Oman Accreditation Council

Quality Audit Manual
Institutional Accreditation: Stage 1

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INTRODUCTION

I am very pleased to introduce this *Quality Audit Manual – Institutional Accreditation: Stage 1*. It will be an important resource for higher education in Oman now and in the years ahead.

Quality Audit is an internationally respected method for facilitating improvement efforts by providers of higher education, and for providing the public with a level of assurance that the quality of our higher education institutions is being attended to through external review. By participating in this process, Oman joins with many of the leading higher education sectors of the world that practise public Quality Audits.

The manual is set out in five parts:

A: An Overview of Quality Audit (including the audit scope)

B: The Self Study (resulting in the Quality Audit Portfolio from the HEI)

C: The External Review (resulting in the Quality Audit Report from the OAC)

D: The Methods of Analysis (particularly for the Audit Panels, but also helpful for Self Study purposes)

E: Appendices (including a number of helpful tools)

There are two main audiences for this manual: the HEIs who undergo Quality Audits, and the External Reviewers who participate on Audit Panels. The OAC decided to publish a single manual, rather than one manual for HEIs and another for the External Reviewers. This is because we believe that Quality Audit must be conducted as transparently as possible. It does mean that not everything in this manual will directly apply to you, depending on your role in the Quality Audit. However, it does mean that you can be aware of every aspect of the overall process.

In this manual, HEIs will find not only the rules and processes for Quality Audit, but also a range of methods and tools that may assist with ongoing quality assurance and quality enhancement efforts. Most notable among them is the ADRI cycle for evaluating activities. Because ADRI combines an assessment of the quality system with a comprehensive and constructive analysis, it is not something extra to do only for Quality Audit purposes, but rather, just a very effective way of going about our normal activities. I commend it to you as an excellent method.

This Manual has been benchmarked against international higher education quality audit systems (most notably that of AUQA, to whom OAC conveys its appreciation), and the draft version has been subject to a lengthy consultation process. We are confident that it embodies good practice in higher education quality assurance and that it will serve the needs of Oman well.

On behalf of the Board of the OAC, I wish you a positive and constructive experience with your Quality Audits, and thank you for participating in this important process. Together, we will help assure that the quality of education in Oman is valued by our students, their families, and our nation's organisations and industries, and that it will continue to progress from strength to strength.

Dr Hamed Al Dhahab
Chairperson
Oman Accreditation Council

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PART A: QUALITY AUDIT OVERVIEW

1   THE OMAN ACCREDITATION COUNCIL

1.1   *Royal Decree*

The Oman Accreditation Council (OAC – see www.oac.gov.om) is the body responsible for the external quality assurance and quality enhancement of higher education institutions (HEIs – also known as higher education providers, or HEPs) and programs in the Sultanate of Oman. It was established by Royal Decree No. 74/2001. This decree set out a number of responsibilities, including the following (translated from the authoritative Arabic version):

> *"Lay down the procedures for the assessment and review of higher education institutions."*

Article 6 of the Royal Decree states:

> *"The higher education institutions and other related parties shall provide the [OAC] Board with data, statistics and information it requires and deems imperative for the accomplishment of its tasks."*

In response to this mandate, the OAC has established a Quality Audit process designed to provide both a level of assurance to the public and constructive feedback to the HEIs for the purpose of ongoing improvement.

1.2   *OAC Structure and Organisation*

The OAC is comprised of three elements:

- A Board of ten members, appointed by Royal Decree which has governance responsibilities for the OAC.
- The Technical Secretariat which is made up of a small number of professional and administrative staff who conduct the day to day activities.
- A Register of External Reviewers which lists eminent people from Oman and other countries whom have been approved by the OAC Board to participate in external review panels (see section 12.1).

Further information about the OAC is available on its website (www.oac.gov.om).

1.3   *INQAAHE Membership*

The OAC is a Member of the International Network for Quality Assurance Agencies in Higher Education (INQAAHE – see www.inqaahe.org) and seeks to abide by its policies and guidelines wherever possible.   The *INQAAHE Policy Statement* (Draft 3 – available from www.oac.gov.om/tools/links/keydocs) sets out draft principles for INQAAHE Members, and these are referred to throughout this Manual as they apply.

2   OVERVIEW OF THE QUALITY MANAGEMENT SYSTEM

The initial version of the quality management system was known as Requirements for Oman's System of Quality Assurance (ROSQA). This document contained some of the key elements of the national system: namely, the Oman Qualifications Framework; HEI classifications; institutional standards; and the institutional and program accreditation processes. These are gradually being improved and updated.

A comprehensive and updated view of the new Omani Higher Education Quality Management System is available online (see www.oac.gov.om). Here, the key features of institutional (HEI) and program quality assurance are summarised in order to show how HEI Quality Audit fits into the overall system.

2.1　HEI Quality Assurance

There are several stages in the HEI Quality Assurance Framework, as shown in Figure 1. As a prerequisite, an HEI must be licensed by the Ministry of Higher Education (and/or other authorized Ministry) in order to have permission to operate.

2.1.1　Quality Audit

The first stage in Provider Accreditation, starting from 2008, involves each HEI undergoing a Quality Audit.   The emphasis of Quality Audit is on evaluating the effectiveness of an institution's quality assurance and quality enhancement processes against its stated goals and objectives.   This is useful for determining the HEI's capacity and capability to achieve its aspirations and to continually improve.   Quality Audit involves a Self Study of the HEI's activities, resulting in a Quality Audit Portfolio, and then external verification of that Portfolio by an external Audit Panel convened by the OAC.   The Panel produces a Quality Audit Report containing, amongst other things, Commendations, Affirmations and Recommendations.
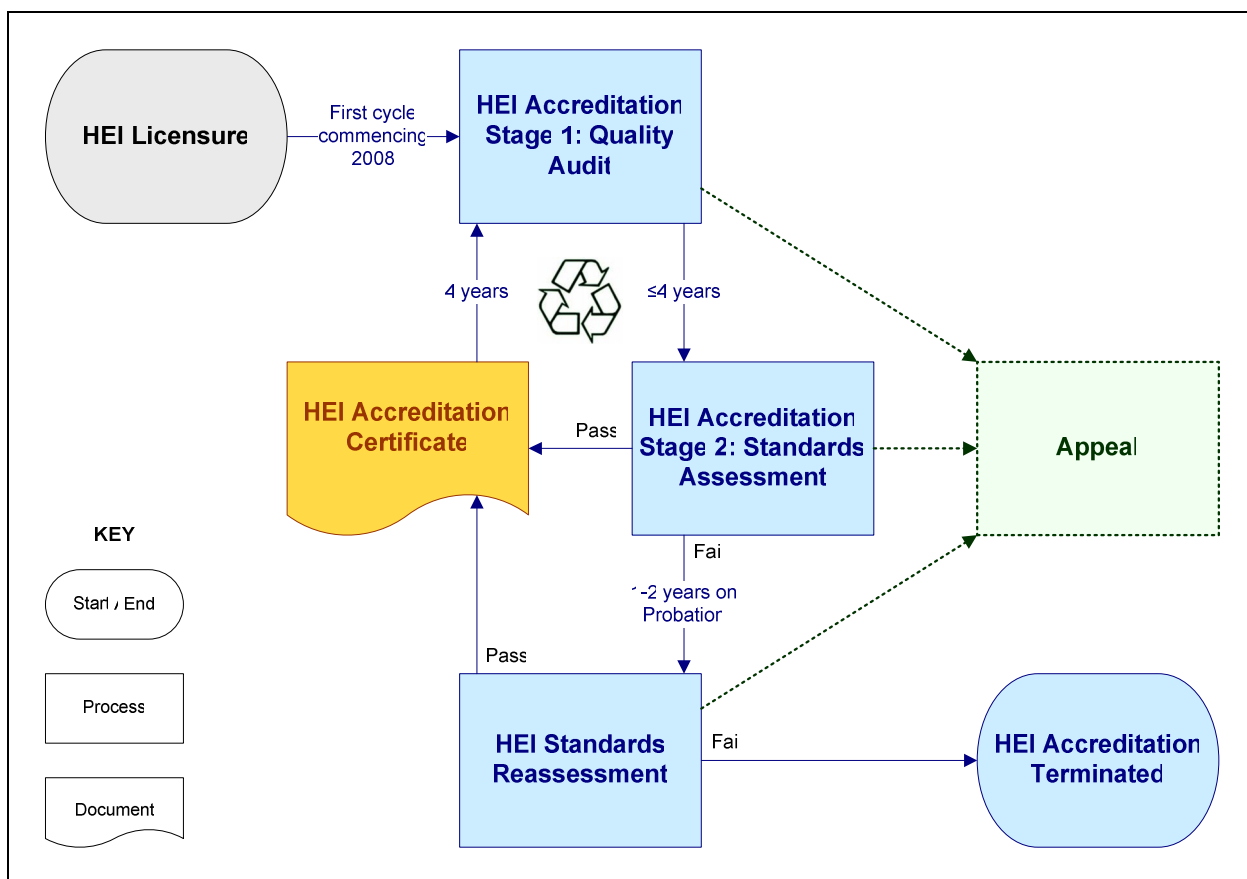
Figure 1. HEI Quality Assurance Framework

2.1.2　Standards Assessment

The second stage in Provider Accreditation involves each HEI undergoing a Standards Assessment. The emphasis of Standards Assessment is on empirically measuring whether an HEI has met the institutional quality standards published by the OAC.   The first set of these

institutional quality standards was published in ROSQA (2001), and was the basis on which the scope of topics for Quality Audit was established (see section 4). An updated version of these standards is expected to be published prior to the first Standards Assessments being initiated.

Standards Assessment involves a Self Assessment against the standards, and also a summary of whether or not the HEI has satisfactorily attended to the Affirmations and Recommendations in its previous Quality Audit Report. The results are presented as an HEI Assessment Application and should be submitted to the OAC, no later than four years after the publication of the Quality Audit Report. The OAC will then convene an external Assessment Panel to verify the HEI Assessment Application. The Assessment Panel produces an HEI Assessment Report containing Recommendations for the HEI where it finds that the standards are not being met. It also produces a confidential report for the OAC Board advising whether or not the HEI has met the standards and satisfactorily addressed the Affirmations and Recommendations in its previous Quality Audit Report. If it has, then the Board will confer Accredited Provider status on the HEI and award a Provider Accreditation Certificate. Four years later, the HEI will be asked to undergo another Quality Audit, and so on within the Provider Accreditation cycle.

2.1.3   Probation

If the HEI fails to obtain Accredited Provider status, then it will be placed on Probation for a period of 1 or 2 years at the discretion of the OAC. During this time, the HEI is expected to attend to Recommendations raised by the Assessment Panel. At the end of that time, it will be reassessed for HEI Accreditation. If it passes, then the Board may award the HEI a Provider Accreditation Certificate and the HEI rejoins the Provider Accreditation cycle. If it fails, then the OAC may terminate the accreditation status of the HEI.

It is envisaged that, in time, the OAC may require a Provider Accreditation Certificate as a pre-requisite to having diploma and degree programs accredited (see section 2.2).

2.1.4   QA in Public vs Private HEIs

Whether an HEI is owned and/or funded privately and/or publicly makes no difference in terms of external quality assurance (although see section 5.3 for a comment on the relationship between resource constraints and quality). It is not only the owners and funders to whom a higher education provider is accountable. An HEI has a duty towards the society it serves and profoundly affects through its activities. All HEIs award qualifications recognised on the OQF, and all HEIs have an obligation to their students, the students' families, future employers and society generally. For these reasons, quality audit applies equally to public and private HEIs.

2.2   *Program Quality Assurance*

Quality Audits have the institution as their object of study. They do not examine individual programs in detail – that is the responsibility of Program Quality Assurance Framework shown in Figure 2. However, the Quality Audit will inevitably involve some sampling of academic activities of the HEI in order to draw general conclusions about its overall academic effectiveness.

This section provides a summary of the Program Quality Assurance Framework in order to ensure that the distinction between HEI quality assurance and Program quality assurance is clear and that unhelpful overlap is avoided.
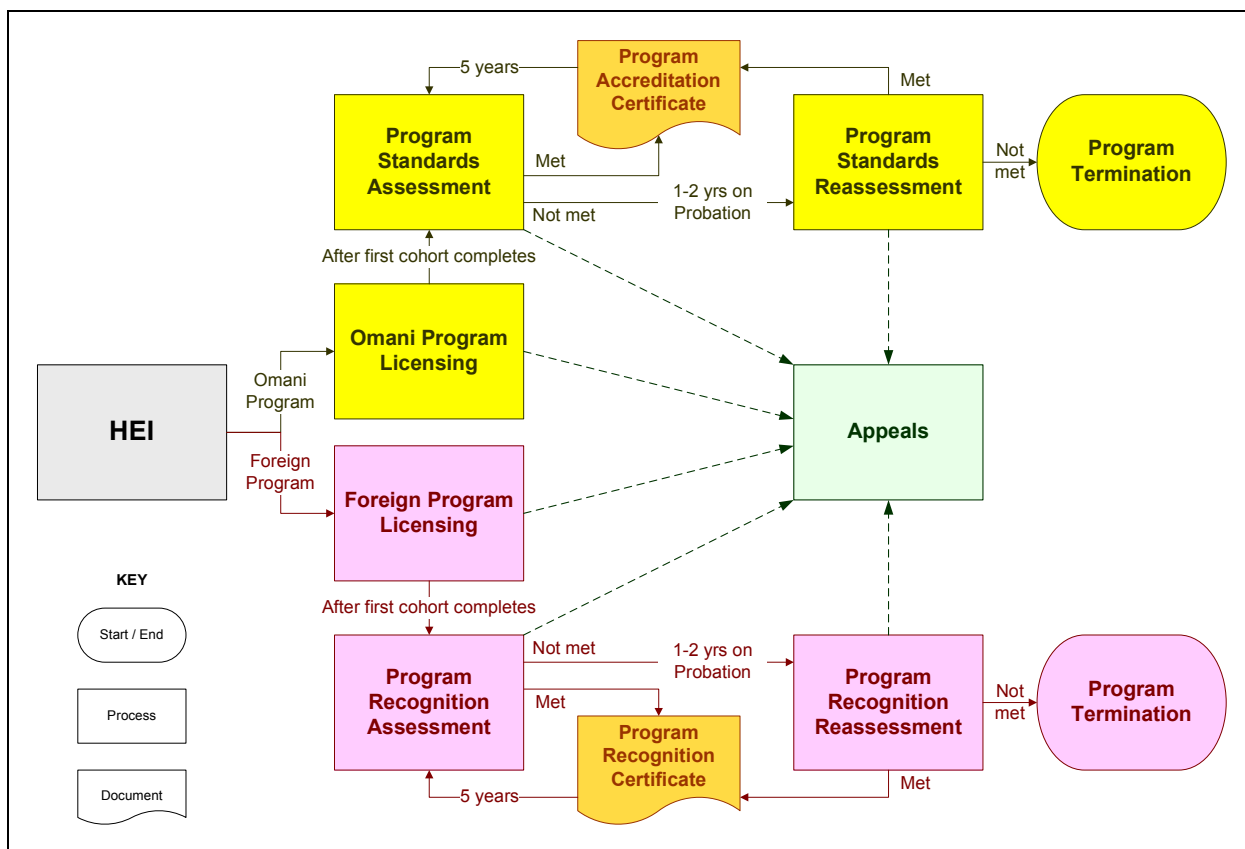
Figure 2. Program Quality Assurance Framework

2.3   *Related Processes and Frameworks*

There are several aspects to Oman's overall System of Quality Management for Higher Education (previously known as ROSQA). They all inter-relate to form a comprehensive system (see the draft *Quality Plan*, available at www.oac.gov.om). The set of processes and frameworks is set out below (note that most are under development).

The *INQAAHE Policy Statement* (2004) says: "Decisions made by EQAs [External Quality Assurance Agencies] should be based on clear and published criteria and should be reached after the application of transparent processes and procedures." Accordingly, published documents manuals are being prepared for each process.

2.3.1   Oman Qualifications Framework (OQF)

The OQF defines the levels and types of qualifications in postsecondary education. This is currently found in ROSQA, and is under review.

2.3.2   Oman Standard Classification of Education Framework (OSCED)

The OSCED defines the broad, narrow and detailed fields of study. This is currently under development.

2.3.3   Oman HEI Classification Framework

This framework sets standards that define and differentiate between different types of higher education provider (e.g. Colleges and Universities). This is currently found in ROSQA, and is under review.

2.3.4   Program Standards

Program licensing and accreditation in Oman will increasingly be conducted by way of assessment against academic standards (see www.oac.gov.om/qa/prog/). Developing academic standards is a continuous and long term process. A peer-based assessment method is used for disciplines which do not yet have formal standards.

2.3.5   Program Licensing Manual

This document sets out the process for program licensing (i.e. initial permission to offer a particular postsecondary certificate, diploma or degree program in Oman). For Omani programs this is based on the Program Standards; for foreign programs this is based on Program Recognition principles. This manual is currently under development.

2.3.6   Program Accreditation & Recognition Manual

This document sets out the processes for program accreditation (for Omani diploma and degree programs) and program recognition (for foreign accredited programs). For Omani programs this is based on the Program Standards; for foreign programs this is based on Program Recognition principles. This manual is currently under development.

2.3.7   HEI Licensing Manual

This document sets out the standards and processes for licensing of HEIs. Licensing constitutes initial permission to operate as a provider of postsecondary certificate, diploma or degree programs in Oman (but actual programs require separate licensing as indicated above). This is currently under development.

2.3.8   Quality Audit Manual – Institutional Accreditation: Stage 1

This document sets out the protocols and processes for external Quality Audits of HEIs.

2.3.9   Standards Assessment Manual – Institutional Accreditation: Stage 2

This document sets out the institutional standards and the processes for assessing HEIs against those standards. It is currently under development. The Quality Audit and Standards Assessment processes are stage 1 and stage 2 respectively of the institutional accreditation system.

2.3.10   Appeals Manual

This document sets out the process for formal appeals against licensing (except HEI licensing), quality audit, standards assessment and recognition decisions. It is currently under development.

3   **INTRODUCTION TO HEI QUALITY AUDITS**

3.1   What is an HEI Quality Audit?

An HEI Quality Audit is an independent evaluation of the effectiveness of the system and processes by which an HEI sets, pursues and achieves its mission and vision. It has two key elements: Self Study and External Review.

Firstly, an HEI conducts a self study of its own quality assurance and quality enhancement activities and writes the findings in a Quality Audit Portfolio. The details of this are set out in Part B of this Manual. This element is "based on the premise that Quality and Quality Assurance are primarily the responsibilities of [HEIs] themselves and should respect institutional integrity"

(INQAAHE Policy Statement). By basing the Quality Audit on an HEI's self study, the HEI is given the opportunity to help define the scope of the audit as it applies to them

Then, an external Audit Panel comprised of national and international peers from academia, industry and professions considers this Portfolio and checks its completeness and accuracy through such means as interviews and cross-checking with original documentation and other information sources. The Audit Panel produces a Quality Audit Report. This document presents the Audit Panel's findings, including Commendations about areas regarded as particularly effective (see section 30.2.2) and Affirmations and Recommendations about areas where there are opportunities for improvement (see sections 30.2.3 & 30.2.4). This part of the Quality Audit process is called the External Review and details are set out in Part C of this manual.

QUALITY AUDIT

Self Study

Self Study Activities → Quality Audit Portfolio

External Review

External Review Activities → Quality Audit Report
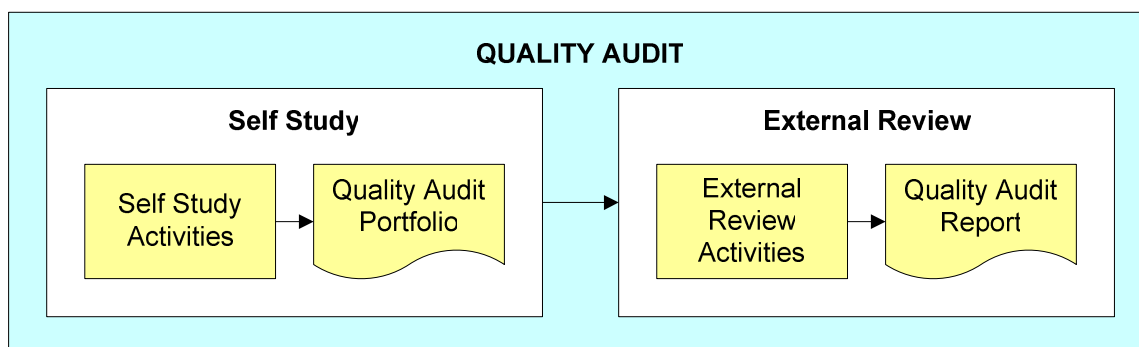
Figure 3. Quality Audit Overview

An HEI Quality Audit fulfills two different but related purposes. Firstly, it is an important means by which the HEIs are held accountable to society for their role in providing quality higher education. Quality Audit Reports are public, meaning that society may have an informed view about how well an HEI is attending to its responsibilities.

Secondly, and of equal importance, Quality Audit is a means for facilitating continuous quality improvement within the HEI. It generates the impetus for a self-study, and then produces an independent evaluative report containing recommendations, affirmations and commendations for formative purposes.

Quality Audit is not a strategic review, although the Portfolio and Quality Audit Report provide valuable information for the strategic planning process. A Quality Audit is focused on how well an HEI is doing, not what future direction it should head in.

Internationally, quality audits are an established form of external quality assurance. They are a key feature of the higher education systems of dozens of countries throughout the world including, for example, the UK (see www.qaa.ac.uk), Australia (see www.auqa.edu.au), New Zealand (see www.aau.ac.nz) and, according to the Chairman of the European Consortium for Accreditation, at least 27 countries throughout Europe (Heusser, 2006).

3.2   *National Quality Audit Schedule*

The OAC publishes a National Quality Audit Schedule on its website. The schedule is a six year plan during which all eligible HEIs will be audited once. HEIs will be consulted on their scheduled date for audit, but the final decision rests with the OAC Board. Specific audits will be scheduled and notified up to two years in advance.

3.3   *Summary of Stages in Quality Audit*

The following table sets out in sequential order the main tasks associated with the Quality Audit process. The key dates are highlighted in bold.

Table 1. Summary Quality Audit Timeline

Indicative Timetable	Task	Activity	Responsibility
Start 6-9 months before the date of submission	1	HEI undertakes Self Study, resulting in the Quality Audit Portfolio (see sections 5 and 6).	HEI
Week 1	2	Executive Officer appointed to the project (see sections 11.2 & 14.3).	OAC
Week 1	3	Audit Panel long list prepared and submitted to OAC Board for approval (see section 12).	OAC
Week 2	4	OAC Board approves Audit Panel long list (or sends back to task 3 for further attention).	OAC Board
Week 3	5	Executive Officer writes to HEI with proposed key dates (Portfolio Submission, Planning Visit and Audit Visit) and Audit Panel long list and asks for their Contact Person.	Executive Officer
Week 4	6	HEI reviews, in confidence, whether any External Reviewers on Audit Panel long list may have a conflict of interest. Contact Person returns comments and contact details to Executive Officer.	HEI
Week 5-6	7	Executive Officer invites selected External Reviewers on the long list to form final Audit Panel, and discusses and confirms Audit Panel's key dates (i.e. tasks 15, 22 & 31).	Executive Officer & Audit Panel
Week 7-8	8	Executive Officer discusses and confirms HEI's key dates (i.e. tasks 10, 22, 31, 38 & 39) with Contact Person.	Executive Officer & Contact Person
Week 8	9	Final Audit Panel published on OAC website and announced to HEI.	Executive Officer
Week 8	**10**	**Quality Audit Portfolio and Supporting Materials submitted to OAC**	**HEI**
Week 8	11	Portfolio & Supporting Materials sent to Panel	Executive Officer
Week 9-10	12	Panel Members provide Preliminary Comments to Executive Officer (see section 15.2).	Panel
Week 10-11	13	Panel Chair and Executive Officer prepare Portfolio Meeting Agenda	Panel Chair & Executive Officer
Week 12	14	Quality Audit Report draft v1 prepared, based on Preliminary Comments, and circulated to Audit Panel with Portfolio Meeting Agenda (see section 18.4).	Executive Officer
Week 13	**15**	**Portfolio Meeting (see section 15.3)**	**Panel**
Week 14	16	Draft Audit Visit program prepared (see section 17.2).	Executive Officer
Week 14	17	Request for additional information prepared (see section 15.4).	Executive Officer
Week 14-15	18	Draft Audit Visit Worksheets prepared (see sections 17.2.2 & 17.2.4).	Executive Officer
Week 14-15	19	Call for Submissions notice prepared (see section 16 and Appendix J).	Executive Officer
Week 15	20	Planning Visit agenda prepared and sent to HEI, along with draft Audit Visit Agenda, Request for Additional Information and Call for Submissions.	Executive Officer
Week 15	21	Quality Audit Report draft v2 prepared incorporating results from the Portfolio Meeting (see section 18.5)	Executive Officer

Week 16	22	**Planning Visit (see section 15.5)** - **Clarifications obtained** - **Draft audit visit program discussed** - **Request for additional materials discussed** - **Audit visit venue and logistics discussed**	**Panel Chair, Executive Officer & HEI**
Week 17	23	Any additional materials and information requested by Panel are submitted to OAC (see section 15.4).	HEI
Week 18	24	Call for Submissions circulated within HEI and via media	HEI and Executive Officer
Week 18	25	Final Audit Visit program prepared and forwarded to the Panel, along with any additional materials and information received from HEI.	Executive Officer
Week 18	26	Final Audit Visit program outline sent to HEI	Executive Officer
Week 18-19	27	HEI adds names (including their positions) to the Audit Visit program and returns to OAC	HEI
Week 20	28	Call for Submissions closes. Submissions are assessed against acceptance criteria and then forwarded to the Audit Panel.	Executive Officer
Week 20	29	Completed Audit Visit program sent to Panel for comment. Amendments subsequently negotiated with HEI if necessary.	Executive Officer
Week 20-21	30	HEI prepares interviewees and logistics for the Audit Visit (see section 29.1.1).	HEI
Week 22	**31**	**Audit Visit (see section 17)**	**Panel & HEI**
Week 22	32	Prepare Quality Audit Report draft v3, including main findings from the Audit Visit (see section 18.6).	Executive Officer
Week 22-24	33	Any additional supporting materials requested by Panel are submitted to OAC (see section 15.4).	HEI
Week 23	34	Panel returns comments on Quality Audit Report draft v3	Panel
Week 24-25	35	Prepare Quality Audit Report draft v4, including supporting text, cross-checked against documented evidence (see section 18.7).	Executive Officer
Week 26	36	Panel returns comments on Quality Audit Report draft v4	Panel
Week 27	37	Prepare Quality Audit Report draft v5, including Panel Members' amendments (see section 18.8).	Executive Officer
Week 28	**38**	**Quality Audit Report draft v5 sent to:** - **The HEI for comment regarding matters of inaccuracy or inappropriate emphasis** - **The OAC Board for checking that it has been prepared in accordance with OAC policies.**	**Executive Officer**
Week 28-29	39	Comment on Quality Audit Report v5 regarding matters of inaccuracy or inappropriate emphasis (see section 18.8.1).	HEI
Week 28-29	40	Comment on Quality Audit Report v5 regarding consistency with OAC policies and principles (see section 18.8.2).	OAC Board
Week 30	41	Consider HEI's and Board's comments and prepare Quality Audit Report v6 along with memo outlining changes from v5 (see section 18.9).	Panel
Week 31	42	Board approves Quality Audit Report v6 (see section 18.9). If the Board desires, this may include a meeting with the Panel Chairperson and Executive Officer. If not approved, then go back to task #41.	OAC Board
Week 32	43	Final Quality Audit Report sent to printers for publishing.	Executive Officer
Week 33	44	Twenty hard copies and one electronic copy of final Quality Audit Report sent to HEI under embargo for up to ten working days (see section 18.10).	Executive Officer

Week 33	45	Hard copies of Final Quality Audit Report sent to OAC Board members.	OAC
Week 33	46	HEI considers whether to apply for Appeal (see section 19.2).	HEI
Week 34	**47**	**The Final Quality Audit Report is publicly released (see section 18.10), unless an appeal is lodged.**	**OAC**
Week 34	48	Media comments may be released at this time (see section 18.11).	OAC & HEIs
Week 35	49	Good Practices identified for possible inclusion in a Good Practice Database (see section 20.3).	OAC
Week 36	50	The Executive Officer sends a brief survey to Panel Members to seek feedback about the value and effectiveness of the Quality Audit process (see section 20.1.1).	Executive Officer
Week 36	51	The OAC Board Chairperson (or nominee) contacts the HEI Chairperson to seek feedback about the value and effectiveness of the Quality Audit process (see section 20.1.2).	OAC Board
Week 36	52	The Executive Director seeks feedback from HEI CEO and Contact Person about the value and effectiveness of the Quality Audit process (see section 20.1.2).	Executive Director
Week 36	53	The Executive Officer prepares a Report on the Quality Audit (see section 20.1.3).	Executive Officer
Week 37	54	Executive Director combines all the feedback received, including an analysis of any media coverage, and prepares a Debriefing Report for the OAC Board (see section 20.1.4).	Executive Director

4   QUALITY AUDIT SCOPE

In general, the scope for a Quality Audit includes everything for which the HEI has responsibility. More specifically, and without limiting that general scope, sections 4.1 to 4.9 help define the scope of a self study and quality audit. These may be thought of as substantive section headings for the Portfolio and the Quality Audit Report. They are based, in part, on the Standards of Good Practice in ROSQA (Part One; Section II, Chapter Four).

It is important to note that the following topics provide *guidance* for the scope of the study, and not *standards* stating how each topic ought to be addressed. It is up to each HEI to analyse its own performance for each topic by basing its analysis on the statements of intent reported in its Strategic Plan and other related documents (see section 6.2) and by using the ADRI model of analysis (see section 25).

Note also that Quality Audits are not prescriptive (unlike HEI Standards Assessment, which may prescribe actions that an HEI must take in order to meet a certain minimum standard). The headings do not constitute a 'checklist'. An HEI may choose to add topics where it believes that they are relevant. An HEI may also delete topics provided that it writes a justification in the Portfolio for why the topic does not (and ought not) apply to them to any significant extent. In this way, the Quality Audit system is designed to help encourage diversity in the sector.

4.1   *Governance and Management*

(a)   Mission, Vision and Values

The HEI should provide the Mission, Vision and Values statements (usually located in the HEI's Strategic plan – see section 4.1(e)). The HEI should describe *and evaluate* the statements; the processes whereby they were developed and are being implemented, and the

progress towards their fulfillment. How does the HEI know that its Mission, Vision and Values Statements are appropriate and effectively guiding the institution?

Further suggestions on this topic are provided in the OAC Training Module #10 "Strategic Planning" (see www.oac.gov.om/enhancement/training).

(b)   Governance

The HEI should describe and evaluate its governance system, including the Board of Directors (i.e. the owners) and the Board of Trustees / Council (i.e. the governors). This may include, for example, membership; terms of reference; clarity of roles and responsibilities (e.g. regarding strategic planning; budgeting and financial approvals; risk management; and quality assurance); induction for new members; sample minutes of meetings; self evaluations; methods for recruiting and supervising the chief executive officer (i.e. university vice-chancellor, college dean or institute director). It should also identify which Ministry has supervisory responsibilities and summarise how these are exercised from the HEI's perspective.

Note that there will be clear differences between the governance systems for private and public HEIs. For public HEIs, the role of the supervising Director General will be considered as comparable to the role of Board Chairperson in a private HEI, and therefore included in the scope of the audit. How does the HEI know that its Governance system is appropriately effective and constructive?

(c)   Management

The HEI should describe and evaluate its management system. This may include, for example, organisational charts (including committee structures, academic departments and general sections); position descriptions for senior staff; delegations of authority from governing bodies; terms of reference for committees; performance review findings. How does the HEI know that its management system is appropriately effective and constructive?

(d)   Institutional Affiliations for Programs and Quality Assurance

The HEI should list, describe and evaluate the effectiveness of any agreement with foreign HEIs and accreditation bodies that impact upon its provision of programs or its operations generally. The operational aspects of these agreements should then be discussed as they arise throughout the Portfolio.

(e)   Strategic Plan

The HEI should describe and evaluate the effectiveness of the processes whereby the Strategic Plan was developed, is being implemented, and the progress towards its fulfillment. This may include, for example, consultative processes; evidence collection and analysis; key performance indicators; plan documentation and communication. How does the HEI know that its Strategic Plan is providing the best guidance for the future of the HEI?

Note that the Strategic Plan is a Required Supporting Material (see section 6.6.1). Further suggestions on this topic are provided in the OAC Training Module #10 "Strategic Planning" (see www.oac.gov.om/enhancement/training).

(f)   Operational Planning

The HEI should describe and evaluate its operational planning system. This may include operational plans; project plans; planning design and processes; the alignment of plans to resource allocations; targets; allocated responsibilities and delegations of authority; monitoring of plan implementation. How does the HEI know that its planning processes are appropriately effective and constructive?

(g) Financial Management

The HEI should describe and evaluate its financial management system. This may include financial planning and budgeting; accounts management; reporting; financial risk management; fees-setting; financial auditing. How does the HEI know that its policy management system is appropriately effective and constructive?

Note that the OAC's Quality Audit is not a financial audit (although it may produce comments about an HEI's financial management); however, it is essential to understand the financial management processes in order to properly evaluate the organisation's activities overall.

(h) Risk Management

The HEI should describe and evaluate its risk management system. This may include, for example, strategic and operational risks; delegated risk management responsibilities; risk identification and treatment methods; a risk register and risk reporting. How does the HEI know that its risk management system is appropriately effective and constructive?

Further suggestions on this topic are provided in the OAC Training Module #12 "Risk Management" (see www.oac.gov.om/enhancement/training).

(i) Policy Management

The HEI should describe and evaluate its system for making, implementing and reviewing policies and guidelines. This may include, for example, needs analyses; delegated policy responsibilities; policy documentation and dissemination; approval and review processes. How does the HEI know that its policy management system is appropriately effective and constructive?

Further suggestions on this topic are provided in the OAC Training Module #5 "Good Documentation" (see www.oac.gov.om/enhancement/training).

(j) Entity and Activity Review Systems

The HEI should describe and evaluate its system for reviewing faculties, departments, programs, services etc. This may include a review schedule; review policies and/or guidelines; list of review reports and follow-up reports; evidence of changes made as a consequence of reviews. How does the HEI know that its range of activities are being reviewed as rigorously and constructively as they could be?

(k) Student Grievance Processes

The HEI should describe and evaluate its system whereby students may make formal complaints. This may include separate policies and processes for academic grievances as opposed to complaints from students about other services. How does the HEI know that its students have appropriate access to a fair and effective grievance process?

Note that this is a compulsory requirement in the Quality Audit Portfolio. An HEI may not choose to omit this topic. More general analysis of student climate and satisfaction should be discussed in section 4.7.

(l) Health and Safety

The HEI should describe and evaluate the effectiveness of its system for ensuring that all persons on campus or engaged in HEI activities elsewhere are kept healthy and safe. This may include, for example, fire safety procedures; workplace safety procedures; field trip

health and safety arrangements; stress management workshops. How does the HEI know that it provides a safe and healthy environment?

(m)   Oversight of Associated Entities (e.g. owned companies)

This refers to any companies or other entities that are effectively owned or controlled by the HEI. These may or may not be included in the scope of the Quality Audit, at the discretion of the Audit Panel, and it is best for HEIs to discuss this matter with their designated Executive Officer (see section 14.3) prior to the submission of the Quality Audit Portfolio.

4.2   *Student Learning by Coursework Programs*

This section applies to the following programs (a precise definition of 'coursework' will be provided in the revised *Oman Qualifications Framework*):

- all undergraduate programs
- all graduate and postgraduate certificates and diplomas
- Master's degrees by coursework
- Professional doctorates (such as the EdD or DBA) by coursework.

This section includes an emphasis on teaching, programs and assessment, but the title is designed to indicate a strong focus on the primary outcome – student learning. It should be noted that Quality Audit is about the HEI, not about the programs *per se* (that is the topic for Program Quality Assurance – see section 2.2). The focus here, therefore, is on the institutional systems for managing the quality of student learning by coursework, and not on the specific programs themselves.

(a)   Graduate Attributes and Student Learning Objectives

The HEI should describe and evaluate the effectiveness of its overall commitment to specific graduate attributes (i.e. generic qualities that any graduate, from any program in the HEI, ought to have). This may include, for example, the list of institution-wide intended graduate attributes; links between mission and graduate attributes; input from external stakeholders; method for incorporating the attributes into program curricula; assessment of attributes. How does the HEI know that its graduates embody the core knowledge, skills and characteristics for which it wishes to be recognized?

(b)   Curriculum

The HEI should describe and evaluate its system for attending to the quality of the curricula. This may include program design; alignment with the OQF; benchmarking; text and reference selection; curriculum approval; monitoring; and review processes; use of course outlines. How does the HEI know that its curricula are appropriately effective and constructive?

Note that if the HEI is providing programs in online and distance modes then that should receive special attention in this subsection.

(c)   Student Entry Standards

The HEI should describe and evaluate its system for setting, implementing and reviewing the student entry standards. This may include benchmarking nationally and internationally; entrance testing; links to General Foundation Programs; monitoring of student cohorts. How does the HEI know that its student entrance standards are appropriately effective and constructive and being implemented consistently?

(d)   Teaching Quality

The HEI should describe and evaluate its system for ensuring that the quality of teaching is appropriate. This might include institution-wide pedagogic frameworks; consideration of different types of teaching methods (lectures, tutorials etc.); student evaluations of teaching; peer reviews; use of teaching portfolios; teacher availability to students. How does the HEI know that its quality of teaching is appropriately effective and constructive?

(e)   Plagiarism

The HEI should describe and evaluate its system for ensuring that students understand and are able to avoid plagiarism. This may include, for example, plagiarism policy; training seminars for staff and students; plagiarism detection methods; referencing guidelines. How does the HEI know that its staff and students are presenting original work, and properly acknowledging the work of others?

Although this section is placed under the section Student Learning by Coursework Programs it will apply also to other aspects of the HEI, including sections 4.3 Student Learning by Research Programs and 4.4 Staff Research and Consultancy.

(f)   Student Placements

The HEI should describe and evaluate its system for, where appropriate, ensuring students develop work-oriented behaviours, skills and capabilities pertinent to their field of study. This may include, for example, practica (i.e. work placements as part of a program of study), work supervisor selection, briefing and monitoring; academic supervision; work-based learning objectives and their relationship to program learning objectives; assessment methods and their relationship to the learning objectives; monitoring of student progress; post-placement review. How does the HEI know that its student placements are appropriately effective and constructive in relation to program-related learning outcomes?

(g)   Assessment Methods, Standards and Moderation

The HEI should describe and evaluate its system for ensuring that assessment practices are appropriate and effective in relation to the intended student learning outcomes. This may include, for example, institutional or departmental assessment policies (including normative vs criterion assessment, scaling etc.); contextualized use of different assessment methods (examinations, assignments, placements, laboratory exercises, orals etc.); feedback to students; use of different moderation methods (double blind marking, external examiners, examination review committees etc.); student results and analytical commentary. How does the HEI know that its assessment methods are effectively and constructively determining the actual student learning taking place in relation to appropriate student learning outcome benchmarks?

(h)   Academic Security and Invigilation

The HEI should describe and evaluate its system for ensuring that the integrity of the student assessment activities is maintained. This may include, for example, physical security of examination scripts; invigilation of examinations; management of student requests for grade alterations. How does the HEI know that its academic security arrangements are appropriately effective and constructive?

(i)   Student Retention and Progression

The HEI should describe and evaluate the student results in relation to retention and progression. This may include, for example, pass rates, retention rates, progression rates, analytical commentary. How does the HEI know that it is effectively and constructively guiding students through to timely completion of their programs of study?

Note that wherever possible, statistics should show trends over at least three academic years.

(j)   Graduate Destinations and Employability

The HEI should describe and critically analyse the post-HEI destinations of graduates. This may include, for example, trends of employment/unemployment/further study rates (aligned with/not aligned with each student's field of study) in relation to the HEI's intended graduate destinations and relevant benchmarks. How does the HEI know that it is appropriately effective and constructive in preparing its graduates for their post-HEI aspirations?

4.3   *Student Learning by Research Programs*

This section applies to all programs which involve a substantial research component (a precise definition of 'student research' will be provided in the revised *Oman Qualifications Framework*) including the following:
*   Honours year of a Bachelor's degree
*   Masters degree by research
*   PhD

It should be noted that Quality Audit is about the HEI, not about the programs *per se* (that is the topic for Program Quality Assurance – see section 2.2). The focus here, therefore, is on the institutional systems for managing the quality of student learning by research, and not on the research programs themselves.

(a)   Research Program Design

The HEI should describe and evaluate its system for attending to the quality of the research program. This may include program design; international benchmarking; alignment with the OQF; approval, monitoring and review processes. How does the HEI know that its research programs are appropriately effective and constructive?

Note that if the HEI is providing research programs in online and distance modes then that should receive special attention in this subsection.

(b)   Supervisors

The HEI should describe and evaluate its system for ensuring the quality of research student supervisors. This may include, for example, the criteria for being a supervisor; supervisory registers; ongoing professional development for supervisors. How does the HEI know that the quality of its supervisors is appropriately effective and constructive?

(c)   Postgraduate Supervision

The HEI should describe and evaluate its systems for providing supervision to research students and for monitoring the progress of research students. This may include, for example, a postgraduate supervision handbook; the number of supervisors assigned to each student; the supervisory process; the student reporting process. How does the HEI know that the research supervision provided to its students is appropriately effective and constructive?

(d)   Student Research Support

The HEI should describe and evaluate its systems for supporting research students. This may include, for example, research funding; research resources; library access; computer

and office space; conference leave. How does the HEI know that the support for its research students is appropriately effective and constructive?

(e)   Thesis Examination

The HEI should describe and evaluate its system for examining theses. This may include, for example, the use of examination panels; external examiners; time frames; oral presentations (aka 'defence'); international benchmarking; the role of supervisors; types of results and result trends over time. How does the HEI know that its system for examining theses is appropriately effective and constructive?

(f)   Retention, Graduate Destinations and Employability

The HEI should describe and critically analyse the post-HEI destinations of research graduates. This may include, for example, trends of employment/unemployment/further study rates (aligned with/not aligned with each student's field of study) in relation to the HEI's intended graduate destinations and relevant benchmarks. How does the HEI know that it is appropriately effective and constructive in preparing its research graduates for their post-HEI aspirations?

4.4   *Staff Research and Consultancy*

The extent to which an HEI will be engaged in research depends upon its classification and mission. HEIs which are not offering higher degrees (Honours or higher) and which do not have a research-oriented mission may not be required to address all the elements of this section.

(a)   Research Planning & Management

The HEI should describe and evaluate its system for planning and managing its research activities. This may include delegated responsibilities; the constitution, terms of reference and performance of any research committees; research plans and alignment with the HEI's Mission and Strategic Plan. How does the HEI know that its research planning and management systems are appropriately effective and constructive in enabling quality research outcomes?

(b)   Research Performance

The HEI should describe and evaluate its main areas of research and consultancy activities. This should include a detailed analysis of research outputs over the past five years, differentiating between different types of output (e.g. book; chapter; journal article; conference presentation; musical performance etc.); the extent of refereeing (e.g. self-published; double-blind refereed); the forum (i.e. national, regional, international); and the impact (e.g. the number of citations; evidence of consequential changes in the area). How does the HEI know that it is undertaking good quality research?

(c)   Research Funding Schemes

The HEI should describe and evaluate its policies and processes for funding research activities. This may include, for example, a variety of internal grant schemes; assistance for staff applying for external competitive grants; management of research income. How does the HEI know that its research funding systems are appropriately effective and constructive in enabling quality research outcomes?

Note that this is not only about how *much* money is allocated to research activities, but how *effectively* those funds are applied.

(d)   Consultancy Activities

The HEI should describe and evaluate its system for providing consultancy services to external parties. This may include, for example, alignment of consultancy activities with the Mission Statement; staff contractual and workload issues; financial arrangements; legal liabilities; marketing schemes; training and support for staff engaged in consultancies. It should also include a detailed analysis of consultancy activities over the past five years. How does the HEI know that its systems for providing high quality consultancy services to external parties are appropriately effective and constructive?

(e)   Ethics and Biosafety

The HEI should describe and evaluate its systems for ensuring that any research undertaken, which involves human, animal or genetic ethical considerations or biosafety considerations, is appropriately controlled. This may include, for example, ethics policies; awareness seminars; approval processes (including committees and turnaround times); alignment of ethics approvals to funding schemes; monitoring and compliance. How does the HEI know that its management of its ethical responsibilities is appropriately effective and constructive?

Although this section is placed under the general heading of 'Research and Consultancy' it will apply also to other aspects of the HEI, including Student Research and possibly Student Coursework (where a project is required that may have ethical considerations).

(f)   Intellectual Property

The HEI should describe and evaluate its system for ensuring that ownership of intellectual property (including student work, curriculum, staff research etc.) generated through the HEI is clearly defined and appropriately managed. This may include, for example, policies and processes; awareness seminars; legal agreements between the HEI and IP owners; ownership disputes. How does the HEI know that its system for managing intellectual property issues is appropriately effective, constructive and fair?

Although this section is placed under the general heading of 'Research and Consultancy' it will apply also to other aspects of the HEI, including sections 4.2 Student Learning by Coursework Programs and 4.3 Student Learning by Research Programs.

(g)   Professional Development for Research

The HEI should describe and evaluate its system for ensuring that those academic staff expected to be research-active are able to maintain an appropriate skill level. This may include, for example, needs analysis based on research plans and the staffing profile; postdoctoral research activities; research seminars. How does the HEI know that its system for supporting staff research capability is appropriately effective and constructive?

(h)   Research Commercialisation

The HEI should describe and evaluate its system for commercialising any research outputs or consultancy activities. This may include, for example, legal and contractual issues; patents, trademarks and copyrights; financial considerations; marketing schemes. How does the HEI know that its system for commercializing research outputs is appropriately effective and constructive?

Note that this is an advanced section. Many HEIs will not yet be producing commercialisable research outputs. Nonetheless, if the HEI is engaged in research activity then it should give an appropriate amount of consideration to preparing for the possibility of research output commercialisation.

(i)   Research – Teaching Nexus

The HEI should describe and evaluate its systems for incorporating its research and scholarly activities into the student learning process. This may include, for example, inquiry-oriented pedagogies; curriculum development; praxis; communities of scholars; staff publications; student involvement in staff research projects; classroom discourse; teaching research methods. How does the HEI know that its teaching activities (and student learning) are effectively and constructively enhanced by its research and scholarship activities?

Note that while the research-teaching nexus is expected to be most prominent for student research programs, it also applies to undergraduate and other coursework programs.

4.5   *Industry and Community Engagement*

This section refers to all types of communities external to the HEI and with which it has, or ought to have, a relationship.

(a)   Industry and Community Engagement Planning & Management

The HEI should describe and evaluate its system for planning and managing its industry and community engagement activities.   This may include delegated responsibilities; the constitution, terms of reference and performance of any relevant committees; engagement plans and alignment with the HEI's Mission and Strategic Plan. How does the HEI know that its industry and community engagement planning and management systems are appropriately effective and constructive in enabling relationships with key stakeholder groups?

(b)   Relationships with Industry and Employers

The HEI should describe and evaluate its system for ensuring that it understands and is appropriately responsive to the needs of targeted industries and employers. This may include, for example, employer surveys; industry advisory boards; external representatives on boards of studies. How does the HEI know that its relationships with industry and employers are appropriately effective and constructive?

(c)   Relationships with Professions

The HEI should describe and evaluate its systems for ensuring that it is aware of, and is appropriately incorporating the requirements of, relevant professional bodies into its programs. This may include, for example, professional body membership; accreditation; meetings to discuss curriculum; benchmarking during program review/approval processes. How does the HEI know that its relationships with relevant professional bodies are appropriately effective and constructive?

(d)   Relationships with Other Education Providers

The HEI should describe and evaluate its systems for maintaining relationships with other HEIs. This may include, for example, joint program or service agreements; articulation agreements; informal collaborative activities; resource sharing; purchasing consortia. How does the HEI know that its relationships with other relevant HEIs are appropriately effective and constructive?

Note that this section does not refer to the primary Affiliate HEI (or HEIs), which is discussed in section 4.1(d).

(e)   Relationships with Alumni

The HEI should describe and evaluate its systems for maintaining positive relationships with alumni. This may include, for example, an alumni charter; the role and impact of an alumni officer; the alumni database; fundraising activities; networking and other communication activities. How does the HEI know that its relationship with its Alumni is appropriately effective and constructive?

(f)   Relationships with the Community at Large

The HEI should describe and evaluate its systems for maintaining positive relationships with the community at large (focusing on community-oriented activities not mentioned in the sections above). This may include, for example, public seminars; provision of expert advice; provision of public access to facilities and resources (such as the library, meeting venues, sports facilities); and sponsorship of community events. How does the HEI know that its relationships with the community at large are appropriately effective and constructive?

4.6   Academic Support Services

(a)   Academic Support Services Planning & Management

The HEI should describe and evaluate its system for planning and managing its academic support services. This may include assigned and delegated responsibilities; the constitution, terms of reference and performance of any relevant committees; academic support service plans and alignment with the HEI's Mission and Strategic Plan. How does the HEI know that its academic support services planning and management systems are appropriately effective and constructive?

Note that this section groups certain academically-oriented services together for the purpose of quality audit, but does not demand that the HEI bring these services together under a common management and planning structure.

(b)   Registry (Enrolment and Student Records)

The HEI should describe and evaluate its range of registry services. This may include, for example, student admission (including management of the relationship with HEAC); student satisfaction with the enrolment process; timeliness of the enrolment process; quality controls on data input; reliability of the computer system; assessment of the comprehensiveness of the range of data fields collected; ease and usefulness of reporting; data security and confidentiality. How does the HEI know that its Registry is appropriately effective and constructive?

(c)   Library

The HEI should describe and evaluate its systems for ensuring students and academic staff are well supported with library and other information services and resources. This may include, for example, information resources; services; actual usage of information and services; alignment of resources of academic programs; adequacy of technology; user satisfaction surveys. How does the HEI know that its Library is serving its academic needs as effectively and constructively as is appropriate?

(d)   Information and Learning Technology Services

The HEI should describe and evaluate its systems for ensuring students and academic staff are appropriately supported with information technology services and resources (including online learning management systems). This may include, for example, alignment of IT with academic requirements; provision of resources; helpdesk and training services; usage

(including accessibility and availability); security, backup and recovery systems; currency of software licenses; maintenance and replacement/upgrades. How does the HEI know that its information technology system is serving its academic needs as effectively and constructively as is appropriate?

(e)   Academic Advising

The HEI should describe and evaluate the effectiveness of its academic advisory services for students. This may include assignment of students to advisors; training for advisors; student satisfaction with advisory services; maintenance of advisory records; co-analysis of advisory services with student retention. How does the HEI know that its academic advisory services are appropriately effective and constructive?

(f)   Student Learning Support

The HEI should describe and evaluate its range, resources and effectiveness of the extracurricular services for ensuring that students are appropriately assisted in their learning. This may include, for example, planned alignment of student learning support services to student needs; workshops and seminars; peer-assisted learning schemes; comparative analysis of subsequent student performance. How does the HEI know that its systems for meeting students' extracurricular learning support requirements are appropriately effective and constructive?

(g)   Teaching Resources

The HEI should describe and evaluate its resources required to facilitate teaching. This may include, for example, planned alignment of teaching resources to teaching requirements; the state of classrooms and classroom equipment; the state of laboratories, laboratory equipment and supplies; the availability of appropriately qualified laboratory technicians. How does the HEI know that its system for ensuring that its teaching activities are appropriately resourced and supported is appropriately effective and constructive?

4.7   *Students and Student Support Services*

HEIs are expected to provide a range of non-academic support services that is appropriate to the needs of its particular student profile. Not every HEI will be expected to provide every service (for example, an HEI with no international students would not be expected to provide specific international student services).

(a)   Students and Student Support Services Planning & Management

The HEI should describe and evaluate its system for planning and managing its student support services. This may include assigned and delegated responsibilities; the constitution, terms of reference and performance of any relevant committees; student support service plans and alignment with the HEI's Mission and Strategic Plan; consideration of student input into service planning. How does the HEI know that its student support services planning and management systems are appropriately effective and constructive?

Note that this section groups certain student-oriented services together for the purpose of quality audit, but does not demand that the HEI bring these services together under a common management and planning structure.

(b)   Student Profile

The HEI should describe and critically analyse its student profile. This may include, for example, including trend statistics about numbers by program, year, gender, nationality; unique features of the profile (such as language patterns, socioeconomic clusters or high

international student numbers). What does an analysis of an HEI's student profile suggest in terms of its planning, and how is this being addressed?

Note that certain student statistics are required as set out in Appendix F on p101. These should be regarded as the minimum and HEIs should add other statistics that they feel are germane.

(c)   Student Satisfaction and Climate

The HEI should describe and critically analyse its overall student climate and the methods used to ensure that a positive and constructive climate is maintained for students. This may include, for example, application of appropriate institutional Values; student surveys; complaints; suggestion boxes; other morale indicators (such as rates of student absence); provision and utilization of student spaces. How does the HEI know that it is maintaining a conducive student climate?

Note that the results evidence in this topic would be applicable to most of the other topics in section 4.7. However, this section is not intended to include student feedback specifically about teaching, which is discussed in section 4.2(d).

(d)   Student Behaviour

The HEI should describe and evaluate its systems for governing the conduct of students. This may include, for example, codes of conduct (or similar); sexual harassment; methods for communicating expectations to students; disciplinary committees; and records of student behaviour. How does the HEI know that its system for governing student behaviour is appropriately effective and constructive?

(e)   Career and Employment Services

The HEI should describe and evaluate its career and employment services for students. This may include, for example, career planning advice; placement statistics; career expos; and CV and interview preparation workshops. How does the HEI know that its systems for assisting students with their career planning and employment placements are appropriately effective and constructive?

Note that some of the results evidence for this may relate also to section 4.2(j) and 4.3(f).

(f)   Student Finances

The HEI should describe and evaluate its system for providing financial support to students. This may include, for example, scholarships (full time and part time); deferred payment schemes; paid work placements (note that academic placements are addressed in section 4.2(f)); grants. How does the HEI know that its student financial services are appropriately effective and constructive?

(g)   Accommodation, Catering and Transportation

The HEI should describe and evaluate its policies, resources and processes for student accommodation, catering and transportation. Some emphasis should be given to the safety and security of students. This may include, for example, residential planning; residential safety and security management; role and effectiveness of residential assistants and other support staff; gender-specific services; healthy diet; student satisfaction. How does the HEI know that the range and quality of its accommodation, catering and transportation services are appropriately effective and constructive?

(h)   Medical and Counselling Facilities

The HEI should describe and evaluate its policies, resources and processes for attending to the health and wellbeing of students. This may include, for example, student needs analyses (based, perhaps, on the student profile analysis in section 4.7(a)); on-campus medical facilities and services; nursing facilities and services; counselling services; outsourcing arrangements; proactive healthcare programs; gender-specific services; analysis of student health statistics; emergency response systems. How does the HEI know that its system for attending to the health and wellbeing of its students is appropriately effective and constructive?

(i)   International Student Services

The HEI should describe and evaluate its services for ensuring that international students are appropriately looked after. This may include, for example, airport meeting services; special counselling services; tailored orientation; language and culture courses; emergency financial aid. How does the HEI know that its system for attending to the particular needs of its international students is appropriately effective and constructive?

(j)   Social and Recreational Services & Facilities

The HEI should describe and evaluate its services for students' social and recreational needs. This may include, for example, student clubs and societies; gymnasium; organised student entertainment and activities. How does the HEI know that the range and quality of its social and recreational services and facilities are appropriately effective and constructive in meeting the needs of students?

4.8   Staff and Staff Support Services

(a)   Human Resources Planning & Management

The HEI should describe and evaluate its system for planning and managing its human resources. This may include assigned and delegated responsibilities; the constitution, terms of reference and performance of any staffing/human resources committees; staff support service plans and alignment with the HEI's Mission and Strategic Plan; consideration of staff input into service planning. How does the HEI know that its staff support services planning and management systems are appropriately effective and constructive?

(b)   Staff Profile

The HEI should describe and critically analyse its staffing profile. This may, for example, include a human resources needs analysis; statistical analyses with a range of demographic and academic variables (gender, nationality, age, years of experience, staff with disabilities; highest qualification, teaching qualification, position level, language/s etc.); evaluative commentary. How does the HEI know that its staffing profile is optimally aligned with the capability requirements implicit (or explicit) in its Strategic Plan? What does an analysis of the HEI's staffing profile suggest in terms of planning, and how is this being addressed?

Note that certain staffing statistics are required as set out in Appendix F on p101. These should be regarded as the minimum and HEIs should add other statistics that they feel are germane.

(c)   Recruitment and Selection

The HEI should describe and evaluate its system for recruiting and selecting staff of appropriate quality. This may include, for example, workforce planning; position descriptions; benchmarking; advertising practices; selection criteria; candidate interview

processes; decision making processes. How does the HEI know that its system for recruiting the best staff possible are appropriately effective and constructive?

(d)   Induction

The HEI should describe and evaluate its system for inducting new staff. This may include, for example, individual needs analyses; induction manuals; formal individual and group induction programs; academic induction. How does the HEI know that its system for inducting new staff to maximize their workplace contributions are appropriately effective and constructive?

(e)   Professional Development

The HEI should describe and evaluate its policies, resources and processes for ensuring that staff are up to date with the professional and skills-based requirements for their area of responsibility. This may include, for example, aggregated training needs analysis; individual training needs analysis (related to performance planning and Review – see section 4.8(f)); generic skills training; teacher training; conference leave; dissemination of conference findings; departmental seminars; postgraduate programs; postdoctoral research activities. How does the HEI know that its system for maintaining and advancing the capabilities of its staff, particularly in relation to the Mission of the HEI, is appropriately effective and constructive?

(f)   Performance Planning and Review

The HEI should describe and evaluate its system for ensuring that staff are clear about what they are expected to do; reviewing whether this is being achieved; and responding appropriately. This may include, for example, method and regularity of review; conflicts of interest; 360º feedback; reporting; follow-up; updating of position descriptions. How does the HEI know that its system for staff performance planning and review is appropriately effective and constructive?

(g)   Promotion and Other Incentives

The HEI should describe and evaluate its policies, resources and processes for promotion and other incentives. This may include, for example, promotion regularity; promotion criteria; promotion committees; appeals processes; critical analysis of the aggregated results; other incentive systems. How does the HEI know that its promotions system is appropriately effective, constructive and fair?

(h)   Severance

The HEI should describe and evaluate its systems for the various ways in which the employment relationship between the HEI and its staff can terminate. This may include, for example, dismissal processes (and other types of severance); appeals processes; exit interviews; records management; ongoing relationship management; emeritus arrangements. How does the HEI know that its processes for managing severance are appropriately effective, constructive and fair?

(i)   Staff Organisational Climate and Retention

The HEI should describe and evaluate the methods used to ensure that a positive climate is maintained for staff. This may include, for example, staff satisfaction surveys; analysis of retention trends over time; staff events; staff awards; codes of conduct; disciplinary processes; mediation; sexual harassment. How does the HEI know that its system for ensuring a positive organisational climate is appropriately effective and constructive?

(j)   Omanisation

The HEI should describe and evaluate its systems for the various ways in which it gives effect to any intentions or obligations it may have to nationalize its staffing profile. This may include, for example, recruitment processes; targeted development programs.   How does the HEI know that its system for giving effect to the principles and obligations of Omanisation are appropriately effective and constructive?

4.9   General Support Services and Facilities

(a)   General Support Services and Facilities Planning and Management

The HEI should describe and evaluate its system for planning and managing its general support services and facilities. This may include assigned and delegated responsibilities; the constitution, terms of reference and performance of any relevant committees; general support service plans and alignment with the HEI's Mission and Strategic Plan. How does the HEI know that its general support services planning and management systems are appropriately effective and constructive?

Note that this section groups certain services and facilities together for the purpose of quality audit, but does not demand that the HEI bring these services together under a common management and planning structure.

(b)   Public Relations & Marketing

The HEI should describe and evaluate its systems for promoting and marketing itself to external stakeholders. This may include, for example, relevant demographic analyses; attention to the adequacy, accuracy and timeliness of advertising materials and course prospectuses; the extent to which the external communication activities are meeting the needs of external stakeholders; tracking of HEI reputation through media reporting. How does the HEI know that its public relations and marketing systems are appropriately effective and constructive?

Note that some of the discussion for this topic may be closely related to the discussion of student enrolments in section 4.6(a).

(c)   Communication Services

The HEI should describe and evaluate its systems for internally communicating important messages among and between its internal communities (staff and students). This may include, for example, internal newsletters; staff meetings; telecommunication systems; electronic communication networks; sampling of message penetration. How does the HEI know that its systems for communicating with and among staff are appropriately effective and constructive?

(d)   Facilities Management

The HEI should describe and evaluate the full range of its general facilities and services. This may include, for example, campus management planning and implementation; analysis of utilization rates; capital asset registers, management and replacement; cleaning; carparking.   How does the HEI know that the system for managing its facilities is appropriately effective and constructive?

Note that facilities and services particular to teaching activities are mentioned in section 4.6(g). However, given that the scope outlines in Section 4 is flexible and non-prescriptive, an HEI may choose to consider these issues together if that is most appropriate.

PART B: THE SELF STUDY

This Part discusses the process of Self Study conducted internally by the HEI,
and the production of the resulting Quality Audit Portfolio.

5   THE SELF STUDY PROJECT

A Self Study is a rigorous and comprehensive evaluation of the HEI and all its significant areas of activity. Undertaking a self study is a significant project and can take some time (between 6 and 12 months). This is especially true the first time, because it involves structuring, collecting and analysing information in a manner that has probably not been done before. The result of an institutional self study is the Quality Audit Portfolio (see section 6). If the Self Study is done well, then it should help to ensure that there will be no surprises for the HEI in the final Quality Audit Report published by the OAC, because all the issues will already have been identified.

5.1   Self Study Principles

There are some points of principle that are worth reiterating here:

- The Self Study should be championed by the very highest levels of the organisation.
- The Self Study, as with quality assurance and quality enhancement generally, should involve many people. A team approach is recommended.
- The Self Study will take time. There is a large amount of information to be collected (sometimes this will involve establishing brand new information collection methods), analysed, interpreted and reported.
- A Self Study is evaluative, not just descriptive. The idea is to find out not just what is happening, but how well it is happening. If an HEI thinks it is doing something well, can it prove this?
- A Self Study will require valid and reliable quantitative and qualitative information. Remember – claims require evidence; impressive claims require impressive evidence.
- If done well, the Self Study will also have a value to the HEI independent from its purpose as the submission document for Quality Audit.

5.2   Project Management

There are many different ways in which an HEI may choose to undertake its self study – the OAC does not require a specific approach. One possible method for conducting the self study is set out in the bullet points below. Further suggestions are provided in the OAC Training Module #6 "Preparing a Self-Study Portfolio"[1] (see www.oac.gov.om/enhancement/training).

- Form a high level Quality Steering Committee and communicate this initiative and its purpose to the HEI community.
- Agree on the scope (see section 4), then form a working group for each topic in the scope. The chairperson of each working group should be on the Quality Steering Committee.
- Train each working group in self study methods – especially ADRI (see section 25) and information collection, analysis and interpretation techniques.
- Each working group should start by collecting all the relevant external and internal directives, statements of intent etc. pertaining to the topic. Then use those documents as the starting point for the ADRI analysis. The working group should not operate exclusively, but should involve other people wherever appropriate.

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[1] A 'Self-Study Portfolio' is the same as a 'Quality Audit Portfolio'. The training module predates this *Quality Audit Manual*; where there are inconsistencies between this manual and the training module, then this manual takes precedence.

- Write up the findings in a draft section for the Quality Audit Portfolio. The Quality Director (or equivalent) should have responsibility for bringing all the sections together in a coherent, overall draft Portfolio.

- The Quality Steering Group should review the draft Portfolio and, in addition to helping improve the document generally, may wish to identify which opportunities for improvement identified in the document could be addressed before the draft Portfolio has to be finalised. (providing time for this activity is one reason why a Self Study can take many months).

- Finalise the Quality Audit Portfolio. Ensure it has been professionally edited and then approved by the governing body. Share it with the HEI community.

- Consider how the Self Study process, and what has been learned, could be embedded as long term quality assurance and quality enhancement activities within the HEI.

5.3   *A Comment on Financial Constraints and Quality*

A common complaint from HEIs is that limited financial resources inhibit the pursuit of high quality education. Indeed, many HEIs use quality audit results as a means for justifying their applications for funding increases (from private investors, Government, sponsors etc.).

From a quality audit perspective, quality is about designing and implementing systems that help an HEI achieve the best results possible with the resources at its disposal. Therefore, a lack of finances should not be viewed as an excuse for poor quality systems (including results), but as one of the challenges that needs to be managed in the ADRI cycle – starting at the beginning. If it is impossible to afford the resources required to achieve an objective, then perhaps the objective could be changed or removed. The most important thing is to align strategic planning with financial planning (budgeting). Plans containing goals that cannot be afforded are simply bad plans.

In the next stage of HEI accreditation – Standards Assessment (see section 2.1) – it will be necessary for HEIs to demonstrate that they have achieved certain minimum standards that are externally imposed by the OAC. This will have explicit resource implications.

Many of the HEIs in Oman are privately owned, and some of these are operated as for-profit enterprises. This is an entirely legitimate approach. However, The OAC cautions that sufficient resources must be committed to the achievement of quality education before profits are claimed.

6   THE QUALITY AUDIT PORTFOLIO

6.1   *What is a Quality Audit Portfolio?*

The Quality Audit Portfolio is a public document summarising the HEI's Self Study. It covers all major aspects of the HEI and its activities (for details of the Scope, see section 4).

A Quality Audit Portfolio should be both descriptive and evaluative. In other words, for each topic the Quality Audit Portfolio should describe the intended result (i.e. the goal or objective), the plans for achieving it and what happens in practice, as well as the results achieved. But then, it should also provide an evaluative summary of how well these processes are going by designating them as Areas of Strength (see section 30.1.1) or Opportunities for Improvement (see section 30.1.2).

It should be noted that the Portfolio and Supporting Materials are the only items of evidence that the HEI may submit, except in response to specific requests made by the Panel through the Executive Officer. The HEI may not continue to submit unsolicited materials to the Panel. This

is because the Panel controls the samples of issues and evidence, and cannot accept attempts to have that influenced by the HEI.

6.2   *Relationship Between the Portfolio and the Strategic Plan*

The starting point for a Quality Audit is the assumption that an HEI has a Mission Statement describing what it does and why, a Vision Statement describing where it wants to be in the future, and plans outlining how it will get there. The highest planning levels ought to be set out in a Strategic Plan. For those HEIs that do not yet have a strategic plan, some suggestions are provided in the OAC Training Module #10 "Strategic Planning" (see www.oac.gov.om/enhancement/training).

By basing the quality audit on an HEI's own strategic plan and other claims and statements of intent, instead of on an externally imposed set of standards, the process is tailored for the specific context and aspirations of that institution.

Whether an HEI has a strategic plan or not, there are also many other places in which statements of intent (goals, objectives, directives from the Dean, policies etc.) may be found. Collectively, these constitute the basis for determining whether the HEI's systems are effective in helping it achieve the goals it has set for itself.

Although the HEI's own goals and objectives form the basis for audit (sometimes referred to as a "fitness for purpose" audit – see section 22.1), note that the Audit Panel will also consider whether or not the goals and objectives are consistent with Oman decrees and regulations and are appropriately comprehensive and benchmarked (sometimes referred to as a "fitness of purpose" audit). Therefore, a quality audit is not necessarily easier that the Standards Assessment process (see section 2.1). In fact, it can be considerably more challenging because it requires each HEI to engage in meaningful strategic planning and to exercise explicit leadership in higher education.

6.3   *The Portfolio as a Public Document*

The Quality Audit Portfolio is a public document. There are several reasons for this: some pragmatic and some based on principle.

Quality Audit, of which the Self Study and resulting Quality Audit Portfolio is a major part, serves both public accountability and quality improvement purposes. The principle of public accountability demands a measure of public disclosure to be deemed valid by external stakeholders such as Government entities, families, employers and the international academic community. This has several pragmatic implications. Firstly, the Portfolio ought to be the result of an extensive and inclusive effort. By the time it is finalized, many people should have been involved in its preparation, including internal working groups, student focus groups, external stakeholders etc. The document is then subject to scrutiny in a process that involves discussions with a wide range of people. While the discussions themselves are treated in accordance with the Non-Attribution Rule (see section 10.3 below), the Panel needs to be able to discuss the Portfolio with whomsoever it believes is necessary in order to fully verify and validate its contents. And lastly, from a pragmatic perspective, the public Quality Audit Report will need to make numerous references to the Quality Audit Portfolio and its contents.

Although the Quality Audit Portfolio is a public document, its ownership remains with the HEI and the OAC will not publish or distribute it except for Quality Audit purposes (which will include distribution to the Audit Panel, Observer, OAC Board and staff). However, the HEI is encouraged to make this document available as it sees fit (see section 8 below for other uses and benefits of the Quality Audit Portfolio). In particular, the Audit Panel will expect that everyone who participates in an interview with the Audit Panel will have a copy of the Quality Audit Portfolio in order to facilitate the interview discussions.

6.4   *Portfolio Presentation and Submission*

6.4.1   Requirements

The following sets out some precise details for presentation and submission of the Quality Audit Portfolio:

- The Portfolio should not be longer than 30,000 words. Including tables, figures and appendices, it should not be longer than 100 A4 pages (50 pages double sided). There is some room for flexibility, and this should be discussed between the HEI Contact Person and the Panel's Executive Officer (see section 11.2).

- The Portfolio must be in English. In certain cases, the OAC may also require copies to be provided in Arabic. If so, this will be discussed between the HEI and the OAC early in the Quality Audit process.

- The Portfolio should be professionally type set, printed and published. It should be presented in soft cover book format (preferably with back-stitch or hot melt binding). Ring binder and spiral bound copies will not be accepted. Electronic copies should also be available on CD in PDF format.

- Eight (8) hard copies and CD copies must be submitted to the OAC (five for the Panel; one for the Executive Officer; one for an Observer, and one for the OAC's official record). The Executive Officer will have notified the HEI in advance of the due date for submission. It is imperative that this date be met, because the rest of the audit will depend upon the time frame being adhered to.

- Eight copies of the Supporting Materials must also be submitted along with the Portfolio. Wherever possible, these materials should be on a CD in PDF or XLS format. However, if the Supporting Material includes an authorizing or notarising signature (examples might include signed MoU or formal correspondence) then hard copies will be required. If there is any possibility that electronic versions of Supporting Materials may differ in any significant way from hard copies that the Panel may later have access to, then it is strongly recommended that hard copies of those materials also be submitted.

6.4.2   Suggestions

- It is strongly recommended that the HEI submits its Portfolio to a professional editor prior to final production. A number of potential problems and misunderstandings during a Quality Audit can be prevented by ensuring that the Portfolio is accurate and understandable.

- Minimise 'marketing brochure' language. Panel Members will not be persuaded by the HEI's rhetoric (and the HEI shouldn't be either!).

- The HEI should consider printing many more copies than it thinks it will need. Copies will be needed for the HEI Board/Council, senior management, persons selected by the Audit Panel for interviews, and the OAC itself. But the HEI will find that the document, if done well, is useful for many other purposes as well (see section 8).

6.5   *Portfolio Table of Contents*

A typical table of contents for a Quality Audit Portfolio is set out in Appendix E on p100. Some items are clarified in the following sections.

6.5.1   Introduction from the Chairperson

This is a brief (half page) letter of introduction and committal from the HEI Chairperson, concluding with the Chairperson's signature. Its purpose is to signal that the HEI's commitment to quality assurance and quality enhancement is championed at the very highest levels.

6.5.2   Overview of the HEI

The purpose of this section is to set the scene. This should include a brief history, campus location/s, a general description of the HEI and its context, and any special characteristics it may have. The description should include the academic and general structure of the organization and a complete list of the programs being offered, including details of their licensing and accreditation status (and, if the HEI is not the body awarding the degree, which entity is the awarding body). The overview should also include the statistical information shown in Appendix F on p101, along with any other institutional statistics that the HEI may believe is significant.

6.5.3   The Self Study Method

This section should outline the method that the HEI used to undertaking the self study and developing the findings reported in the Portfolio. The purpose of this is to provide the Panel with a level of confidence that the Portfolio will be sufficiently rigorous and comprehensive, and that the HEI applies quality assurance methods.

6.5.4   The Substantive Content Sections

A suggested list of these sections is provided in the Quality Audit Scope (see section 4). Each section should address its topics using the ADRI method (see section 25) and should conclude with formally designated Areas of Strength (see section 30.1.1) or Opportunities for Improvement (OFI – see section 30.1.2). Note that every section will have Strengths and OFI, although probably not every topic within the section. In summary, the scope headings are:

1. Governance and Management
2. Student Learning by Coursework Programs
3. Student Learning by Research Programs
4. Staff Research and Consultancy
5. Industry and Community Engagement
6. Academic Support Services
7. Students and Student Support Services
8. Staff and Staff Support Services
9. General Support Services and Facilities

It is not expected that these sections will be of equal length. The HEI may choose to emphasise some sections (e.g. 1-5) more than others (e.g. 6-9) in accordance with its Mission.

6.6   Supporting Materials

The Portfolio should be submitted with a number of supporting materials. The purpose of these materials is to help the Panel verify the Portfolio, and to facilitate their understanding of the HEI. There are two sets of Supporting Materials – a compulsory set and others which the HEI may choose to include at its discretion.

6.6.1   Supporting Materials Submitted with the Portfolio

A number of Supporting Materials ought to be submitted with the Portfolio to the OAC. These are items that will assist the Audit Panel with its understanding of the HEI and its core activities, and with its verification of the Portfolio. There are two categories of Supporting Materials as follows:

(a)   Required Supporting Materials

These are Supporting Materials that, if they exist, must be submitted along with the Portfolio:

SM001   Decree establishing the HEI

SM002   Formal Agreements with other HEIs

SM003   HEI Strategic Plan

SM004   Most recent HEI Annual Report

SM005   Official licenses for all programs offered.

SM006   Publication containing all Bylaws and Regulations and Courses (sometimes called a "Catalogue" or "Calendar" or "Prospectus")

SM007   A complete list of all staff names and positions (do not submit CVs, as the Panel will probably ask for a specific sample in their Additional Supporting Materials – see section 15.4).

SM008   HEI Council Constitution and Terms of Reference

SM009   Academic Board Constitution and Terms of Reference

SM010   Schedule of all organisational and program reviews conducted in the past 10 years

SM011   List and Registration Details of all Controlled Entities (if any)

SM012   A Campus Map

(b)   Optional Supporting Materials

The HEI may select a number of other Supporting Materials which it believes are likely to be required by the Audit Panel. In making a decision on how many Optional Supporting Materials to provide, the HEI should remember that overwhelming the Audit Panel with information is unlikely to be productive. If the HEI has concerns about what to include and what to leave out, the Contact Person should contact the Executive Officer to discuss the matter.

Examples of Optional Supporting Materials include (and are not limited to) the following:

• aggregate student evaluation of teaching survey and results;

• professional development programs and attendance rates;

• research plans;

• staff performance appraisal policy and guidelines.

6.6.2   Supporting Materials Available on Request

An HEI will always have many more items of evidence than those included in the Supporting Materials. The more significant items should be listed in the back of the Portfolio in order to assist the Panel with understanding what other evidence may be available to assist them with their process. It is likely that the Panel will ask for one or more copies of certain items during the Quality Audit process.

This list is designed to be helpful rather than restrictive. The Panel may also request documents and other information that is not listed in the Supporting Materials Available on Request.

6.6.3   Indexing Supporting Materials

Quality Audits usually involve a substantial number of items of evidence. It is important to maintain a clear indexing system to assist with managing these materials, and it is helpful if the OAC and the HEI use the same system to facilitate communication. All Supporting Materials, whether submitted with the Portfolio or thereafter, should be indexed using the following convention:

SM001 Name (date)

SM002 Name (date)

SM003 Name (date)

…and so on. For example: SM024 Library Annual Report (December 2005)

7   TRIAL AUDITS

A Trial Audit (sometimes called a Mock Audit) is a process whereby an HEI engages its own Audit Panel to conduct an internal Quality Audit prior to the external Quality Audit conducted by the OAC. The OAC does not require HEIs to undergo a Trial Audit – it is up to each HEI to determine whether it wishes to do so or not. The OAC offers the following advice (based on international experience) to those HEIs considering a Trial Audit.

7.1   *Possible Purposes of a Trial Audit*

7.1.1   Portfolio Quality Control

If a Trial Audit is conducted before the Portfolio is finalised and submitted to the OAC, then it could be used to help identify any problems with the document (such as inaccuracies, inconsistencies, significant omissions or lines of reasoning which do not make good sense) by comparing it with interview responses. This is a legitimate and potentially useful addition to the HEIs own process of self study. It may lead to amendments to the Portfolio which will make it a more accurate and complete account of the HEI's quality management.

Of course, if the Trial Audit occurs after the Portfolio has been finalized, then this purpose becomes redundant.

7.1.2   Familiarising the HEI with the Quality Audit Process

Some HEIs may seek to conduct a trial Audit Visit in order to provide its staff and students with an experience of being interviewed by a Panel. This is a potentially useful purpose. Some people are nervous about being interviewed in a formal setting, and having the opportunity to experience it in advance of the external Audit Visit may help them develop confidence. It also provides the HEI with an opportunity to test out its logistical arrangements, in terms of room setup, catering, mobilising groups of people etc. Note that this purpose is focused on the Quality Audit *process*, and not on the *content*.

7.1.3   Planning Responses for the Audit Panel

An HEI may choose to undergo a Trial Audit as a way of anticipating what questions may be asked during the Audit Visit, so that the HEI may prepare model answers. This is a dangerous purpose that the OAC strongly advises against.

There are pragmatic reasons for this, such as the probability that the sample of issues (see section 26) would vary between the Trial Audit and the external Quality Audit, as would the totality of people interviewed, questions asked, materials reviewed etc. There is an old Chinese proverb: "you cannot set foot in the same stream twice."

But more importantly than this are the Quality Audit Protocols (see section 10). It is wholly inappropriate for an HEI to instruct its staff on the answers they should give in response to questions from the Audit Panel.

7.1.4   Anticipating the Quality Audit Report

An HEI may undergo a Trial Audit in order to anticipate what the final Quality Audit Report may state. This is a dangerous purpose. As stated above, the chances of the total combination of sampled issues, interviewees, questions, materials reviewed etc. being the same are low. But more importantly, interviewees will develop a different approach to internal panel than to an external panel, and panel members will conduct their deliberations differently depending on whether their report is to be confidential to the HEI management, or public via the OAC Board. Therefore, an HEI that tries to anticipate the final Quality Audit Report based on their Trial Quality Audit Report may develop false and unhelpful expectations.

7.2   Suggestion on Timing for a Trial Audit

A Trial Audit places an additional financial and administrative burden on the HEI. If an HEI chooses to proceed with a trial Audit then it should seek to maximize the potential benefits and to minimize the potential disadvantages. One way to do this is to conduct the Trial Audit at least a year before the external Quality Audit. In that way, it becomes a part of the HEI's own quality management activities.

7.3   Trial Quality Audit Reports

The OAC recognizes that, while Quality Audit should result in a public Quality Audit Report, there are times when an HEI needs to benefit from engaging in private quality assurance and quality improvement activities, purely for its own purposes (a trial audit is one obvious example of this sort of activity). Respecting those purposes, the OAC will not request a copy of a Trial Quality Audit Report as part of its own Quality Audit Process, unless the HEI has already chosen to make the document public. For the same reason (and for the reasons listed in sections 7.1.3 and 7.1.4 above), the HEI will not be permitted to subsequently use its Trial Quality Audit Report to contest, in public or in private, any findings in the OAC's Quality Audit Report. Any attempt to do so may be regarded as a breach of Quality Audit Protocols (in section 10).

8   MAINTAINING THE PORTFOLIO

A huge amount of effort goes into creating a Quality Audit Portfolio. It makes sense for the HEI to obtain as much benefit from the document as possible. Therefore, it is recommended that the HEI's Quality Manager (or equivalent) take responsibility for maintaining the Portfolio by updating it (in electronic form) each time goals or processes change, or new results become available. This has several advantages:

- it serves as an up to date tool for ongoing quality assurance activities within the HEI;
- it facilitates the development of trend information over time, which can lead to better analysis and decision making; and
- the Portfolio will be much quicker and easier to prepare the next time the HEI is audited.

The maintenance of a Quality Audit Portfolio means also that it can continue to bring other benefits. International experience shows that some of the most popular uses for the Portfolio, other than as the submission document for the purpose of Quality Audit, include the following:

- providing the basis for establishing a comprehensive set of key performance indicators for the institution;

- induction material for new staff; and

- information for prospective institutional partners and affiliates.

PART C: THE EXTERNAL REVIEW

This Part discusses the process of External Review conducted by the OAC Audit Panel, and the production of the resulting Quality Audit Report.

9   THE EXTERNAL REVIEW PROJECT

The part of the Quality Audit most commonly discussed is the visit of the Panel to interview staff and students (the Audit Visit). However, this is just one component of what is a comprehensive and rigorous External Review.

10   QUALITY AUDIT PROTOCOLS

The *INQAAHE Policy Statement* (2004) says: "While higher education comes in many forms, the Network holds that the defining characteristics of higher education include clear policy and procedural commitments to academic integrity and academic freedom, which is the recognition that academic endeavours should be wholly conducted in a spirit of honesty and openness. External quality assurance should be conducted in such a way as to promote academic freedom and intellectual and institutional integrity."

It also states that: "every effort should be made to ensure the independence of the individual evaluators, including the adoption of a clear policy on real or potential conflicts of interest."

The OAC applies several Protocols in order to meet this policy statement. These are set out in the following sections.

10.1   *Conflicts of Interest*

All people involved in the Quality Audit from the OAC must declare any potential conflict of interest prior to their participation. A conflict of interest may prevent a person's further involvement.

A person may have a personal conflict of interest if there is:

- An immediate family member or very close friend on the governing body or staff of the HEI or as a student of the HEI.

- Animosity with a person on the governing body or staff of the HEI.

- Financial interest in the HEI, or financial interest in a going concern in association with a Board Member, Council Member or Senior staff of the HEI;

- Bias for or against the Applicant due to some previous event (including the External Reviewer being a graduate or staff member of that HEI).

A person may have a professional conflict of interest if they:

- are currently, or have been within the past three years, an applicant or prospect for a position with the HEI;

- currently provide, or have provided within the past five years, professional services to the HEI which may impact on the Quality Audit (such as being an external examiner; participating in internal review processes, providing consulting services etc.);

- belong to, or have an interest in, an organisation currently involved in an explicit and important competitive process against the HEI (this is not intended to include normal competitiveness within the sector).

10.1.1 External Reviewer Declarations

External Reviewers must complete, sign and return an Audit Panel Declarations Form (see Appendix C on p98) to the OAC before they can be confirmed as a Member of a particular Audit Panel. If they have concerns about a possible conflict of interest, they should contact the relevant Executive Officer or the Executive Director to discuss the matter.

10.1.2 Executive Officer Declarations

Executive Officers must disclose any potential conflict of interest to the Executive Director at the time that they are assigned to an audit project. The Executive Director may decide to replace them on the project with another Executive Officer.

10.1.3 OAC Board Member Declarations

OAC Board Members must disclose any potential conflict of interest to the OAC Chairperson (or, if it is the Chairperson, to the Deputy Chairperson), who may ask that the Board Member to absent himself or herself from any discussions at the Board relating to that particular Quality Audit.

10.1.4 Observer Declarations

From time to time the OAC may permit a person to be an Observer for an Audit Panel (see section 13 below). Although Observers have no influence on the Quality Audit Report, they will have access to information about the HEI being audited. Therefore, Observers must complete, sign and return an Observer Declarations Form (see Appendix D on p99) to the OAC before they can be confirmed as an Observer for a particular External Review. If they have concerns about a possible conflict of interest, they should contact the relevant Executive Officer or the Executive Director to discuss the matter.

10.2   *Undue Influence*

It is not acceptable for the HEI to exert any undue influence on the Audit Panel, OAC staff or OAC Board in relation to the Quality Audit. Undue influence by the HEI (or stakeholders of the HEI) may take a number of forms, including (but not limited to) the following:

- Communication about the Audit with individual Panel or Board members during the course of the Audit (except, of course, as a formal part of the audit visits). All communication must be through the designated staff member from the OAC or the Executive Director.

- Explicit or implied threats against the Quality Panel, OAC staff or Board members.

- Explicit or implied promises of benefits to the Quality Panel, OAC staff or Board members.

- Gifts and overly generous hospitality.

In the event of undue influence occurring, it will be reported to the Board and may be included in the public Quality Audit Report. Excessive undue influence may require the audit process to be cancelled.

10.3   *The Non-Attribution Rule*

When conducting audit interviews, the OAC Audit Panels need to be able to use the information they receive, but should not attribute that information to the person who provided it.[2]

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[2] This is based on the world renowned "Chatham House Rule", which can be found at
http://www.chathamhouse.org.uk/index.php?id=14 (last accessed 19 June 2007).

OAC asks that this rule be respected by all people who participate in the audit interview process. In particular, this will mean:

- Interviewees will not be permitted to take notes or use any form of recording device in the interview sessions;

- HEIs should not place interviewees under any pressure to disclose any responses that they or other interviewees provided to the Audit Panel.

10.4   Transparency vs Protectionism

INQAAHE is clear that academic endeavours ought to be conducted in the spirit of honesty and openness and that applies concomitantly to Quality Audit. However, experience has shown that one of the main concerns HEIs have during Quality Audit is the desire to protect their reputation. That may provide motivation to omit or conceal areas where improvements are required or, when they cannot be concealed, to present them in a form that deliberately over exaggerates positive aspects and underplays problems. It may even motivate HEIs to ensure that certain people will be unavailable to meet with the Audit Panel during the Audit Visit.

Quality Audit services two purposes – organisational improvement and public accountability. For each of these purposes there is a good reason why the OAC strongly advises against a protectionist approach.

Every organisation – without exception – has opportunities for improvement (OFI). A good quality organisation is one that is actively committed to identifying and addressing OFI. Quality Audit provides a positive opportunity for HEIs to thoroughly explore such issues.

In terms of public accountability, a deliberate effort to conceal important issues from the Audit Panel could (depending on the severity of the issue) result in perhaps the most unfortunate outcome of a Quality Audit – a published finding that the HEI submitted a fraudulent Portfolio.

The desire by HEIs to be presented positively is entirely understandable and reasonable. The OAC wishes to emphasise that in quality management terms, the HEI that presents itself as perfect is not regarded as positive – it is regarded as implausible. The HEI that is actively and effectively attending to its issues is regarded as positive and this will be acknowledged in Quality Audit Reports.

Audit Panels will be trained to identify the likelihood that interviewees are delivering rehearsed answers to its questions. This will be considered an attempt by the HEI to prevent the Audit Panel from obtaining the information it seeks, namely people's lived experience rather than official HEI policy (which it will already have from the Portfolio and Supporting Materials).

10.5   Personal and Commercially Sensitive Information

The OAC's Royal Decree (74/2001, Article 6) states that HEIs and other related parties "shall provide the OAC with the information it requires and deems imperative for the accomplishment of its tasks." From time to time an HEI may claim that certain information requested by a Panel is either personally or commercially confidential, and may wish to withhold the information from the Panel. Whether or not certain information should be treated as confidential is often a matter of opinion, and the Panel is not obliged to agree with the HEI's assessment of that information unless stipulated otherwise by applicable Royal Decrees. However, as a general principle, the OAC Board has ruled that Panels should avoid accessing personally or commercially confidential information unless it is absolutely necessary for the investigation of a particular issue included within the scope of the audit. Should such a need arise, Panels are required to treat the information with sensitivity in order to avoid or minimize any potential discomfort for the HEI and its people. A range of options for accessing the information should be explored, as follows…

Examples of information that an HEI may deem personally confidential include a student's marked work; or a staff member's appraisal report or promotion result. If the Panel wishes, for example, to verify that staff performance appraisals are actually taking place then it may ask to see a sample of completed appraisal forms but with the staff members' names removed.

Examples of information that an HEI may deem commercially sensitive include competitive student recruitment strategies or financial records. If the Panel wishes, for example, to explore the alignment of planning with resource allocation then it may arrange with the HEI to view any particularly sensitive financial records on site rather than removing copies of those records from the institution.

The Panel will use its best efforts to be sensitive to the concerns of the HEI in terms of personal and commercially sensitive information. At the same time, the HEI needs to acknowledge that the Panel must have access to the information necessary for it to effectively complete the Quality Audit. In most cases, mutually acceptable solutions can be reached through discussion between the Executive Officer and the Contact Person.

Lastly, it must be noted that all OAC External Reviewers are required to sign a confidentiality agreement prior to their participation on a panel (see Appendix C).

10.6   *Complaints about the HEI*

It is not the purpose of a Quality Audit to hear and resolve complaints about specific issues in relation to the HEI. The Audit Panel is not a court, arbitrator or mediator. It does not have a role in resolving individual complaints or problems, and will never offer a proposed resolution to a particular case. However, the Audit Panel may use a particular case as one source of evidence when exploring whether the HEI has policies and processes in place for receiving and addressing complaints and for resolving not only the individual complaint but any systematic problem that may have caused it.

11   STARTING A QUALITY AUDIT

11.1   *Initiating the Quality Audit*

At least 6 months prior to the date by which an HEI must submit its Portfolio (and usually earlier), the OAC will contact the HEI in writing and in person to commence general arrangements for the Quality Audit.

11.2   *Appointing Contact People*

Each audit shall have two contact people – one from the OAC and one from the HEI. For the OAC, the contact person will be the Executive Officer appointed to the Panel. The Executive Officer will usually be a professional staff member of the OAC.

The HEI should designate its own Contact Person. This needs to be someone with sufficient seniority to direct or influence the HEI's involvement in the audit. The deputy CEO (e.g. Vice-President or Deputy Dean) is normally an appropriate choice.

All communication between the OAC and the HEI about audit matters should be conducted through these contact people. No communication about the audit process will be permitted between the HEI (including its council, staff, students and external stakeholders) and any member of the Panel or OAC Board until the audit is completed.

The only exceptions to this pertain to formal communications between the Chairperson of the HEI and the Chairperson of the OAC Board or the Executive Director. Even these communications should be limited to matters of protocol or in the event of a serious complaint by the HEI over the conduct of the Audit (see section 19).

12   THE AUDIT PANEL

12.1   External Reviewers

12.1.1 Register of External Reviewers

The OAC Board has established a Register of External Reviewers. The Register includes eminent people from Oman and overseas who have shown leadership in their disciplines, higher education management, or professions and industries that engage with higher education providers. The Register is publicly available (see www.oac.gov.om). All people listed on the Register have been through a rigorous selection process.

12.1.2 Criteria for External Reviewers on Audit Panels

It is important that the Register of External Reviewers be comprised of peers who command the respect of the higher education and Omani communities. Desirable attributes and characteristics of External Reviewers are as follows:

- commitment to principles of quality enhancement and quality assurance in higher education;

- knowledge of quality assurance methods and terminology and their appropriate uses;

- knowledge and understanding of the Omani higher education sector, including its broader context;

- ability to reconcile the theory of quality with organisational realities;

- experience of undertaking quality reviews (audit, assessment, accreditation, etc.) in educational, professional or industrial settings;

- ability to understand and evaluate information provided by HEIs in a manner that is sensitive to the particular context from which it arises;

- experience of graduates and/or teaching and/or research;

- appreciation of Omani culture;

- breadth of perspective;

- ability to focus knowledge and experience to evaluate quality assurance procedures and techniques, and to suggest good practices and/or starting points for improvements relative to the HEI's particular context;

- ability to work in a team actively and cooperatively;

- ability to communicate effectively;

- ability to recognise personal values and presumptions and have insight into the ways these may effect thinking and judgments;

- integrity, discretion, commitment and diligence.

- significant experience in senior positions within reputable organisations (higher education providers, professional bodies, businesses).

- experience in quality management processes within a reputable higher education provider;

- Be trained in one or more method of external institutional review.

12.1.3   Training for External Reviewers

All national External Reviewers will be required to complete the OAC External Reviewer training program before their inclusion in the Register is confirmed. The Training Program is typically two days and is run at the expense of the OAC.

If there are places available, people who are not External Reviewers may participate in the Training Program on a fee-paying, first come – first served basis.

It is expected that international External Reviewers will have training and experience with foreign external quality agencies (such as QAA or AUQA).

12.2   Assembling the Panel

For each Quality Audit, the OAC will assemble an Audit Panel comprising up to five External Reviewers (Panel Members) from the Register. The OAC reserves the sole right to determine the composition of the Audit Panel and, in each case, will endeavour to assemble a group of External Reviewers that will be appropriate for the HEI being audited. Audit Panels will typically (but not necessarily) comprise:

- an academician from within Oman;

- an academician from another country;

- a person with HEI management expertise from within Oman;

- a person with HEI management expertise from another country; and

- a person with related industry or professional body expertise

Each Audit Panel will have an Executive Officer, who will usually be a member of the OAC professional staff.

The OAC will draw up a long list of names for each Audit Panel. This list will include two people for each of the above positions. This list must be approved by the OAC Board. Then, it is submitted in strict confidence to the CEO of the HEI, who is invited to comment on whether any may have a conflict of interest (which is the only grounds for objection). The OAC is not obliged to agree with any objection from the HEI, but must consider all objections carefully.

The Executive Director and Executive Officer may then finalise the Audit Panel and must advise the OAC Board and the HEI. The Audit Panel will be announced on the OAC website.

13   OBSERVERS ON AUDIT PANELS

From time to time the OAC receives requests from persons wishing to observe the External Review process for their own professional development purposes. The practice of permitting observers is well established internationally, and is an important means by which knowledge and experience about quality management can be shared.

The OAC permits up to one external Observer for each Audit Panel. However, in order to ensure that the presence of an Observer does not in any way compromise the integrity of the Quality Audit, the following conditions apply.

13.1   Approving Observers

People may contact the OAC at any time to register their interest in Observing an External Review. This registration of interest should include submission of a CV to assist the OAC in

prioritizing applications and in determining whether conflicts of interest may exist for a particular Quality Audit.

The OAC makes no guarantees that any applicant will observe an External Review. The selection of a potential Observer is at the complete discretion of the OAC, and that person's confirmation is subject to various parties agreeing that no conflict of interest prevails.

At the time of developing the Audit Panel long list, the OAC will consider whether the External Review may be suitable for any of the Observer applicants. The names of up to two potential Observers (clearly identified as such Observers) will be included in the Audit Panel long list and sent to the OAC Board for approval in principle and then to the HEI for their comment (see section 12.2).

A final selection of a single Observer may then be made from those that do not present a conflict of interest. That person will be invited to complete the Observer Declarations Form (see Appendix D on p99) and submit it to the OAC.

13.2   *What will the Observer get to 'Observe'?*

In order for the position of Observer to be as beneficial as possible, the OAC will seek to provide the Observer with substantial access to the External Review process and materials. However, there are some limits on this in order to ensure that the primary focus of the OAC and the HEI is on the Quality Audit itself.

The Observer will receive a copy of the Quality Audit Portfolio along with a list of Supplementary Materials. In order to minimize the burden on the HEI, and recognising that the Observer is not tasked with scrutinizing materials for External Review purposes, the Observer will not receive the Supporting Materials.

The Observer may attend the Portfolio Meeting (in person or by teleconference) and the Audit Visit and be present for all interview sessions and panel review sessions. The Panel Chairperson reserves the right to require the Observer to absent himself or herself from any session where his or her presence may otherwise be problematic, but it is expected that this will only be exercised in exceptional circumstances.

The Observer may not attend the Planning Visit. Only the Panel Chairperson and the Executive Officer attend this meeting.

The Observer will receive a copy of all drafts of the Quality Audit Report, and the HEI Submission on draft v5, so that they may experience how the drafts change at each stage in the process. However, s/he does not participate in the drafting process and will not be copied into any of the Panel's deliberations other than during the Portfolio Meeting and Audit Visit.

The Observer may not participate in any disputes or Appeals process. To do so would be to change the role of the Observer to one of a monitoring agent. This would be inconsistent with the personal professional development purpose of observers.

The Observer's involvement concludes when they are sent a copy of the final Quality Audit Report.

13.3   *Conduct of Observers*

- The Observer is not a Member of the Audit Panel and has no formal role in relation to the Quality Audit. The Observer may not influence the Panel or the HEI in any way during the Quality Audit.

- The Observer must remain silent during all interview, feedback and panel review sessions.

- The Observer may not take notes or use any recording devices during any of the Panel's interview or feedback sessions.

- The Observer may take notes about the Quality Audit process during Panel-only sessions (including the Portfolio Meeting and Audit Visit panel review sessions) but is not permitted to take notes about the Panel's deliberations on the HEI nor about the HEI itself (it must be clearly understood that the purpose for having Observers is to share information about the Quality Audit *process*, not about the HEI).

- During the course of the External Review the Observer will have questions about the process. These should be put to the Executive Officer during appropriate breaks in the process.

- The Observer may not under any circumstances liaise with the HEI during the External Review process.

13.4   *Administrative Arrangements for Observers*

- Observers are responsible for the costs of their own travel and accommodation, although the Panel Support Officer (see section 21.1) may assist with bookings.

- The OAC will normally cover the costs of meals and refreshments for the Observer during the Portfolio meeting and Audit Visit.

- The OAC will not be liable for any other costs associated with the Observer's involvement with the Quality Audit.

14   ROLES AND RESPONSIBILITIES

14.1   *Panel Members*

The following responsibilities are shared by all Panel Members:

- Participate in the OAC External Reviewer Training Program (unless specifically exempted by the OAC) prior to joining an Audit Panel.

- Complete and return the Audit Panel Declarations Form (see section 10.1.1 and Appendix C on p98) and inform the OAC about any matters that are or could be perceived as possible conflicts of interest.

- Read the *Quality Audit Manual* thoroughly and apply the process and methods of Quality Audit set out in this Manual.

- Commit fully to the Quality Audit process, including postponing all other professional commitments during the Portfolio Meeting and Audit Visit, and completing all other assigned tasks in a timely manner.

- Read and evaluate the Quality Audit Portfolio and all other materials assigned to them.

- Participate actively in all Audit Panel meetings and activities (whether face to face or via communication technologies) in a spirit of teamwork and collaboration, and undertake any consequential responsibilities assigned to Audit Panel members during meetings.

- Participate in the construction of the Audit Visit agenda, Interview Worksheets, and requests for additional materials.

- Participate positively and constructively in the Audit Visit, including interview sessions and panel review sessions.

- Record evidence from the different review activities (e.g. interviews, documentary reviews) and share them with other Panel Members.

- Provide detailed and timely comments on all drafts of the Quality Audit Report.

- Comply at all times with the direction of the Chairperson and the guidance on the professional process provided by the Executive Officer.
- Provide feedback on the Quality Audit to the OAC as requested.
- Be available to participate in an Appeal interview if required.

Panel Members are ambassadors for the OAC. As such, they should:

- Act in a positive, ethical and professional manner at all times, and perform duties to the highest standards of honesty and diligence.
- Respect the OAC's protocols (see section 10) and report any potential breach of the protocols to the Executive Officer as soon as possible.
- Avoid direct liaison with the HEI during the Quality Audit process, other than the interview sessions. All other liaison with the HEI is to be via the Panel's Executive Officer. If the HEI and a Panel Member have contact during the review process this must be disclosed to the Executive Officer for appropriate consideration.
- Maintain positive and constructive relationships with other Panel Members, the OAC staff and the HEI throughout the process.
- Recognise that Panel Members do not have a power of veto over the final Quality Audit Report. The Panel Chairperson will decide, in conjunction with the Executive Director, when the final report is ready to be submitted to the OAC Board. The Panel Chairperson will have exhausted the full Quality Audit process before making this decision.
- Adhere to the OAC's policy on media management (see section 18.11). Panel Members may not publicly disclose any deliberations, discussions or materials of the Quality Audit process.

14.2   Panel Chairperson

In addition to the responsibilities of Panel Members, the Panel Chairperson has the following responsibilities:

- Chair all meetings of the Audit Panel, including all interview sessions during site visits. This responsibility may be delegated to another Panel Member if the Panel needs to split during the Audit Visit to conduct additional interviews.
- Create a professional, open and positive atmosphere in which critical enquiry, difficult decision making and robust debate may occur without compromising the integrity of the process or of participants.
- Guide the Audit Panel towards consensus, but not necessarily unanimous agreement, on key findings.
- Undertake, with the Executive Officer, the Planning Visit and any special site visits that may be required. This responsibility may be delegated to another Panel Member if necessary.
- Provide verbal feedback to the HEI CEO at the Preliminary Feedback session (see section 17.2.8).
- Verbally present the Audit Panel's findings to the OAC Board if required.

14.3   Executive Officer

The Executive Officer is usually a member of the OAC staff. The Executive Officer is not a member of the Audit Panel but has access to all Quality Audit materials and is in attendance for all Audit Panel activities and may speak and act whenever necessary in the fulfillment of the following responsibilities:

- Provide guidance to the Audit Panel on the professional process as set out in this *Quality Audit Manual* (this may include making suggestions to the panel about the subject matter under audit) and other directives from the OAC.

- Be the primary point of contact between the HEI and the Audit Panel.

- Prepare the Audit Panel's agenda, worksheets, letters and other working documents.

- On the direction of the Audit Panel and in accordance with OAC guidelines, write the draft and final Quality Audit Reports and circulate drafts to Panel Members for their comments.

- Organise for the Quality Audit Report to be professionally edited prior to submission to the OAC Board for final approval.

- Provide, with the assistance of other OAC staff, high quality administrative support to the Audit Panel.

14.4   Executive Director

The Executive Director is not a member of the Audit Panel, but plays an important role in the overall management and quality control of the process. This role includes the following responsibilities:

- Design the National Quality Audit Schedule and submit it to the OAC Board for approval.

- Assign an Executive Officer to each Audit Panel.

- In conjunction with the Executive Officer, propose the long list of Panel Members to the OAC Board for approval (see section 12.2).

- Manage the budget for the Quality Audit.

- Intervene in the Quality Audit process to help resolve serious process disputes, but only if necessary (see section 19.1).

- Undertake a final check of the Quality Audit Report prior to it being submitted to the Board for approval, to ensure it complies with OAC policies and guidelines.

- Manage all media statements in relation to the Quality Audit.

14.5   OAC Board

The Board has the overall governance role for Quality Audits. This role includes the following responsibilities:

- Approve the *Quality Audit Manual* and amendments to this Manual.

- Approve all External Reviewers for entry into the Register (see section 12.1).

- Approve the National Quality Audit Schedule (see section 3.2).

- Approve the budget for each Quality Audit.

- Approve the long lists for all Audit Panels (see section 12.2).

- Consider and provide feedback on the penultimate drafts of Quality Audit Reports (see section 18.8.2).

- Approve the final Quality Audit Reports, based on a judgment as to whether the OAC's policies have been properly followed (see section 18.9).

- Receive and consider a debriefing report on each Quality Audit process (see section 20.1.4).

15   BEFORE THE QUALITY AUDIT VISIT

This section contains information for Audit Panels.

15.1   *Establish Audit Folders*

Panel Members will receive a substantial amount of information about the HEI during the audit. Some of this information will be confidential to the HEI and/or to the OAC. So, Panel Members should immediately establish three folders:

• An email folder, for storing all emails relating to the audit;

• A computer folder for storing all electronic information relating to the audit; and

• A physical folder for storing all physical information relating to the audit.

These folders should be kept in a confidential manner (including password protection for the email and computer folders). Upon the completion of the Quality Audit (i.e. the public release of the Quality Audit Report) all folder contents should be deleted (except, if the Panel Member so wishes, those items that are clearly in the public domain such as official publications from the HEI). Note that the folder contents should not be deleted before the Quality Audit Report is released, as they may be required for finalizing the Quality Audit Report or for an Appeal (see section 19.2).

15.2   *Preliminary Comments*

The Portfolio and Supporting Materials are circulated to Panel Members as soon as they become available. Each Panel Member is asked to prepare a two page document called Preliminary Comments, which outlines their initial analysis of the Portfolio. For each section heading in the Portfolio, the preliminary analysis should state:

• Potential areas for Commendations

• Potential areas for Affirmations

• Potential areas for Recommendations

• Other important issues requiring further attention

• Further information that will be required

• People that the Panel will need to meet

• Questions that need to be asked

• Points requiring clarification

These Preliminary Comments should be submitted to the Executive Officer by a notified date. The Executive Officer will use them to produce the first version of the Quality Audit Report (see section 18.4), which will be circulated at the Portfolio Meeting.

15.3   *The Portfolio Meeting*

About 10 weeks before the Audit Visit, the Audit Panel holds a Portfolio Meeting at the OAC Offices (see task 15 in Table 1). International Panel Members may be invited to participate in this meeting by communication technology (the choice of technology will vary depending upon circumstances). A typical Portfolio Meeting Agenda is provided in Appendix H on page 104.

This meeting is crucial for the following reasons:
• it ensures that the Portfolio receives appropriate attention (so that the audit overall is not dominated by the Audit Visit);

- it enables the Audit Panel to get to know each other
- it ensures that the Audit Panel are very clear about the task and the expectations at an early stage
- it helps with planning for the rest of the audit project.

15.4   *Additional Supporting Materials*

The Audit Panel may request Additional Materials during the Audit Visit and up to two weeks after the end of the Audit Visit. All requests must be made through the Executive Officer and the HEI must respond to the Executive Officer.

While the Executive Officer may submit a request to the HEI for Additional Supporting Materials at any time during the External Review, it is best if the requests are made in block in order to minimize the burden on the HEI. The best times to make the requests are:

- In the paperwork sent to the HEI regarding the Planning Visit (see section 15.5).
- In the Daily Liaison Meetings during the Audit Visit (see section 17.2.7); and
- In a single letter ten days after the end of the Audit Visit.

15.5   *The Planning Visit*

About 6 weeks before the Audit Visit, the Panel Chairperson and the Executive Officer will visit the HEI to discuss the forthcoming Audit Visit and other matters pertaining to the Quality Audit (see task 22 in Table 1). A typical Planning Visit Agenda is provided in Appendix I on p105.

These meetings are small, operational meetings. Usually the attendees from the HEI are the CEO (at least for the first session) and the Contact Person. The HEI may involve other people as it deems necessary, but should keep the meeting small so that the focus may be operational.

An HEI may wish to conclude the meeting with a light lunch. This may provide an opportunity to introduce the Panel delegation to other members of the HEI, such as owners, senior management or student leaders, and to help clarify the overall purpose and process of Quality Audit. The OAC leaves such arrangements to the HEI's discretion.

It is important to note that the focus of the Planning Visit is on facilitating the overall External Review and preparing for the Audit Visit. The Planning Visit is not an opportunity for the Audit Panel delegation to conduct interviews or other such audit activities, nor for the HEI to enquire as to the Audit Panel's preliminary conclusions.

16   PUBLIC SUBMISSIONS

There is only one formal submission from the HEI to the Quality Audit process and that is the Portfolio. However, an important aspect of public accountability is to ensure that the Audit Panel, representing the interests of the public at large, is able to investigate the HEI in an independent manner. This involves having access to information that has not first been vetted by the HEI. So, shortly prior to the Audit Visit the Executive Officer will call for public submissions on behalf of the Audit Panel. The method used will be as follows:

- A Quality Audit Notice will be sent to the Contact Person for wide distribution within the HEI (see Appendix V on p119).
- Notices will be posted in the local newspapers.
- A notice will be posted on the OAC website.

The notices will include an email address to which the submissions should be forwarded. The Audit Panel will only accept unsolicited submissions provided that they meet the following criteria:

- They include the name, position, organisation (HEI, workplace etc.) and contact details of the person/s making the submission. This information will be treated in confidence. Anonymous submissions will not be considered by the Audit Panel under any circumstances.

- The person/s making the submission must be willing to participate in a telephone interview should the Audit Panel consider such a discussion to be necessary.

- They should not refer to personal grievances or single out individual members of staff. [3]

- Submissions must contain specific evidence for any claims being made. Vague allegations will not be pursued by the Audit Panel.

- The submission (excluding any particular corroborating evidence) should be no more than 1,000 words (two sides of an A4 page) in length.

A general call for submissions does not constitute a statistically valid survey. The number of submissions received on a certain topic is not relevant. However, the substance of the submissions received is potentially useful. The Audit Panel may choose to investigate or not investigate the matters raised. If they choose to investigate, it will be only as part of the overall Quality Audit, and not in terms of the details of a particular complaint. The Audit Panel will not make any response or report to the person/s making the submission. The only reports issued by the Audit Panel are the Preliminary Feedback session (see section 17.2.8) and the Quality Audit Report. The Audit Panel will not reach any conclusions for inclusion in its Quality Audit Report on the basis of an unsolicited submission without properly triangulating the issue. This may include directly asking HEI management about the matter, although if this occurs, the identity of the person making the submission will still remain confidential to the Audit Panel.

There are international precedents for seeking public submissions as part of the Quality Audit process. For example, the QAA calls for written submissions from students (QAA, 2003 & 2006).

17   THE QUALITY AUDIT VISIT

The Quality Audit Visit is perhaps the most visible part of the overall process and typically attracts most of the attention. However, it is important to note that it is only one part of the overall quality audit process. The visit provides the Audit Panel with an opportunity to test the comprehensiveness, accuracy and timeliness of the Portfolio. While the Audit Panel visits the HEI to thoroughly check on the claims made in the Portfolio (and other matters that may arise), the Audit Visit should be conducted in a positive, friendly and professional spirit.

17.1   Purpose of the Audit Visit

The primary purpose of the Audit Visit is for the Panel to verify whether the HEI's Portfolio is:

- comprehensive in scope, including all the major activities of the HEI;

- accurate and complete in points of fact;

- reasonable in terms of emphasis;

- up to date; and

- defensible in its conclusions.

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[3]   Quality Assurance Agency for Higher Education (2003) Institutional audit: a guide for student representatives.

The methods the Panel will use to fulfill thus purpose include:

- Interviewing people to compare their personal experiences with what is reported in the Portfolio

- Viewing resources and facilities *in situ* to verify that they match what is reported in the Portfolio

17.2   *The Audit Visit Program*

A typical Audit Visit program template (i.e. before the names have been added) is provided in Appendix K on p107. Each Audit Panel may amend this to suit the particular issues that they wish to explore during the audit. In particular, the interviews may be extended to three days or even more if the Audit Panel decides that the scope of the audit warrants the additional time.

For multi-campus HEIs, the Audit Visit Program may involve two or more Panel Members visiting satellite campuses for additional Audit Visit days.

17.2.1   Courtesy Function

Some HEIs may like to meet with the Audit Panel prior to the formal process in order to help set a positive and constructive tone for the Audit Visit. The OAC does not require this as part of its process, but is willing to cooperate with an HEI that chooses to do so.

The event may not be used to discuss matters to do with the Quality Audit itself.

17.2.2   Interview Sessions

There will be a maximum of eight interviewees per interview session. The reason for this is to ensure that every participant will have an opportunity to speak in the limited time available.

- Interviewees should wait outside the Panel Room until the Executive Officer invites them in.

- Individuals will not be permitted to dominate the session (for example, by attempting to answer all the questions on behalf of the other interviewees).

- Where practicable, people should meet with the Audit Panel once only. It is understood that many people will hold more than one area of responsibility. However, the Panel is seeking a broad range of input. Also, by meeting people other than the most senior person for any given issue, the Audit Panel is able to explore such topics as internal communication, delegation of authority and teamwork.

- Managers and staff will, where possible, be interviewed separately.

- The sessions are confidential, in that the Audit Panel may use the information received, but not in a manner that reveals the identity of the provider (the Non-Attribution Rule – see section 10.3).

- HEIs are also expected to respect the confidentiality of the process and may not coerce interviewees to say certain things or to divulge what was said.

- All Interviewees should have a name card that identifies their name and program of study (for students) or department/role (for staff and others). These should be printed in a large and plain font (like Arial 72pt) and positioned upright on the table in front of the person.

- Interviewees should not bring cell phones into the Panel Room.

Information on interview techniques is provided in section 29 and is covered extensively in the OAC's training for External Reviewers.

17.2.3   Lunchtime Interviews

The lunches held during an Audit Visit are part of the actual program. The Audit Panel uses the lunches as an opportunity to meet with students or external stakeholders.   The setting is deliberately less formal, but otherwise they follow the same rules as general interview sessions detailed above, with the following exceptions:

- There will be one table per Panel Member, each with five interviewees.

- All Interviewees should have a name badge that identifies their name and program of study (for students) or role (for others). These should be printed in a large and plain font (like Arial 26pt) and worn prominently.

17.2.4   Random Interviews

For Quality Audit to meet the public's demanding expectations of HEI accountability, it must be able to show that the data collection methods were, in part, independent of the HEI's influence. One mechanism for achieving this is to conduct random interviews with HEI staff and students during the Audit Visit (and *only* at that time). The way this occurs is for a Panel Member to excuse himself or herself from the Panel interviews and to visit staff and students in their places of work and study. There are some rules for Random Interviews in order to ensure that they are conducted in a fair, safe and professional manner.

- All Panel Members will have name badges that clearly identify them and their status.

- Panel Members will only seek to speak with staff and students. Other visitors on campus will not be interviewed.

- Panel Members will politely request the interview, and will not pressure people if they do not wish to participate.

- Every attempt will be made to keep the duration of each random interview under 15 minutes.

- Interviews will usually be with individual people and will be conducted confidentially.

- Most Random Interviews are expected to be conducted in staff offices or in communal spaces such as the Library, the Cafeteria or foyers.

- Panel Members will not intrude upon teaching sessions (see section 27.8).

- Panel Members will not access secure locations such as laboratories, chemical storage areas, cashiers or construction sites.

- It is not appropriate for the HEI to accompany Panel Members during the Random Interviews. Panel Members will use the Campus Map (see section 6.6.1(a)) as a guide but may also need to ask the Contact Person for assistance in determining appropriate locations.

Responses will be recorded on Random Interview Worksheets. These will be shared with the other Panel Members, but will otherwise be confidential. Panel Members will have one worksheet for each random interview. They are prepared in advance of the Audit Visit by the Executive Officer, using information submitted by Panel Members at the Portfolio Meeting. Each Random Interview Worksheet for staff should be the same, allowing the collection of several responses to the same questions. However, scope should be left for other issues to be raised by the Interviewee if they so desire.

An example of a Random Interview Worksheet for Staff is shown in Appendix M on p109. An example of a Random Interview Worksheet for Students is shown in Appendix N on p110. The questions included in these appendices are as examples only. Note that they are all open ended, and refer to topics about which any staff member or student should be able to comment.

A week or so before the Audit Visit, the Executive Officer will provide the Contact Person with a public notice advising members of the HEI's community about the pending Audit Visit (see Appendix V on p119). This notice includes advice about the potential for Random Interviews.

17.2.5 Call Back Interviews

Some time is set aside on the last day for the Panel to meet people whom it believes can assist in finalizing its deliberations on certain issues. Sometimes issues arise during the audit about which the Panel cannot form a final judgment without asking further questions or seeking further data. Therefore, it may ask to meet key people at the end of the Audit Visit to assist with those issues. These 'Call Back' interviews are different from the normal interview sessions in three respects:

- The interviewees are likely to have already met the Panel earlier in the Audit Visit;

- They won't know they are required until the evening before; and

- The interviewees will be told in advance what the line of questioning will be.

At the end of the second to last day, the Executive Officer will meet with the Contact Person and discuss whom the Panel wishes to meet and what the precise topics are. The Contact person then needs to try and arrange for those people to be available at the designated times. Call Back sessions are usually only about 10 minutes in duration.

This is a very important part of the Audit Visit. It is in the HEI's best interests to ensure that the Panel has all its questions answered to ensure that the final Quality Audit Report will be as accurate and fair as possible. That said, the OAC understands that organizing the Call Back sessions requires some flexibility on the part of the HEI, and appreciates the HEI's assistance in this regard.

17.2.6 Panel Review Sessions

The Audit Panel will meet on its own at regular intervals throughout the Audit Visit in order to discuss the information obtained through the interviews and to plan for the following interview sessions. These sessions are confidential.

17.2.7 Daily Liaison Meetings

At the end of each day, the Contact Person and the Panel's Executive Officer should meet to review the day and plan for the next day. These meetings usually last only a few minutes. Items for discussion will typically include the following:

- Potential call back interviews (see section 17.2.5)

- Additional Supplementary Material requested by the Audit Panel

- Logistics

- Any problems that may have arisen during the day.

The Daily Liaison Meetings should under no circumstances be used to exchange information about the Panel's deliberations or preliminary findings.

17.2.8 Preliminary Feedback Session

HEIs put a large amount of effort into preparing the Portfolio and participating in the Audit Visit. It would be unfair for the Audit Panel to leave at the end of the Audit Visit without providing the HEI with at least a preliminary indication of their findings. So, the last session in the Audit Visit is a Preliminary Feedback session. This is an opportunity for the Panel Chairperson, on behalf of the Audit Panel, to verbally provide the HEI with an indication of what will be in the final Quality Audit Report.

HEIs must understand that this is preliminary feedback only and is not binding on the OAC. In the weeks that follow, the Panel and Executive Officer will need to cross check their findings with the documentary evidence, and this can sometimes lead to a different final conclusion from the one held by the Panel at the conclusion of the Audit Visit. Therefore, the following rules will apply to the Preliminary Feedback session:

- The Audit Panel will meet with the HEI CEO and up to seven other HEI representatives at the CEO's discretion.

- The information presented to the HEI during this session is confidential. It may not be recorded or reported by the HEI.

- Given its preliminary status, the feedback is not open for discussion during the Preliminary Feedback session. The HEI will have an opportunity later to challenge a draft of the Quality Audit Report.

17.3   *Audit Visit Logistics*

17.3.1 The Panel Room

The Panel Room is where the Audit Panel will spend the majority of its time and is where most of the Interviews and panel review sessions will take place. The following room setup details are designed to help ensure that the Audit Visit flows smoothly (a typical layout of the Panel Room is shown in Appendix O on p111).

- An interview table is required with seven chairs on the Audit Panel's side (for the five Panel Members, the Executive Officer and possibly an Observer) and eight chairs on the Interviewees' side. The table will need to be large enough to accommodate the Audit Panel's folders, laptops etc.

- Given the amount of time that the Audit Panel Members will spend in these chairs working at the table it will be appreciated if the HEI can ensure that the chairs are of an appropriate ergonomic design.

- Sufficient power supply will be required to allow Panel Members and the Executive Officer to work from their laptops (they will bring their own laptops).

- On a separate table the HEI should provide at least one computer with access to the Internet, the HEI's intranet (if applicable) and a printer. The printer should be in the Panel Room.

- A supply of refreshments will be appreciated. Audit Visits are tiring and intensive exercises. Continuous access to refreshments such as water and juice, tea and coffee, and biscuits will be welcomed.   Ideally, these should be permanently in the room because the interview sessions and panel review sessions should never be interrupted.

- A separate table is required for the Audit Panel to sort through the Supporting Materials.

17.3.2 The Lunch Room

The following Lunch Room setup details are designed to help ensure that the lunchtime interviews flow smoothly (a typical layout of the Lunch Room is shown in Appendix P on p112).

- There will be one table per Panel Member, each with five interviewees (one of these tables will also be joined by the Executive Officer, and another by the Observer).

- The Lunch Room should not be shared with people not involved in the interviews.

- The OAC appreciates provision by the HEI of a simple meal, preferably self service, in order to minimize any disruption to the interview process.

17.4   *Evidence Deadline*

The evidence deadline for the Quality Audit is the date of the last day of the Audit Visit. In other words, no information that is created after that date may be included in the Audit Panel's deliberations.

In the period following the Audit Visit, the Panel and Executive Officer will be writing the substantive draft of the Quality Audit Report (v4). This is the draft that adds text to each section. It involves extensive cross-checking of preliminary findings against all the available evidence. During this time the Panel may find that it requires further documentary evidence in order to finalise its conclusions. Therefore, it may request additional Supporting Materials from the HEI for up to two weeks after the end of the Audit Visit. However, the Panel should ensure that it only seeks information where that information is necessary to help finalise a preliminary conclusion. It is not appropriate to use this time to raise new topics, because there will be no further opportunity to fully saturate or triangulate such topics. Also, consistent with the evidence deadline, any material or information provided to the Audit Panel in response to requests during these two weeks must have already existed before the end of the Audit Visit.

18   THE QUALITY AUDIT REPORT

18.1   *Overview of Quality Audit Reports*

The Quality Audit Report is a document published by the OAC that presents the Audit Panel's findings and conclusions about the effectiveness of the HEI's quality assurance systems. It is the main output of the External Review process. The Report does not include a summative result such as a pass/fail, grade or score of any sort. Rather, it is a textual document that provides evaluative comments on a comprehensive range of issues, and includes formal conclusions in the form of Commendations, Affirmations and Recommendations (see section 30.2).

Quality Audit Reports serve two purposes. Firstly, they provide a public account of the effectiveness of the systems by which the HEI assures the quality of its activities. Secondly, they provide information useful to the HEI's ongoing quality improvement efforts, including instances where good practice should be celebrated.

18.2   *The Quality Audit Report as a Public Document*

The Quality Audit Report is a public document. Quality Audit serves both public accountability and quality improvement purposes. The principle of public accountability demands a measure of public disclosure in order to be deemed valid by external stakeholders such as Government, families, employers and the international academic community.

The public release of Quality Audit Reports is consistent with international practice. For example, the QAA (United Kingdom), AUQA (Australia) and the NZUAAU (New Zealand) all publish the full Quality Audit Reports. The HEQC (South Africa) publishes the Executive Summary, Commendations and Recommendations.

18.3   *Quality Audit Report Table of Contents*

A typical table of contents for a Quality Audit Report is set out in Appendix Q on p113. Some items are clarified in the following sections.

(a)   Overview of Audit Process

     This section, of about two pages, summarises the process and methods used by the OAC and its Audit Panel.

(b)   Executive Summary of Findings

This is a one or two page summary of the major findings and conclusions. It is designed to provide a balanced summary.

(c)   Summary of Recommendations

This is a list of the Recommendations in the order in which they arise in the Report. They are presented here for ease of reference, and are not prioritized.

(d)   Summary of Affirmations

This is a list of the Affirmations in the order in which they arise in the Report. They are presented here for ease of reference, and are not prioritized.

(e)   Summary of Commendations

This is a list of the Commendations in the order in which they arise in the Report. They are presented here for ease of reference, and are not prioritized.

(f)   Substantive Sections

The precise structure will usually mirror the structure of the HEI's Portfolio, although the Panel reserves the right to modify this if necessary – for example, if it believes that the Portfolio contained a major omission, or if it believes that a section could be better responded to in two separate sections in the Quality Audit Report.

(g)   Appendix A: Audit Panel

This is a list of the Audit Panel members, their positions on the Panel and their primary work affiliations.

(h)   Appendix B: Acronyms and Terms used in the Report

18.4   *Quality Audit Report Draft v1*

This is written by the Executive Officer upon receipt of the Preliminary Comments from the Panel Members. The purpose of this skeletal draft is to set out the basic structure for the document and to incorporate key headings and likely topics. It is tabled at the Portfolio Meeting as an aid for the discussions.

18.5   *Quality Audit Report Draft v2*

This is written by the Executive Officer after the Portfolio Meeting and before the Audit Visit. The purpose of this draft is to incorporate the Panel's discussions during the Portfolio Meeting and to provide an aid for the Panel Members during the Audit Visit and their ongoing review of the Portfolio and Supporting Materials.

An important reason for preparing drafts v1&2 prior to the Audit Visit is to ensure that appropriate emphasis is given to the Portfolio and Supporting Materials. The Audit Visit can be a very influential part of the process. However, care must be taken to ensure that it remains a mechanism for verifying the Portfolio rather than becoming the primary information source for the Panel's deliberations. Much of the evidence obtained during the Audit Visit is subjective and its value lies in its ability to corroborate or refute the Portfolio rather than as the primary information on which the Panel should base its deliberations.

18.6   Quality Audit Report Draft v3

This is written by the Executive Officer during the Review Day at the end of the Audit Visit. It is the way for documenting the Panel's discussions and preliminary findings in light of the Audit Visit. The purpose of this draft is to identify all the topics that will be in the final report, along with the findings in relation to each, and whether each topic will result in a Recommendation, Affirmation or Commendation. It provides an aid for the Panel Chairperson when presenting to the HEI at the Preliminary Feedback session.

18.7   Quality Audit Report Draft v4

This is written by the Executive Officer in the weeks following the Audit Visit. The purpose of this draft is to formulate the main text and to precisely craft the Recommendations, Affirmations and Commendations. It is also the first draft to include the 'Executive Summary of Findings' section.

All Panel Members should assist the Executive Officer in writing this version by supplying suggested text and the supporting references pertaining to their assigned areas of responsibility. After all, the Executive Officer writes the Quality Audit Report on behalf of, and under the instruction of, the Audit Panel.

Once v4 is completed, it is sent to the Panel Members for their comments. This will be the Panel's last chance to influence the Quality Audit Report before it is sent as a draft to the HEI for comment.

18.8   Quality Audit Report Draft v5

There are two features to this draft. Firstly, it incorporates the Panel's comments on v4. The Executive Officer will incorporate these, and check with the Panel Chairperson whenever there is doubt about the changes or conflict between Panel Members.

Secondly, this draft undergoes editing by the OAC professional editor to ensure that it reads coherently and is free of spelling, grammatical and formatting errors.

Once v5 is completed, it is forwarded to the HEI and the OAC Board for comment.

18.8.1 HEI Feedback on Draft v5

The Executive Officer will provide the HEI with the draft Quality Audit Report v5 and invite the HEI to make a submission to the Audit Panel before the Report is finalized. The HEI response to the draft Quality Audit Report is a vital part of the Quality Audit Process. It provides HEIs with an opportunity to address any matters in the report that it believes are:

- Factual inaccuracies. (As a hypothetical example, the Quality Audit Report states that the student drop out rate from enrolment to degree completion was 84%, when in fact it was 48%.) Note, however, that evidence which post-dates the last day of the Audit Visit is not permissible. In other words, the evidence must have already existed during the Audit Visit; new policies, practices, data etc. which have been introduced after the Audit Visit are not permissible.

- Emphases or perspectives taken by the Panel that are unfairly prejudicial against the HEI and result in an unbalanced report on a particular issue. (As a hypothetical example, the Quality Audit Report describes a pass rate of 36% as unacceptable, but fails to acknowledge that the national average is 35%.)

- The omission of an issue so significant that its omission is unfairly prejudicial against the HEI and results in an unbalanced report of the HEI. (As a hypothetical example, the Audit Panel may criticise an HEI for a complete lack of community engagement, but never mention

that all degree programs have active advisory committees involving industry and employer representatives).

- The Audit process was conducted in a manner that was manifestly unfair and deviated from this Audit Manual in a manner that had not been agreed to between the parties. (As a hypothetical example, the Quality Audit Report comments negatively on the quality of service in the Library, but the Panel never interviewed any Library staff nor visited the Library.)

A common mistake is for an HEI to rebuke contents in the Quality Audit Report without providing clear evidence in support of their claims. The Response to the draft Quality Audit Report is the HEI's *last opportunity* to influence the Audit Panel. Therefore, any claims need to be clear and convincing. Note that the claims or opinions of a senior member of the HEI are unlikely, on their own, to constitute clear and convincing evidence.

A template for the HEI's response to the draft Quality Audit Report is provided in Appendix R on p114.

18.8.2 OAC Board Feedback on Draft v5

Draft v5 is sent to the OAC Board. This is the penultimate draft, and the purpose for giving it to the Board at this stage is to provide enough time for Board Members to give it sufficient consideration prior to final approval. Not having been involved in the Quality Audit as such, Board Members do not comment on the interpretations and conclusions reached by the Audit Panel (although they may query instances whether the findings are unclear or do not appear to be consistent with the supporting text). Board Members should direct their attention to the following:

- Were the policies and processes, as set out in the *Quality Audit Manual*, properly applied?
- Is the Report's overall tone appropriate?
- Does the Report read coherently?
- Does the Report show appropriate understanding of the Omani context?
- Is there any content that may be legally actionable?
- Taken collectively, are the Quality Audit Reports treating issues in a consistent and balanced manner?

Members should provide their feedback to the Executive Officer, who will then circulate it to the Audit Panel.

18.9   *Quality Audit Report Draft v6 (Final)*

This is the final draft. Its purpose is to incorporate those changes requested by the HEI with which the Audit Panel agrees, having considered the evidence and rationale, and the advice provided by Board Members. Draft v6 is then submitted via the Executive Director, who conducts a final check, to the OAC Board for approval. A confidential memo to the Board should accompany Draft v6 outlining what changes were made in response to feedback from the HEI and the Board members.

18.10   *Releasing the Quality Audit Report*

The Executive Officer will, as soon as possible after OAC Board approval, advise the HEI of the formal date and time on which the final Quality Audit Report will be publicly released. The HEI will be presented with 20 hard copies of the final Quality Audit Report between 5 and ten days before its public release. These copies must be treated as strictly confidential until the date and

time of the Report's official public release by the OAC. The purpose of providing copies to the HEI in advance is:

- to provide the HEI with an opportunity to prepare its method for internally presenting the Report to its staff and stakeholders;
- to provide the HEI with an opportunity to prepare media releases; and
- to give the HEI an opportunity to lodge an application for an appeal if it considers this to be necessary

The Report will be posted on the OAC website (see www.oac.gov.om/qa/). Hard copies will also be forwarded from the OAC Board to the following (this list is subject to amendments at the OAC Board's discretion):

- The Audit Panel Members
- Members of the Council for Higher Education
- H.E. The Minister of Higher Education
- H.E. The Undersecretary (MoHE)
- H.E. the Minister and Undersecretary of the supervising Ministry (if applicable)
- The relevant Director General of the supervising Ministry (if applicable)
- The Observer on the Audit Panel
- Selected national media
- EQAs with which the OAC has a memorandum of cooperation.

18.11   Media Management

Essentially, the Quality Audit Report is the OAC's public comment on the Quality Audit. The Chairperson of the OAC Board and/or Executive Director may make further public statements on behalf of the OAC if necessary. The Audit Panel, Executive Officer, other OAC staff and the Observer are not permitted to make any comments to the media.

The HEI may make its own comments about the Quality Audit, but may not use the Quality Audit Report in a misleading way or to publicly harm other HEIs.

Any disputes about the Quality Audit will be addressed via the Appeals process (see section 19) and not in the media.

18.12   Confidential Reports

The Preliminary Feedback session and the Quality Audit Report are, ordinarily, the only reports produced by the Audit Panel. However, on rare occasions an issue may arise during the Quality Audit which is so significant and so personally or commercially sensitive that it may need to be addressed outside of the normal reporting process. In such cases, the Chairperson of the Audit Panel and the Executive Officer shall discuss the matter with the OAC Chairperson and Executive Director. Together, they may decide that it would be helpful for the Chairperson of the Audit Panel and the Executive Officer to meet privately and informally with the HEI Chairperson and/or CEO to verbally discuss the matter. Such confidential reporting is to be considered only as an exceptional circumstance and not as the norm. Its sole purpose is to assist the HEI with its ongoing improvement activities.

19   DISPUTES AND APPEALS

19.1   Disputes During the Audit

Every attempt should be made by the HEI and the Panel to ensure that the audit is conducted in a positive and professional manner. However, it is possible that matters may arise during the Audit that give rise to a complaint.

19.1.1 Complaints by the HEI against the Panel

During the course of the Quality Audit, and particularly during the Audit Visit, it is possible that the HEI may believe there are grounds to complain about the behaviour of the Audit Panel. Grounds for such a complaint may include:

- An unnecessarily hostile or aggressive manner;
- Perceived breach of the confidentiality of particularly sensitive information; or
- Unreasonable demands of the HEI by the Panel.

The objective of raising such issues should be to enable the Quality Audit to proceed in a professional manner. In the first instance, the HEI should try to resolve any problems with the Panel as quickly and as informally as possible through discussions between the Contact Person and the Panel's Executive Officer. In most cases, positive and professional discussions are sufficient to resolve disputes. In the unlikely event that this does not occur, then the Executive Officer may ask the Executive Director to intervene.

19.1.2 Complaints by the Panel against the HEI

During the course of the Quality Audit, and particularly during the Audit Visit, it is possible that the Panel may believe there are grounds to complain about the behaviour of the HEI. Grounds for such a complaint may include:

- Refusal to comply with reasonable requests for access to information, locations or people;
- Perceived coaching by the HEI designed to influence responses given by interviewees;
- Perceived breach of the confidentiality of the Panel's information and deliberations; or
- Any other perceived breach of the Quality Audit Protocols (see section 10 above).

The objective of raising such issues should be to enable the Quality Audit to proceed in a professional manner. In the first instance, the Panel should try to resolve any problems with the HEI as quickly and as informally as possible through discussions between the Panel's Executive Officer and the Contact Person. In most cases, positive and professional discussions are sufficient to resolve disputes. In the unlikely event that this does not occur, then the Executive Officer may ask the Executive Director to intervene.

Given that the OAC has a legal mandate to conduct its evaluation, any clear breach of the Quality Audit Protocols or processes as set out in this manual may lead to the Quality Audit being terminated early and/or associated comments being made in the Quality Audit Report.

19.2   Appealing the Quality Audit Report

There are many checkpoints in the audit process designed to ensure that the final Quality Audit Report is a fair and reasonable account of the HEI. However, it is possible that the HEI may still believe that the final Quality Audit Report contains problems that are significant enough as to unfairly damage its reputation. In such cases, it may apply for a formal appeal.

The grounds for appeal are:

- Significant factual inaccuracies that the HEI has already tried to correct by providing the appropriate evidence to the Panel. (As a hypothetical example, the Quality Audit Report states that the student drop out rate from enrolment to degree completion was 84%, when in fact it was 48%.)

- Emphases or perspectives taken by the Panel that are unfairly prejudicial against the HEI and result in an unbalanced report on a particular issue. (As a hypothetical example, the Quality Audit Report describes a pass rate of 36% as unacceptable, but fails to acknowledge that the national average is 35%.)

- The omission of an issue so significant that its omission is unfairly prejudicial against the HEI and results in an unbalanced report of the HEI. (As a hypothetical example, the Audit Panel may criticise an HEI for a complete lack of community engagement, but never mention that all degree programs have active advisory committees involving industry and employer representatives).

- The Audit process was conducted in a manner that was manifestly unfair and deviated from this Audit Manual in a manner that had not been agreed to between the parties. (As a hypothetical example, the Quality Audit Report comments negatively on the quality of service in the Library, but the Panel never interviewed any Library staff nor visited the Library.)

In order for the application to proceed to the Appeals committee, the Chairperson of the Committee must be satisfied (without reaching a conclusion about the appeal itself) that:

- The matter is significant enough to have resulted in an unreasonable Quality Audit Report. In other words, trivial issues will not be accepted for an appeal.

- The HEI has already attempted to correct the issue by providing the Panel with appropriate evidence during the normal course of the audit. In other words, if the HEI did not provide the information at the time, then it cannot complain afterwards that the Panel reached an unfair conclusion.

The opportunity to apply for an appeal occurs between receipt by the HEI of its final Quality Audit Report, and 24 hours before the notified time of publication. Upon receipt of an application for Appeal, the OAC will defer publication of the Quality Audit Report until either the application has been rejected without proceeding to the Appeals Committee or, if it is accepted, until the Appeals Committee has completed its deliberations.

The formal costs of convening an Appeals Committee are structured to ensure that applications for Appeals are lodged with appropriate seriousness:

- the OAC will bear the costs if the Appeal is upheld; or

- the HEI will incur the costs if the Appeal is rejected.

The detailed process for an Appeal will be available in the *OAC Appeals Manual*.

20   AFTER THE QUALITY AUDIT REPORT

20.1   *Feedback on the Audit Process*

The OAC is interested in the continuous improvement of its own processes. Therefore, it will seek feedback from a variety of sources on each Quality Audit.

20.1.1 Survey of Panel Members

After the Quality Audit Report has been approved by the OAC Board, the Executive Officer will send each Panel Member a survey (see Appendix S on p115) seeking their feedback about the *Quality Audit Manual*, the Quality Audit Report, the Quality Audit process itself and the support provided by the OAC staff.

20.1.2 Interviews with HEI Representatives

After the Quality Audit Report has been publicly released, a number of interviews will take place to solicit feedback on the *Quality Audit Manual*, the Quality Audit process and the Quality Audit Report. These interviews will be conducted informally, probably by telephone, as follows:

- A Member of the OAC Board will contact the Chairperson of the HEI. One particular aspect of this interview will be the utility of the Quality Audit Report.

- The Executive Director will contact the CEO of the HEI.

- The Executive Director or nominee will get in touch with the Contact Person. One particular focus on this interview will be the operational aspects of the Quality Audit.

20.1.3 Executive Officer's Report

The Executive Officer should prepare a confidential report (two or three pages) providing an account of the Quality Audit. The purpose of this report is to help the OAC identify ways in which it can improve the Quality Audit process. It should include the following:

- Suggested amendments to the *Quality Audit Manual* and processes

- Comments on the effectiveness of the Audit Panel

- Comments on the interactions with the HEI

20.1.4 Debriefing Report

The Executive Director will draw together the feedback from the Panel Member Surveys, the interviews with the HEI Representatives and the Executive Officer's Report, along with any media on the Quality Audit and any other germane evaluative information, into a Debriefing Report. This will be submitted to the OAC Board for consideration. Given that the Debriefing Report is likely to include information about individual people, it will be confidential and used for the OAC's own improvement purposes.[4]

20.2   Follow-up

20.2.1 Ongoing HEI Monitoring

It is the responsibility of the HEI to act upon its Quality Audit Report. It is expected that HEIs will incorporate the Affirmations and Recommendations into Quality Improvement Plans (QIP) and respond to them in a timely fashion. The Ministry responsible for an HEI will wish to see the HEI's QIP and be kept informed of progress with its implementation (the OAC does not have a role in the ongoing monitoring of HEIs).

20.2.2 Subsequent HEI Standards Assessment

The Provider Accreditation framework for HEIs involves alternative processes of Quality Audit and Standards Assessment, each approximately four years apart (see section 2.1 above). This

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[4] The OAC itself will be subject to external review from time to time, in accordance with the INQAAHE Guidelines for Good Practice (available from http://www.oac.gov.om/tools/links/keydocs/).

cycle is designed to provide HEIs with sufficient time to respond to its Quality Audit Report before its subsequent Standards Assessment.

The Standards Assessment following the Quality Audit will involve consideration of the extent to which the HEI has satisfactorily addressed the Affirmations and Recommendations in the Quality Audit Report, in addition to an assessment of whether the HEI has met the required institutional standards. Success results in Provider Accreditation, while failure on the part of the HEI to satisfactorily respond to the Affirmations and Recommendations may result in Provider Accreditation being denied, even if all the other institutional standards have been met.

20.3   *Sharing Good Practices*

Many issues are verified during Quality Audits as being good practices and potentially beneficial to other HEIs. The OAC is exploring means by which these could be published in more detail, in order to facilitate sharing of good practices for the benefit of the whole sector.

Some HEIs may be reluctant to share their good practices with other HEIs with which they may be in competition. However, the following should be borne in mind: if all HEIs participate, then each HEI, in return for sharing their own good practices, will have access to good practices from up to fifty other HEIs. This is a very good return on investment! Also, HEIs deserve to be recognized for what they do well, and this would provide an opportunity for such recognition.

A strong higher education sector is in everybody's best interests. Information about the methods for sharing good practices arising from Quality Audits will be posted on the OAC website once it becomes available.

21   ADMINISTRATIVE SUPPORT FOR THE PANEL

21.1   *Panel Support Officer*

The OAC will assign a Panel Support Officer (PSO) to each Audit Panel. For the purposes of the Quality Audit the PSO works under the instruction of the Executive Officer. The role of the PSO is to facilitate the logistics of the Quality Audit such as travel, accommodation and other administrative tasks. This may include attendance at the Audit Visit. However, the PSO is not a Member of the Panel and may not influence the Audit Panel or the HEI in any way.

21.2   *Honoraria*

Each Panel Member will receive an honorarium for the day of the Portfolio Meeting and the days of the Audit Visit (including Day 0). The Panel Chairperson will also receive honorarium for the day of the Planning Visit and the day for presenting the Quality Audit Report to the OAC Board. The sum of the honorarium will be set from time to time by the OAC Board and the External Reviewers will be notified at the time that they are invited to join a Panel. Any tax liabilities associated with the paying of honoraria will rest in full with the Panel Member.

21.3   *Travel, Accommodation and Meals*

All travel for Panel Members related to the External Review will be business class by the most direct and economical route. The PSO will usually make the necessary arrangements. If a Panel member wishes instead to make their own arrangements and seek reimbursement from the OAC, they should discuss this in advance with the PSO to ensure that any limits on the reimbursements are clearly understood.

For most Panel Members, the Audit Visits will take place away from their home. The PSO will arrange suitable hotel accommodation and all Panel meals for the days of the audit visit. The OAC will fund accommodation from Day 0 to the day immediately after the end of the Audit Visit, and any additional nights that are incurred as an unavoidable consequence of the travel arrangements.

It is understood that international Panel Members may wish to extend their time in Oman for personal purposes. The OAC welcomes this interest in Oman and will endeavour to provide some helpful advice as required, but regretfully advises that any additional night's accommodation will be at the Panel Member's personal expense.

21.4   Traveling Companions

The OAC understands that some Panel members, and particularly international Panel Members, may wish to bring family members or other companions with them during the Audit Visit trip. The OAC welcomes this interest in Oman, and hopes that an opportunity can be found for the Panel Members and their families to spend some time enjoying the country. However, it is preferable for this to occur on either side of the Audit Visit rather than during it. Audit Visits are intensive experiences that can involve working into the evening. Also, Panels will usually have meals together in the evenings, and although the setting is social, the meals often involve continuing discussion of the External Review in which the participation of non Panel Members (who have not signed a Declarations Form) would be inappropriate.

21.5   Reimbursements, Travel and Medical Insurance

All such matters should be discussed with the Panel Support Officer.

PART D: METHODS OF ANALYSIS

This section is designed primarily to assist Panels with their task of External Review. However, many of the tools and techniques proposed here are equally applicable to Self Study.

22   CONCEPTS OF QUALITY

22.1   *Fitness of Purpose and Fitness for Purpose*

'Fitness for purpose' is sometimes called 'doing things right', while 'fitness of purpose' is sometimes called 'doing the right things.' Quality Audit in Oman considers both these aspects.

Fitness of purpose is a term relating to whether or not an HEI's various statements of intent (mission, vision, goals, objectives, targets etc.) are appropriate, bearing in mind its legal responsibilities, other contextual factors, and its present capabilities and capacity. At the most basic level, this involves checking for alignment between an HEI's internal statements of intent, and its legal requirements (such as applicable Royal Decrees, Ministerial ordinances and regulations, and the Oman Qualifications Framework). At a more detailed level, fitness of purpose checking considers whether the internal statements of intent are consistent with its stakeholders' needs, and its organisational potential. It may also consider relevant national and international benchmarks (such as the UNESCO / OECD Guidelines on Quality Provision in Cross-border Higher Education). Most of these will be voluntary, but nonetheless provide examples of good practice.

The OAC will consider fitness of purpose during its first round of Quality Audits of HEIs.[5] The Audit Panel may comment when it considers that an HEI has in place statements of intent that are either too lenient, overly ambitious, or otherwise clearly inappropriate. However, the Quality Audit is not a strategic review, and the Quality Audit Report will not attempt to set out a new strategic plan for the HEI. Such a purpose would require the use of different tools and techniques (such as environmental scanning, futures studies, goal testing) than are used for auditing. OAC respects that it is the responsibility of each HEI to set its own Strategic Plan within the overall higher education framework set by the Government.

Fitness for purpose is a term relating to whether or not an HEI's resources, strategies and processes are appropriate for the accomplishment of its statements of intent, and proving to be effective. This is an important focus of Quality Audit, and is determined using, mainly, the ADRI method of evaluation (see section 25). It is important to note that this is not just about evaluating processes. The ADRI method endures that an issue is explored in a fully comprehensive manner.

22.2   *Quality in Absolute Terms*

Many people will be less interested in whether an HEI has appropriate intentions and effective processes, and be primarily concerned with whether its results are of 'good quality' or not. This would require comparing the results against some form of benchmark, whether that be a national (or international) standard, a group average, or some specific notion of 'best practice'.

It is the role of Standards Assessment (see section 2.1) to determine whether an HEI in Oman meets appropriate institutional standards as set by the OAC. In order for these standards to satisfy international stakeholders (such as foreign HEIs where Omani graduates may wish to further their studies) they need to be set with international benchmarks in mind. The OAC set its first version of these standards in ROSQA. These standards are being reviewed and will be reissued in the *HEI Standards Assessment and Recognition Manual*.

Standards Assessment is an important and necessary process. However, one advantage of Quality Audit over Standards Assessment is that it goes beyond whether or not a minimum standard has

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[5] In some countries, fitness of purpose is not included in the scope of quality audits because there are other mechanisms (such as renewable charters agreed between a HEI and its MoHE) for considering fitness of purpose.

been reached. Instead, it looks at the overall potential for the HEI to improve on whatever results it is obtaining.

22.3   *Rankings*

Ranking HEIs is an increasingly popular activity worldwide. However, rankings in higher education must be treated with great caution as they are is extremely difficult to do in a manner that is accurate and fair. There are, internationally, many examples of HEI rankings. Most of these are driven by media interests and are highly contestable in terms of the validity, reliability, comprehensiveness and interpretation of their data. Indeed, one critical analysis concluded that "the most urgent task is to minimize the harm that results from irrelevant or inappropriate measurement" (Baird in Stella & Woodhouse, 2006).

HEIs are complex organisations. They vary in their precise composition (e.g. range of academic programs, size, location, modes of delivery) and in their purpose (some focus on promoting education access to lower socioeconomic students; some focus on postgraduate excellence; some focus on specific disciplines, etc.). Finding defensible statistical grounds for common and meaningful comparison between different HEIs is almost impossible. A global study (Usher & Savina, 2006) showed that the methods and standards and indicators used vary so much from country to country that meaningful comparisons cannot be made.

Quality Audit does not result in a quantitative result such as a score, pass/fail or number of stars. It does result in a varying number of Recommendations, Affirmations and Commendations. However, the number is irrelevant, as some Recommendations will be about very significant issues, whereas others will be minor in comparison. Therefore, the results of Quality Audits cannot and ought not to be used for ranking purposes.

23   METHODOLOGICAL DIFFERENCES BETWEEN SELF STUDY AND EXTERNAL REVIEW

The methods of analysis presented in this Manual may be useful for Self Study and for External Review purposes. However, there are some important differences.

23.1   *Internal vs External Mandate*

The most obvious difference is that the reviewers involved in Self Study report to the HEI CEO, whereas the Panel Members in an External Review report to the OAC. All reviewers, however, whether HEI staff or Panel Members, are expected to respect the impartiality and independence of the Quality Audit process. This will assist the HEI with the goal of producing a Quality Audit Portfolio that will help ensure there are no surprises in the final Quality Audit Report (see section 5).

23.2   *Story Creation vs Story Verification*

The purpose of the Self Study is to create/write the story of the HEI. This will involve the collection, aggregation, analysis and interpretation of primary data. This will often involve a substantial amount of quantitative analysis and interpretation. Primary data might include student assignments, survey responses, enrolment records etc.

The purpose of External Review, on the other hand, is to verify that the story told in the Portfolio is a fair and comprehensive assessment of the HEI. Therefore, External Review relies on information produced once the primary data has already been collected, analysed and interpreted. The Panel will usually only access primary data as a means of verifying the integrity of the aggregated analysis. For example, the Panel will not aggregate and analyse student feedback

surveys – that is the HEI's job – but it may ask to see a sample of survey responses just to verify that they exist in the form described.

23.3   All Issues vs Sampled Issues

The Self Study must cover all the areas of an HEI's activity (i.e. the normal responsibility of HEI management). External Review, on the other hand, will select samples of issues and samples of evidence to verify the Portfolio (see section 26).

23.4   Assumptions

Internal reviewers involved in a Self Study have an in depth knowledge of the HEI and its context. This manifests itself in a variety of ways, such as: knowledge of recent and significant historical events; terms and acronyms commonly used within the institution; reasons why things are done a certain a way; and awareness of key personalities.

Panel Members involved in the External Review do not start with an in depth understanding of the HEI or its context. They will not share those understandings which internal reviewers may take for granted. For this reason, the HEI must take care to ensure that the Portfolio is self explanatory to an external audience.

24   OBTAINING A GENERAL OVERVIEW OF THE HEI

In order to conduct an effective, contextualized Quality Audit it is necessary to first obtain an overall understanding of the HEI. This applies equally to Self Study and to External Review. Even though the internal reviewers involved in Self Study know their own organisation, the development of a shared overview of the HEI is a worthwhile exercise.

The first section of the Portfolio should be a general overview of the HEI (see section 6.5). This should contain enough information to give the Audit Panel a reasonable understanding of what the HEI is all about. Panel Members may wish to augment this with their own further study, including a review of the HEI's website and, particularly for international Panel Members, a review of information about Oman and the higher education system in Oman (the OAC will provide some assistance in this regard). In doing so, it is important that Panel Members do not engage in audit activities – especially interviews and discussions – outside of the formal Quality Audit process. This is to ensure that the activities of the OAC are, themselves, properly quality assured through the application of the policies and processes set out in this *Quality Audit Manual*.

25   ADRI

Quality Audit uses ADRI[6], a four step cyclical model comprising consideration of Approach → Deployment → Results → Improvement (an ADRI Training Module, including a presentation and handouts, is available from www.oac.gov.om/qe/training). The ADRI model can be applied to an analysis of any given topic. It is an evidence-based method of determining:

Approach:......... what the HEI aims to achieve for that topic and how it proposes to achieve these aims.

Deployment:..... whether the plans are being followed in practice, and if not, why not.

Results:............ the evidence of whether the approach and deployment are effective in achieving the intended outputs and outcomes for a topic.

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[6]   Derived from Deming's (1986) PDSA cycle (Plan→Do→Study→Act); originally attributed to Walter Shewhart (1980).

Improvement: .. how the HEI is reviewing its Approach and Deployment in order to make improvements to them that may lead to better Results.

For a given topic at any point in time, an HEI will be strong in some dimensions of ADRI and not in others. This is OK. Quality improvement is a continuous cycle of improvement. A fundamental assumption of quality management is that even the best practices need to continue getting better, because the world doesn't stand still.

25.1.1   Starting the ADRI Analysis

The first step in conducting an ADRI analysis is to select and define the topic. ADRI can be used to analyse anything that an HEI does. ADRI can be applied at the micro level (i.e. to specific, well defined issues often directed by an objective or target). An example would be "Student Evaluations of Teaching". It can also be applied at the macro level (i.e. to larger, aggregated issues often directed by a broad aim or goal). An example would be "Teaching Effectiveness", which involves many related issues such as instructional design, peer review, student evaluations and professional development. However, ADRI works best when applied at the micro level. The findings from several related micro issues can then be discussed in aggregated form in the Portfolio or Quality Audit Report.

The ADRI Worksheet (see Appendix G on p103) can assist with conducting the analysis. This template is a bit like a Mind Map, but with four key dimensions already defined. The name of the topic should be written in the centre of the page. Then, each quadrant should be used to record notes, observations, reference material etc. in relation to each of Approach, Deployment, Results and Improvement. Only when the entire analysis is complete should the Conclusion at the bottom of the page be attempted. The advantage of using this tool is to ensure that the analysis is thorough before attempting to reach a conclusion.

25.1.2   Approach

The *approach* may also be thought of as the intentions that the HEI has in relation to the issue under analysis. The *approach* takes two forms:

(a)   What is the HEI proposing to do?

These statements of intent take many forms, ranging from the highest strategic levels to the lowest operational levels. They include:

- Mission statement (i.e. the highest level purpose that the HEI serves)

- Vision statement (i.e. how the HEI and its targeted stakeholders will have changed in the long term as a result of the HEI successfully achieving its Mission)

- Values (i.e. what the HEI holds dear, e.g. academic freedom, collegiality, the advancement of knowledge)

- Policies (rules by which the HEI operates)

- Aims and Goals (broadly, what the HEI aims to achieve)

- Objectives (a more specific definition of its intended achievements)

- Targets (a measurable expression of its objectives)

These statements of intent will be found in a variety of sources – and sometimes they will conflict with each other. Reviewers (internal or external) should undertake a wide search of such materials to ensure that a complete understanding of the intention is attained. Typical source materials include:

- Strategic Plan;

- Operational Plans;

- Website;

- Prospectus/Catalogue;

- Minutes of Board and Committees;

- Directives issued from the Board or Dean;

- Less formal memos from the Dean or other head;

- Verbal statements from appropriate authorities; and

- Advertising materials (this one is easy to forget, but it is very important because advertisements make promises to prospective students, staff and the wider community about what the HEI can do for them).

(b) How is the HEI proposing to do it?

With statements of intent as the starting point, the next step for the HEI is to decide how it will achieve them. There are a number of mechanisms used for this purpose, including the following:

- Policies, setting out the rules of the organisation;

- Strategies, describing in broad terms how the goals and objectives will be achieved;

- Operational plans, detailing what should be done, by when, by whom, to what standard and with what resources;

- Manuals detailing how the processes should be implemented;

- Budgets detailing the allocation of resources to activities;

- Staff training and development activities that improve people's capability to achieve the intentions; and

- Guidelines that provide non-prescriptive advice on how to achieve intentions.

(c) Review Questions

Questions to ask about the statements of intent include (and are not limited to) the following:

- Does the HEI have set of goals, objectives, strategies and targets that are clearly understood by the Board and staff?

- Are the intentions consistent with external obligations (such as applicable laws)?

- Are the intentions set at an appropriate level, considering national and international expectations and benchmarks?

- Are multiple statements on the same issue consistent with each other?

- Were the intentions developed using a robust planning process that involved the appropriate people and information?

- Have the risks associated with the intentions been identified, analysed and appropriate responses developed?

- Is progress against the intentions measurable? Have the systems for doing the measuring and reporting been established?

- Who is responsible for the statement of intent?

- Does everyone know what they are supposed to be doing, how and why?

- Are goals well supported with strategies, operational plans, manuals and training?

- Is the HEI's resource allocation system properly aligned with its collection of intentions?

(d)   Cautions

There are a number of potential problems that Reviewers need to be aware of when considering the *approach*. Some are as follows:

- An assessment of the *approach* does not tell the whole story. The *approach* lays the foundation for success, but so far nothing has happened as far as achieving the desired *results* is concerned.

- It is tempting to base the review upon a single statement of intent. However, it is important to ensure that all possible iterations of the intention have been identified. There will often be different layers (from the high level strategic plan down to an operational level), each of which adds meaning; different versions (intentions are modified over time); different areas of application (different departments may have different interpretations of the same intension); and even different degrees of formality (a published intention can sometimes be countermanded by verbal instructions from a person in authority).

- The *approach* must be considered against previous reviews and planned *improvements*, to verify whether or not those planned *improvements* are actually being put into practice. Remember, ADRI is a continuous cycle, not a one-time linear method.

25.1.3 Deployment

Statements of intent remain exactly that until they are put into effect. The next step is to deploy those intentions. In other words, do the plans happen in reality? This is sometimes also known as 'implementation', 'process' or, most simply, 'do'.

There are several ways for investigating *deployment*. One of the most effective is to hold discussions with people, such as in interviews, focus groups or departmental meetings. The idea is to explore people's 'lived experiences', to see if they align with the plans and manuals.

Another way of investigating *deployment* is to check whether the planned resources are actually in place and of appropriate quantity and quality.

(a)   Questions

Investigative questions about deployment that could be used for self study or quality audit might include the following:

- What do people do?

- How do they know if they are doing a good job?

- Do all staff have the necessary authority and resources to deliver what is expected of them?

- Do they have the necessary skills and knowledge?

- Is the organisational structure a help or a hindrance to *deployment*?

- Are there appropriate indicators for monitoring the effectiveness and efficiency of processes? How are these reported and used?

- Are there appropriate means for intervening if necessary? How well do they work?

- Where the approach is deliberately not being followed, why not? How are changes to the planned processes managed?

- Are people allowed to contribute ideas?

(b) Cautions

There are a number of potential problems that Reviewers need to be aware of when considering the *deployment*. Some are as follows:

- An assessment of *deployment* on its own would make no sense. In order to determine if deployment is effective it must be reviewed in light of whether it leads to achievement of the planned *results*.

- Instances where the *deployment* does not comply with the planned *approach* is not necessarily problematic. This depends on whether or not the HEI knows that the variance exists and has agreed to it for specific reasons. Instances of non-compliance should be investigated further.

- Much of the information about deployment will be subjective because it comes from interviewing people about their lived experience. Therefore, it is particularly important to try and saturate (see section 28.1) and triangulate (28.2) *deployment* evidence.

25.1.4 Results

Quality cannot be determined by focusing on the goals, plans, inputs and processes only. There must be an emphasis on what is actually achieved, i.e. the results. In general, every goal must have a reported result (or multiple results) and vice-versa, i.e. every result should link back to a goal. It is essential that a causal relationship can be shown between the approach, the deployment and the eventual result, otherwise the result may be just chance, with no guarantee that the HEI understands how to influence future results.

In the Standards Assessment process (see section 2.1) results are compared against externally set standards. For Quality Audit, however, the results are interpreted in the context of the HEI's own mission and statements of intent. This means that the range and type of results reported in the Quality Audit Portfolio may differ from the set of results reported in the HEI Assessment Application. Also, although a result reported in the Quality Audit Portfolio may not yet meet the minimum requirements used for Standards Assessment, this is not necessarily problematic for Quality Audit. What is important for Quality Audit purposes is to demonstrate that there is a complete ADRI cycle for the issue in question, and that an assessment of this cycle demonstrates that the results are likely to improve (in other words, the HEI's quality assurance and quality enhancement processes are effective).

- Results may be either quantitative or qualitative (or both). It is not essential that every result be numerical, although it is essential that every result be measurable. The HEI will need to ensure that it has produced the appropriate type of result for the statement of intent to which it refers. Also, for some goals the results presented may be aggregated from the results of its component objectives. This may involve combining various different types of data. Care must be taken to ensure that such results remain valid and reliable.

(a) Questions

Investigative questions about *results* that could be used for self study or quality audit might include the following:

- For each statement of intent (goals, objectives, targets etc.), what are the results?

- Can the HEI demonstrate exactly how and why those results were achieved?

- Have these results been appropriately contextualised (e.g. using targets, trends and benchmarks)?

- What meaning/interpretation does the HEI derive from the results?

(b)   Cautions

There are a number of potential problems that Reviewers need to be aware of when considering the *results*. Some are as follows:

- An assessment of *results* on its own does not constitute an effective Quality Audit. Results only make sense when compared against the original intentions set out in the *approach*.

- The HEI must be able to demonstrate that the results were a deliberate consequence of its *approach* and *deployment*, and not the product of chance. The HEI cannot deliberately repeat or improve on its *results* if it does not fully understand how the *results* were achieved in the first place.

- The manner in which a *result* is presented can influence how it is interpreted. For example, choices over the labels and measures on graph axes, being selective about how much of a trend is reported, and the inclusion or omission of benchmark data can all be prejudicial to the interpretation of results information. Panel Members are encouraged to assume that an HEI is honest in its representations, yet should also adopt an attitude of healthy skepticism in ensuring that those representations are thoroughly verified.

25.1.5 Improvement

This dimension looks at what an HEI knows about itself in order to get better and better. It may be thought of as the 'quality enhancement' aspect of ADRI and is one of the most important distinctions between Quality Audit and Standards Assessment.

The fundamental assumption of this dimension is that an HEI ought to be *continually* reviewing its activities and looking for ways to improve. Targets should be recalibrated each time; processes should become more efficient and more effective over time; results should indicate increasing success. This requires a comprehensive system of review – not just consideration of results.

(a)   Questions

Investigative questions about *improvement* that could be used for self study or quality audit might include the following:

- What data about HEI performance is routinely collected and reported? How is the validity of the data ensured? What happens to the data?

- How is the Strategic Plan (and other plans) reviewed and revised?

- What review processes are in place for the HEI's major activities? How does the HEI know that the review processes are effective?

- Is the process of self review, learning and improvement endemic throughout the organisation?

- Are all staff empowered and encouraged to contribute to ongoing improvement efforts?

- What has changed/improved as a result of the review processes?

(b)   Cautions

There are a number of potential problems that Panel Members need to be aware of when considering the *improvement* dimension. Some are as follows:

- If not driven by sound values, this aspect of ADRI can be very threatening and disempowering for staff and students.

- Findings from surveys and reviews are often not used effectively. The existence of survey results or a review report does not constitute evidence that the HEI has used this information to actually implement an improvement.

26   SAMPLING

HEIs are complex organisations and can sometimes be quite large. An HEI is expected to conduct a comprehensive self study that addresses all its major areas of activity (see section 4 above). While this is a major undertaking, it is also the clear obligation of HEI management – with or without the prompting of external Quality Audit.

In the case of the external Audit Panel, which has a small number of people and a limited amount of time and access to the HEI, it is not feasible to explore every issue in detail. Therefore, the Panel will use *sampling* to make the task more manageable. Two things are sampled: issues and evidence.

26.1   Sampled Issues

The Panel will select a sample of issues, spread across all the main areas of activity (in other words, the Audit Panel will address all the main headings in section 4, but not every topic under each heading). In making the decision over which issues to select for its sample, the Audit Panel should bear in mind that the final Quality Audit Report should provide an overall, balanced account of the HEI. Therefore, it should include those issues which are most fundamental to the HEI's mission (a Quality Audit Report without mention of teaching would be unacceptable!), along with major issues of concern, major strengths and significant innovations or unique features.

An Audit Panel should always start with a larger sample of issues than may end up in the final Quality Audit Report. This is because some topics, upon investigation, will eventuate to be unremarkable or inconclusive (this is discussed in greater detail in section 30.2.8 below). Similarly, topics may arise during the course of the Quality Audit, and particularly during the Audit Visit, which were not included in the original sample but which seem to be significant. The Audit Panel may choose to add to, or amend, its sample of topics at any time. However, it must bear in mind that an issue introduced late in the process will still need to be thoroughly investigated (including the use of triangulation – see section 28 below) before it can be included in the final Quality Audit Report. For that reason, an Audit Panel may request Additional Materials during and up to two weeks after the end of the Audit Visit (see section 15.4 above).

26.2   Sampled Evidence

The Panel will also select a sample of evidence (including materials and people to interview). Clearly, the Panel cannot meet everyone and consider every document or artifact. The most obvious application of evidence sampling are when the Audit Panel decides:

- who to invite to interviews;
- which administrative departments to investigate;

- which programs and courses to consider (an HEI Quality Audit is not about specific academic programs, but the Panel will consider a sample as being representative of the HEI's activities); and

- which documents to consider (e.g. policies, course files, review reports).

The sampling choices are at the Panel's discretion, although they should be discussed with the HEI during the Planning Visit to ensure that they will best meet the Panel's needs (see section 15.5).

27   TYPES OF EVIDENCE AND DATA ANALYSIS

A Quality Audit is not a court case. The conclusions in the Quality Audit Report are not based on whether the evidence is incontrovertible, but rather are based on the professional judgments of peers (the Panel Members) based on careful consideration of all the available evidence. Quality Audit does not assume that there is a single correct way in which something should be done, nor that there is only a single correct interpretation of an organizational situation. Instead, it endeavours to reach credible, balanced and helpful conclusions that provide an authoritative account to the public and a constructive way forward for the HEI.

To achieve that goal, it is helpful to consider the wide range of evidence and a number of tools for collecting, analyzing and interpreting the evidence. This Manual does not intend to be fully comprehensive on these topics, but presents some relevant comments.

27.1   Authority to Access Information

A Panel has the authority to access any information (other than legally protected/privileged information) that it deems necessary to fulfill its responsibilities under the Royal Decree of the OAC.

27.2   Using Statistics

One of the most powerful means for communicating information about an HEI's performance is to present statistics. Some suggestions on this provided in the OAC Training Module #4 "Statistics in Reporting – an introduction to descriptive statistics" (see www.oac.gov.om/enhancement/ training).

The OAC offers the following advice about presenting and interpreting statistics in Portfolios:

- Statistical results should be reported against targets to assist with their interpretation.

- Statistics should be presented as trends of five years. It is accepted that HEIs will not always have a five year history to report, but the trend should at least be commenced.

- Where possible, ratios or percentages should be used instead of raw numbers, which are difficult to interpret.

- Panel members will be trained to critically assess statistics in terms of what has been included and omitted. It is often the omission of information that is most revealing.

- The HEI should be prepared to defend the accuracy, validity and reliability of any statistics in the Portfolio.

27.3   Case Studies and Examples

A common and effective method of reporting complex issues in the Portfolio is to present case studies or examples (instances). This is especially helpful for information that cannot be easily summarized using statistics, graphs, tables or figures.

When using case studies or examples, an HEI must take care to ensure that the instance presented is genuinely representative of the issue being reported (unless it is expressly intended to denote the exception) and that there are other instances that could be produced should the Audit Panel request them. In other words, if there is only one instance of an issue, then this must not be presented as being representative of a broader set of instances.

Sometimes case studies are be used to demonstrate processes that involve individual staff or students, such as disciplinary procedures, grievances or appeals. In such cases, care should be taken to ensure that individuals will not be harmed or embarrassed by using the case study (for example, it will usually be appropriate to avoid using people's names or other identifying information).

27.4   Date Stamping Evidence

Many forms of evidence are dynamic. They may change over time, and even during the course of the Audit Visit. This can make point-in-time auditing extremely difficult, because the evidence may change during the course of the Panel's deliberations, meaning that findings can be disproved. So, it is essential that techniques are used for confirming the date (and, sometimes, the time) when the evidence was collected. There are several techniques for doing this, and they are collectively known as 'date stamping'.

The form of evidence most at risk of changing during the audit are websites and other online items. If a Panel Member finds a website that will be used as reference material for a finding in the Quality Audit Report, then s/he should print the page as a PDF or Microsoft Office Document Image file or similar, save it in the Quality Audit Folder (see section 15.1). These file formats should automatically include a date stamp in the document footer.

Another form of evidence prone to change is the verbal comments made during interviews. The most effective means by which the Panel can ensure that it accurately captures verbal comments is by recording them at the time using the Interview Worksheet templates (see Appendix L on p108).

27.5   The 'Wet Paint' Syndrome

HEIs are usually motivated to address a range of problems before the Quality Audit occurs. In part, this is to minimise the number of critical comments in the public Quality Audit Report and maximise the positive comments. Ideally, HEIs ought to be committed to making improvements with or without Quality Audits. However, the OAC is supportive of an HEI using the Quality Audit to gain additional momentum for its improvement efforts.

One consequence of this phenomenon is that Audit Panels will often find quality assurance processes that appear sound but are, in fact, brand new. It is not uncommon for an HEI to feel embarrassed about admitting that the process is new, hoping instead that the Audit Panel will simply accept it as the HEI's standard practice.

It is advised that HEIs are up front about the recent history of their quality assurance activities. If a policy or process is brand new, then certainly the Audit Panel is unlikely to reach positive conclusions about its Deployment or subsequent Results, as these may not yet have come into effect. However, it may well reach positive conclusions about Improvement and Approach, in

that the HEI clearly identified an opportunity for improvement and did something about it. This demonstrates quality management in practice.

Remember, at any point in time, for a given issue an HEI will be strong in some aspects of ADRI, and not so strong in others. This is normal, and is a forward-looking feature of Quality Audits that is in contrast to Standards Assessment, which instead assesses whether an HEI is meeting minimum standards at a given point in time.

Of course, it is inappropriate for all the paint to be wet all the time! If a topic – such as the development of a strategic plan – is permanently in development stages and never actually gets achieved, then this is not good quality management – quite the opposite!

27.6   The 'Red Herring' Syndrome

An External Reviewer must always stay focused on what is important. Sometimes an issue will be raised that is largely irrelevant. Time and effort can be wasted examining these issues. In some cases, an HEI will offer evidence that, upon close scrutiny, does not really relate to the issue being examined or is not particularly significant. This may be a genuine misunderstanding about the nature of the evidence, or an attempt to obfuscate missing or even embarrassing evidence. Sticking closely to ADRI for any given issue will help ensure that focus is maintained.

27.7   Site Inspections

Most of the Audit Visit will be spent conducting interviews in a designated Panel Room (see section 17.3.1). There is only a limited amount of time during an Audit Visit, and it is best spent talking with people rather than walking from venue to venue. However, there are some opportunities for Panel Members to visit locations and make observations. In each Audit Visit, one or more sessions are designated as Interviews *in situ* (see interviews #6 and #12 in the Audit Visit Program Template in Appendix K on p107). In conducting Interviews *in situ*, Panel Members should have a specific and relevant plan for what they wish to see, rather than a random site visit.

27.8   Teaching Observation

The Panel will not enter into classrooms or laboratories where teaching is in progress and will not observe methods of supervision or instruction in practice. Teaching observation and feedback is a professional method of primary information management which is the responsibility of the HEI, not the Panel.

28   GAINING A COMPREHENSIVE PICTURE

Conclusions should never be reached based on single items of evidence. Most issues are complex and arriving at a defensible conclusion will involve comprehensive consideration of the issue. Three strategies for achieving this are saturation, triangulation and process mapping.

28.1   Saturation

The existence of an issue does not necessarily mean that the issue is systematic or endemic. For example, a staff member who expresses satisfaction to the Panel about professional development opportunities at the HEI does not constitute evidence that the majority of staff are satisfied about the professional development opportunities.

Saturation is a method whereby a Panel explores an issue until no new information about it comes to light. During the Audit Visit, this is achieved by asking the same (or similar) questions to several different groups of people until a clear theme emerges from the responses.

It is not always necessary to obtain saturation of an issue. Sometimes, the mere presence of an issue is sufficient. For example, if an HEI claims that all classrooms have fixed data projectors, and the Panel discovers one that doesn't, then the HEI's statement has been disproved. However, the exception may or may not be particularly important. In general it is better for Reviewers to seek as much corroborating evidence as possible in order to have greater confidence in the importance of the findings.

28.2   *Triangulation*

Triangulation is a method whereby analysis is strengthened using a combination of the following:

- multiple original sources of data (e.g. students, staff, management, external stakeholders, authoritative references & benchmarks);

- multiple methods of data collection (e.g. surveys, interviews, observations, internal documents, literature, statistics); and

- different types of data (e.g. objective and subjective).

Limitations in data types, sources and methods of collection can lead to poor conclusions being reached on any given issue. However, by using a combination of the above, the potential for such problems can be reduced. This is important to help ensure that the conclusions reviewers reach are fair and balanced.

An HEI should not present information in its Portfolio that has not been adequately triangulated. Similarly, an Audit Panel should not present findings in the Quality Audit Report that have not been adequately triangulated. Triangulation is deemed adequate when there is sufficient corroborative evidence to provide confidence that the issue has been accurately and comprehensively understood.

28.3   *Process Mapping*

One way of obtaining a comprehensive overview of a complex process is to visually describe it using process mapping techniques. This can be a very powerful tool, and will be particularly helpful to HEIs wishing to fully understand their processes; however it can also be a useful tool for Audit Panels, albeit used in a less complex form, to draw the key stages of a process and the relationships between these stages. Some suggestions are provided in the OAC Training Module #8 "Process Mapping" (see www.oac.gov.om/enhancement/training).

29   CONDUCTING INTERVIEWS

The main feature of the Audit Visit is the interviews. The interviews provide an opportunity for the Panel Members to clarify issues, check for completeness and accuracy of the Portfolio, as well as potential discrepancies, and pursue lines of enquiry in greater depth.

29.1   *The Interviewee's Perspective*

29.1.1 Before the Interview

People have many different reactions to participating in an interview session for a Quality Audit. The experience can be fun or frightening, interesting or boring, easy or daunting. There are some ways in which the HEI can help people prepare for their interviews:

- Pass on a copy of the *Information for Interviewees* from the OAC (see the templates in Appendix T and Appendix U on pp117-118).

- Provide a copy of the Quality Audit Portfolio sufficiently in advance so that they will have had an opportunity to read it.

- Provide a briefing on the process and what to expect.

- Assure them that their participation will not be monitored and that the Quality Audit is a genuine opportunity to celebrate the HEI's strengths and focus effort on finding and addressing opportunities for improvement.

29.1.2   During the Interview / Responding to Questions

The following are some tips for Interviewees to think about during the interview itself (they are presented in a form which would allow the HEI to print and circulate them to Interviewees as part of a briefing, if they so wish):

- Relax! The Audit Panel will be professional and genuinely wants to hear your views.

- The Audit Panel will ensure that everybody is given an opportunity to speak.

- The interview is not a test – you cannot pass or fail! If you do not know the answer to a question, just say so. This is a much better option than guessing.

- Feel free to seek clarification about any questions that are asked in order to help provide an answer (in other words, it is okay to ask "what do you mean by…?").

- It is inappropriate to seek information about the Audit Panel's preliminary views (including questions like "why do you ask that?").

- You may receive a question that does not obviously fit within your area of responsibility. Try and answer it anyway – the Audit Panel probably knows this and asked you deliberately to test how widespread an issue is.

- Sometimes you may feel that you are better placed to respond to a question than the person to whom it was put. The Audit Panel may have done this deliberately; or, if they want the 'authoritative' answer, may not have known the most appropriate person to ask. You will not know which of these applies, and so the best strategy is to not interject until the person asked the question has had an opportunity to provide a response; and then seek the Panel Chairperson's permission to provide another response.

- The interview time is limited, and so answers should be kept as concise as possible.

- Do not try to present the Audit Panel with materials. If you have some that you think are important for the Audit Panel to have, then give them to the Contact Person and mention them to the Audit Panel during the interview.

29.1.3   After the Interview

It is common for Interviewees to be left with two distinct impressions after their session, both of which require discussion.

Firstly, it is normal for Interviewees to believe that they did not have sufficient time to say everything that they wanted to say. Audit Visits are intensive periods during which the Panel must cover a wide range of topics in sufficient depth. Therefore, it must retain control of the sample of issues being explored.

Secondly, Interviewees often feel that the Audit Panel focused too much on process (i.e. *Deployment*) and not enough on actual results. It is important for interviewees to understand that the Audit Panel will be seeking information on each topic from a variety of sources. Formal results are usually available in reports and similar printed formats. On the other hand, what

people actually do each day is not easily documented and is best explored by asking people about their 'lived experience'. Therefore, it can seem to the Interviewees that the Audit Panel is only seeing part of the picture, but Interviewees need to understand that the Audit Panel is exploring the topic according to the full ADRI cycle (see section 25) and by accessing a range of information.

29.2   The Panel Members' Perspective

Interviews will yield primarily subjective information, sometimes called people's 'lived experience'. This is valuable in testing whether the situations described in the Portfolio are generally reflected in practice.

29.2.1 Before the Interview

Immediately before the interview there are some tasks to complete:

- Check who the next group is, and update the attendee list via the Executive Officer;
- Quickly recap the key theme and issues for the session, including reviewing the relevant documents.
- Finalise the list of lead questions, including making any changes that may arise as a result of information already gathered;
- Organise who will ask which questions.
- Decide if there are particular people to whom certain questions should be put (i.e. is the Audit Panel seeking the 'authoritative' answer or testing for pervasiveness).

29.2.2 During the Interview

The Panel Chairperson should start with a welcome and quick introductions.

The Audit Panel should strive to create an atmosphere conducive to constructive discourse. To that end, Panel Members should act as colleagues and peers of the interviewees, rather than inspectors. Setting the right tone and approaching interviewees with tact and diplomacy can help to ensure questioning elicits useful, honest responses.

The interview sessions are an opportunity for the Audit Panel to ask a series of questions. Good questioning technique is an art and a science. There are some specific techniques to use and some to avoid, but ultimately the Audit Panel must use its best judgment in ensuring that the desired information is being obtained, whilst maintaining a positive, friendly and professional atmosphere. Questioning technique is covered extensively during External Reviewer training (see section 12.1.3).

29.2.3 Questioning Techniques to Include

Panel Members will be aware of a range of questioning techniques which can be effectively used in interview sessions. The way questions are asked will shape the answers given.

One useful approach is to practise the technique of 'funneling' which involves using an open question to begin with, followed by asking a probe question to explore the issue or topic in further depth. Closed questions (e.g. those requiring a yes/no or one word answer) can be used to restate or clarify answers to open or probe questions. Using a variety of question types will provide opportunities for both divergent and convergent inquiry. Panel Members are also advised to phrase questions succinctly in order to make the best use of the questioning time available.

Experienced reviewers understand the importance of demonstrating active listening skills. These can be demonstrated both verbally and through the use of body language. Blocks to effective listening include being easily distracted, 'switching off' when an interviewee is talking or being too absorbed in note-taking. Combining the use of a range of questioning techniques, active listening and observation ensures the effectiveness of the interview sessions.

Some questions are designed to seek confirmation about the official or authoritative view on a topic. For example a question about the course approval system might be put to the Chairperson of the Academic Board; a question about the human resource management system might be put to the Director of Human Resources. However, there may be a difference between how the HEI intends something to happen, and what actually happens in practice. So, the Panel will sometimes ask an interviewee a question not directly related to their role. The Interviewees may be tempted to avoid responding by asking for the question to be put to someone who appears to be more appropriate. However, it is a deliberate tactic by the Panel to determine the extent to which a policy or process is understood throughout the organisation.

29.2.4 Questioning Techniques to Avoid

If not handled properly, there are some problems that can arise during interview sessions:

- valuable time can be wasted;
- important information can be overlooked; and
- the Audit Panel can convey an inappropriate message to the HEI.

In order to ensure that these problems don't arise, there are some techniques that the Audit Panel should avoid (AUQA, 2007, p64). These include Panel Members:

- asking multiple questions. This can become too difficult for the interviewee.
- making speeches or using wordy preamble to questions. Sometimes it is necessary to provide context for a question, but this must be kept to the minimum to ensure that time is not wasted hearing from the interviewer instead of the interviewee.
- detailing the situation in their own organisation. This is entirely inappropriate, because it conveys the message that the HEI is being compared arbitrarily with the Panel Member's institution rather than against the HEI's own context and statements of intent.
- offering suggestions or advice. The only place where the Audit Panel may offer suggestions or advice is in the Quality Audit Report and then only in a manner consistent with the overall objectives of the Quality Audit.
- thinking about the next question instead of listening to the current answer. The objective of interview sessions is to focus on receiving useful answers, rather than getting through as many questions as possible.

The Audit Visit program provides opportunities for the Audit Panel to debrief after every interview. Time is limited, and the discussion should be very focused on the key points that arose from the interview, in terms of whether they:

- confirmed or contradicted other evidence;
- raise issues that require further corroboration (and if so, by what means?); or
- finalized the Audit Panel's information gathering on a particular topic.

29.2.5 After the Interview

Some HEIs may wish to debrief with their Interviewees after each interview session. There can be some benefits in allowing people to unwind together after a formal interview. However, the

HEI must ensure that it does not use this as an opportunity to contravene the Quality Audit Protocols (see section 10), especially the Non-Attribution Rule and the Undue Influence protocol.

30   REACHING CONCLUSIONS

The development of HEI Portfolio involves many people. Although some of them have leading roles on different issues, the conclusions should represent the findings of the team involved not the opinions of individual members. Similarly, the Quality Audit Report is the voice of the Audit Panel. Consensus on key findings is required. In other words, in reaching conclusions, team dynamics should always prevail.

Conclusions should be based on evidence to be credible. Different types of evidence should be considered including objective and subjective evidences. Conclusions should also be based on complete analysis. All four dimensions of ADRI need to be considered to reach sound conclusions. Lack of data does not necessarily mean that the analysis is incomplete. HEI may be advised to collect data to reach more meaningful conclusions.

30.1   *Conclusions for the Portfolio*

As has been stated previously, the Portfolio is not just a descriptive account of the HEI. It is also an evaluative account. Each section should conclude with Areas of Strength and Opportunities for Improvement that have been determined through the Self Study process.

30.1.1   Areas of Strength

The Self Study process will identify a number of areas in which the HEI can be justifiably proud. These will be issues where the ADRI analysis proved that a process was proving effective in achieving the intended *results*. By formally designating Areas of Strength, the HEI signals to the Audit Panel issues which it particularly wishes to have verified as potential good practice.

There is no rule about how many Areas of Strength ought to be included in a Portfolio. Provided that they are supported by the evidence, a Portfolio may contain many formally designated Areas of Strengths However, HEIs would be wise to remember this rule: claims require evidence; impressive claims require impressive evidence.

Two examples of Areas of Strength follow. Note that in the Portfolio each one must be preceded by text which explains and justifies the finding.

> **Area of Strength 1**
>
> **Oman National College has an effective system for annual course review conducted by the Academic Board that incorporates student evaluations, teacher reflections, industry input and a review of scholarship in the field and that leads to course improvements.**
>
> **Area of Strength 2**
>
> **Oman National College provides excellent pathways for graduates into foreign universities through the establishment of eight active student exchange and articulation agreements.**

30.1.2   Opportunities for Improvement (OFI)

One result of a Self Study is the identification of issues which are in need of particular attention because they are unsatisfactory in some or all aspects of ADRI. These should be formally

identified in the Portfolio in a way that demonstrates the HEI's understanding of the issue and its commitment to taking appropriate action in response.

There are two advantages of identifying OFI. The first is that it is simply in the best interests of the HEI in its ongoing quality improvement activities. The second is that if the Panel agrees with the HEI's findings, then it will issue a confirmatory Affirmation (see section 30.2.3). Affirmations provide public support for the HEI's demonstration of quality assurance in practice. If, on the other hand, the Panel identifies OFI which have not been identified and/or reported by the HEI, then it is likely to issue a Recommendation (see section 30.2.4).

Two examples of OFI follow. Note that in the Portfolio each one must be preceded by text which explains and justifies the finding.

Opportunity for Improvement 1

Oman National College needs to implement a systematic approach to analysing and acting upon the feedback it receives from its student surveys.

Opportunity for Improvement 2

Oman National College needs to redesign its research funding scheme in order to achieve desired results.

30.2   *Conclusions for the Quality Audit Report*

The Quality Audit Report is an integrated, qualitative document that should be read as a whole rather than in selected passages. However, it is helpful to highlight specific issues using formal Commendations, Affirmations and Recommendations. Each one should be a single, succinct sentence that summarises the key point. Commendations, Affirmations and Recommendations are often quoted and so need to be complete statements independent of the surrounding text. Examples are provided in the following sections.

30.2.1   Reaching Consensus

An Audit Panel should strive for consensus for all of its findings. Consensus and unanimity are not necessarily the same thing. Unanimity means that all Panel Members reach the same conclusion. In practice, there will be occasions when one or two Panel Members will reach a different conclusion. Reaching consensus is a process whereby the Audit Panel explores these differing conclusions, and the supporting evidence for each, and then makes a decision based upon a thorough analysis and discussion. The decision can be based on the support of a majority of Panel Members and does not need to be unanimous. However, every Panel Member must feel that their views were given sufficient attention by the Panel.

Quality Audit Reports do not include 'minority opinions'. Only conclusions arrived at by unanimity or consensus should be included.

30.2.2   Commendations

The Panel is interested in finding out not only where an HEI needs to improve, but also where it is doing things particularly well. Formal Commendations are appropriate where the HEI has accurately analysed the issue using the full ADRI cycle; and either

- The *results* are meeting or exceeding appropriate goals and objectives (especially for practices that are common within the sector); and/or

- significant *improvements* can be demonstrated (especially for practices which are innovative).

Commendations are not issued lightly. Claims (of quality) require evidence; impressive claims require impressive evidence. Commendations are unlikely to be issued for the *approach* and *deployment* of a topic in the absence of supporting *results* and *improvement*, because the evidence would not prove that the approach and deployment are effective.

Commendations are used by HEIs, appropriately, for public promotion purposes. For that reason, it is essential that the Panel has confidence that any Commendation is likely to remain valid for a reasonable period of time following the release of the Quality Audit Report. For example, an issue which appears excellent but which is scheduled for termination or substantial modification should not receive a Commendation. Similarly, an issue which appears excellent but which is not currently protected from foreseeable risks should not receive a Commendation.

Two examples of Commendations follow. Note that in the Quality Audit Report each one must be preceded by text which explains and justifies the finding.

> **Commendation 1**
>
> **The Oman Accreditation Council commends Oman National College for developing a framework for performance indicators that is demonstrably aiding the management and planning processes.**
>
> **Commendation 2**
>
> **The Oman Accreditation Council commends Oman National College for successfully implementing a peer mentoring for academic staff system that has resulted in improved student satisfaction.**

30.2.3 Affirmations

Quality Audit serves two purposes: public accountability and continuous quality improvement. One way of supporting the latter is by positively acknowledging efforts made by HEIs to identify and attend to opportunities for improvement, rather than viewing these as negatives.

During the External Review the Panel will consider Opportunities for Improvement designated by the HEI in its Portfolio. If it concludes that the matter has been fully and accurately identified and understood by the HEI, and that the HEI is committed to taking appropriate action in response, then the Panel should indicate its support in the Quality Audit Report.

Two examples of Affirmations follow. The key words used in Affirmations are "agrees with" and "supports". Note that in the Quality Audit Report each one must be preceded by text which explains and justifies the finding.

> **Affirmation 1**
>
> **The Oman Accreditation Council agrees with Oman National College that a comprehensive risk management system is required and supports its efforts in this regard.**
>
> **Affirmation 2**
>
> **The Oman Accreditation Council agrees with Oman National College that its research funding scheme is not effective and supports plans to redesign the scheme in order to achieve desired results.**

The Panel may take a slightly different view of the issue than that taken by the HEI in its Portfolio and may choose to express this in its conclusion. However, if the Panel's overall

analysis of the issue remains substantively comparable with the HEI's, then an Affirmation is still more appropriate than a Recommendation.

30.2.4   Recommendations

Undoubtedly, an ideal Quality Audit outcome for an HEI would be a Quality Audit Report that contains only Commendations and Affirmations. In reality, in every Quality Audit the Panel will identify a number of issues that require significant attention. These are issues that the HEI may not have identified, or about which it may have reached different conclusions than the Panel. It is also possible that the HEI may have attempted to conceal the issues. In that unlikely event, the Audit Panel may issue some strong statements in the Quality Audit Report.

Note that Recommendations must be written in a non-prescriptive fashion. To identify the best solution to an OFI would require problem-solving methods including divergent strategies for identifying all possible solutions, and then convergent strategies for selecting the optimal solution given the particularities of the issue. ADRI does not do this. Therefore, Recommendations arising from the ADRI method ought to focus on *what* needs to be improved, not *how* it needs to be improved.

Recommendations will not be prioritized, because this requires consideration in the context of the HEI's own strategic priorities and available resources. However, the Panel may add emphasis words like "strongly recommends" or urgency words like "immediately".

Two examples of Recommendations follow. Note that in the Quality Audit Report each one must be preceded by text which explains and justifies the finding.

> **Recommendation 1**
>
> **The Oman Accreditation Council recommends that Oman National College installs backup and recovery systems for all its major IT systems as a matter of urgency.**
>
> **Recommendation 2**
>
> **The Oman Accreditation Council recommends that the Oman National College Council develop strategies to ensure it is able to inform and balance its fiduciary governance responsibilities with its academic governance responsibilities.**

30.2.5   Different Conclusions for the Same Issue

Issues are dynamic. At any point in time they will usually be strong in some aspects of ADRI while requiring improvement in others. The Panel must ultimately make a judgment call as to whether, on balance, the issue warrants a Commendation, Affirmation or Recommendation. There would be very few (if any) conditions under which an issue, taken as a whole, should be subject to more than one type of conclusion. However, the Panel may wish to provide further comment in the text with which the Conclusion is associated. For example, an issue with an excellent approach (for example, a well organised and benchmarked manual and training program) that results in a Recommendation because the deployment is defective and leading to poor results, may be preceded by text which also notes that the approach appears strong and needs to be supported with more effective deployment.

30.2.6   The Number of Commendations, Affirmations and Recommendations

There are no limits to the numbers of Commendations, Affirmations or Recommendations in a report, although the Panel should attempt to have no more than 20 of each, simply because

greater numbers can become unmanageable for the HEI. Each Quality Audit Report is likely to contain a different number of Commendations, Affirmations or Recommendations. Each Commendation, Affirmation or Recommendation will address matters of varying importance and with varying degrees of severity and urgency. In other words, one Commendation might address something more significant than five Recommendations put together.

For these reasons, it is important to note that no meaningful conclusions can be made about the HEI or a group of HEIs based upon:

- the number of Commendations, Affirmations or Recommendations an HEI has in its Quality Audit Report;

- a comparison of the numbers of Commendations, Affirmations or Recommendations between HEIs; or

- ratios of these results (e.g. the ratio of Recommendations to Commendations).

In particular, ranking tables should not be created based on numbers of Recommendations, Commendations or Affirmations. Any attempt to do so will be publicly admonished by the OAC, because it would encourage highly misleading interpretations of the audit findings.

30.2.7 Reporting an Issue without Commendations, Affirmations or Recommendations

Sometimes issues will arise which do not lead to a formal Commendation, Affirmation or Recommendation, but which are important to include in the Report because their inclusion helps the Report to provide a balanced overview of the HEI. This is entirely appropriate. Such issues may be included in the report as paragraphs in a section, or as whole sections, without a concluding Commendation, Affirmation or Recommendation.

On other occasions the Panel will not be able to reach a definitive conclusion about an issue because, even after having explored the issue with sufficient thoroughness, important information was either unavailable or inconsistent. However, this problem with the information may, itself, be worth reporting so that the HEI can give it due consideration. Indeed, if the Panel believes that the missing or inconsistent information is sufficiently serious, it may issue a Recommendation on the matter.

30.2.8 Not Reporting an Issue

HEIs are complex institutions and it is not practical for every issue to be included in the final report – otherwise the Quality Audit Report would be far too big and the HEI may feel overwhelmed. A Panel will almost always consider more issues than are included in the final Quality Audit Report. There are many reasons for not including certain issues in the Quality Audit Report. The main reasons are as follows:

- On balance, the issue was not important enough compared with other issues in the Quality Audit Report.

- The Panel was not able to reach agreement on the issue (Quality Audit Reports should not include 'split-panel' decisions).

- There was insufficient evidence to reach a conclusion (although sometimes the lack of important evidence is itself an issue on which the Panel may choose to make a recommendation).

- The issue pertained to an individual grievance (Audit Panels are not designed to address grievances – see section 10.6 above).

PART E: APPENDICES

APPENDIX A.   REFERENCES

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APPENDIX B.   ABBREVIATIONS, ACRONYMS AND TERMS

The following abbreviations, acronyms and terms are used in this report. As necessary, they are explained in context. In some cases, URLs are provided to facilitate further enquiries about these acronyms and terms.

ADRI ....A four step, cyclical model for analysing a topic, comprising: Approach → Deployment → Results → Improvement (see section 25).

Approach ....The first dimension of the ADRI cycle, which focuses on evaluating what an HEI aims to achieve for a given topic and how it proposes to achieve it (see section 25.1.2).

Auditee ....The HEI being audited.

AUQA ....Australian Universities Quality Agency (www.auqa.edu.au)

Call Back Interview........................An interview conducted by the Audit Panel towards the end of the Audit Visit for which it has invited specific people, usually at short notice, to respond to particular issues on which the Panel will require assistance (see section 17.2.5).

CEO..Chief Executive Officer. For a university this will be the Vice-Chancellor; for a College this will normally be the Dean; for an Institute this will normally be the Director.

Contact Person...............................A senior staff member of the HEI with designated responsibility for liaising with the Executive Officer during the Quality Audit (see section 11.2).

Deployment ....The second dimension of the ADRI cycle, which focuses on whether an HEI's plans for a given topic are being followed in practice, and if not, why not (see section 25.1.3).

EQA..External Quality Assurance Agency.

Executive Director..........................The most senior staff member of the OAC (appointment pending).

Executive Officer ....An OAC staff member assigned to an Audit Panel to provide professional guidance and support (see section 14.3).

External Reviewer ....A Member of the OAC Register of External Reviewers; a person approved by the OAC Board to participate as a member of the OAC's various external review panels (see section 12.1).

HEAC ....Higher Education Admissions Centre (www.heac.gov.om)

HEI Assessment Application ....A confidential document from an HEI summarising its self assessment against the OAC's Provider Standards. Submitted as the application for external Standards Assessment (see sections 2.1 & 2.3.9).

HEI Assessment Report..................A confidential document from the OAC summarising an Assessment Panel's findings and conclusions from its external assessment of an HEI against the OAC's Provider Standards.

HEI Chairperson.............................The Chairperson of the HEI's governing body. For a University this will normally be the Chancellor.

HEI ....Higher Education Institution (also known as HEP – Higher Education Provider).

HEQC ....Higher Education Quality Council, South Africa (www.che.ac.za/heqc/heqc.php).

Improvement	The fourth dimension of the ADRI cycle, which focuses on how effectively an organisation is improving its *approach* and *deployment* for any given topic in order to achieve better *results* (see section 25.1.5).
INQAAHE	International Network of Quality Assurance Agencies in Higher Education (www.inqaahe.org)
Interviewee	A person invited to meet with the Audit Panel in an interview session and respond to questions.
Interviewer	An Audit Panel Member asking questions in an interview session.
MoHE	Ministry of Higher Education (www.mohe.gov.om)
National Quality Audit Schedule	A schedule established by the OAC indicating when each eligible HEI will undergo its Quality Audit (see section 3.2). The Schedule is based on a five year time frame.
NZUAAU	New Zealand Universities Academic Audit Agency (www.aau.ac.nz)
OAC Board	The governing body of the Oman Accreditation Council (see section 1.2).
OAC	Oman Accreditation Council (www.oac.gov.om)
Observer	A person approved to observe the External Review process for the sole purpose of their own professional interest (see section 13).
OECD	Organisation for Economic Cooperation and Development (www.oecd.org)
OFI	Opportunity for improvement.
OQF	Oman Qualifications Framework (see section 2.3.1).
OSCED	Oman Standard Classification of Education Framework (see section 2.3.2).
Panel Chairperson	The Chairperson of the Audit Panel (see section 14.2 in particular).
Panel Member	An OAC External Reviewer who is a member of an Audit Panel (see section 12).
Portfolio	see *Quality Audit Portfolio*.
Provider Accreditation Certificate	A certificate issued by the OAC providing proof that the HEI is an Accredited HEI.
Provider Accreditation	A process for providing the public with assurance that an HEI meets appropriate standards. In Oman it involves two phases: Quality Audit and Standards Assessment (see section 2.1).
PSO	Panel Support Officer (see section 21.1).
QAA	The Quality Assurance Agency for Higher Education, United Kingdom (www.qaa.ac.uk)
Quality Assurance	The combination of policies and processes for ensuring that stated intentions are met.
Quality Audit Portfolio	The report produced as the result of a self study (see section 6). Also forms the main submission made to the OAC by the HEI being audited.
Quality Audit Report	A public report published by the OAC which presents the findings and conclusions of the Audit Panel's External Review of an HEI (see section 18).

Quality Audit ....An independent evaluation of the effectiveness of the system and processes by which an HEI sets, pursues and achieves its mission and vision (see section 3.1).

Quality Enhancement ....The combination of policies and processes for improving upon existing *approach*, *deployment* and *results*.

Random Interview ....An interview conducted *in situ* by individual Panel Members during the Audit but separately from the main interview sessions (see section 17.2.4).

Register of External Reviewers......A list of people approved by the OAC Board to participate as members of the OAC's various external review panels (see section 12.1.1).

Results...The third dimension of the ADRI cycle, which focuses on the evidence of the outputs and outcomes of a topic's *approach* and *deployment* (see section 25.1.4).

ROSQA ....Requirements of Oman's System of Quality Assurance (www.mohe.gov.om/C%20PART%20TWO%20GUIDES%20APPROVED.pdf).

System ....In this Manual, *system* refers to plans, policies, processes and results that are integrated towards the fulfilment of a common purpose.

Trial Audit ....A process whereby an HEI convenes its own audit panel – usually including at least some members external to the HEI – to conduct a review process similar to that conducted by the OAC's Audit Panels (see section 7).

APPENDIX C.   AUDIT PANEL DECLARATIONS FORM

This form should be used ONLY once the External Reviewer has received a written invitation from OAC to join a specific Audit Panel. External Reviewers who receive such an invitation must photocopy, complete and return this form to the OAC office before their participation on the Panel can be confirmed.

Name of Panel Member (print):..

Name of HEI being audited: ....

Year of Audit Visit: ....

Declarations	Agree	Disagree
I have read and understood the *Quality Audit Manual* and will abide by the Roles and Responsibilities for Panel Members.		
I know of no conflict of interest, as set out in Section 10.1 of the *Quality Audit Manual*, that would jeopardize my participation on this Audit Panel. (If you tick 'disagree', the Executive Officer will contact you as soon as possible to discuss the matter further.)		
I have already provided to the OAC, or have submitted with this form, accurate and up to date bibliographical information as required, including a digital photograph, and I consent to this information being edited and published on the OAC website and otherwise used by OAC for the purposes of Quality Audit.		

Panel Member's signature: ....

Date: ....

Please complete and send by fax to +968 2447 5168

APPENDIX D.   OBSERVER DECLARATIONS FORM

This form should be used ONLY once the Observer has received a written approval from the OAC to observe a specific Audit Panel. Observers who receive such an approval must photocopy, complete and return this form to the OAC office before their participation on the Panel can be confirmed.

Name of Observer (print): ....

Name of HEI being audited:..

Year of Audit Visit:..

Declarations	Agree	Disagree
I have read and will abide by the conditions for Observers, as set out in Section 13 of the *Quality Audit Manual*.		
I know of no conflict of interest, as set out in Section 10.1 of the *Quality Audit Manual*, that would jeopardize my involvement as an Observer. (If you tick "disagree', the Executive Officer will contact you as soon as possible to discuss the matter further.)		
I have already provided to the OAC, or have submitted with this form, accurate and up to date bibliographical information as required, including a digital photograph, and I consent to this information being edited used by OAC for the purposes of the Quality Audit.		
I understand that I will be solely responsible for all costs associated with my participation as an Observer and will not seek reimbursement from the OAC.		

Observer's signature:..

Date: ....

Please complete and send by fax to +968 2447 5168.

APPENDIX E.   QUALITY AUDIT PORTFOLIO TABLE OF CONTENTS (TEMPLATE)

The following provides an example of a Quality Audit Portfolio table of contents. The precise substantive content sections (the numbered sections) will ordinarily reflect the scope for the Quality Audit (see section 4) but are dependent upon the manner in which the HEI chooses to represent itself.

TABLE OF CONTENTS

Chairperson's Introduction

Overview of [name of HEI]

The Self Study Method

1. Governance and Management

2. Student Learning by Coursework Programs

3. Student Learning by Research Programs

4. Staff Research and Consultancy

5. Industry and Community Engagement

6. Academic Support Services

7. Students and Student Support Services

8. Staff and Staff Support Services

9. General Support Services and Facilities

Appendices

Supporting Material Index

Available Supporting Material Index

Acronyms and Terms used in the Portfolio

APPENDIX F. SUMMARY DATA FOR APPENDIX A IN THE PORTFOLIO

The following tables outline the minimum data reporting requirements for Appendix A in the Quality Audit Portfolio. HEIs may add any other key data which they consider important.

Table 2. Number of students by program, year of study and gender

Field of Study[1]	Award[2]	Year of Study	2003		2004		2005		2006		2007[3]	
			F	M	F	M	F	M	F	M	F	M
General Foundation		Year 0										
Accountancy	Diploma	Year 1										
		Year 2										
	Adv. Dip	Year 3										
	Bachelor	Year 4										
Economics	Bachelor	Year 1										
		Year 2										
		Year 3										
		Year 4										

[1] Accountancy and Economics are included as examples only.

[2] Nested awards, such as a Diploma leading to an Advanced Diploma leading to a Degree, should all be listed under the same group.

[3] The table should show a five year trend ending in whatever is the most recent year of available data.

Table 3. Number of students by program, year of study, and mode

Field of Study[1]	Award[2]	Year of Study	Mode of Study			
			Internal (face to face)	Distance / Online	Mixed	Other
General Foundation		Year 0				
Accountancy	Diploma	Year 1				
		Year 2				
	Adv. Dip	Year 3				
	Bachelor	Year 4				
Economics	Bachelor	Year 1				
		Year 2				
		Year 3				
		Year 4				

[1] Accountancy and Economics are included as examples only.

[2] Nested awards, such as a Diploma leading to an Advanced Diploma leading to a Degree, should all be listed under the same group.

Table 4. Number of staff by department, year, employment status and gender

Dept.[1]	Status	2003		2004		2005		2006		2007[2]	
		F	M	F	M	F	M	F	M	F	M
Dept. A	Full time										
	Part Time										
	Total										
Dept. B	Full time										
	Part Time										
	Total										
Dept. C	Full time										
	Part Time										
	Total										

[1] Includes all academic and administrative departments

[2] The table should show a five year trend ending in whatever is the most recent year of available data.

Table 5. Number of staff by academic department, year, employment status and nationality

Academic Dept.	Status	2003		2004		2005		2006		2007[1]	
		Omani	Expat	Omani	Expat	Omani	Expat	Omani	Expat	Omani	Expat
Dept. A	Full time										
	Part Time										
	Total										
Dept. B	Full time										
	Part Time										
	Total										
Dept. C	Full time										
	Part Time										
	Total										

[1] The table should show a five year trend ending in whatever is the most recent year of available data.

Table 6. Number of staff by academic department and highest qualification held

Academic Department	No. staff with highest qualification				No. staff holding an additional teaching qualification?
	Bachelor	Bachelor (Hons) or Graduate or Postgrad Dip	Master or Master (Hons)	Doctorate	
Department A					
Department B					
Department C					

Table 7. Number of staff by administrative department, year, employment status and nationality

Admin Dept.	Status	2003		2004		2005		2006		2007[1]	
		Omani	Expat	Omani	Expat	Omani	Expat	Omani	Expat	Omani	Expat
Dept. A	Full time										
	Part Time										
	Total										
Dept. B	Full time										
	Part Time										
	Total										
Dept. C	Full time										
	Part Time										
	Total										

[1] The table should show a five year trend ending in whatever is the most recent year of available data.

APPENDIX G.   ADRI WORKSHEET (TEMPLATE)
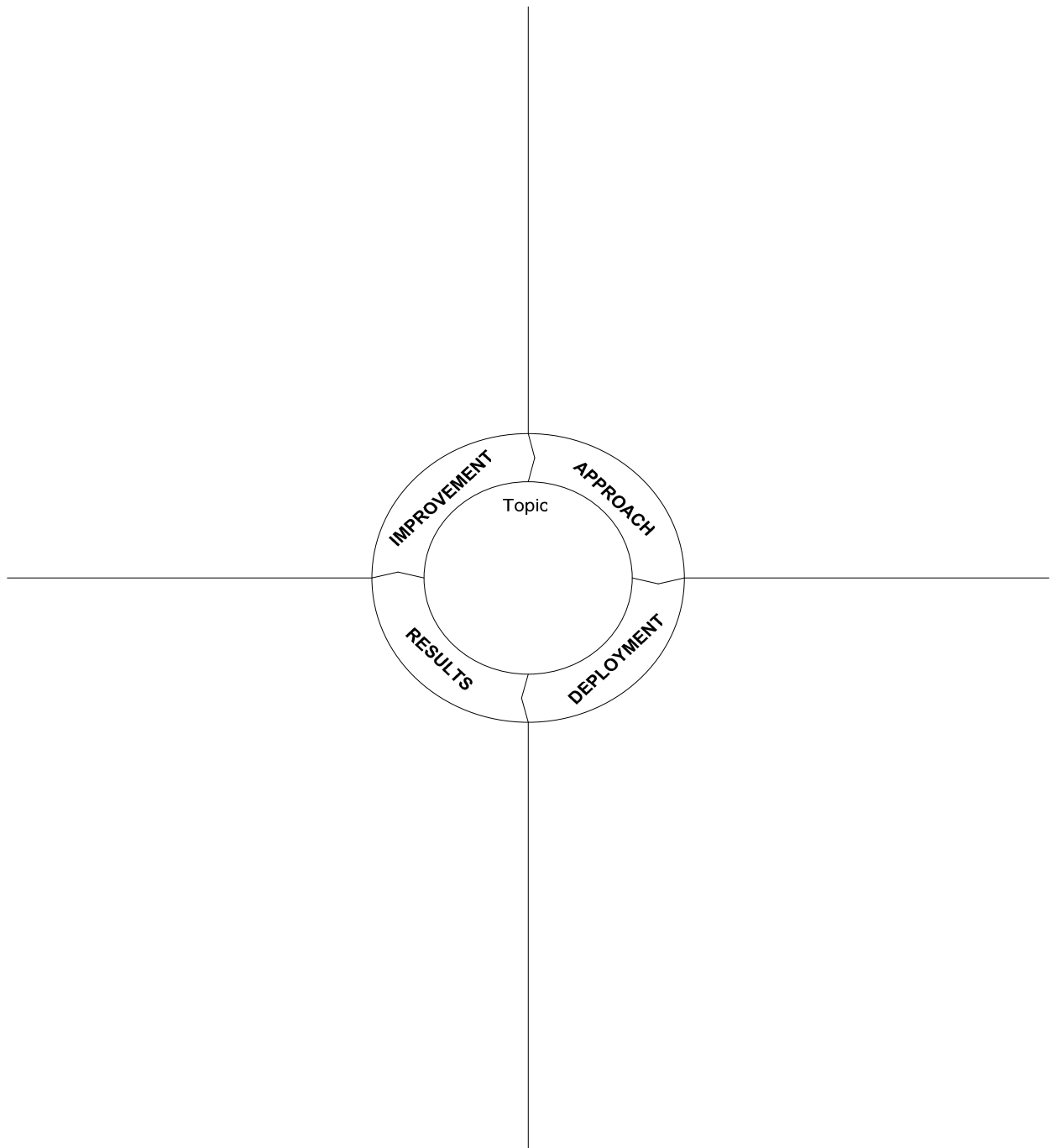
Preliminary Conclusion: ....

....

....

☐ Potential Recommendation   ☐ Potential Affirmation   ☐ Potential Commendation

Final Conclusion:...

....

....

☐ Recommendation   ☐ Affirmation   ☐ Commendation

APPENDIX H.   PORTFOLIO MEETING AGENDA (TEMPLATE)

This sets out a typical agenda assuming that only the Panel Members from Oman are able to be physically present and that the international members will need to link in by teleconference. This agenda can be modified at the Panel Chairperson's discretion and on the advice of the Executive Officer.

Time	Item
9:00am	Introductions
9:20am	Briefing on the audit task (provided by the Executive Officer)
9:40am	Portfolio Analysis (using ADRI and building on the Audit Report draft v1): - For each section, what are the main issues to audit (seek a balance of potential Commendations, Affirmations and Recommendations)? - For each issue, who does the Audit Panel need to see and why? - For each issue, what other evidence does the Panel require?
11:20am	Random Interview questions and tactics
11:40am	Task allocation: - For each section, allocate a Panel Member to take the lead in studying the documentation and preparing questions (this does not preclude any Panel Member from studying any evidence and preparing questions on any issue). - A second person should also be appointed as a backup for each section.
12:00pm	Any other business
12:20pm	Discuss logistical arrangements, scheduling etc.

In order to achieve the required outcomes of this meeting in the time available, it is essential that the Panel Members have submitted their preliminary comments in a timely and comprehensive fashion, thereby enabling the Executive Officer to prepare a helpful Audit Report draft v1 (see section 18.4).

APPENDIX I.　　PLANNING VISIT AGENDA (TEMPLATE)

This sets out a typical agenda for a Planning Visit:

8.45am　　　Introductions

　　　　　　If the CEO is not intending to participate in the full Planning Visit, then the Delegation should at least seek a courtesy meeting with the CEO at this time to facilitate introductions.

9.00am　　　Matters for Clarification

　　　　　　This is an opportunity for the Audit Panel delegation to seek clarifications from the HEI about statements in the Portfolio.

9.30am　　　Additional Supplementary Materials

　　　　　　The list of Additional Supplementary Materials requested by the Panel will be discussed.

10.30am　　　Draft Audit Visit Program

　　　　　　The draft Audit Visit program is discussed. The HEI may raise any concerns or questions.

12.00pm　　　Logistics & Inspection of Premises

　　　　　　Venues to be inspected for suitability including the Audit Panel's room (in which the interviews and panel review sessions will be held) and the lunch venue (where the lunchtime interviews will be held).

12.30pm　　　Lunch

1.30pm　　　Close

APPENDIX J.   CALL FOR SUBMISSIONS (TEMPLATE)

OMAN ACCREDITATION COUNCIL
QUALITY AUDIT OF [HEI]: CALL FOR SUBMISSIONS

The Oman Accreditation Council (OAC) has convened an Audit Panel to undertake a Quality Audit of [*HEI*]. All higher education providers in Oman undergo Quality Audit as a normal and important stage of the national provider accreditation system. The audit may look at any area of [*HEI's*] activities (such as course design, teaching quality, library services, student support etc.) to determine whether it has sound goals, and objectives, supported by policies and processes that are effective in achieving appropriate results. It also focuses on how [*HEI*] reviews and improves these activities. The Quality Audit involves a comprehensive self study by the institution resulting in a Quality Audit Portfolio, followed by an external review by an Audit Panel resulting in a public Quality Audit Report.

As part of its deliberations, the Audit Panel invites submissions from interested persons. Submissions may cover any issue relevant to the Quality Audit. A submission will be received by the Audit Panel only under the following conditions:

- It must be sent by email to [*submission email*] by no later than [*close date*].

- It must include the name, position, organisation (HEI, workplace etc.) and contact details of the person/s making the submission. This information will be treated in confidence. Anonymous submissions will not be considered by the Audit Panel under any circumstances.

- The person/s making the submission must be willing to participate in a telephone interview should the Audit Panel consider such a discussion to be necessary.

- The submission should address aspects of [*HEI's*] activities that will assist the Audit Panel in forming conclusions about its quality. It should contain specific evidence for any claims being made. Vague statements or allegations will not be pursued by the Audit Panel.

- The submission should not refer to personal grievances or single out individual members of staff (the Audit Panel has no mandate to address grievances).

- The submission (excluding any particular corroborating evidence) should be no more than 1,000 words (two sides of an A4 page) in length.

All submissions are confidential in the sense that the Audit Panel needs to be able to use the information provided in submissions, but will not reveal their source.

If the Audit Panel chooses to investigate, it will be only as part of the overall Quality Audit, and not in terms of the details of a particular complaint. The Audit Panel will not make any response or report to the person/s making the submission.

Staff and students of [*HEI*] may wish to contact [*Contact Person*] for further information about [*HEI's*] preparations. For more general enquiries about the OAC or the Quality Audit contact [*Executive Officer*] on [*phone number*] or visit www.oac.gov.om.

APPENDIX K.   AUDIT VISIT PROGRAM (TEMPLATE)

The following is indicative only. An Audit Visit Program may be between three and five days depending upon the size and complexity of the HEI. Also, the exact configuration of interviewees will depend on the Panel's sample (see section 26).

Time	Day 0	Day 1	Day 2	Day 3
0830-0900	Panel arrive	Panel preparation	Panel preparation	Panel preparation
0900-0945		Interview 1 - VC/Dean	Interview 7 - Council Members	Call-back interviews (if necessary)
1000-1045		Interview 2 - Heads of Departments	Interview 8 - Admin Managers	Panel review and drafting Quality Audit Report v3
1100-1130		Panel review	Panel review	
1130-1215		Interview 3 - Academic Staff	Interview 9 - General Staff	
1230-1345	Panel lunch	Interview 4 (with lunch) - Students	Interview 10 (with lunch) - Students	
1400-1445	Panel planning	Panel review	Panel review	
1500-1545		Interview 5 - Academic Staff	Interview 11 - External Stakeholders	
1600-1715		Interview 6 (in situ) - Teaching facilities & laboratories	Interview 12 (in situ) - Library & IT	Preliminary Feedback and Closing
1730-1830		Panel Review	Panel Review	
Evening	Courtesy meeting (optional)			

APPENDIX L.   INTERVIEW WORKSHEET (TEMPLATE)

Panel Members will have one worksheet for each interview session (the worksheet will usually cover two pages). They are prepared in advance by the Executive Officer, using information submitted by Panel Members at the Portfolio Meeting. The worksheets are strictly confidential to the Panel. The example on this page is for indicative purposes only.

- The '#' column denotes the order in which the questions will be asked (unless otherwise handled by the Chairperson). This is usually determined in the panel review session immediately before the interview session.

- The 'P' column identifies, using initials, which Panel Member will handle the question. This is usually determined in the panel review session immediately before the interview session.

- The 'Question' column will be completed before the audit visit. It should include references where appropriate (an example has been provided). This is usually reviewed in the panel review session immediately before the interview session. It is unusual to have more than 8 lead questions per session, allowing time for some follow-up questions.

- The 'Response' column is for the Panel Member to record their notes.

Interview 5	Interviewees
1500-1545 Monday 13th August, 2007 In the Boardroom	1. Name, Position 2. Name, Position 3. Name, Position 4. Name, Position 5. Name, Position 6. Name, Position 7. Name, Position 8. Name, Position

#	P	Question	Response
		How is the College responding to survey evidence which says that students are dissatisfied with the quality of feedback they receive on their work? (Portfolio, s4.2.3)	

APPENDIX M.   RANDOM INTERVIEW WORKSHEET - STAFF (TEMPLATE)

Introduction: You may have heard that the Oman Accreditation Council is currently conducting a Quality Audit of this HEI and all that it does. The audit is based on a self study by the HEI, which is then reviewed by an external Audit Panel, of which I am a member. Our process takes several months and involves a wide range of information. Part of that process involves a visit, which we are doing this week, to meet a range of people. The visit includes some random interviews like this one. Would you have 10-15 minutes to share with me? I'd like to ask you some general questions about your experiences. Please know that this worksheet is only for the Audit Panel and will be destroyed when the audit is over. Nothing that you say to me would ever be reported to the HEI, or publicly, in a manner that identifies who said it.

(Note: it is preferable, although not essential, to conduct Random interviews with people who will not otherwise be meeting the Panel).

Date & Time	Panel Member	Staff Member's first name and position

#	Questions (*the following are examples only*)	Response
1	Can you comment on the communication system within this institution? Does everybody get to know what they need to know about this place?	
2	How do you know what, specifically, is required of you in your work? Is your work regularly reviewed, and if so, how?	
3	What are the main things that hinder your ability to do a good job? How would you fix them (assuming no new money became available)?	
4	What is this university's / college's / institute's greatest strength?	
5	How well do you think this HEI treats students? Can you give examples?	
6	How well do you think this HEI engages with the outside community? Can you give examples?	
7	If you were the VC/Dean/Director, what would be your major priority for improvement?	
8	Is there anything else you'd like the Audit Panel to know?	

APPENDIX N.   RANDOM INTERVIEW WORKSHEET - STUDENTS (TEMPLATE)

Introduction: You may have heard that the Oman Accreditation Council is currently conducting a Quality Audit of this HEI and all that it does. The audit is based on a self study by the HEI, which is then reviewed by an external Audit Panel, of which I am a member. Our process takes several months and involves a wide range of information. Part of that process involves a visit, which we are doing this week, to meet a range of people. The visit includes some random interviews like this one. Would you have 10-15 minutes to share with me? I'd like to ask you some general questions about your experiences. Please know that this worksheet is only for the Audit Panel and will be destroyed when the audit is over. Nothing that you say to me would ever be reported to the HEI, or publicly, in a manner that identifies who said it.

(Note: it is preferable, although not essential, to conduct Random interviews with people who will not otherwise be meeting the Panel).

Date & Time	Panel Member	Student's first name and program

#	Question	Response
1	Why did you decide to come to this HEI?	
2	How do you know what is expected of you in your studies? How do you receive feedback on your progress?	
3	Has the program been meeting your expectations?	
4	What is this university's / college's / institute's greatest strength?	
5	How well do you think this HEI treats students? Can you give examples?	
6	If you were the VC/Dean/Director, what would be your major priority for improvement?	
7	Is there anything else you'd like the Audit Panel to know?	
8		

APPENDIX O.   TYPICAL PANEL ROOM LAYOUT
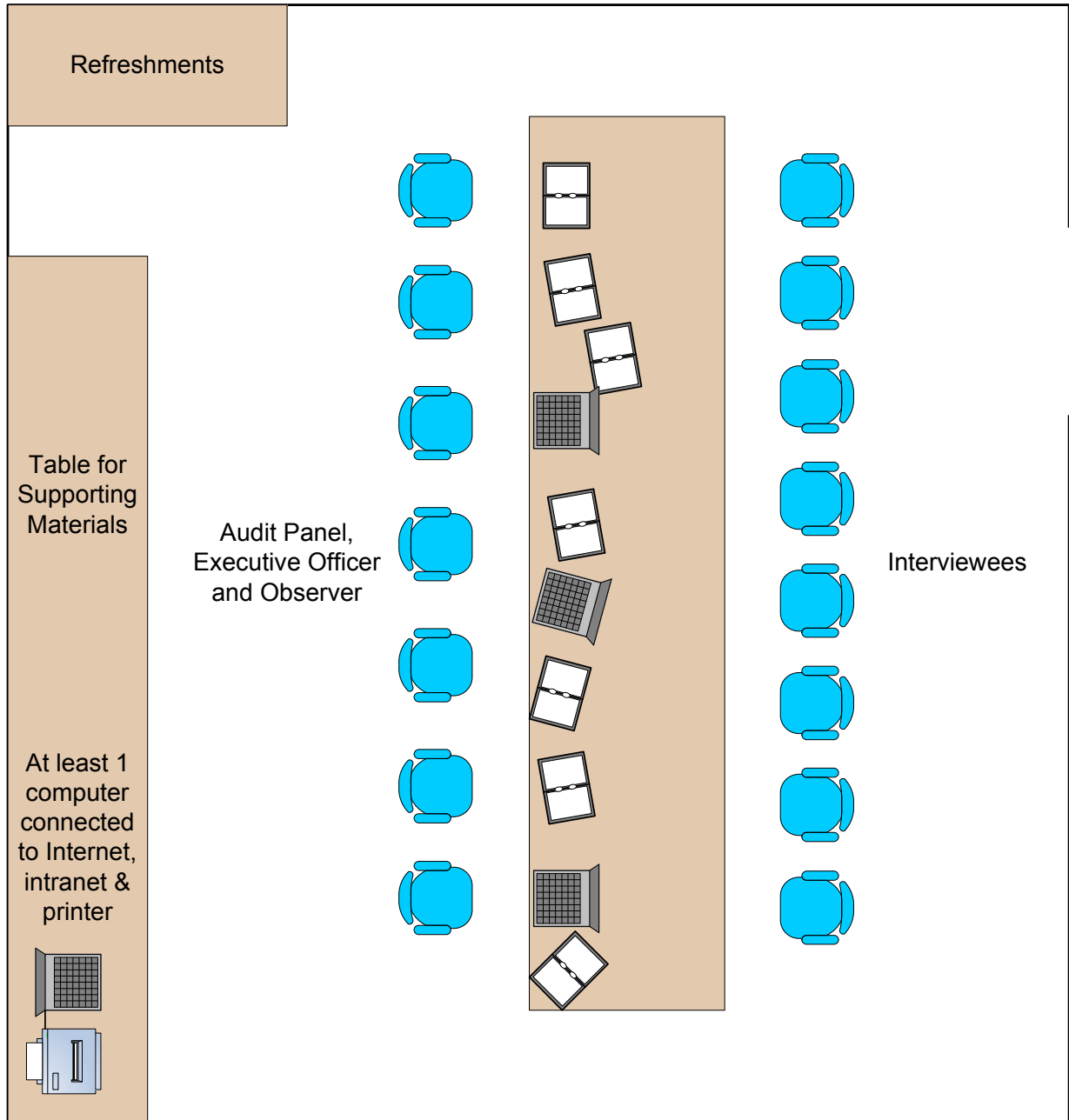
For further information see section 17.3.1.

APPENDIX P. TYPICAL LUNCH ROOM LAYOUT
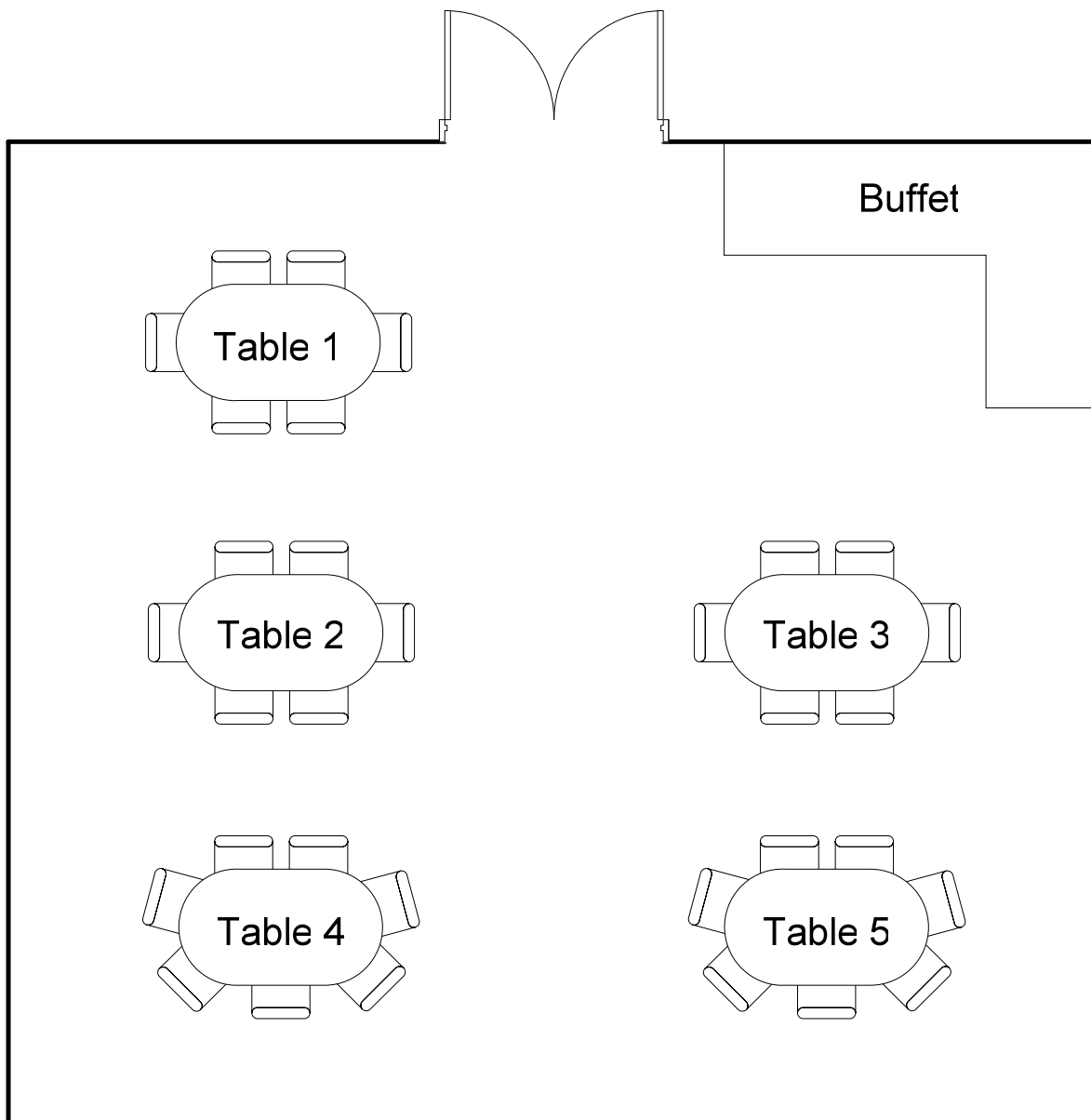
Note 1: the additional chairs on Tables 4 & 5 for the Executive Officer and the Observer (if there is one).

Note 2: it is preferable if the buffet is served inside the Lunch Room to avoid people having to move in and out.

For further information see section 17.3.2.

APPENDIX Q.   QUALITY AUDIT REPORT TABLE OF CONTENTS (TEMPLATE)

The following provides an example of a Quality Audit Report table of contents. The precise substantive content sections (the numbered sections) are dependent upon the Quality Audit Portfolio, the issues sampled by the Audit Panel, and the findings of the Audit Panel.

TABLE OF CONTENTS

Overview of the Quality Audit Process

Executive Summary of Findings

    Summary of Commendations

    Summary of Affirmations

    Summary of Recommendations

1. Governance and Management

2. Student Learning by Coursework Programs

3. Student Learning by Research Programs

4. Staff Research and Consultancy

5. Industry and Community Engagement

6. Academic Support Services

7. Students and Student Support Services

8. Staff and Staff Support Services

9. General Support Services and Facilities

Appendix A: The Audit Panel

Appendix B: Acronyms and Terms used in the Report

APPENDIX R.   DRAFT QUALITY AUDIT REPORT RESPONSE (TEMPLATE)

"#" column: ....simply number the responses.

"Quality Audit Report Extract" column: quote and reference the precise part of the Quality Audit Report that is being contested.

"Claim" column:............................present the claim and the supporting evidence. Additional evidential materials may be attached with the Response submission.

"Suggestion" column:....................Present alternative wording or make other appropriate suggestions for amending the Quality Audit Report in a manner that would resolve the issue from the HEI's perspective.

An example is provided in the first row.

#	Quality Audit Report Extract	Claim	Suggestion
1	There have been no independent reviews of academic programs in the last three years. Clearly there is an opportunity for Oman National College to improve the management of these services by including regular reviews. Recommendation 13 That Oman National College implement a regular review process for its student support services (p56, s8.2, and subsequent Recommendation)	This is incorrect. The Halls of Residence were independently reviewed in 2006. The Review Report is attached.	Remove Recommendation #13 and replace the paragraph before the recommendation with the following: "The BCom (Accounting) and the BA (English) were independently reviewed in 2006."
2			
3			
4			
5			
6			

There is no limit to the number of claims that an HEI may make in response to the draft Quality Audit Report. However, trivial or unsupported claims will not be viewed favourably by the Audit Panel.

APPENDIX S.   PANEL MEMBER FEEDBACK FORM

In order to support the continuous improvement process of the OAC and its activities, Panel Members are kindly requested to provide feedback on various aspects of the Quality Audit once the Quality Audit Report is publicly released. The information provided will remain confidential to the OAC.

Name of Panel Member	
Quality Audit of (name of HEI)	

The *Quality Audit Manual – Institutional Accreditation: Stage 1*	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The *Quality Audit Manual* is comprehensive.	❑	❑	❑	❑
2. The *Quality Audit Manual* is useful.	❑	❑	❑	❑
3. The *Quality Audit Manual* is clear and easy to follow.	❑	❑	❑	❑
4. Comments about the *Quality Audit Manual*:				

The Portfolio Meeting	Strongly Agree	Agree	Disagree	Strongly Disagree
5. The Portfolio Meeting was well structured.	❑	❑	❑	❑
6. The Portfolio Meeting was useful.	❑	❑	❑	❑
7. Comments about the Portfolio Meeting:				

The Audit Visit	Strongly Agree	Agree	Disagree	Strongly Disagree
8. The Audit Visit was well structured.	❑	❑	❑	❑
9. The interviewees for the audit were appropriately selected.	❑	❑	❑	❑
10. Comments about the Audit Visit:				

The Quality Audit Report	Strongly Agree	Agree	Disagree	Strongly Disagree
11. The process for writing the Report is effective.	❑	❑	❑	❑
12. The format of the final Report is appropriate for its purpose.	❑	❑	❑	❑
13. Comments about the Quality Audit Report:				

The OAC	Strongly Agree	Agree	Disagree	Strongly Disagree
14. The Executive Officer provided useful professional guidance.	❏	❏	❏	❏
15. The documents and templates organised by the Executive Officer (agendas, worksheets etc.) were done well.	❏	❏	❏	❏
16. The Panel Support Officer provided good administrative support.	❏	❏	❏	❏
17. OAC staff were responsive to the Panel's requirements	❏	❏	❏	❏
18. The Quality Audit was carried out in line with international practice.	❏	❏	❏	❏
19. Comments about the OAC:				

The Audit Panel	Strongly Agree	Agree	Disagree	Strongly Disagree
20. The Panel Members worked together well as a team	❏	❏	❏	❏
21. Panel Members behaved professionally throughout the audit.	❏	❏	❏	❏
22. Comments about the Audit Panel:				

23. Were there any aspects of the Quality Audit that were done particularly well?

24. Were there any aspects of the Quality Audit that could be improved for the future?

Thank you for taking the time to complete this feedback.
Please return by fax to OAC (+968 24475168)

APPENDIX T.   INFORMATION FOR INTERVIEWEES (TEMPLATE)

OMAN ACCREDITATION COUNCIL
INFORMATION FOR QUALITY AUDIT INTERVIEWEES

The Oman Accreditation Council (OAC) has convened an Audit Panel to undertake a Quality Audit of [*HEI*]. All higher education providers in Oman undergo Quality Audit as a normal and important stage of the national provider accreditation system. The audit may look at any area of [*HEI's*] activities (course design, teaching quality, staff review & development, student support etc.) to determine whether it has sound goals, and objectives, supported by robust policies and processes in place that are effective in achieving the appropriate results. The audit also focuses on how [*HEI*] reviews and improves these activities. It involves a comprehensive self study by the institution resulting in a Quality Audit Portfolio, followed by an external review by an Audit Panel resulting in a public Quality Audit Report.

The Audit Panel comprises the following people, who are from the national and international higher education sector, professions and industries (they may be accompanied by an Observer, who has no formal role in the Quality Audit):

- [Name]
- [Name]
- [Name]
- [Name]
- [Name]
- [Name], (Executive Officer)

As part of its deliberations, the Audit Panel will visit [*HEI*] from [*Audit Visit start date*] to [*Audit Visit end date*]. During that time it will meet a wide range of people, including staff, students and external stakeholders. You have been requested to participate in an interview with the Audit Panel. The main focus of your interview session will be [*Interview Session Title*]. Interview sessions with staff and external stakeholders can involve up to eight people being interviewed together. The Audit Panel will ask a number of questions about [*Interview Session Title*] and may also seek your comments on a broader range of issues and your experiences at [*HEI*] generally.

All interviews are confidential in the sense that although the Audit Panel needs to be able to use the information you provide, it will not do so in a way that attributes the statements to you. The OAC expects that all participants in a Quality Audit will respect this rule in relation to what other people may say during the interviews.

By way of preparation we suggest that you read your institution's *Quality Audit Portfolio*. This provides [*HEI's*] main submission to the Quality Audit and many of the Audit Panel's questions will be based on their preliminary analysis of the Portfolio. However, please do not bring pre-planned answers to the interview. The Audit Panel will obtain a wide range of supporting materials during its process. What it most wants from you is your experience.

Thank you very much for participation in this important project. With your help, the result will be a useful Quality Audit Report that will properly celebrate the strengths of [*HEI*] and help focus effort on its opportunities for improvement. [*Contact Person*] will provide you with the time and venue of your interview, along with more detailed information about the Quality Audits. For further information about the OAC generally visit www.oac.gov.om.

APPENDIX U.   INFORMATION FOR INTERVIEWEES – STUDENTS (TEMPLATE)

OMAN ACCREDITATION COUNCIL
INFORMATION FOR QUALITY AUDIT INTERVIEWEES - STUDENTS

The Oman Accreditation Council (OAC) has convened an Audit Panel to undertake a Quality Audit of [*HEI*]. All higher education providers in Oman undergo Quality Audit as a normal and important stage of the national provider accreditation system. The audit may look at any area of [*HEI's*] activities (such as course design, teaching quality, library services, student support etc.) to determine whether it has sound goals, and objectives, supported by robust policies and processes in place that are effective in achieving the appropriate results. The audit also focuses on how [*HEI*] reviews and improves these activities. It involves a comprehensive self study by the institution resulting in a Quality Audit Portfolio, followed by an external review by an Audit Panel resulting in a public Quality Audit Report.

The Audit Panel comprises the following people, who are from the national and international higher education sector, professions and industries (they may be accompanied by an Observer, who has no formal role in the Quality Audit):

- [Name]
- [Name]
- [Name]
- [Name]
- [Name]
- [Name], (Executive Officer)

As part of its deliberations, the Audit Panel will visit [*HEI*] from [*Audit Visit start date*] to [*Audit Visit end date*]. During that time it will meet a wide range of people, including staff, students and external stakeholders. You have been requested to participate in a lunch interview with the Audit Panel. Interview sessions with students usually involve groups of up to five people being interviewed together by a single Panel Member. The Panel Member will ask a number of questions during the lunch interview and may also seek your comments on a broader range of issues and your experiences at [*HEI*] generally.

All interviews are confidential in the sense that although the Audit Panel needs to be able to use the information you provide, it will not do so in a way that attributes the statements to you. The OAC expects that all participants in a Quality Audit will respect this rule in relation to what other people may say during the interviews.

By way of preparation we suggest that you read your institution's *Quality Audit Portfolio*. This provides [*HEI's*] main submission to the Quality Audit and many of the Audit Panel's questions will be based on their preliminary analysis of the Portfolio. However, please do not bring pre-planned answers to the interview. The Audit Panel will obtain a wide range of supporting materials during its process. What it most wants from you is your experience of enrolling and studying at [*HEI*].

Thank you very much for participation in this important project. With your help, the result will be a useful Quality Audit Report that will properly celebrate the strengths of [*HEI*] and help focus effort on its opportunities for improvement. [*Contact Person*] will provide you with the time and venue of your lunch interview, along with more detailed information about the Quality Audits. For further information about the OAC generally visit www.oac.gov.om.

APPENDIX V.   QUALITY AUDIT NOTICE (TEMPLATE)

OMAN ACCREDITATION COUNCIL
GENERAL INFORMATION FOR [HEI] STAFF AND STUDENTS

The Oman Accreditation Council (OAC) has convened an Audit Panel to undertake a Quality Audit of [*HEI*]. All higher education providers in Oman undergo Quality Audit as a normal and important stage of the national provider accreditation system. The audit may look at any area of [*HEI's*] activities (such as course design, teaching quality, library services, student support etc.) to determine whether it has sound goals, and objectives, supported by policies and processes that are effective in achieving appropriate results. The audit also focuses on how [*HEI*] reviews and improves these activities. It involves a comprehensive self study by the institution resulting in a Quality Audit Portfolio, followed by an external review by an Audit Panel resulting in a public Quality Audit Report.

The Audit Panel comprises the following people, who are from the national and international higher education sector, professions and industries:

- [Name]
- [Name]
- [Name]
- [Name]
- [Name]
- [Name], (Executive Officer)

As part of its deliberations, the Audit Panel will visit [*HEI*] from [*Audit Visit start date*] to [*Audit Visit end date*]. During that time it will meet a wide range of people, including staff, students and external stakeholders. Mostly, these meetings will be in formal interview sessions. However, other interviews are 'random' in order to help the Panel Members gain a broad perspective. Therefore, at some stage during the Audit Visit, a Panel Member may approach you on campus and ask whether you would be willing to spend a few minutes with them responding to some questions. All Panel Members will be clearly identifiable from their name badges. You are under no obligation to participate, but it is hoped that you will in order to help the Audit Panel gain as full an understanding of [*HEI*] as possible. The questions will cover a range of topics focusing on your personal experiences at [*HEI*].

All interviews are confidential in the sense that although the Audit Panel needs to be able to use the information you provide, it will not do so in a way that attributes the statements to you. In other words, the Audit Panel may reveal what was said, but not who said it.

If you have any questions or concerns, you should contact [*Contact Person*] on [*phone number*] who will be able to provide you with more information about the Quality Audit and the random interviews. You may also wish to read the *Quality Audit Manual* (see www.oac.gov.om/qa/). For further information about the OAC generally visit the website (www.oac.gov.om).

Thank you very much for participation in this important project. With your help, the result will be a useful Quality Audit Report that will properly celebrate the strengths of [*HEI*] and help focus effort on its opportunities for improvement.

APPENDIX W.   FREQUENTLY ASKED QUESTIONS

These FAQs are designed to provide additional assistance to people looking for quick answers. However, the Manual itself is the more comprehensive and authoritative source and should be referred to for more complete answers.

Question 1	Why is Oman doing Quality Audits instead of Accreditation?
Answer	The Omani Higher Education Quality Management System uses both Quality Audits and Standards Assessment in the process for accrediting HEIs. Quality Audits are the first step in introducing a comprehensive system of external, institutional quality assurance because it provides the most effective introduction to the principles and practices of quality assurance. The next process, Standards Assessment, involves measuring the HEI against externally imposed standards to determine whether it is performing at a satisfactory level.

Question 2	Are there other countries that use both Quality Audit and Standards Assessment?
Answer	The system here has been designed specifically for the Omani higher education sector, which has some unique features such as mostly very young HEIs and a heavy emphasis on programs sourced from foreign providers. Often, other countries use either standards-based accreditation or fitness-for-purpose quality audit for HEIs, and separate processes for accrediting programs. However, there are many countries that use a combination of Quality Audit and Standards Assessment. South Africa requires its universities to undergo a quality audit process that includes standards assessment. Private HEIs in Australia undergo quality audit and institutional accreditation as two separate processes.

Question 3	What happens if our HEI fails its Quality Audit?
Answer	There is no pass or fail result for a Quality Audit. The Quality Audit Report is a text-based document with a number of recommendations, affirmations and commendations. A principle of Quality Audit is that every HEI is doing some things well, and other things in a manner that would benefit from improvements.

Question 4	What is the main difference between Quality Audit and HEI Standards Assessment?
Answer	Quality Audit and Standards Assessment both involve a self study followed by an external review. However, the purpose and nature of these activities differ.

The emphasis of Quality Audit is on evaluating the effectiveness of an institution's quality assurance and quality enhancement processes against its stated goals and objectives. This is useful for determining the HEI's capacity and capability to achieve its aspirations and to continually improve. The result of Quality Audit is a public Quality Audit Report containing, amongst other things, Commendations, Affirmations and Recommendations.

The second stage in Provider Accreditation involves each HEI undergoing a Standards Assessment. The emphasis of Standards Assessment is on empirically measuring whether an HEI has met the institutional quality standards published by the OAC. This is useful for determining whether an HEI is performing at a satisfactory level. The result of Standards Assessment is a private Assessment Report for the HEI outlining where the standards have and have not been met, and a public declaration of the HEI's accredited status. |

Question 5   So is a Quality Audit easier than HEI Standards Assessment?

Answer   No! The fact that Quality Audit does not result in a score or a pass/fail does not mean that the Panel Members will be less thorough in their investigations and reporting. Also, the Quality Audit Report is a public document, meaning that the Panel's findings (positive and negative) may have some impact on the HEI's reputation.

Question 6   What are the standards for Quality Audit?

Answer   Quality Audit is not based upon an external imposed set of standards. Rather, it looks to see how each HEI is identifying for itself the standards that are appropriate for its Mission (bearing in mind a range of external requirements), and achieving them. Quality Audit expects the HEI to exercise the leadership role expected of our country's educators, and to demonstrate this role in the way it manages its affairs. This is one reason why Quality Audit is a helpful process to undertake prior to considering Provider Accreditation.

Question 7   How does Quality Audit relate to the ROSQA document?

Answer   Each component of the ROSQA document is under review. Quality Audit is a newly developed element in ROSQA and was not included in the first version. However, the "Standards of Good Practice" in ROSQA were used to help define the scope of Quality Audits (see section 4). The number of areas have been changed from 10 in ROSQA, to 9 in this Manual.

Question 8   When will my HEI be audited? Can I ask for one at any time?

Answer   All eligible HEIs will be audited once within a six year period. The OAC publishes the National Quality Audit Schedule on its website (see www.oac.gov.om). In preparing the schedule, the OAC will consult with HEIs on their preferred timing, but cannot guarantee that these preferences will be accommodated.

Question 9   Did OAC consult the sector about introducing Quality Audits?

Answer   Yes. Over a dozen visits were made to HEIs early in 2006 to discuss a wide range of issues to do with ROSQA. The proposal to introduce Quality Audits came out of those visits and was then written into the draft *Quality Plan* (see www.oac.gov.om). The *Quality Plan* was then subject to extensive consultation, including a two day workshop with the sector on 23-24 January 2007. There was widespread support for the notion of Quality Audit as a first step in the overall Provider Accreditation process.

Question 10   Does the OAC issue certificates to show that an HEI has been Quality Audited?

Answer   No. The OAC will acknowledge on its public website those HEIs which have undergone a Quality Audit. The issuing of a certificate has the potential to be misleading, because for many people it implies a particular standard has been reached. Quality Audit does not provide an assurance of that.

Question 11   Is Quality Audit a prerequisite for Program Accreditation or Program Recognition?

Answer   Not at this time. However, this is an issue which could be reconsidered once the sector has been through a full round of Provider Accreditation (i.e. Quality Audit + HEI Standards Assessment). At that time it will also be appropriate to review whether HEIs which have full Provider Accreditation should also be entitled to have greater autonomy in approving their own programs.

Question 12   Why are there so many draft versions of the Audit Report?

Answer   Actually, the HEI only sees two versions – the final draft and the final report. The other draft versions only apply to the Audit Panel. Their purpose is to ensure that important information is captured and given appropriate attention at each stage in the quality audit process.

Question 13   Can I see an example of an HEI Portfolio?

Answer   There are no 'template' portfolios to follow in Oman. It may be useful to review Portfolios from other countries in order to obtain ideas, although obviously care will need to be taken ensuring that the portfolio prepared here is in keeping with the OAC requirements. A list of URLs for some international Portfolios is provided in the OAC Training Module #06 "Preparing a Portfolio" handout (see www.oac.gov.om/ enhancement/training).

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