Agensi Kelayakan Malaysia
Malaysian Qualifications Agency

MODULE 1A

Institutional Quality Audit Framework (IQAF), 2025 Edition: Criteria & Standards

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PENDIDIKAN TINGGI BERKUALITI GLOBAL • *Global Quality Higher Education*

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Malaysian Qualifications Agency

Institutional Quality Audit Framework

2025 Edition

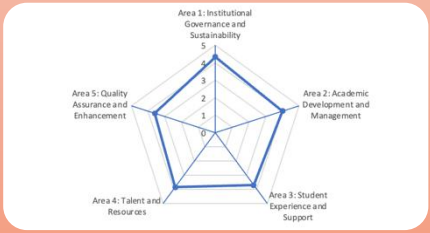
Background and the Review Process

Background

- MQA published COPIA as a guideline for **institutional and self-accreditation audits**.
- The **First Edition** was approved in **January 2008**, and the **Second Edition** was published in **February 2009**.
- The COPIA 2009 document comprises **six sections — Section 2** outlines **nine areas of evaluation** with **two levels** of standards (benchmarked & enhanced standards).

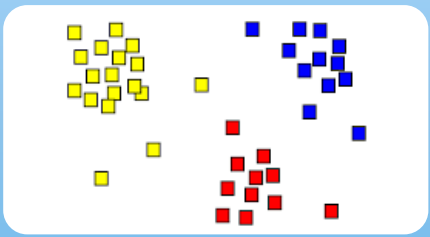
- Up to date, **21 Higher Education Providers (HEPs)** have been awarded self-accreditation through COPIA 2009.

Development of IQAF 2005 Document



Nine areas of evaluations with 32 criteria in COPIA 2009 are restructured and realigned into five areas of evaluation with 30 criteria in IQAF 2025 and updated to ensure currency and relevance.

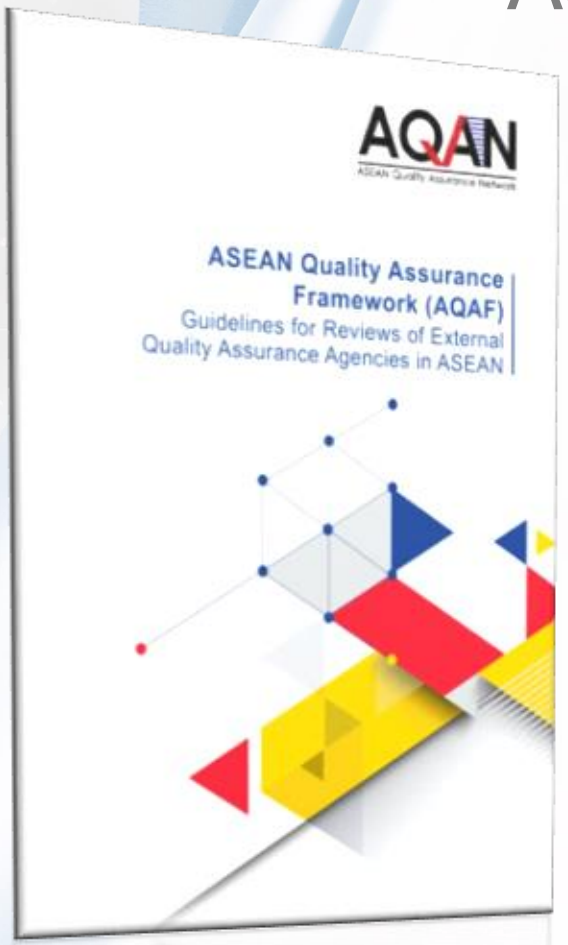
MQA's quality assurance documents, namely MQF, code of practices (COPPA, COPPA-ODL and COPTPA), standards and programme standards, are used as guiding documents, together with the 10 principles of AQAF Quadrant 3 on Institutional Quality Assurance.



All the COPIA 2009 standards are reviewed, their statements re-formulated using principle-based approach, and inter-related standards are clustered under the same criteria in IQAF 2025. Some new standards and criteria are also introduced.

Alignment with AQAF

ASEAN Quality Assurance Framework



- The Framework consists of four sets of interrelated principles, namely:
  1. External Quality Assurance Agencies
  2. External Quality Assurance — Standards and Processes
  3. Institutional Quality Assurance — aligned to IQAF
  4. National Qualifications Framework

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Principles of Institutional Quality Assurance in Malaysian Context

- Transparency and Accountability
- Comparability
- Flexibility and Responsiveness
- Balance and Integration
- Continuity and Consistency
- Minimum Standard
- Assurance and Improvement
- Independence
- Subsidiarity

COPIA 2nd Ed. (2009) vs IQAF 2025 Ed.

Total No. of Criteria: **32**

Total No. of Standards: **178**
(Benchmarked: **114**)
(Enhanced: **64**)

Area 1: Vision, Mission, Education Goals and Learning Outcomes
Area 2: Curriculum Design and Delivery
Area 3: Assessment of Student
Area 4: Student Selection and Support Services
Area 5: Academic Staff
Area 6: Educational Resources
Area 7: Programme Monitoring and Review
Area 8: Leadership, Governance and Administration
Area 9: Continual Quality Improvement

COPIA 2nd Edition (2009)
9 Areas of Evaluation

Area 1: Institutional Governance and Sustainability
Area 2: Academic Development and Management
Area 3: Student Experience and Support
Area 4: Talent and Resources
Area 5: Quality Assurance and Enhancement

IQAF 2025
5 Areas of Evaluation

Total No. of Criteria: **30**

Total No. of Standards: **80**

Structure of IQAF 2025 Document

Section	Content
Section 1	Introduction to Institutional Audit for Malaysian Higher Education
Section 2	Criteria and Standards for Higher Education Providers
Section 3	Submission for Institutional Audit
Section 4	Institutional Audit
Section 5	Panel of Auditors
Section 6	Guidelines for Preparing Institutional Audit Report
Appendix A	Flowchart for the Institutional Audit Process
Appendix B	Mapping of Section 2, Section 3 and Section 6

IQAF 2025 Section 2

Area 1: Institutional Governance and Sustainability

- Statement of Vision, Mission and Educational Goals [1.1]
- Participation in the Formulation of Vision, Mission and Educational Goals [1.2]
- Academic Autonomy [1.3]
- Governance [8.1]
- Institutional and Academic Leadership [8.2]
- Academic Records [8.4]

1.1 Vision, Mission and Educational Goals (C1 S3)
1.2 Strategic Plans (C1 S2)
1.3 Institutional and Academic Leadership (C1 S4)
1.4 Governance Functions and Mechanisms (C1 S3)
1.5 Management of Information and Records (C1 S2)
1.6 Institutional Sustainability (C1 S1)

S:15, C: 6

Area 2: Academic Development and Management

- Learning Outcomes [1.4]
- Curriculum Design and Teaching-Learning Methods [2.1]
- Curriculum Content and Structure [2.2]
- Management of Programmes [2.3]
- Relationship Between Assessment and Learning [3.1]
- Assessment Methods [3.2]
- Management of Student Assessment [3.3]
- Educational Expertise [6.3]

2.1 Learning Outcomes (C1 S2)
2.2 Programme Design (C1 S4)
2.3 Programme Delivery (C1 S2)
2.4 Student Assessment (C1 S3)
2.5 Programme Management (C1 S4)

S:15, C: 5

Standards: **80** Criteria: **30**

Area 3: Student Experience and Support

- Admission and Selection [4.1]
- Articulation Regulations, Credit Transfer and Credit Exemption [4.2]
- Transfer of Students [4.3]
- Student Support Services and Co-Curricular Activities [4.4]
- Student Representation and Participation [4.5]
- Alumni [4.6]

3.1 Student Admission (C2 S5)
3.2 Mobility and Credit Transfer (C1 S1)
3.3 Student Support Services (C1 S2)
3.4 Student Development (C1 S3)
3.5 Student Representation and Empowerment (C1 S2)
3.6 Alumni (C1 S2)

S:15, C:7

Area 4: Talent and Resources

- Recruitment and Management [5.1]
- Service and Development [5.2]
- Administrative and Management Staff [8.3]
- Physical Facilities [6.1]
- Research and Development [6.2]
- Educational Exchanges [6.4]
- Financial Allocation [6.5]

4.1 Academic Staff (C2 S5)
4.2 Non-academic Staff (C1 S3)
4.3 Physical Resources (C1 S4)
4.4 Technological Resources (C1 S4)
4.5 Research Resources* (C1 S2)
4.6 Financial Resources (C1 S3)

*focus on resources for research, synergy with T&L and support for postgraduate programmes.

S:21, C:7

Area 5: Quality Assurance and Enhancement

- Linkages with External Stakeholders [2.4]
- Mechanisms for Programme Monitoring and Review [7.1]
- Involvement of Stakeholders [7.2]
- Interaction with External Sectors [8.3]
- Quality Improvement [9.1]

5.1 Internal Quality Assurance System (C1 S2)
5.2 Mechanisms for Programme Monitoring, Review and Evaluation (C2 S7)
5.3 Involvement of Stakeholders and Educational Expert (C1 S3)
5.4 Quality Improvement and Enhancement (C1 S2)

S:14, C:5

COPIA 2nd Ed. (2009) vs IQAF 2025 Ed.

30 Criteria · 80 Standards · Area 5 is the thematic audit focus for Self-Accreditation programmes

1 Institutional Governance & Sustainability		2 Academic Development & Management		3 Student Experience & Support		4 Talent & Resources		5 Quality Assurance & Enhancement	
1.1	Vision & Mission	2.1	Learning Outcomes	3.1A	Admission Policy	4.1A	HR Policies (Acad.)	5.1	IQA System
1.2	Strategic Plans	2.2	Programme Design	3.1B	Admission Process	4.1B	Talent Mgmt (Acad.)	5.2A	Prog. Monitoring A
1.3	Academic Leadership	2.3	Programme Delivery	3.2	Mobility & Credit	4.2	Non-Academic Staff	5.2B	Prog. Monitoring B
1.4	Governance	2.4	Learning Assessment	3.3	Student Support	4.3	Physical Resources	5.3	Stakeholders
1.5	Info & Records Mgmt	2.5	Programme Management	3.4	Student Development	4.4	Tech Resources	5.4	QI & Enhancement
1.6	Sustainability			3.5	Student Representation	4.5	Research Resources		
				3.6	Alumni	4.6	Financial Resources		
6 Criteria · 15 Stds		5 Criteria · 15 Stds		7 Criteria · 15 Stds		7 Criteria · 21 Stds		5 Criteria · 14 Stds	

Alignment with AQAF

ASEAN Quality Assurance Framework

AQAF Quadrant 3: Principles of Institutional Quality Assurance	IQAF 2025 Edition				
	Area 1	Area 2	Area 3	Area 4	Area 5
1. The institution has a primary responsibility for quality.	1.1, 1.2				5.1, 5.2A
2. Quality assurance promotes the balance between institutional autonomy and public accountability.	1.3	2.1, 2.4		4.1B, 4.6	5.4
3. Quality assurance is a participatory and cooperative process across all levels incorporating involvement of academic staff, students, and other stakeholders.	1.4	2.2, 2.5	3.4, 3.5 3.6	4.1B	5.3
4. A quality culture underpins all institutional activities including teaching, learning, research, services and management.	1.4	2.2, 2.3, 2.4		4.5	5.4
5. A structured and functional internal quality assurance system with clearly defined responsibilities is established.	1.4, 1.5				5.1

Alignment with AQAF

ASEAN Quality Assurance Framework

AQAF Quadrant 3: Principles of Institutional Quality Assurance	IQAF 2025 Edition				
	Area 1	Area 2	Area 3	Area 4	Area 5
6. The quality system is promulgated and supported by the top management to ensure effective implementation and sustainability.	1.1, 1.3, 1.6				5.1, 5.2B
7. Sufficient resources for establishing and maintaining an effective quality system within the institution should be provided.		2.5	3.3	4.1A, 4.2, 4.3, 4.4, 4.5, 4.6	
8. The institution should have formal mechanisms for approval, periodic review and monitoring of programmes and awards.		2.5	3.1A, 3.1B, 3.2		5.2A, 5.2B
9. Quality is regularly monitored and reviewed for purposes of continuous improvement at all levels.		2.5			5.2B, 5.4
10. Relevant and current information about the institution, its programmes, achievements, and quality processes is accessible to public.	1.1, 1.2, 1.4	2.5			5.3

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Institutional Quality Audit Framework

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Section 2: Criteria and Standards

IQAF 2025 Section 2

Area 1: Institutional Governance and Sustainability

1.1 Vision, Mission and Educational Goals (S3)
1.2 Strategic Plans (S2)
1.3 Institutional and Academic Leadership (S4)
1.4 Governance Functions and Mechanisms (S3)
1.5 Management of Information and Records (S2)
1.6 Institutional Sustainability (S1)

S:15, C: 6

Area 2: Academic Development and Management

2.1 Learning Outcomes (S2)
2.2 Programme Design (S4)
2.3 Programme Delivery (S2)
2.4 Student Assessment (S3)
2.5 Programme Management (S4)

S:15, C: 5

Area 3: Student Experience and Support

3.1 Student Admission: A. Student Admission Policies (S2)
B. Student Admission Processes (S3)
3.2 Mobility and Credit Transfer (S1)
3.3 Student Support Services (S2)
3.4 Student Development (S3)
3.5 Student Representation and Empowerment (S2)
3.6 Alumni (S2)

S:15, C:7

Area 4: Talent and Resources

4.1 Academic Staff: A. Human Resource Policies (S2)
B. Talent Management (S3)
4.2 Non-academic Staff (S3)
4.3 Physical Resources (S4)
4.4 Technological Resources (S4)
4.5 Research Resources (S2)
4.6 Financial Resources (S3)

S:21, C:7

Area 5: Quality Assurance and Enhancement

5.1 Internal Quality Assurance System (S2)
5.2 Mechanisms for Programme Monitoring, Review and Evaluation: A. Policies and Procedures (S3)
B. Implementation of Programme Review and Evaluation (S4)
5.3 Involvement of Stakeholders and Educational Expert (S3)
5.4 Quality Improvement and Enhancement (S2)

S:14, C:5

Standards: **80** Criteria: **30**

Area 1: Institutional Governance and Sustainability

Section 2: Criteria and Standards	Criterion		Standards	
	1.1	**Vision, Mission and Educational Goals**	1.1.1	The HEP **must** formulate educational goals consistent with its vision and mission, in line with national and global developments.
			1.1.2	The vision, mission and educational goals **must** be approved by the governing board or other appropriate body for Implementation.
			1.1.3	The HEP **must** disseminate the vision, mission and educational goals accordingly to relevant stakeholders.

Criterion 1.1 — Vision, Mission and Educational Goals

1.1.1 — The institution must have a clearly articulated vision and mission that reflect its educational philosophy and align with national higher education policies and objectives. · 1.1.2 — Educational goals must be systematically derived from the mission, periodically reviewed, and effectively communicated to all internal and external stakeholders.

1.1.1 — The vision, mission and educational goals **must** be approved by the governing board or other appropriate body for Implementation..

1.1.2 — Educational goals must be systematically derived from the mission, periodically reviewed, and effectively communicated to all internal and external stakeholders. The HEP **must** disseminate the vision, mission and educational goals accordingly to relevant stakeholders.

What Auditors Verify

1. Is the vision and mission consistently referenced across strategic plans, annual reports, and official institutional publications?
2. Are educational goals explicitly traced and linked to the institutional mission with measurable outcomes?
3. Is there documented evidence of stakeholder involvement — staff, students, industry — in the periodic review of the vision and mission?
4. Are the vision, mission, and educational goals effectively disseminated through onboarding, publications, and institutional channels?

Evidence to Prepare

- ✓ Institutional strategic plan, annual reports, and official website displaying current vision and mission statements
- ✓ Minutes of Senate or Board meetings where vision, mission, and educational goals were reviewed and formally approved
- ✓ Stakeholder consultation records: staff forums, student surveys, industry advisory panel input
- ✓ Communication evidence: orientation programme materials, staff induction handbook, institutional brochures and website

⚠ *Auditor Red Flag: A vision and mission statement that has remained unchanged for more than 5 years, with no documented review, no stakeholder consultation records, and no traceable link between the mission and the institution's current educational goals—indicating these are treated as administrative formalities rather than active strategic commitments.*

Area 1: Institutional Governance and Sustainability

Section 2: Criteria and Standards	Criterion		Standards	
	1.2	**Strategic Plans**	1.2.1	The HEP **must** develop strategic plans together with its institutional goals in line with its vision and mission, and in consultation with relevant stakeholders.
			1.2.2	The strategic plans **must** be disseminated, deployed, implemented and monitored accordingly.

Criterion 1.2 — Strategic Plan

1.2.1 — The institution must have a governance structure that clearly defines roles, responsibilities, and authority at all levels, with appropriate checks and balances aligned to its statutes. · 1.2.2 — Governance processes must be transparent and accountable, with decisions properly documented, communicated, and followed through in compliance with relevant legislation.

1.2.1 — The HEP **must** develop strategic plans together with its institutional goals in line with its vision and mission, and in consultation with relevant stakeholders.

1.2.2 — The strategic plans **must** be disseminated, deployed, implemented and monitored accordingly.

What Auditors Verify

1. Does the governance structure clearly delineate the roles of the Board of Directors, Senate, management, and academic committees without overlap or ambiguity?
2. Are the terms of reference for all key governance bodies formally documented, current, and endorsed by the Board?
3. Are governance decisions properly minuted, communicated to relevant parties, and consistently implemented within agreed timelines?
4. Are conflict of interest policies in place at governance level, with demonstrable evidence of enforcement and declaration records?

Evidence to Prepare

- ✓ Organisational chart showing the full governance hierarchy from Board to department level, with reporting lines
- ✓ Terms of reference for all governance committees (Board of Directors, Senate, Faculty Boards, Academic Committees) — current and signed
- ✓ Minutes from Board and Senate meetings for the review period, showing substantive deliberation, decisions, and follow-up actions
- ✓ Conflict of interest declaration records and governance compliance audit reports for the review period

⚠ *Auditor Red Flag: A governance structure where the terms of reference for key committees have not been reviewed in over 3 years, where minutes lack evidence of substantive deliberation or actionable decisions, or where repeated governance agenda items show no recorded follow-through — indicating governance that is procedural in form but non-functional in practice.*

Area 1: Institutional Governance and Sustainability

Section 2: Criteria and Standards	Criterion		Standards	
	1.3	**Institutional and Academic Leadership**	1.3.1	The HEP **must** establish, document and disseminate selection criteria, including job descriptions, qualification and experience requirements, and selection mechanisms for institutional and academic leaders at the department and programme levels.
			1.3.2	The selection process for institutional and academic leaders **must** lead to the appointment of a qualified candidate for each position.
			1.3.3	The HEP **must** have a plan for leadership training and development, and implement it to enhance the capabilities of current and future institutional and academic leaders.
			1.3.4	The HEP **must** evaluate institutional and academic leaders at specified intervals based on their performance as stipulated in their job descriptions and in relation to the achievement of the vision, mission and institutional goals.

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Criterion 1.3 — Institutional and Academic Leadership

1.3.1 — Academic leadership positions must be filled by individuals with appropriate qualifications, experience, and demonstrated competency in both academic and administrative management. · 1.3.2 — The institution must have systematic processes for identifying, developing, and succession-planning for academic leaders at all levels.

1.3.1 — The HEP **must** establish, document and disseminate selection criteria, including job descriptions, qualification and experience requirements, and selection mechanisms for institutional and academic leaders at the department and programme levels.

1.3.2 — The selection process for institutional and academic leaders **must** lead to the appointment of a qualified candidate for each position.

What Auditors Verify

1. Do appointment processes for Deans and Heads of Department follow transparent, merit-based criteria that are formally documented and consistently applied?
2. Is there a structured academic leadership development programme — not ad hoc training — with traceable participation records for current and emerging leaders?
3. Are academic leaders' performance systematically reviewed against defined KPIs that are explicitly linked to institutional and faculty goals?
4. Does the institution have a formal succession planning framework with an active, current succession plan for key academic leadership positions?

Evidence to Prepare

- ✓ Appointment criteria, selection committee records, and appointment letters for Deans and Heads of Department
- ✓ Academic leadership development programme documentation: training calendar, attendance records, mentoring logs, and competency assessments
- ✓ Academic leaders' performance review records showing KPI targets, appraisal outcomes, and development actions for the review period
- ✓ Succession planning policy and current succession plan identifying successors and readiness timelines for key positions

⚠ *Auditor Red Flag: Academic leadership where appointment criteria are undocumented or applied inconsistently, leadership development is absent or limited to generic external courses, performance reviews focus solely on administrative compliance with no link to academic outcomes, and succession planning exists only as a policy document with no named candidates or readiness assessments.*

Area 1: Institutional Governance and Sustainability

Section 2: Criteria and Standards	Criterion		Standards	
	1.4	**Governance Functions and Mechanisms**	1.4.1	The HEP **must** define and publish its governance structure and functions, which **must** be communicated to all relevant stakeholders based on the principles of authority, accountability and transparency.
			1.4.2	The HEP **must** establish mechanisms that drive functional integration and maintain consistency of educational quality across all campuses.
			1.4.3	The governing board and the senate **must** operate based on the principles of non-conflict, transparency, accountability and authority, with an adequate degree of autonomy.

Criterion 1.4 — Governance Functions and Mechanisms

1.3.1 — The institution must have functional academic governance mechanisms — including a Senate and Faculty Boards — that exercise genuine authority over academic standards, curriculum matters, and student affairs. · 1.3.2 — Governance mechanisms must ensure timely, evidence-based decision-making with clear and documented information flows between operational units and governance bodies.

1.4.1 — The HEP **must** define and publish its governance structure and functions, which **must** be communicated to all relevant stakeholders based on the principles of authority, accountability and transparency.

1.4.2 — The HEP **must** establish mechanisms that drive functional integration and maintain consistency of educational quality across all campuses.

What Auditors Verify

1. Does the Senate exercise genuine authority over academic matters — curriculum approval, academic policy, graduation requirements — with evidence of substantive deliberation rather than routine endorsement?
2. Are Faculty Boards and Academic Committees functional, with formally documented terms of reference, regular meeting records, and demonstrable influence on institutional decisions?
3. Is there a clear, documented information flow mechanism showing how matters escalate upward from departments to governance bodies, and how decisions are communicated downward for implementation?
4. Are governance mechanisms periodically reviewed for effectiveness, with documented findings, agreed improvement actions, and evidence of follow-through?

Evidence to Prepare

- ✓ Senate minutes for the review period showing substantive debate and decisions on academic matters — curriculum changes, academic policies, student appeals — not merely pro forma endorsements
- ✓ Faculty Board and Academic Committee meeting records: attendance registers, agenda items, resolutions, and action lists with completion status
- ✓ Governance communication protocol or information flow chart showing the escalation and dissemination pathways between departments, faculties, and governance bodies
- ✓ Governance effectiveness review report or Board/Senate self-assessment records with identified gaps and implemented improvements

⚠ *Auditor Red Flag: Senate or Faculty Board minutes that are uniformly brief, formulaic, and record only approvals with no substantive discussion, debate, or challenge— suggesting governance bodies that convene for procedural compliance rather than exercising genuine oversight of academic and institutional standards.*

Area 1: Institutional Governance and Sustainability

Section 2: Criteria and Standards	Criterion		Standards	
	1.5	**Management of Information and Records**	1.5.1	The HEP **must** have information management policies and systems that align with current technology.
			1.5.2	The HEP **must** implement the information management policies and systems to ensure accessibility, privacy, confidentiality and security of all records.

Criterion 1.5 — Management of Information and Records

1.5.1 — The institution must have systematic processes for collecting, managing, and maintaining accurate and complete institutional data and records to support governance, planning, and regulatory accountability. · 1.5.2 — Information management systems must ensure data integrity, accessibility, security, and compliance with relevant legislation on records retention and data protection.

1.5.1 — The HEP **must** have information management policies and systems that align with current technology.

1.5.2 — The HEP **must** implement the information management policies and systems to ensure accessibility, privacy, confidentiality and security of all records.

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What Auditors Verify

1. Does the institution have a formal records management policy covering creation, storage, retention, retrieval, and disposal of institutional records, with evidence of consistent implementation?
2. Are institutional data systems capable of generating accurate, timely reports that support governance decision-making, strategic planning, and regulatory compliance?
3. Is there evidence that data used in governance and planning decisions is validated for accuracy, completeness, and currency before being presented to governance bodies?
4. Are data security and access control measures in place, regularly reviewed, and supported by staff training on records management and data protection obligations?

Evidence to Prepare

- ✓ Records management policy and procedure manual, endorsed by governance and with evidence of institutional implementation
- ✓ Sample governance and management reports generated from institutional data systems for the review period — enrolment, financial, academic performance
- ✓ Data quality or validation reports showing processes for checking accuracy and completeness of institutional records before use in governance or planning
- ✓ Data security policy, access control records, and staff training logs on records management, data governance, and data protection compliance

⚠ *Auditor Red Flag: An institution that presents summary data in governance reports but cannot produce the underlying source records, audit trail, or validation documentation when requested — suggesting data curated for reporting rather than grounded in retrievable, institutionally maintained records.*

Area 1: Institutional Governance and Sustainability

Section 2: Criteria and Standards	Criterion		Standards	
	1.6	**Institutional Sustainability**	1.6.1	The HEP **must** institutionalise strategies for sustainability encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources.

Criterion 1.6 — Institutional Sustainability

1.6.1 — The institution must demonstrate long-term sustainability across financial, human capital, physical infrastructure, and environmental dimensions, underpinned by documented plans and monitored outcomes. · 1.6.2 — The institution must have mechanisms to identify, assess, and manage institutional risks that could affect its sustainability and continued delivery of quality higher education.

1.6.1 — The HEP **must** institutionalise strategies for sustainability encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources.

What Auditors Verify

1. Does the institution have a documented sustainability framework covering financial, staffing, infrastructure, and environmental dimensions, with measurable targets and assigned responsibility?
2. Is there an active risk management framework — beyond a static risk register — with evidence of regular risk reviews, named risk owners, and mitigation actions that are tracked and updated?
3. Are sustainability indicators monitored and formally reported to the Board, with evidence that monitoring results inform institutional planning and resource allocation decisions?
4. Does the institution have a business continuity or contingency plan that has been reviewed or tested, addressing scenarios that could disrupt academic operations or threaten institutional viability?

Evidence to Prepare

- ✓ Institutional sustainability plan or equivalent framework document with targets, timelines, and named responsibility assignments across financial, human capital, and environmental dimensions
- ✓ Risk register for the review period with risk ratings, assigned owners, mitigation strategies, and evidence of regular review — showing changes between review cycles
- ✓ Board or management reports showing sustainability indicator trends — financial reserves, staff turnover, space utilisation — with management commentary and decision outcomes
- ✓ Business continuity or contingency plan, with evidence of at least one formal review or simulation exercise conducted during the review period

⚠ *Auditor Red Flag: A risk register that is comprehensive in listing institutional risks but shows no substantive changes between consecutive annual reviews— same risks, same ratings, same mitigation text — indicating a document maintained for compliance rather than an actively managed institutional risk tool.*

Area 2: Academic Development and Management

Section 2: Criteria and Standards	Criterion		Standards	
	2.1	**Learning Outcomes**	2.1.1	The HEP **must** have mechanisms to align the learning outcomes of its programmes with the Malaysian Qualifications Framework (MQF), which **must** be implemented in curriculum design and delivery.
			2.1.2	The HEP **must** specify the link between the educational objectives of its programmes and the graduates' competencies and attributes required for career undertakings, further study opportunities and good citizenship.

Criterion 2.1 — Learning Outcome

2.1.1 — Each programme must have clearly articulated Programme Educational Objectives (PEOs) aligned with the institutional mission and informed by stakeholder needs. · 2.1.2 — Programme Learning Outcomes (PLOs) must be explicitly derived from PEOs, measurable, assessed systematically, and used to drive programme improvement.

2.1.1 — The HEP **must** have mechanisms to align the learning outcomes of its programmes with the Malaysian Qualifications Framework (MQF), which **must** be implemented in curriculum design and delivery.

2.1.2 — The HEP **must** specify the link between the educational objectives of its programmes and the graduates' competencies and attributes required for career undertakings, further study opportunities and good citizenship.

What Auditors Verify

1. Are PEOs explicitly aligned to the institutional mission and traceable to stakeholder needs identified through documented consultation with industry, alumni, and professional bodies?
2. Are PLOs formally mapped to PEOs, with each PLO measurable, assessed through defined courses, and covered without gaps or excessive concentration in a single course?
3. Is there systematic PLO attainment monitoring — with data collected, analysed, and formally reported — and documented curriculum responses to attainment shortfalls?
4. Are graduate attributes derived from PLOs demonstrably assessed and verified at programme exit, with data showing achievement levels across graduating cohorts?

Evidence to Prepare

- ✓ Programme document showing PEO statements with explicit alignment to institutional mission and stakeholder consultation records
- ✓ PLO-PEO mapping matrix showing full coverage and alignment, with each PLO traceable to at least one PEO
- ✓ PLO attainment data and analysis reports for the review period, with documented curriculum or pedagogical responses to attainment gaps
- ✓ Graduate exit survey or employer feedback data showing graduate attribute achievement levels across review period cohorts

⚠ *Auditor Red Flag: PEOs and PLOs listed in the programme document but with no systematic assessment, no PLO attainment data collected across the review period, and no documented curricular response to learning outcome gaps — indicating OBE compliance in documentation only, with no functional outcome-based education practice.*

Area 2: Academic Development and Management

Section 2: Criteria and Standards	Criterion		Standards	
	2.2	**Programme Development**	2.2.1	The HEP **must** have processes for curriculum design and review involving academic staff, programme management and relevant units or bodies at both departmental and institutional levels, incorporating needs assessments and the availability of resources.
			2.2.2	The curricula **must** be analysed through comprehensive needs assessments, incorporating feedback from internal and external sources, including market demands, stakeholder input and aspects of the Global Sustainability Agenda, to ensure currency and relevance.
			2.2.3	The programmes **must** be aligned with and support the HEP's vision and mission, covering topics relevant to industry or stakeholder needs, as well as matters of national and international importance, and **must** comply with all relevant standards.
			2.2.4	The programmes **must** include essential disciplinary core content that supports the programme learning outcomes and reflects current concepts, principles and methods.

Criterion 2.2 — Programme Development

2.2.1 — Programme development must follow a systematic, evidence-based process incorporating stakeholder needs analysis, disciplinary benchmarking, and alignment with the MQF and applicable MQA programme standards. · 2.2.2 — All new programmes and major curriculum revisions must undergo formal institutional approval with documented rationale and MQA notification or approval before implementation.

2.2.1 — The HEP **must** have processes for curriculum design and review involving academic staff, programme management and relevant units or bodies at both departmental and institutional levels, incorporating needs assessments and the availability of resources.

2.2.2 — The curricula **must** be analysed through comprehensive needs assessments, incorporating feedback from internal and external sources, including market demands, stakeholder input and aspects of the Global Sustainability Agenda, to ensure currency and relevance.

What Auditors Verify

1. Is there a documented programme development process — including needs analysis, market demand assessment, and stakeholder consultation — that was followed for the current programme or most recent major revision?
2. Does the programme design demonstrate explicit alignment with MQF level descriptors, MQA programme standards, and any applicable professional body requirements?
3. Were major curriculum revisions subject to formal Senate or Academic Committee approval, with documented endorsement records preceding implementation?
4. Is the programme document current, complete, and accurate — reflecting the programme as actually delivered, not as it was originally designed prior to undocumented changes?

Evidence to Prepare

- ✓ Programme development records: needs analysis report, market feasibility or demand assessment, and stakeholder consultation documentation
- ✓ Programme specification showing explicit alignment to MQF level descriptors and MQA programme standards for the relevant qualification
- ✓ Senate or Academic Committee approval minutes for the current programme version and any major revision implemented during the review period
- ✓ Current programme document — course list, credit summary, programme aims, PLOs — accurately reflecting the programme as presently delivered

⚠ *Auditor Red Flag: A programme that has undergone substantial changes to its course offerings or structure during the review period — courses added, removed, or significantly modified — without documented Senate approval, needs analysis, or MQA notification, indicating curriculum evolution operating outside formal governance and regulatory frameworks.*

Area 2: Academic Development and Management

Section 2: Criteria and Standards	Criterion		Standards	
	2.3	**Programme Delivery**	2.3.1	The HEP **must** employ a variety of teaching and learning methods and activities in the delivery of its curricula to cover all the learning outcome clusters, where these methods and activities **must** be aligned to support the attainment of programme learning outcomes, promote student-centred learning and nurture holistic student development.
			2.3.2	The HEP **must** offer co-curricular activities to enrich student experiences, fostering personal development and responsibility. (Note: This standard is not applicable to Open and Distance Learning (ODL) programmes and postgraduate programmes, where relevant.)

Criterion 2.3 — Programme Delivery

2.3.1 — Programme delivery must employ a range of teaching and learning strategies aligned to PLOs and appropriate to the disciplinary context, student diversity, and mode of study. · 2.3.2 — The institution must ensure consistency and quality of delivery across all sections, cohorts, and modes of study through documented delivery standards and monitoring mechanisms.

2.3.1 — The HEP **must** employ a variety of teaching and learning methods and activities in the delivery of its curricula to cover all the learning outcome clusters, where these methods and activities **must** be aligned to support the attainment of programme learning outcomes, promote student-centred learning and nurture holistic student development.

2.3.2 —The HEP **must** offer co-curricular activities to enrich student experiences, fostering personal development and responsibility.
(Note: This standard is not applicable to Open and Distance Learning (ODL) programmes and postgraduate programmes, where relevant.)

What Auditors Verify

1. Does the programme use a deliberate and documented mix of teaching and learning strategies — not solely lecture-based — explicitly aligned to the PLOs and cognitive demands of the programme?
2. Are teaching resources, learning materials, and facilities demonstrably adequate and current for the programme's delivery requirements, with formal sufficiency assessments on record?
3. Where delivery occurs across multiple sections, campuses, or in online/blended mode, are there active mechanisms ensuring consistency of delivery quality and student experience?
4. Are academic staff delivering the programme appropriately qualified and supported through structured induction and professional development aligned to the programme's delivery approach?

Evidence to Prepare

- ✓ Programme teaching and learning strategy document showing the deliberate mix of delivery methods and their alignment to specific PLOs and learning domains
- ✓ Facility and resource adequacy records: laboratory inspection reports, library holdings, e-learning platform usage data, or equipment inventories reviewed within the audit period
- ✓ Cross-section or cross-campus delivery consistency records: common course materials, coordinating lecturer documentation, peer observation reports, or delivery monitoring records
- ✓ Staff qualification profiles, teaching load allocation records, and professional development logs for academic staff assigned to the programme

⚠ *Auditor Red Flag: A programme where the majority of courses rely exclusively on lectures and written examinations, with no evidence that higher-order PLOs requiring application, analysis, or creation are addressed through active learning, laboratory, project-based, or experiential delivery methods.*

Area 2: Academic Development and Management

Section 2: Criteria and Standards	Criterion		Standards	
	2.4	**Learning Assessment**	2.4.1	The HEP **must** establish policies and mechanisms to address validity, reliability, transparency and fairness of student assessments, consistent with relevant educational standards.
			2.4.2	The HEP **must** provide sufficient autonomy to relevant departments to develop and review assessment criteria and methodologies, comprising formative and summative components and incorporating good practices.
			2.4.3	The methods of student assessment, plagiarism policies, grading criteria and assessment results **must** be documented and communicated to students at appropriate schedules.

Criterion 2.3 — Learning Assessment

2.4.1 — Learning assessment must validly and reliably measure student achievement of CLOs and PLOs, using a range of methods appropriate to the type and level of learning outcomes being assessed. · 2.4.2 — Assessment processes must ensure academic integrity, consistency, and transparency, supported by moderation, grading guidelines, constructive feedback, and a formal student appeals mechanism.

2.4.1 — The HEP **must** establish policies and mechanisms to address validity, reliability, transparency and fairness of student assessments, consistent with relevant educational standards.

2.4.2 —The HEP **must** provide sufficient autonomy to relevant departments to develop and review assessment criteria and methodologies, comprising formative and summative components and incorporating good practices.

What Auditors Verify

1. Does the assessment design for each course demonstrate a documented rationale for method selection in relation to the specific CLOs being assessed — going beyond default written examination formats?
2. Are assessment instruments moderated before use — reviewed for CLO alignment, appropriate difficulty, and clarity — and are marking outcomes moderated after submission to ensure inter-rater consistency?
3. Are students provided with timely, specific, and constructive feedback on their assessed work, with evidence that feedback supports learning rather than merely communicates grades?
4. Is there a formal, documented, and communicated assessment appeals process with records showing equitable handling of student appeals and outcomes across the review period?

Evidence to Prepare

- ✓ Course assessment design records showing method selection rationale aligned to CLO types and cognitive levels, not limited to credit weightings
- ✓ Pre-administration and post-marking moderation records for all assessed courses in the review period, with sign-off by designated moderators
- ✓ Sample marked student work with assessor feedback annotations demonstrating the nature, specificity, and timeliness of feedback provided
- ✓ Assessment appeals policy, student-facing communication, and a log of appeals received and resolved with outcomes for the review period

⚠ *Auditor Red Flag: A programme where all high-stakes assessment is concentrated in final written examinations, student feedback consists solely of numerical grades returned after course completion, no moderation of assessment design occurs, and the appeals process is undocumented or inaccessible to students.*

Area 2: Academic Development and Management

Section 2: Criteria and Standards	Criterion		Standards	
	2.5	**Programme Management**	2.5.1	The HEP **must** have policies to provide students with current and comprehensive information about the programme learning outcomes, curriculum structure and content, assessment methods and results, as well as the appeal process and any other changes related to the programme.
			2.5.2	The HEP **must** provide mechanisms to allocate the necessary support and resources for implementing teaching, learning and assessment activities.
			2.5.3	Each programme **must** have an appropriate full-time programme leader and a team of academic staff who have the authority and responsibility for programme planning, implementation, monitoring, self-review and continual quality improvement.
			2.5.4	Programmes **must** undergo regular review, incorporating feedback from academic staff, students and educational experts, which may include programme advisors and examiners, for quality assurance and continual quality improvement.

Criterion 2.4 — Programme Management

2.5.1 — Each programme must have a clear management structure with an assigned programme coordinator, defined academic oversight responsibilities, and documented processes for managing programme operations and student matters. · 2.5.2 — Programme performance data — enrolment, progression, PLO attainment, and graduate outcomes — must be systematically collected, reviewed, and used to inform programme management decisions and improvement.

2.5.1 — The HEP **must** have policies to provide students with current and comprehensive information about the programme learning outcomes, curriculum structure and content, assessment methods and results, as well as the appeal process and any other changes related to the programme.

2.5.2 - The HEP **must** provide mechanisms to allocate the necessary support and resources for implementing teaching, learning and assessment activities.

2.5.3 - Each programme **must** have an appropriate full-time programme leader and a team of academic staff who have the authority and responsibility for programme planning, implementation, monitoring, self-review and continual quality improvement.

2.5.4 —Programmes **must** undergo regular review, incorporating feedback from academic staff, students and educational experts, which may include programme advisors and examiners, for quality assurance and continual quality improvement.

What Auditors Verify

1. Is there a formally appointed programme coordinator with a documented role description covering academic oversight, quality monitoring, and stakeholder liaison — not merely administrative coordination?
2. Are programme committee or equivalent coordination meetings held regularly, with documented agendas, decisions, and tracked action points addressing both operational and academic quality matters?
3. Is programme performance data — enrolment trends, student progression, attrition rates, PLO attainment, and graduate employment — systematically collected and formally reviewed at programme level?
4. Can the programme demonstrate that management decisions made during the review period — on staffing, resources, curriculum, or student support — were informed by programme performance data?

Evidence to Prepare

- ✓ Programme coordinator appointment letter or role specification with documented responsibilities, reporting lines, and scope of academic oversight
- ✓ Programme committee meeting minutes for the review period showing regular meetings, substantive agenda items, and tracked action points with completion evidence
- ✓ Programme performance data set or dashboard showing enrolment, progression rates, PLO attainment, and graduate employment trends across the review period
- ✓ Evidence linking specific programme management decisions to performance data: staffing changes, support interventions, curriculum adjustments, or resource reallocations with documented data-informed rationale

⚠ *Auditor Red Flag: A programme where the coordinator role is treated as an administrative function limited to timetabling and registration, programme committee meetings are infrequent or unminuted, no systematic performance data is collected or analysed, and management decisions have no documented connection to evidence of student or programme performance.*

Area 3: Student Experience and Support

Section 2: Criteria and Standards	Criterion		Standards	
	3.1A	**Student Admission: Student Admission Policies**	3.1.1	The HEP **must** have policies and processes for student admission, including admission criteria, appeal mechanisms and processes for transfer and exchange students, which must be publicly accessible and updated according to regulatory requirements and relevant standards.
			3.1.2	Student intake numbers, including visiting, exchange and transfer students, **must** reflect the HEP's resource capacity to deliver the programmes effectively.

Criterion 3.1A — Student Admission : Student Admission Policies

2.4.1 — Learning assessment must validly and reliably measure student achievement of CLOs and PLOs, using a range of methods appropriate to the type and level of learning outcomes being assessed. · 2.4.2 — Assessment processes must ensure academic integrity, consistency, and transparency, supported by moderation, grading guidelines, constructive feedback, and a formal student appeals mechanism.

3.1.1 — The HEP **must** have policies and processes for student admission, including admission criteria, appeal mechanisms and processes for transfer and exchange students, which must be publicly accessible and updated according to regulatory requirements and relevant standards.

3.1.2 —Student intake numbers, including visiting, exchange and transfer students, **must** reflect the HEP's resource capacity to deliver the programmes effectively.

What Auditors Verify

1. Are admission policies formally documented, endorsed by an appropriate governance body, and publicly accessible through the institutional website and student publications?
2. Do admission criteria include clear, non-discriminatory entry requirements — academic qualifications, language proficiency thresholds — specified for each programme and qualification level?
3. Are admission policies periodically reviewed against current MQA requirements, national regulations, and institutional strategic direction, with documented amendments communicated to affected stakeholders?
4. Where special admission categories exist — mature entry, credit transfer, international students — are the policies clearly articulated, separately documented, and applied consistently across applicants?

Evidence to Prepare

- ✓ Current admission policy document with formal governance endorsement, version date, and effective period
- ✓ Programme-specific entry requirement tables, publicly accessible via the institutional website and prospectus
- ✓ Governance committee minutes from the most recent admission policy review, with amendments recorded and effective date
- ✓ Special admission category procedures — mature entry, credit transfer, international — with evidence of consistent application across the review period

⚠ *Auditor Red Flag: Admission policies that exist as internal administrative documents but are not publicly accessible, contain vague or programme-generic entry requirements that allow inconsistent application, or have not been formally reviewed since the previous accreditation cycle — indicating admission governance that is reactive and non-transparent.*

Area 3: Student Experience and Support

Section 2: Criteria and Standards	Criterion		Standards	
	3.1B	**Student Admission: Student Admission Processes**	3.1.3	The HEP **must** specify and communicate the entry prerequisites to prospective students, including selection interviews and other rigorous assessments, where necessary.
			3.1.4	Student selection **must** adhere to the principles of fairness and transparency throughout the process, including the selection of students with special needs.
			3.1.5	The HEP **must** have provisions to offer necessary developmental or remedial support for students requiring additional assistance, which **must** be reviewed regularly for continual improvement.

Criterion 3.1B — Student Admission : Student Admission Process

3.1B.1 — Student admission processes must be implemented consistently and transparently in accordance with documented policies, with decisions traceable and subject to institutional oversight. · 3.1B.2 — The institution must have a formal appeals mechanism for unsuccessful applicants with documented procedures and evidence of equitable and timely handling.

- 3.1.3 — The HEP **must** specify and communicate the entry prerequisites to prospective students, including selection interviews and other rigorous assessments, where necessary.
- 3.1.4 —Student selection **must** adhere to the principles of fairness and transparency throughout the process, including the selection of students with special needs.
- 3.1.5 —The HEP **must** have provisions to offer necessary developmental or remedial support for students requiring additional assistance, which **must** be reviewed regularly for continual improvement.

What Auditors Verify

1. Is there documented evidence that admission decisions are made according to stated entry criteria, with selection records maintained and subject to institutional audit or quality review?
2. Are admission targets monitored against actual enrolment, with data formally reviewed and used to inform admissions planning and programme viability decisions?
3. Are applicants provided with timely, accurate communication on admission outcomes, deferral options, and the formal appeals process?
4. Is there a functioning admission appeals process for unsuccessful applicants, with records demonstrating equitable and consistent handling across the review period?

Evidence to Prepare

- ✓ Admission selection records for the review period showing applicant profiles, selection decisions, and rationale for offers and rejections
- ✓ Enrolment vs. intake target comparison reports for each programme across the review period, with management commentary
- ✓ Sample applicant communication: offer letters, deferral notifications, and appeal outcome letters
- ✓ Admission appeals register showing cases received, process followed, and outcomes for the review period

⚠ *Auditor Red Flag: An admission process where selection decisions are recorded only as final outcomes with no documented rationale, appeals handling is undocumented or inconsistent, and enrolment data is not systematically compared to admission targets— suggesting a process managed for throughput rather than governed for fairness and accountability.*

Area 3: Student Experience and Support

Section 2: Criteria and Standards	Criterion		Standards	
	3.2	**Mobility and Credit Transfer**	3.2.1	The HEP **must** have policies and mechanisms to support mobility and transfer students, including articulation arrangements and credit transfer, to enable students to integrate and progress in their programmes, where these policies and mechanisms **must** be updated regularly.

Criterion 3.2 — Mobility and Credit Transfer

3.2.1 — The institution must have documented policies and transparent procedures for credit transfer, credit exemption, and student mobility, covering both incoming and outgoing credit arrangements. · 3.2.2 — Credit transfer decisions must be based on academic equivalence principles, subject to institutional oversight, and consistently applied across faculties and programmes.

3.2.1 — The HEP **must** have policies and mechanisms to support mobility and transfer students, including articulation arrangements and credit transfer, to enable students to integrate and progress in their programmes, where these policies and mechanisms **must** be updated regularly.

What Auditors Verify

1. Is there a formal credit transfer and exemption policy specifying eligible credit sources, equivalence assessment criteria, maximum transferable credits, and the designated approval authority?
2. Are credit transfer decisions documented with academic equivalence assessments conducted by appropriately qualified academic staff, with oversight authority sign-off on each decision?
3. Are students informed of credit transfer outcomes in a timely manner, with appeal rights clearly communicated and evidence of equitable handling of any appeals?
4. Does the institution have active student mobility arrangements — articulation, twinning, exchange — with formal documentation and monitoring of student outcomes under these arrangements?

Evidence to Prepare

- ✓ Credit transfer and exemption policy with governance approval, maximum credit limit, equivalence assessment criteria, and designated approval authority
- ✓ Credit transfer decision records for the review period showing academic equivalence assessments, decisions, and approval authority sign-off
- ✓ Student communication records on credit transfer outcomes and appeal rights, with sample appeal case records showing equitable handling
- ✓ Active mobility agreement documents — MoU, articulation agreements — and student outcome monitoring data for students enrolled under mobility arrangements

⚠ *Auditor Red Flag: Credit transfer approved without documented academic equivalence assessments, no maximum credit limit policy enforced, varying decisions across faculties for equivalent external qualifications, and no institutional oversight of credit transfer practices — resulting in outcomes that reflect individual staff judgements rather than systematic assessment standards.*

Area 3: Student Experience and Support

Section 2: Criteria and Standards	Criterion		Standards	
	3.3	**Student Support Services**	3.3.1	The HEP **must** have policies for providing and managing student support services for a total learning experience, which **must** be regularly monitored, reviewed and continually improved.
			3.3.2	The HEP **must** provide access to appropriate and adequate student support services, including physical, social, financial and recreational facilities, as well as counselling and health services, with mechanisms for student feedback and grievances.

Criterion 3.3 — Student Support Services

3.3.1 — The institution must provide adequate and accessible student support services — academic advisory, financial, counselling, health, and accommodation — commensurate with the student profile and programme requirements. · 3.3.2 — Student support services must be systematically evaluated for effectiveness and accessibility, with evaluation outcomes used to improve service provision.

3.3.1 — The HEP **must** have policies for providing and managing student support services for a total learning experience, which **must** be regularly monitored, reviewed and continually improved.

3.3.2 —The HEP **must** provide access to appropriate and adequate student support services, including physical, social, financial and recreational facilities, as well as counselling and health services, with mechanisms for student feedback and grievances.

What Auditors Verify

1. Are student support services sufficiently resourced, staffed by qualified personnel, and accessible to all enrolled students — including those studying off-campus or on blended programmes?
2. Is there a systematic at-risk student identification and early intervention mechanism, with documented triggers, intervention actions, and outcome tracking for identified students?
3. Are support services evaluated for effectiveness — through satisfaction surveys, usage analysis, or outcome tracking — with documented service improvement actions resulting from evaluation findings?
4. Do students with special needs or disabilities have access to reasonable accommodations, with formally documented provisions, individual support plans, and a review mechanism in place?

Evidence to Prepare

- ✓ Student support services directory or handbook showing the full range of services, staffing qualifications, operating hours, and access procedures
- ✓ Student at-risk early alert system records showing identification triggers, intervention actions taken, and outcome tracking for the review period
- ✓ Support service evaluation reports — satisfaction surveys, usage statistics, effectiveness assessments — with documented service improvement decisions
- ✓ Special needs or disability support policy and individual accommodation records demonstrating equitable provision across the review period

⚠ *Auditor Red Flag: A student support structure that lists services in institutional documents but shows no usage data, no evaluation mechanism, no at-risk identification system, and no evidence that any service was modified as a result of student feedback— indicating support services that exist for compliance listing rather than active student welfare management.*

Area 3: Student Experience and Support

Section 2: Criteria and Standards	Criterion		Standards	
	3.4	**Student Development**	3.4.1	The HEP **must** have policies on student development to provide a total learning experience and to prepare students for the workplace.
			3.4.2	The HEP **must** implement student development and other extracurricular activities to inculcate character building, a sense of belonging and responsibility, active citizenship and an entrepreneurial mindset.
			3.4.3	The policies and activities for student development **must** be regularly monitored, reviewed and continually improved.

Criterion 3.4 — Student Development

3.4.1 — The institution must provide structured opportunities for student development beyond academic study, encompassing co-curricular, leadership, entrepreneurship, and civic engagement activities aligned to graduate attribute development. · 3.4.2 — Student development activities must be systematically planned, monitored, and evaluated to ensure contribution to graduate attribute achievement and student employability.

3.4.1 — The HEP **must** have policies on student development to provide a total learning experience and to prepare students for the workplace.

3.4.2 — The HEP **must** implement student development and other extracurricular activities to inculcate character building, a sense of belonging and responsibility, active citizenship and an entrepreneurial mindset.

3.4.3 — The policies and activities for student development **must** be regularly monitored, reviewed and continually improved.

What Auditors Verify

1. Is there a structured student development framework — not merely an activity calendar — that explicitly links co-curricular and extra-curricular activities to specific graduate attributes or PLOs?
2. Is student participation in development activities systematically tracked at individual level, with engagement data analysed to identify coverage gaps across the student body?
3. Are student development outcomes evaluated — through portfolios, employer feedback, or graduate attribute assessments — with data used to refine the programme?
4. Are leadership, entrepreneurship, and community engagement activities integrated into the development programme, with traceable participation records and documented individual or community outcomes?

Evidence to Prepare

- ✓ Student development framework or policy document linking activity categories to graduate attributes or PLO domains, with formal institutional endorsement
- ✓ Individual student co-curricular participation records — Student Development Index or transcript — showing coverage and engagement across the student body for the review period
- ✓ Student development evaluation data: satisfaction surveys, graduate attribute attainment linked to co-curricular participation, or employer feedback on non-academic skills
- ✓ Leadership and entrepreneurship programme records: programme briefs, participant lists, mentoring logs, and outcome records (competitions, ventures, community impact)

⚠ *Auditor Red Flag: A co-curricular programme that tracks only event headcount with no linkage to graduate attributes, no individual student participation records, no evaluation of developmental impact, and no documented adaptation in response to student feedback or outcome data — activities measured by quantity of events rather than quality of student development.*

Area 3: Student Experience and Support

Section 2: Criteria and Standards	Criterion		Standards	
	3.5	**Student Representation and Empowerment**	3.5.1	The HEP **must** have policies on adequate student representation and participation in institutional and departmental governance, with appropriate rights and responsibilities, and avenues for engagement in academic, non-academic and welfare-related matters.
			3.5.2	The HEP **must** promote student empowerment to engage in community, national and global agendas, guided by an appropriate code of conduct.

Criterion 3.5 — Student Representative and Empowerment

3.5.1 — The institution must have formal structures for student representation in institutional governance, with student voices genuinely incorporated into academic and policy decision-making. · 3.5.2 — Students must be empowered with timely, accurate information on their academic rights and responsibilities, supported by accessible feedback and formal grievance mechanisms.

3.5.1 — The HEP **must** have policies on adequate student representation and participation in institutional and departmental governance, with appropriate rights and responsibilities, and avenues for engagement in academic, non-academic and welfare-related matters.

3.5.2 —The HEP **must** promote student empowerment to engage in community, national and global agendas, guided by an appropriate code of conduct.

What Auditors Verify

1. Are student representatives formally included in Senate, Faculty Boards, and Academic Committees, with minutes evidencing their active participation and substantive contributions to decisions?
2. Are student feedback mechanisms — satisfaction surveys, focus groups, student parliament — conducted systematically, with results analysed and institutional responses formally communicated back to students?
3. Do students have clear, accessible information on their academic rights, including grading policies, assessment appeals, academic integrity expectations, and grievance procedures?
4. Is there a formal student grievance or complaint mechanism with documented procedures, response timelines, and evidence of equitable and timely resolution across the review period?

Evidence to Prepare

- ✓ Governance committee membership lists and meeting minutes showing student representative participation and documented contributions for the review period
- ✓ Student satisfaction survey reports with response rates, key findings, and formal institutional responses communicated to students
- ✓ Student handbook or equivalent publication showing comprehensive information on academic rights, policies, appeals procedures, and grievance mechanisms
- ✓ Student grievance register for the review period showing cases received, process followed, resolution timelines, and outcomes

⚠ *Auditor Red Flag: Student representative positions listed in governance terms of reference, but meeting minutes recording no student contributions; satisfaction surveys conducted but responses never formally communicated to students; and a grievance process in policy but with no documented cases — suggesting student engagement that is performative rather than substantive.*

Area 3: Student Experience and Support

Section 2: Criteria and Standards	Criterion		Standards	
	3.6	**Alumni**	3.6.1	The HEP **must** foster active and continuous engagement with its alumni, leveraging their network for student professional growth and linkages with stakeholders.
			3.6.2	The HEP **must** provide platforms and avenues for alumni to give back to the institution, thereby enhancing the HEP's reputation nationally and globally.

Criterion 3.6 — Alumni

3.6.1 — The institution must maintain active engagement with its alumni community through structured mechanisms supporting alumni development, institutional feedback, and systematic graduate outcome tracking. · 3.6.2 — Alumni feedback and graduate employment data must be systematically collected, analysed, and used to inform programme development, curriculum review, and institutional improvement.

3.6.1 — The HEP **must** foster active and continuous engagement with its alumni, leveraging their network for student professional growth and linkages with stakeholders.

3.6.2 — The HEP **must** foster active and continuous engagement with its alumni, leveraging their network for student professional growth and linkages with stakeholders.

What Auditors Verify

1. Is there a formally structured alumni engagement programme — not merely a database — with active activities: networking events, mentoring, career panels, and alumni chapters with documented participation?
2. Does the institution systematically track graduate employment outcomes and further study progression through a tracer study with a defined methodology and representative coverage?
3. Is alumni feedback on programme quality, curriculum relevance, and graduate preparedness formally collected and channelled into programme review and curriculum decision-making?
4. Are alumni engaged as active institutional partners — guest lecturers, industry advisory panel members, mentors, scholarship donors — with documented participation records?

Evidence to Prepare

- ✓ Alumni engagement programme plan or strategy document with activity schedule, targets, and assigned institutional responsibility for the review period
- ✓ Graduate tracer study methodology, dataset, and analysis report for the most recent study cycle, showing response rate and employment outcome statistics
- ✓ Alumni feedback survey reports with curriculum-related findings and documented programme committee responses for the review period
- ✓ Alumni participation records: IAP membership lists, guest lecture schedules, mentoring programme logs, and scholarship or endowment contribution records

⚠ *Auditor Red Flag: An institution with an extensive alumni database but no systematic tracer study, no structured engagement programme, no evidence of alumni feedback informing any curriculum decision, and alumni involvement limited to invitation to annual graduation ceremonies — treating alumni management as record-keeping rather than active institutional partnership.*

Area 4: Talent and Resources

Section 2: Criteria and Standards	Criterion		Standards	
	4.1A	**Academic Staff: Human Resource Policies**	4.1.1	The HEP **must** have a merit-based human resource policy to plan, recruit, develop, assess, reward and promote academic staff in line with its vision, mission and institutional goals.
			4.1.2	The HEP **must** ensure an adequate number of academic staff, with an appropriate staff-to-student ratio, to teach, supervise and assess learning outcomes for each programme according to relevant standards.

Criterion 4.1 — Academic Staff: Human Resource Policies

4.1A.1 — The institution must have clearly documented, equitable, and transparent HR policies governing the recruitment, appointment, promotion, and retention of academic staff, compliant with relevant legislation and MQA staffing requirements. · 4.1A.2 — Academic staff HR policies must be formally endorsed by governance, accessible to staff, consistently applied, and reviewed at regular intervals against current regulatory and institutional requirements.

4.1.1 — The HEP **must** have a merit-based human resource policy to plan, recruit, develop, assess, reward and promote academic staff in line with its vision, mission and institutional goals.

4.1.2 — The HEP **must** ensure an adequate number of academic staff, with an appropriate staff-to-student ratio, to teach, supervise and assess learning outcomes for each programme according to relevant standards.

What Auditors Verify

1. Are HR policies for academic staff formally documented, endorsed by governance, accessible to all staff, and consistently applied across faculties and departments without exception?
2. Do recruitment and appointment policies specify clear, merit-based selection criteria — academic qualifications, teaching competency, research profile — appropriate to the level and discipline of each position?
3. Are promotion criteria transparent and measurable, formally communicated to all academic staff, and subject to documented review by an appropriately constituted promotion committee?
4. Are academic staff HR policies reviewed periodically against current labour legislation, MQA staffing standards, and institutional needs, with documented amendments communicated to affected staff?

Evidence to Prepare

- ✓ HR policy manual covering recruitment, appointment, promotion, and retention of academic staff, with governance approval date and current version number
- ✓ Recruitment and selection records for academic appointments made during the review period, showing criteria applied and committee deliberation sign-off
- ✓ Promotion framework document with transparent criteria and minutes of promotion review committee meetings for the review period
- ✓ Records of the most recent HR policy review, with documented amendments, regulatory compliance verification, and formal communication to staff

⚠ *Auditor Red Flag: Academic HR policies that exist in the institutional manual but are inconsistently applied — promotion decisions lacking documented rationale, recruitment records incomplete, and policies not formally reviewed since the last MQA audit cycle — indicating HR governance that manages individual cases rather than ensuring systemic equity and transparency.*

Area 4: Talent and Resources

Section 2: Criteria and Standards	Criterion		Standards	
	4.1B	**Academic Staff: Talent Management**	4.1.3	The HEP **must** provide academic staff with sufficient autonomy to focus on areas of their expertise related to education, research and service.
			4.1.4	The HEP **must** implement transparent policies for performance review, recognition and reward based on meritorious academic roles and equitable work distribution, to foster a conducive work environment.
			4.1.5	The HEP **must** provide adequate and appropriate training and development programmes for academic staff, including leadership skills through participation in professional activities, research and industry linkages, as well as other relevant activities.

Criterion 4.2 — Academic Staff: Talent Management

4.1B.1 — The institution must have systematic processes for developing academic staff competency, supporting career progression, and retaining talent aligned to the institution's academic and research mission. · 4.1B.2 — Academic staff performance must be evaluated through a formal appraisal process linked to institutional goals, individual development plans, and evidence-based career support.

4.1.3 — The HEP **must** provide academic staff with sufficient autonomy to focus on areas of their expertise related to education, research and service.

4.1.4 — The HEP **must** implement transparent policies for performance review, recognition and reward based on meritorious academic roles and equitable work distribution, to foster a conducive work environment.

4.1.5 — The HEP **must** provide adequate and appropriate training and development programmes for academic staff, including leadership skills through participation in professional activities, research and industry linkages, as well as other relevant activities.

What Auditors Verify

1. Is there a structured academic staff development programme — covering teaching competency, research development, and leadership pathways — with documented participation records and measurable outcomes?
2. Are all academic staff subject to an annual performance appraisal that is formally documented, conducted by qualified assessors, and linked to individual development plans with verifiable follow-through?
3. Are succession planning and talent retention strategies in place, with evidence that high-performing academic staff are identified, developed, and retained through structured career pathways?
4. Does the institution monitor academic staff qualification profiles and workload distribution to ensure an appropriate balance of teaching, research, and service responsibilities across all programmes?

Evidence to Prepare

- ✓ Academic staff development programme documentation: training calendar, course records, participation data, and post-training competency assessment outcomes
- ✓ Annual performance appraisal records for academic staff showing completion rates, KPI outcomes, and linked individual development plans for the review period
- ✓ Succession planning framework and talent pipeline records identifying staff at different career stages with documented development pathways
- ✓ Academic staff qualification profile data by faculty and programme, with workload distribution reports showing teaching, research, and service allocation

⚠ *Auditor Red Flag: An academic staff development programme that funds external course attendance without structured competency outcomes, appraisals filed without follow-through on development commitments, and no succession planning — talent development responding to individual requests rather than systematically building institutional academic capacity.*

Area 4: Talent and Resources

Section 2: Criteria and Standards	Criterion		Standards	
	4.2	**Non-Academic Staff**	4.2.1	The HEP **must** ensure sufficient and qualified non-academic staff to support institutional activities and agendas.
			4.2.2	The HEP **must** implement transparent policies for performance review, recognition and reward for non-academic staff to support institutional operations.
			4.2.3	The HEP **must** provide adequate and appropriate training and career advancement opportunities for non-academic staff to support institutional activities and agendas.

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Criterion 4.3 — Non-Academic Staff

4.2.1 — The institution must maintain an adequate, appropriately qualified, and developed non-academic staff workforce to support institutional operations, student services, and the academic mission. · 4.2.2 — Non-academic staff must be subject to equitable performance management, professional development, and HR policies consistently applied and aligned to institutional service standards.

- 4.2.1 — The HEP **must** ensure sufficient and qualified non-academic staff to support institutional activities and agendas.
- 4.2.2 — The HEP **must** implement transparent policies for performance review, recognition and reward for non-academic staff to support institutional operations.
- 4.2.3 — The HEP **must** provide adequate and appropriate training and career advancement opportunities for non-academic staff to support institutional activities and agendas.

What Auditors Verify

1. Is the non-academic staff complement adequate in number and qualification for the functions they support — student services, finance, IT, facilities, registry — with staffing levels formally reviewed against service demand?
2. Are non-academic staff subject to a structured performance appraisal process with documented outcomes, linked development plans, and formal follow-up on identified performance issues?
3. Are professional development opportunities provided for non-academic staff, with participation recorded and demonstrably linked to service quality improvement or career progression?
4. Are HR policies for non-academic staff equitable, formally documented, consistently applied across departments, with accessible grievance mechanisms that are functioning and on record?

Evidence to Prepare

- ✓ Non-academic staff establishment plan showing current complement, approved vacancies, and adequacy assessment against institutional functional requirements
- ✓ Performance appraisal records for non-academic staff for the review period, with completion rates and documented development action outcomes and follow-up
- ✓ Professional development programme records for non-academic staff: training logs, competency assessments, and documented service improvement outcomes
- ✓ Non-academic staff HR policy document with evidence of consistent application and accessible grievance case records for the review period

⚠ *Auditor Red Flag: Critical functional units — student services, IT, registry — operating significantly below established staffing levels with no formal adequacy review; appraisals conducted annually but without meaningful follow-through; and professional development limited to mandatory compliance training with no demonstrated link to service quality improvement.*

Area 4: Talent and Resources

Section 2: Criteria and Standards	Criterion		Standards	
	4.3	**Physical Resources**	4.3.1	The HEP **must** have clear policies to provide, manage and maintain its physical resources, including physical facilities, equipment and library or resource centres, to support the attainment of programme learning outcomes, the achievement of institutional goals, and other educational and institutional needs.
			4.3.2	The HEP **must** ensure its physical resources fully comply with relevant laws and health and safety regulations, maintaining a safe and conducive learning environment.
			4.3.3	The physical resources **must** be accessible to staff and students, including persons with special needs.
			4.3.4	The HEP **must** regularly review its policies and improve its physical resources according to educational and institutional needs.

5.28

Criterion 4.3 — Physical Resources

4.3.1 — The institution must provide physical resources — teaching spaces, laboratories, libraries, student facilities — adequate in quantity, quality, and accessibility for the programmes offered and the enrolled student population. · 4.3.2 — Physical resources must be systematically maintained, regularly assessed for adequacy and safety, and developed in alignment with institutional growth and programme requirements.

4.3.1 — The HEP **must** have clear policies to provide, manage and maintain its physical resources, including physical facilities, equipment and library or resource centres, to support the attainment of programme learning outcomes, the achievement of institutional goals, and other educational and institutional needs.

4.3.2 — The HEP **must** ensure its physical resources fully comply with relevant laws and health and safety regulations, maintaining a safe and conducive learning environment.

4.3.3 — The physical resources **must** be accessible to staff and students, including persons with special needs.

4.3.4 — The HEP **must** regularly review its policies and improve its physical resources according to educational and institutional needs.

What Auditors Verify

1. Is there a structured academic staff development programme — covering teaching competency, research development, and leadership pathways — with documented participation records and measurable outcomes?
2. Are all academic staff subject to an annual performance appraisal that is formally documented, conducted by qualified assessors, and linked to individual development plans with verifiable follow-through?
3. Are succession planning and talent retention strategies in place, with evidence that high-performing academic staff are identified, developed, and retained through structured career pathways?
4. Does the institution monitor academic staff qualification profiles and workload distribution to ensure an appropriate balance of teaching, research, and service responsibilities across all programmes?

Evidence to Prepare

- ✓ Academic staff development programme documentation: training calendar, course records, participation data, and post-training competency assessment outcomes
- ✓ Annual performance appraisal records for academic staff showing completion rates, KPI outcomes, and linked individual development plans for the review period
- ✓ Succession planning framework and talent pipeline records identifying staff at different career stages with documented development pathways
- ✓ Academic staff qualification profile data by faculty and programme, with workload distribution reports showing teaching, research, and service allocation

⚠ *Auditor Red Flag: An academic staff development programme that funds external course attendance without structured competency outcomes, appraisals filed without follow-through on development commitments, and no succession planning — talent development responding to individual requests rather than systematically building institutional academic capacity.*

Area 4: Talent and Resources

Section 2: Criteria and Standards	Criterion		Standards	
	4.4	**Technological Resources**	4.4.1	The HEP **must** have policies to provide access to appropriate technological resources, including information and communication technology (ICT) facilities and e-learning platforms, to support programme implementation and other educational and institutional needs.
			4.4.2	The HEP **must** ensure its technological resources fully comply with relevant laws and regulations, and promote secure, ethical and responsible ICT use, while maintaining a safe and supportive learning and working environment.
			4.4.3	The technological resources **must** be accessible to staff and students, including persons with special needs.
			4.4.4	The HEP **must** regularly review its policies and improve its technological resources according to educational and institutional needs.

5.28

Criterion 4.3 — Technological Resources

4.4.1 — The institution must provide technological resources — learning management systems, digital tools, ICT infrastructure — adequate to support quality teaching, learning, research, and institutional management. · 4.4.2 — Technological resources must be systematically evaluated for adequacy, currency, and security, with upgrade and maintenance plans aligned to institutional and academic requirements.

4.4.1 — The HEP **must** have policies to provide access to appropriate technological resources, including information and communication technology (ICT) facilities and e-learning platforms, to support programme implementation and other educational and institutional needs.

4.4.2 — The HEP **must** ensure its technological resources fully comply with relevant laws and regulations, and promote secure, ethical and responsible ICT use, while maintaining a safe and supportive learning and working environment.

4.4.3 — The technological resources **must** be accessible to staff and students, including persons with special needs.

4.4.4 — The HEP **must** regularly review its policies and improve its technological resources according to educational and institutional needs.

What Auditors Verify

1. Does the institution have a functional, adequately resourced Learning Management System or equivalent digital platform, with usage data showing meaningful integration into programme delivery by faculty and students?
2. Are ICT infrastructure and connectivity — bandwidth, devices, software licences — sufficient for the enrolled student population and staff, with formal adequacy assessments on record?
3. Are cybersecurity and data protection measures formally documented, regularly tested, and compliant with relevant data protection legislation and MQA requirements, with documented incident response procedures?
4. Is there a technology roadmap or ICT development plan aligned to institutional strategic priorities, with documented investment decisions, implementation timelines, and progress reporting?

Evidence to Prepare

- ✓ LMS usage data for the review period: active user statistics, course uptake, and student and staff engagement metrics by faculty and programme
- ✓ ICT infrastructure adequacy assessment: network bandwidth data, device-to-student ratio, software licence compliance records reviewed within the audit period
- ✓ Cybersecurity policy, security audit or penetration test report, and data breach or incident log for the review period
- ✓ ICT strategic plan or technology roadmap with investment priorities, implementation milestones, and progress records aligned to the institutional strategic plan

⚠ *Auditor Red Flag: An LMS with low faculty and student engagement rates — courses uploaded but not actively used for learning interactions — combined with no formal ICT adequacy assessment, no cybersecurity audit on record, and no technology investment plan — technology provisioned for appearance rather than meaningfully integrated into the learning environment.*

Area 4: Talent and Resources

Section 2: Criteria and Standards	Criterion		Standards	
	4.5	**Research Resources**	4.5.1	The HEP **must** have policies on research and innovation, which **must** be regularly reviewed, to provide sufficient resources and a conducive research environment for achieving related institutional goals.
			4.5.2	The HEP **must** provide research resources to support programmes with research components in attaining their learning outcomes.

5.1

Criterion 4.5 — Research Resources

4.5.1 — The institution must provide adequate resources to support research activities — funding, infrastructure, equipment, library and database access, and administrative support — commensurate with its research mission and academic staff profile. · 4.5.2 — Research resource allocation must be systematic, transparent, and linked to institutional research priorities, with mechanisms to monitor utilisation and measure impact.

4.5.1 — The HEP **must** have policies on research and innovation, which **must** be regularly reviewed, to provide sufficient resources and a conducive research environment for achieving related institutional goals.

4.5.2 — The HEP **must** provide research resources to support programmes with research components in attaining their learning outcomes.

What Auditors Verify

1. Is there an institutional research fund or equivalent mechanism allocating research support through a documented, transparent, merit-based process, with committee oversight and outcome tracking?
2. Are research facilities — laboratories, specialist equipment, academic databases, and research computing resources — adequate for the disciplines offered, formally assessed, and developed in response to identified research needs?
3. Is research administrative support provided by dedicated staff — ethical approval, grant management, publication support, IP management — with clearly defined roles, service standards, and accessible records?
4. Are research resource utilisation and outcomes — publications, external grants, postgraduate completions, commercialisation — systematically monitored and reported to governance, with data used to refine resource allocation?

Evidence to Prepare

- ✓ Internal research fund policy, grant application records, review committee minutes, and grant award outcomes for the review period
- ✓ Research facility inventory and adequacy assessment: laboratory equipment lists, database subscription records, and HPC or specialist resource access arrangements
- ✓ Research administrative service records: Ethics Committee case logs, grant management files, publication support records, and IP registration documentation
- ✓ Annual research performance report — resource utilisation against research output targets — tabled at Senate or equivalent governance body for the review period

⚠ *Auditor Red Flag: An institution that lists research support in its strategic plan but allocates research funds informally with no documented process, has no systematic research output monitoring, provides no dedicated grant management support, and cannot demonstrate any linkage between research resource investment and measurable productivity outcomes.*

Area 4: Talent and Resources

Section 2: Criteria and Standards	Criterion		Standards	
	4.6	**Financial Resources**	4.6.1	The HEP **must** establish and maintain budgetary and procurement procedures to ensure efficient resource utilisation, align with institutional goals and demonstrate financial sustainability.
			4.6.2	The HEP **must** establish transparent mechanisms for managing budgets and allocating resources to departments based on their needs, with clear lines of duty and authority.
			4.6.3	The HEP **must** provide the department responsible for a programme with sufficient autonomy to allocate resources appropriately in order to attain the programme learning outcomes and maintain high educational standards.

5.1

Criterion 4.6 — Financial Resources

4.6.1 — The institution must demonstrate adequate financial resources to sustain quality academic programmes, staff development, physical and technological infrastructure, and student services across the planning horizon. · 4.6.2 — Financial resource allocation must be transparent, aligned to academic and strategic priorities, subject to independent audit, and governed by documented financial management policies.

4.6.1 — The HEP **must** establish and maintain budgetary and procurement procedures to ensure efficient resource utilisation, align with institutional goals and demonstrate financial sustainability.

4.6.2 — The HEP **must** establish transparent mechanisms for managing budgets and allocating resources to departments based on their needs, with clear lines of duty and authority.

4.6.2 — The HEP **must** provide the department responsible for a programme with sufficient autonomy to allocate resources appropriately in order to attain the programme learning outcomes and maintain high educational standards.

What Auditors Verify

1. Does the institution's financial position demonstrate the capacity to sustain current programme delivery and planned development without dependence on a single volatile revenue stream?
2. Are financial resources allocated to academic priorities — staff development, library, laboratories, student support — in proportions that are defensible and traceable to documented academic planning decisions?
3. Are financial management practices subject to annual independent external audit, with clean audit opinions or documented management responses formally tabled and actioned at the Board?
4. Is there a multi-year financial projection or sustainability plan demonstrating institutional capacity to continue operations and invest in quality improvement over the planning horizon?

Evidence to Prepare

- ✓ Audited financial statements for the most recent 3 years, with external auditor opinion and formal management responses to any findings
- ✓ Budget allocation records showing expenditure on academic priorities — staff, library, laboratories, student services — with year-on-year trend data and commentary
- ✓ Board minutes showing formal review and approval of annual budgets and financial reports, with evidence of substantive financial governance discussion and follow-up
- ✓ Multi-year financial projection or sustainability plan with scenario analysis demonstrating institutional financial resilience under different revenue assumptions

⚠ *Auditor Red Flag: A financial picture where the institution operates on thin margins, expenditure on academic quality resources has declined year-on-year, audit findings recur across multiple cycles without resolution, and no multi-year financial model exists — financial management focused on short-term operational survival rather than long-term academic sustainability.*

Area 5: Quality Assurance and Enhancement

Section 2: Criteria and Standards	Criterion		Standards	
	5.1	**Internal Quality Assurance System**	5.1.1	The HEP **must** have an independent department or equivalent unit dedicated to, and responsible for, the internal quality assurance system, led by a competent person with a direct line of reporting to the head of institution or the governing board.
			5.1.2	The HEP **must** establish policies and procedures for the regular review of its internal quality assurance system and processes to keep abreast of current developments in quality assurance and to maintain continual quality improvement within the institution.

5.1

Criterion 5.1 — Internal Quality Assurance System

5.1.1 — Independent IQA unit/department dedicated to QA, led by a competent person with direct reporting to head of institution or governing board · 5.1.2 — Policies and procedures for regular review of the IQA system and processes to keep abreast of QA developments

5.1.1 — The HEP **must** have an independent department or equivalent unit dedicated to, and responsible for, the internal quality assurance system, led by a competent person with a direct line of reporting to the head of institution or the governing board.

5.1.2 — The HEP **must** establish policies and procedures for the regular review of its internal quality assurance system and processes to keep abreast of current developments in quality assurance and to maintain continual quality improvement within the institution.

What Auditors Verify

1. Is the IQA unit structurally independent — not embedded within an academic faculty or administrative department?
2. Does the IQA unit head report directly to the head of institution (VC/President) or governing board?
3. Are there documented policies and procedures for the regular review of the IQA system itself?
4. Has the IQA system been reviewed recently, with evidence of improvements implemented?

Evidence to Prepare

- ✓ Organisational chart showing IQA unit independence and direct reporting line
- ✓ IQA head's appointment letter and job description (showing competency requirements)
- ✓ IQA policies and procedures manual (current, with review history)
- ✓ Records of most recent IQA system review — committee minutes, action log

⚠ *Auditor Red Flag: An IQA unit that reports to a Vice-Chancellor for Academics rather than directly to the head of institution undermines independence. Or no record of the IQA system ever having been reviewed.*

Area 5: Quality Assurance and Enhancement

Section 2: Criteria and Standards	Criterion		Standards	
	5.2A	**Mechanisms for Programme Monitoring, Review and Evaluation: Policies and Procedures**	5.2.1	The HEP **must** have policies and procedures for the periodical monitoring, review and evaluation of its programmes, covering needs assessments and benchmarking analyses, teaching and learning activities, student assessment, administration and related educational and support services.
			5.2.2	The policies and procedures for the programme monitoring, review and evaluation **must** be regularly reviewed and updated.
			5.2.3	The HEP **must** share responsibility with all collaborative partners in the programme management, monitoring, review and evaluation processes for programmes offered through collaborative arrangements. *(Note: Applicable only to programmes offered with collaborative partners.)*

Criterion 5.2A — Programme Monitoring, Review & Evaluation — Policies & Procedures

5.2.1 — Policies and procedures for periodical monitoring, review and evaluation covering needs assessments, benchmarking, T&L, assessment, admin and support services · 5.2.2 — Policies and procedures for programme review must be regularly reviewed and updated · 5.2.3 — HEP must share responsibility with collaborative partners in review processes (where applicable)

5.2.1 — The HEP **must** have policies and procedures for the periodical monitoring, review and evaluation of its programmes, covering needs assessments and benchmarking analyses, teaching and learning activities, student assessment, administration and related educational and support services

5.2.2 — The policies and procedures for the programme monitoring, review and evaluation **must** be regularly reviewed and updated.

5.2.3 — The HEP **must** share responsibility with all collaborative partners in the programme management, monitoring, review and evaluation processes for programmes offered through collaborative arrangements.

(Note: Applicable only to programmes offered with collaborative partners.)

What Auditors Verify

1. Are there written, approved policies specifying how and when programmes are monitored and reviewed?
2. Do the policies cover the full required scope: needs assessment, benchmarking, T&L, student assessment, administration, and support services?
3. Have the policies been reviewed and updated recently — within the last 2–3 years?
4. For collaborative programmes: is shared review responsibility with each partner documented in an MOU/MOA?

Evidence to Prepare

- ✓ Programme Review Policy document (current edition, with approval date and review history)
- ✓ Programme review cycle procedure showing timeline, scope, and responsible parties
- ✓ Evidence of recent policy review — committee minutes approving updated policy
- ✓ MOA/MOU with collaborative partners covering shared review responsibilities (if applicable)

⚠ *Auditor Red Flag: A programme review policy that covers only T&L or curriculum without addressing needs assessment, benchmarking, and student assessment; or a policy unchanged for 5+ years without evidence of review.*

Area 5: Quality Assurance and Enhancement

Section 2: Criteria and Standards	Criterion		Standards	
	5.2B	**Mechanisms for Programme Monitoring, Review and Evaluation: Implementation of Programme Review and Evaluation**	5.2.4	The implementation of programme review and evaluation **must** be timely and coordinated by designated committees.
			5.2.5	Programme review and evaluation **must** be conducted to verify and validate the curriculum and its constructive alignment in order to ascertain the attainment of programme learning outcomes and the achievement of the HEP's educational goals.
			5.2.6	Programme review and evaluation **must** include analyses of student progression and performance, covering passing, graduation, attrition and employment rates, for the purpose of continual quality improvement.
			5.2.7	The results of the programme review and evaluation, including areas of concern, **must** be brought to the attention of the highest relevant authorities within the HEP.

5.2B

Criterion 5.2B — Programme Monitoring, Review & Evaluation — Implementation

5.2.4 — Implementation must be timely and coordinated by designated committees · 5.2.5 — Reviews must verify and validate curriculum constructive alignment, PLO attainment, and educational goal achievement · 5.2.6 — Reviews must include analyses of student progression and performance: passing, graduation, attrition, and employment rates · 5.2.7 — Review results, including areas of concern, must be brought to the attention of the highest relevant authorities within the HEP

5.2.4 — The results of programme review and evaluation arising from stakeholder feedback **must** be systematically analysed and documented, with the resulting changes disseminated to stakeholders.

5.2.5 — Programme review and evaluation **must** be conducted to verify and validate the curriculum and its constructive alignment in order to ascertain the attainment of programme learning outcomes and the achievement of the HEP's educational goals.

What Auditors Verify

1. Are programme reviews conducted on schedule, coordinated by a formally designated committee with documented terms of reference?
2. Do review reports include assessment of PLO attainment and curriculum constructive alignment — not just a list of changes?
3. Are student progression data (passing rates, graduation rates, attrition rates, employment rates) systematically included in every review?
4. Are review results — especially areas of concern — formally tabled at Senate or the governing board, with decisions recorded?

5.2.6 — Programme review and evaluation **must** include analyses of student progression and performance, covering passing, graduation, attrition and employment rates, for the purpose of continual quality improvement.

5.2.7 — The results of the programme review and evaluation, including areas of concern, **must** be brought to the attention of the highest relevant authorities within the HEP.

Evidence to Prepare

- ✓ Programme Review Committee terms of reference, membership list, and meeting minutes
- ✓ Most recent programme review report — showing PLO attainment analysis and curriculum alignment assessment
- ✓ Student progression data analysis (passing %, graduation %, attrition %, employment %) from the review
- ✓ Senate or governing board minutes confirming review results were formally tabled (including areas of concern)

⚠ *Auditor Red Flag: Review reports that discuss curriculum changes without PLO attainment analysis; or student attrition and employment data never formally presented to the Senate or governing board — or presented without any recorded decision.*

Area 5: Quality Assurance and Enhancement

Section 2: Criteria and Standards	Criterion		Standards	
	5.3	**Involvement of Stakeholders and Educational Experts**	5.3.1	The implementation of the programme review and evaluation **must** involve relevant stakeholders, including alumni and employers, to maintain the currency and relevance of the HEP's programmes.
			5.3.2	Programme review and evaluation **must** take into account feedback and recommendations from educational experts, including programme assessors, for the purpose of quality assurance and continual quality improvement.
			5.3.3	The results of programme review and evaluation arising from stakeholder feedback **must** be systematically analysed and documented, with the resulting changes disseminated to stakeholders.

Criterion 5.3 — Involvement of Stakeholders and Educational Experts

5.3.1 — Programme review and evaluation must involve relevant stakeholders including alumni and employers · 5.3.2— Programme review must take into account feedback from educational experts including programme assessors · 5.3.3 — Results from stakeholder feedback must be systematically analysed, documented, and changes disseminated back to stakeholders

- 5.3.1 — The implementation of the programme review and evaluation **must** involve relevant stakeholders, including alumni and employers, to maintain the currency and relevance of the HEP's programmes
- 5.3.2 — Programme review and evaluation **must** take into account feedback and recommendations from educational experts, including programme assessors, for the purpose of quality assurance and continual quality improvement.
- 5.3.3 — The results of programme review and evaluation arising from stakeholder feedback **must** be systematically analysed and documented, with the resulting changes disseminated to stakeholders.

What Auditors Verify

1. Are alumni and employers actively involved in the programme review cycle — not just consulted for curriculum development?
2. Is feedback from educational experts (External Examiners, Programme Assessors) formally incorporated into review findings?
3. Are stakeholder feedback findings systematically analysed and documented in review reports — not just appended as raw survey data?
4. Are changes made in response to stakeholder feedback disseminated back to those stakeholders, with evidence of communication?

Evidence to Prepare

- ✓ Alumni and employer survey data with analysis incorporated into programme review reports
- ✓ External Examiner or Programme Assessor reports + formal written programme responses
- ✓ Review meeting minutes showing stakeholder input was discussed, weighed, and actioned
- ✓ Documentation of changes implemented + dissemination records (circular, updated handbook, email notification)

⚠ *Auditor Red Flag: Stakeholder surveys collected but results not appearing in formal review reports; or External Examiner recommendations acknowledged in correspondence but with no documented action taken or improvement plan submitted.*

Area 5: Quality Assurance and Enhancement

Section 2: Criteria and Standards	Criterion		Standards	
	5.4	**Quality Improvement and Enhancement**	5.4.1	The HEP **must** promote a quality culture through participatory and cooperative processes across all levels to assure quality in education, research, service and management within the institution.
			5.4.2	The HEP **must** have mechanisms to implement recommendations for quality improvement and enhancement plans, **which** must be linked with institutional goals and strategic objectives.

Criterion 5.4 — Quality Improvement and Enhancement

5.4.1 — Must promote a quality culture through participatory and cooperative processes across all levels in education, research, service and management · 5.4.2 — Must have mechanisms to implement quality improvement recommendations, linked to institutional goals and strategic objectives

5.4.1 — The HEP **must** promote a quality culture through participatory and cooperative processes across all levels to assure quality in education, research, service and management within the institution.

5.4.2 — The HEP **must** have mechanisms to implement recommendations for quality improvement and enhancement plans, **which** must be linked with institutional goals and strategic objectives.

What Auditors Verify

1. Is there evidence of a quality culture beyond the IQA unit — involving deans, heads of department, academic staff, and students?
2. Are improvement recommendations from programme reviews and audits actually implemented, with traceable outcomes?
3. Are improvement plans explicitly mapped to institutional strategic goals and objectives — not treated as isolated action items?
4. Is there a formal mechanism (committee report, dashboard, tracker) for monitoring the status of improvement plan implementation?

Evidence to Prepare

- ✓ Evidence of quality culture beyond IQA unit: QA induction records, staff QA training, faculty QA committee minutes
- ✓ Improvement plan with implementation status tracker (completed / in progress / overdue) from the last review cycle
- ✓ Mapping document linking improvement actions to specific institutional strategic plan objectives
- ✓ Progress reports to Senate/governing body showing implementation status across the institution

⚠ *Auditor Red Flag: An improvement plan document that lists recommendations from audits and reviews but shows no evidence of implementation tracking, follow-up monitoring, or explicit linkage to strategic institutional goals.*

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Institutional Quality Audit Framework

2025 Edition

Formative Quizzes (single answer)

Question 1

To adequately fulfil **Criterion 1.1 (Vision, Mission and Educational Goals)**, what set of conditions must the Higher Education Provider (HEP) satisfy regarding its educational goals?

Answer:

A. They must be formulated with consideration of national developments and reviewed annually by internal staff.

B. They must be consistent with the vision and mission with management-level approval.

C. They must be consistent with the vision and mission, approved by the governing board and disseminated to stakeholders.

D. They must be formulated to match global trends that goes beyond its mission and vision.

Question 2

To adequately fulfil **Criterion 1.5 (Management of Information and Records)**, information management systems must be implemented to ensure which of the following?

A. Ensuring public access to all institutional records.

B. Automation of programme management activities and digitising all academic records.

C. Transforming physical record-keeping units into digital archiving units.

D. Accessibility, privacy, confidentiality, and security of records.

Answer:

Question 3

Under **Criterion 2.2 (Programme Development)**, what is the minimum requirement for curricula analysis to adequately fulfil the criterion?

Answer:

A. Comprehensive needs assessments incorporating feedback from internal and external sources.

B. Analysis based solely on feedback from current academic staff and students.

C. Analysis conducted through external benchmarking against several national and international institutions.

D. Reviewing curricula once every five years to align with national regulatory changes.

Question 4

Regarding **Criterion 2.3 (Programme Delivery)**, what must an HEP demonstrate to fulfill the baseline requirements for the criterion?

Answer:

A. Using adaptive learning models, and learning technology and digital tools for students.

B. Employing a variety of teaching methods aligned to support programme learning outcomes.

C. Providing artificial intelligence-assisted tracking for all teaching-learning and co-curricular activities.

D. Incorporating formative and summative assessments in programme delivery.

Question 5

To adequately fulfil **Criterion 3.1 (Student Admission)**, which condition must the Higher Education Provider (HEP) satisfy regarding student intake?

A. Intake numbers must reflect the HEP's resource capacity to deliver programmes effectively.

B. Intake must be increased annually to meet national human capital needs.

C. Intake must be determined solely based on the market demand for specific programmes.

D. Intake must prioritise students with special needs over other admission criteria.

Answer:

Question 6

To adequately fulfil **Criterion 3.5 (Student Representation and Empowerment)**, what specific policy must the HEP have in place?

Answer:

A. Policies that grant students absolute autonomy over financial budgeting of student affairs.

B. Policies requiring students to undergo structured training for national governance literacy and knowledge.

C. Policies that mandate student participation in external global sustainability initiatives.

D. Policies for student representation in governance with appropriate rights and responsibilities.

Question 7

To adequately fulfil **Criterion 4.1A (Academic Staff: Human Resource Policies)**, what specific staffing requirement must the department have or implement?

Answer:

A. Maintaining a certain number of academic staff regardless of student enrolment changes every year.

B. Recruiting academic staff based mainly on their years of teaching experience.

C. Ensuring an appropriate staff-to-student ratio to teach and supervise each programme.

D. Providing every academic staff member with a technology-driven workforce analytics profile.

Question 8

Regarding **Criterion 4.3 (Physical Resources)**, which condition is necessary to fulfil the baseline requirements for the criterion?

Answer:

A. Implementing future-ready facilities maintained through predictive data analytics.

B. Ensuring physical resources comply with laws and are accessible to persons with special needs.

C. Achieving international sustainability benchmarks for all physical resource planning.

D. Providing equitable access to facilities that exceed the requirements of national standards.

Question 9

Under **Criterion 5.2A (Mechanisms for Programme Monitoring, Review and Evaluation)**, what is the baseline requirement for Higher Education Providers (HEPs) regarding collaborative partners?

Answer:

A. Collaborative partners must independently manage all evaluation processes for their specific sites.

B. The HEP must assume sole responsibility for all quality assurance activities for all collaborative partners.

C. The HEP must share responsibility with all collaborative partners in the monitoring and review process.

D. Collaborative partners must serve as external stakeholders the internal programme evaluation to ensure neutrality.

Question 10

To adequately fulfil **Criterion 5.4 (Quality Improvement and Enhancement)**, how must an HEP demonstrate its approach to quality?

Answer:

A. By centralising all quality improvement and enhancement plans within the senior management offices.

B. By implementing improvement plans only when requested by regulatory authorities or reported in internal audits.

C. By promoting a quality culture through participatory and cooperative processes at all levels.

D. By limiting quality assurance responsibilities to the dedicated internal quality unit.

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THANK YOU

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