regarding quality aspects related to academic issues relevant to AU Teaching, Learning Excellence Plan, Academic Programme Reviews and implementation of QA related policies. 2. Reports to UC and interacts with TLAC chaired by VP for Academic Affairs with regard to quality related issues pertaining to the College
Departmental Council/ Master Programme Committee	<ol style="list-style-type: none"> 1. Conduct Programme Reviews in line with the Academic Programme Reviews, Periodic Review Procedures and adhere to QA policies and Procedures. 2. Reports to College Councils on all quality related issues pertaining to the Programme
Deanship of Graduates Studies and Research	<p>Interacts with CAQA/AQAC and relevant bodies regarding all academic quality related aspects relevant to:</p> <ul style="list-style-type: none"> ▪ Research as part of the General Institutional Review (HEC/BQA) ▪ Provides relevant information pertaining to research for research-based programmes delivered as part of collaborative provision. ▪ Implement AU Research Strategy
Teaching, Learning and Assessment Committee (TLAC)	<ol style="list-style-type: none"> 1. Coordinates with CAQA on quality related issues pertaining to academic related matters as classified within AU teaching excellence plan and QA related policies. 2. Interacts with the College Councils and on assuring quality with regard to Institutional and Academic Programme reviews with the focus only on academic issues. 3. Reports to UC and interacts with AQAC in the process of approving any academic related aspects with respect to QA and monitoring the progress involved in the review processes
Centre for Accreditation and Quality Assurance (CAQA)	<ol style="list-style-type: none"> 1. Coordinates all QA activities internal and external to the University, as a nodal centre for QA 2. Coordinates with TLAC on quality related issues pertaining to academia and takes care of QA activities related to all administrative aspects 3. Address all quality issues, together with TLAC, in an integrated manner 4. Provides detailed report to the President with regard to all QA related activities within the University

	<ol style="list-style-type: none">5. Interacts with AQAC in the process of approving any administrative related aspects with respect to QA and monitoring the progress involved in the review processes6. Facilitates AQAC and TLAC with decision making reports in line with AUQMS frameworks
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Note: For detailed terms of reference that includes additional roles and responsibilities refer to the approved Terms of Reference by University Council for each committee

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**Chapter 2: The General Framework of Higher Education
Institutional Review**

Section 2: About the BQA- HEC Institutional Review

The chapter provides information about The General Framework of Higher Education Institutional Review that is developed by the Education & Training Quality Authority (BQA) and the Higher Education Council (HEC), which is part of AUQMS.

This chapter will provide full details about the all the related activities that starts with identifying the Champions/team members, self-evaluation, identification of areas for improvement, monitoring cycles, measurement and evaluation etc.

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

2.1 General Framework Standards and indicators

Standard No.	Standard	No. of Indicator
Standard 1	Governance and Management	5 Indicators
Standard 2	Human Resources Management	2 Indicators
Standard 3	Quality Assurance and Enhancement	2 Indicators
Standard 4	Infrastructure, Information and Communications Technology (ICT) and Learning Resources	3 Indicators
Standard 5	Management of Academic Affairs	4 Indicator
Standard 6	Teaching, Learning and Assessment	3 Indicators
Standard 7	Research and Postgraduate Studies	2 Indicators
Standard 8	Community Engagement	1 Indicator
Standard 9	Student Support Services	2 Indicators

For more information, Indicators under each standard are stipulated within the [Institutional Review 2024\Institutional Review Framework.pdf](#)

2.2 Institutional Framework

2.2.1 Institutional Self Evaluation Report

As process for the development **Institutional Self Evaluation Report**, champions were selected based on their roles and responsibilities and remit for each standard. Each Champions is assigned with relevant team members to develop the Self-evaluation report along with the relevant supporting materials. CAQA coordinates with champions to compile the SER and ensure completeness and relevancy of materials. CAQA then forward the final draft and comments to AQAC for further review and recommendation to facilitate final approval at University Council level. In line with the internal review status that is identified by AQAC and further actions stated, the champions are requested to self- evaluate their specified Standard/ Indicator. Champions along with their team members are requested to fill the Self- Evaluation Template and provide the relevant evidence to support their status. The filled Self- Evaluation Report will be then forwarded to CAQA as a channel to ensure completeness and relevancy of materials, it will be further forwarded to AQAC for further review and approval, upon approval by AQAC the application form will be forwarded to UC for final approval.

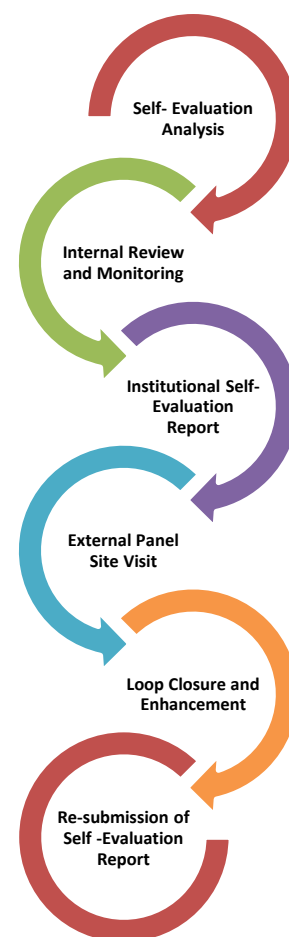
Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none">• To Draft the Institutional Self-Evaluation Report as per the allocated standard• To Submit the necessary supporting materials• To submit the necessary data required
CAQA	<ul style="list-style-type: none">• To conduct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

2.2.2 Internal Review and monitoring

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

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

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



2.2.3 External Panel Site Visit:

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

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

2.2.4 Loop closure and enhancement:

A detailed report in line with the general standards by HEC/BQA describing the findings of the Site-visit by the External Panel. The report will be having Indicator Judgment, Standard Judgment then an overall judgment will be taken as described below:

Judgement per Indicator	Criteria
Fully Met	All the Indicator's applicable expectations are addressed.
Substantially Met	At least 75% of all the indicator's applicable expectations are addressed.
Partially Met	More than 50% and less than 75% of the indicator's applicable expectations are addressed.
Not Met	50% or less of the indicator's applicable expectations are addressed

Judgement per Standard	Criteria
Fully Met	All applicable Indicators are 'Fully Met'
Substantially Met	At least one of all the applicable Indicators is 'Substantially Met', whereas the remaining are 'Fully Met'
Partially Met	At least one of all the applicable Indicators is 'Partially Met', whereas the remaining are either 'Fully Met', or 'Substantially Met'
Not Met	At least one applicable Indicator is 'Not Met'

Overall Judgement	Description	Outcome
Compliant with the General Framework Standards	All the standards of the General Framework of Higher Education Institutional Review are 'Fully Met' or 'Substantially Met'.	<ul style="list-style-type: none"> The judgement will be final, and the institutional review report will be published after going through the related procedures.
Partially Compliant with the General Framework Standards	Less than four standards of the General Framework of Higher Education Institutional Review are 'Partially Met', and the remaining standards are either 'Fully Met' or 'Substantially Met'	<ul style="list-style-type: none"> The judgement will not be final, and the institution will be subject to an extension visit in less than two years after the institution and the concerned entities are notified with the initial review judgement. In this case only the judgement will be published on the BQA website. Based on the extension visit, the overall judgement may change to 'Compliant' or 'Not Compliant' with the General Framework Standards, and the institutional review report will be published after going through the related procedures.
Not Compliant with the General Framework Standards	Four standards or more of the General Framework of Higher Education Institutional Review are 'Partially Met', or one of the standards is 'Not Met', or the institution did not successfully pass the extension visit review.	<ul style="list-style-type: none"> The judgement will be final, and the institutional review report will be published after going through the related procedures. The institution will be re-reviewed after one year from the publication date of the institutional review report. Based on the institutional re-review, the overall judgement may change to 'Compliant' or 'Not Compliant' with the General Framework Standards.

For more information, Indicators under each standard are stipulated within the [Institutional Review 2024\Institutional Review Framework.pdf](#)

Upon publishing the site visit report and relaying the overall judgment, CAQA will request the champions to develop quality improvement plan to ensure any recommendable actions is utilized towards continuous improvements and to assure loop closure and continuous enhancement to sustain the quality and the accreditation standards.

The champions should develop their actions addressing the commendations which will be monitored by CAQA and AQAC once every semester for assurance of implementation.

Member/ Committee	Roles and Responsibilities
Champions	<ul style="list-style-type: none"> To develop an action plan addressing the recommendation in line the stipulated within the general review site-visit report To provided CAQA/AQAC with the status of implementation along with Supporting Materials
CAQA	<ul style="list-style-type: none"> To conduct internal review To coordinate with the listed committees to ensure proper implementation of the related policies and procedures Generate detailed report to facilitate decision making at AQAC level
TLAC	<ul style="list-style-type: none"> To make use of CAQA reports of monitoring the implementation of the action plans and take decisions for academic related actions Identify further actions towards improvements
AQAC	<ul style="list-style-type: none"> To make use of CAQA reports of monitoring the implementation of the action plans and take decisions. Identify further actions towards improvements
Expected Deliverables	
1.	Institutional Quality Improvement Plan
2.	Evidence of implementation of the recommendations provided by Champions

This cycle is conducted again after 5 years.

3. Summary on the BQA/HEC Institutional Framework

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

Phase/ Stage	Expected Deliverables	To be submitted to	Frequency of monitoring
Self- Evaluation Analysis	<ul style="list-style-type: none"> Approved Self Evaluation Report Supporting Materials Data Required 	CAQA	Once every Five years (relying on the General Framework)
		TLAC/AQAC	
		UC	
		BQA/HEC	
External Panel Site Visit	<ul style="list-style-type: none"> Meeting with the designated members Additional evidence required by BQA 	CAQA	Once every Five years (relying on the General Framework)
		TLAC/AQAC	
		BQA/HEC	
		CAQA	Minimum of twice a

Loop Closure and Enhancement	<ul style="list-style-type: none"> Status report by champions stating the extent of implementation on provided recommendations as classified within the published report 	AQAC	Year (for improvement and sustainability)
		BQA/HEC	

Summary of the Existing Higher Education Institutions that have been Listed on the NQF and Accredited by the HEC



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**Chapter 3: Academic Programme Review (Cycle 2)
Framework**

Chapter 3: Introduction:

Section 3: About the Academic Programme Review (APR) Framework

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

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

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

3.1 DHR 4 Indicators:

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

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

3.2 Academic Programme Review Framework

3.2.1 Alignment of QA manual Frameworks:

This framework is directly aligned to general framework 5 Management of Academic Affairs, upon the implementation of this framework Standard 5 should be adhered to by all the Colleges. This framework is applicable to all the programmes offered by designated Colleges at Ahlia University. The implementation of this framework is based on the alignment of AU Strategic Objective No.4 that is based on integrating quality across the institutions.

3.2.2 Formation of APR Team:

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

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

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

3.2.3 Internal Review and Monitoring:

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

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

Member/ Committee	Roles and Responsibilities
APR Team	<ul style="list-style-type: none"> To ensure that the listed policies and procedures are implemented and documented To ensure compliance with DHR 4 Indicators and take necessary actions were needed To provide CAQA/TLAC with the status cross referenced each policy and procedure and take action upon any recommendable area by CAQA/TLAC To provide an end-of-session report which includes student satisfaction, completion rate and achievement levels.
CAQA	<ul style="list-style-type: none"> To conduct quality control on frequent basis

	<ul style="list-style-type: none"> • To coordinate with the listed committees to ensure proper implementation of the related policies and procedures • To develop a quality control report indicating the status of implementation to facilitate decision making at TLAC level • To forward the academic related reports to TLAC for further review and verification • To collect and review the end of session reports/annual reports generated by the Programme Review Coordinators • Support the APR team with detailed action plan towards improvement • Generate detailed report to facilitate decision making at TLAC/AQAC level
TLAC	<ul style="list-style-type: none"> • To discuss CAQA quality control report and take further decisions • To conduct internal review on frequent basis • To review and evaluate the academic related aspects • To review the annual reports generated by the programme review coordinators and suggest further actions were needed
AQAC	<ul style="list-style-type: none"> • To conduct a detailed review based on CAQA/TLAC internal review report • Suggest any improvement to policies and procedures to comply with DHR/HEC standards/regulations
Expected Deliverables	
1	TLAC Review Reports/ Minutes indicating monitoring the implementation of related policies and procedures
2.	End of Semester Reports generated by Programme Review Coordinators
3.	Annual Report highlighting minor and major changes to the programme
4.	AQAC Reports and suggested action (if available)

(*) Reports to be generated every semester to be evaluated by CAQA in line with General Framework Standard 5

3.2.4 Self-Evaluation Report and Analysis

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

Member/ Committee	Roles and Responsibilities
APR Team	<ul style="list-style-type: none"> • Self-Evaluate within the area context, the routine activities against each indicator classified under each theme • Ensure that the performance quality of the institution and the college satisfies the guidelines classified under various indicators and themes • Identify actions, for each case of areas not satisfying the guidelines and prepare an action plan accordingly • Implement CAQA proposed actions to support development of the Self-Evaluation Report

	<ul style="list-style-type: none"> To draft a Self-Evaluation Report within the DHR template To provide the necessary Supporting Materials to CAQA
CAQA	<ul style="list-style-type: none"> To conduct a quality control on the submitted draft Self-Evaluation Report To ensure that all the 4 Indicators are assessed Generate detailed report to facilitate decision making at TLAC/AQAC level
TLAC	<ul style="list-style-type: none"> To review academic related contents within the Self-Evaluation Report Generate detailed report to facilitate decision making at TLAC/AQAC level
AQAC	<ul style="list-style-type: none"> To conduct a detailed review on the drafted Self-Evaluation Report and provide feedback where necessary Identify further actions towards improvements
UC	<ul style="list-style-type: none"> Review the final complied draft Self-Evaluation Report and proceed with final approval to enable Submission to
Expected Deliverables	
1.	Approved Self-Evaluation Report & Supporting Evidences
2.	Review Reports by CAQA/TLAC
3.	Review Report by AQAC
4.	UC decision

3.2.5 Site Visit by External Panel

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

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

3.2.6 Quality Improvement and Loop Closure

Upon receiving the programme review report by DHR, an improvement plan should be submitted to DHR three months after publication of the official report. CAQA will request the Programme Review

Leader and Coordinator to develop an improvement plan in line with the recommendations provided by DHR with a time-frame for improvement; this process is conducted to assure loop closure and continuous enhancement to sustain the quality and the accreditation standards. The improvement plan should be developed within the Improvement Plan Template (**Appendix 7**) stating high priority actions that are implementable within 1 year from the date of submission to DHR.

As an outcome of the internal review the Programme Review Leader and Coordinator should utilize the outcomes obtained from internal and external stakeholder’s feedback as well as while implementing university-wide procedures as stated within Quality Periodic Programme Reviews and Utilization of Feedback Procedure

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

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

3.2 Summary on the APR Framework:

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

Phase/Stage	Expected Deliverable	To be Submitted to	Frequency of Monitoring
APR Team	<ul style="list-style-type: none"> • End of Semester Report * • Drafted SERs • Supporting Materials • Data Required 	CAQA/TLAC	Every Semester *
		AQAC	Once every three years (relaying on the DHR cycle)
		DHR	
Internal Review and Monitoring	<ul style="list-style-type: none"> • Internal Review Reports by CAQA/TLAC • AQAC Review Reports 	CAQA/TLAC	Minimum of once a year
		AQAC	
Self-Evaluation Analysis	<ul style="list-style-type: none"> • Approved Self-Evaluation Report • Supporting Materials • Data Required 	CAQA/TLAC	Once every three years (relaying on the DHR cycle)
		AQAC	
		DHR	
Site Visit External Panel	<ul style="list-style-type: none"> • Meeting with the designated members • Additional evidences required by DHR 	CAQA/TLAC	Once every three years (relaying on the DHR cycle)
		AQAC	
		DHR	
Loop Closure and Enhancement	<ul style="list-style-type: none"> • Status report by APR Team stating the extent of implementation on provided actions /recommendations by DHR and Stakeholder's 	CAQA/TLAC	Minimum of twice a year (for improvement and sustainability)
		AQAC	
		DHR	

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**Chapter 4: Institutional NQF Listing & Qualification
Placement Framework**

Chapter 4: Introduction:

Section 4: About the Institutional NQF Listing & Qualification Placement Framework

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

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

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



4.1 Institutional NQF Listing:

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

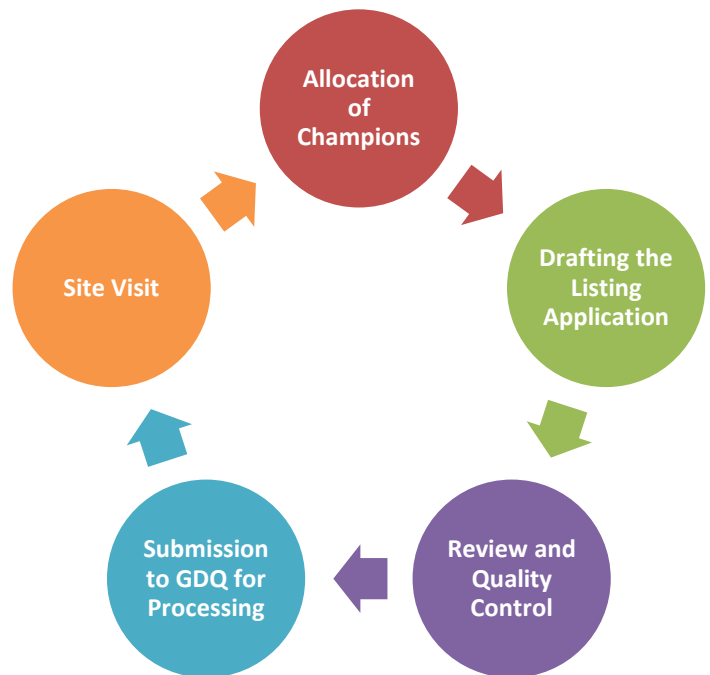
4.1.1 NQF Listing Standards:

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

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

5.1.2 Institutional Listing Self-Evaluation Stage:

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



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

4.1.3 Placement Site Visit:

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

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

4.1.4 Loop Closure and Enhancement:

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

Action Point	Description
Met	The Institutional Listing Standard is sufficiently addressed by the institution as evidenced by the submitted formal arrangements.
Partially Met	The institutional listing standard is partially addressed by the institution as

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

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

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

4.1.5 Qualification Placement Process:

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

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

4.1.6 Re-Validation Procedures:

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

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

4.1.7 Summary on the NQF Framework:

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

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

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

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**Chapter 5: International Accreditation and
Sustainability Framework**

Chapter 5: Introduction:

Section 5: International Accreditation and Sustainability Framework

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

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

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

College	Accreditation Body
College of Business and Finance	American Association of Collegiate Schools of Business (AACSB)
College of Engineering	ASIIN Accreditation
College of Information Technology	Accreditation Board for Engineering and Technology (ABET)
College of Arts and Science	Accreditation Service for International Schools Colleges & Universities (ASIC)

5.1 The College and CAQA Role:

Channel	Roles and Responsibilities
College	<ul style="list-style-type: none">▪ The College must ensure integration as part of their annual operational plan.▪ Upon the decision being made to proceed with international accreditation the college notifies CAQA for support through planning and facilitation of workshops▪ To follow the provided plans by CAQA and develop the necessary materials and self-evaluation reports.▪ To submit the materials to CAQA review and proceeding the University-wide procedures
CAQA	<ul style="list-style-type: none">▪ To act as a focal point with the accreditation body▪ To develop action plans/road map to support the colleges per phase.▪ To provide the necessary materials and conduct workshops if needed.▪ To advice on any development or revision of policies/procedures to comply with accreditation standards selected.▪ To review the provided materials and development of reports/forwarding to TLAC (in case of academic related) or AQAC for final review and approval
TLAC	<ul style="list-style-type: none">▪ To review and approve any academic related documentation.▪ To develop or revise of policies/procedures to comply with accreditation standards selected.
AQAC	<ul style="list-style-type: none">▪ To review and approve the self-evaluation or any documentation that will be submitted for accreditation.▪ To develop or revise of policies/procedures to comply with accreditation standards selected.

5.2 United Nations Sustainable Development Goals alignment:

In line with UNSDGS, CAQA develop annual voluntary reporting that is published on the website against AU's commitment and UNSDG plan. The report is generated in coordination with the UNSDGs champions and University Sustainable Development Committee.

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**Chapter 6: Quality Review of International Collaborative
Provision**

Chapter 6: Introduction:

Section 6: About the Quality Review of Collaborative Provision Framework

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

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

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

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

7.1 DHR 4 Indicators:

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

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

6.2 Quality Review of Collaborative Provision Framework

This framework is directly aligned to general framework standard 1, upon the implementation of this framework standard 1 should be adhered to by all the Colleges and Operating based on BQA Academic Programme Reviews Handbook 2019. This framework is applicable to all collaborative provision programmes offered by designated Colleges at Ahlia University. The implementation of this framework is based on the alignment of AU Strategic Objective No.4 that is based on integrating quality across the institutions.



6.2.1 Formation of CPAPR Team:

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

CPAPR Designation	Position
Joint Board Members	Board Members that are overseeing the Management of the Collaborative Provision
Awarding Institute Members	Members assigned by the awarding Institute that are involved in the management and operation of the collaborative provision.
Dean of the College offering the academic programme	CP Programme Review Leader
Dean of Graduate Studies and Research	CP Research Development Coordinator
Collaborative provision Programme Coordinator	Appointed coordinator by the awarding Institute that is based at Ahlia University
CPAPR Team Members	Faculty members involved in the operations of the collaborative provision programme well as administrative members

	contributing to the Programme directly or from other colleges/units
Review Coordinator	QA Representative
Editor	Assigned member to edit the Self-Evaluation report in terms of consistency

6.2.2 Self-Evaluation Report and Analysis

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

The CPAPR are requested to conduct to self-evaluate the offered Programme(s) by filling the Programme Review Self-Evaluation Template ([Appendix 6](#)) and provide the relevant evidences to support their status. The filled Self-Evaluation Report will be forwarded to CAQA as a channel to ensure completeness and relevancy of materials, it will be further passed to AQAC for further review and approval, upon approval by AQAC the Self-Evaluation Report will be forwarded discussed and approved at the Joint Board and forwarded to UC endorsement.

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

Expected Deliverables	
1.	Approved Self-Evaluation Report & Supporting Evidences
2.	Review Reports by CPAPR
3.	Review Reports by CAQA
4.	Review Report by AQAC
5.	Approval minutes of the meeting of the Joint Board
6.	Endorsement of the Self-Evaluation Report by UC

6.2.3 Site Visit by External Panel

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

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

6.3 Summary on the CPAPR Framework:

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

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