Sultanate of Oman
Oman Authority for
Academic Accreditation and
Quality Assurance of Education

Institutional Standards Assessment Manual

(Institutional Accreditation)

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FOREWORD

On behalf of the Board of Oman Authority for Academic Accreditation and Quality Assurance of Education (OAAAQA), I have the pleasure of introducing the Institutional Standards Assessment Manual. The OAAAQA, as established by Royal Decree 9/2021, is mandated with regulating the quality of higher education to ensure that it meets international standards and to encourage Higher Education Institutions (HEIs) to improve the quality of their provision. As part of this mandate, the OAAAQA is tasked with developing and implementing a process for the accreditation of HEIs. In this, the OAAAQA builds on an expectation that was originally stated in the Requirements for Oman's System of Quality Assurance in Higher Education (ROSQA) in 2004.

The OAAAQA implements a range of External Quality Assurance (EQA) activities that aim to ensure that the quality of HEIs, their services and their programmes meet acceptable standards. The OAAAQA's EQA activities include:

- Institutional Standards Assessment (ISA)
- Programme Standards Assessment (PSA)
- General Foundation Programme Quality Audit (GFPQA)
- Reassessment Activities, such as Institutional Standards Reassessment (ISR) and Programme Standards Reassessment (PSR)
- Institutional and Programme Reaccreditation Activities
- Appeals
- Review of International EQA (IEQA) applications

All of the OAAAQA's EQA decisions are subject to appeal in line with national laws and the International Standards and Guidelines (ISGs) for Quality Assurance in Tertiary Education as articulated by the International Network of Quality Assurance Agencies in Higher Education (INQAAHE). Following the successful implementation of the ISA in 2016, the ISA Standards and process were reviewed and streamlined in 2023 ahead of the second cycle of Institutional Accreditation. The revised Standards have been internationally benchmarked and contextualized for national priorities as articulated in the Oman Vision 2040. Extensive consultation with the sector was undertaken and feedback was sought from key stakeholders to further enhance the rigour, transparency and reliability of ISA system and outcomes for students and the general public. This Manual encapsulates that system and gives guidance in the deployment of ISA activities and the expression of accreditation outcomes, essential to ensuring that high academic standards are assured, and the distinguished reputation of Omani HEIs nationally and internationally is maintained.

The purpose of this Manual is to present the updated and enhanced national system for Institutional Accreditation in the context of its rationale and purpose; it also includes the Institutional Standards and details regarding ISA implementation. All those involved in Institutional Accreditation are advised to study this Manual carefully and carry out ISA activities as per the instructions published in it. I hope that all those involved in ISA find the process a positive and productive experience.

HE Prof Rahma Al Mahrooqi
Board Chairperson, OAAAQA

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INTRODUCTION

The Oman Authority for Academic Accreditation and Quality Assurance of Education (OAAAQA) was established by Royal Decree 09/2021 on 13 January 2021. The OAAAQA replaced the Oman Academic Accreditation Authority (OAAA), which had been established through Royal Decree 54/2010 on 3 May 2010, and which in turn replaced the former Oman Accreditation Council (OAC). The OAAAQA is an entity with legal status and financial and administrative independence which reports to the Cabinet. It was established to continue the efforts initiated by the OAAA and OAC in the dissemination of quality culture and accreditation of higher education institutions and programmes in Oman, and the quality assurance of schools. In higher education, this is achieved through the comprehensive national system of quality management which includes Institutional and Programme Accreditation and the maintenance of the National Register of Qualifications. To implement this system, the OAAAQA conducts several External Quality Assurance (EQA) activities including Institutional Standards Assessment (ISA), Programme Standards Assessment (PSA), Institutional and Programme Reassessment (ISR and PSR), and General Foundation Programme Quality Audit (GFPQA). The OAAAQA also assesses qualifications against the Oman Qualifications Framework (OQF) which defines the levels and types of qualifications resulting from academic, technological, vocational, professional and general (school) education. Further information on all these activities, together with the establishment and responsibilities of OAAAQA, is available on the OAAAQA website (www.oaaaqa.gov.om). This Manual is concerned primarily with the ISA.

When the ISA was originally launched in 2016, the PSA had not been implemented at the time, hence, the first version of the ISA Manual also included Standards and Criteria related to an HEI's programmes. With the second cycle of Institutional Accreditation commencing for those HEIs which were accredited in the first round (2016-2023), the Standards and Criteria were reviewed and updated to ensure there is a clear and primary focus on institutional areas. Although the revised Standards do not cover programmes, the ISA takes a 'global' view of an HEI's academic provision and resources, including how it designs, deploys, manages and reviews programmes *in general*. The review also established the currency and relevance of the Standards and Criteria to all HEIs in Oman based on the lessons learnt from the first ISA cycle and appropriate international benchmarks. At the same time, the ISA process was scrutinised and changes were made to streamline the activities within the ISA and promote a more efficient assessment of the HEI's performance. This Manual presents the updated institutional Standards and Criteria and ISA process and is divided into seven parts:

Part A: Institutional Accreditation Overview
Part B: Institutional Standards, Criteria and Indicators
Part C: Methods of Assessment and Analysis
Part D: Institutional Accreditation Outcome and Rating against Standards and Criteria
Part E: The Self-Assessment and ISA Application
Part F: The External Assessment by the ISA Panel
Part G: Appendices

There are three targeted readerships for this Manual: HEIs; ISA and ISR Panels and Review Directors; and other stakeholders, including students, the public, employers, the professions, supervising ministries, institutional affiliates, and OAAAQA staff and their contracted representatives. While each section is written with a particular readership in mind (see Table 1), all parts of the ISA and ISR process are included in this Manual and all those engaged in ISA and ISR are encouraged to become familiar with the content of the Manual. HEIs must also acknowledge and declare that they have adhered to the processes outlined in this Manual when submitting an ISA Application.

Table 1: ISA Manual Content Summary and Key Audience		
NOTE: *The primary audience for each Part is highlighted in* ***bold*** *in the last column.*		
PART	**CONTENT**	**AUDIENCE**
A	**Institutional Accreditation Overview** • This section introduces Institutional Accreditation and the Institutional Standards Assessment (ISA) process. • A timeline outlining all the activities that make up the ISA process providing a comprehensive overview of the different stages involved.	**HEIs** **ISA and ISR Panels and Review Directors** **All other stakeholders**
B	**Institutional Standards, Criteria and Indicators** • This section details the six Standards used for Institutional Accreditation. • Each Standard is related to a broad area of activity and consists of distinct Criteria. • All the institutional Standards and Criteria are applicable to all HEIs. • A list of Indicators accompanies each Criterion; these provide support to HEIs when preparing their ISA Application (ISAA) but they are not compulsory requirements and HEIs may choose to provide alternative evidence of how they have met each Criterion.	**HEIs** **ISA and ISR Panels and Review Directors** All other stakeholders
C	**Methods of Assessment and Analysis** • This section provides a description of some of the methods of analysis that ISA Panels use when examining evidence provided by HEIs. • The section covers how to apply an ADRI approach to analysis, which is the approach used by ISA Panels to analyse HEIs' performance against the ISA Standards and Criteria. HEIs are encouraged to use the same approach in their self-assessment. • Information is also provided about ISA Visit interviews.	**HEIs** ISA and ISR Panels and Review Directors
D	**Institutional Accreditation Outcome and Rating against Standards and Criteria** • This section provides information on the ratings to be used when evaluating performance against the Criteria and how these ratings inform both Standard and Institutional Accreditation Outcomes. • Descriptions are provided for the expected levels of provision or practice related to each rating. • Both the HEI and the ISA Panel rate the HEI's performance against all Standards and Criteria using these ratings.	**HEIs** **ISA and ISR Panels and Review Directors** All other stakeholders
E	**The Self-Assessment and ISA Application** • This section discusses the principles underpinning the self-assessment process undertaken by the HEI. • It introduces the format of the ISA Application (ISAA) and provides information on how to complete and submit the ISAA based on the self-assessment.	**HEIs** ISA and ISR Panels and Review Directors

Table 1: ISA Manual Content Summary and Key Audience		
NOTE: *The primary audience for each Part is highlighted in* ***bold*** *in the last column.*		
PART	**CONTENT**	**AUDIENCE**
F	**The External Assessment by the ISA Panel** • This section outlines the ISA protocols and the roles and responsibilities of various parties, including the ISA Panel Members and the Review Director. • It provides information on the logistical requirements for the ISA Visit, and describes the mechanism and steps required in drafting the ISA Report. • In addition, this section outlines the processes to be followed by an HEI wishing to appeal the Accreditation Outcome and the feedback mechanisms used by the OAAAQA upon completion of the ISA.	**ISA and ISR Panels and Review Directors** HEIs
G	**Appendices** • This section provides a range of information including key templates for HEIs.	**HEIs** ISA and ISR Panels and Review Directors

PART A: INSTITUTIONAL ACCREDITATION OVERVIEW

1 Institutional Accreditation

The advantages of institutional accreditation are well-established and bring wider benefits to the HEI and society in general. Institutional accreditation is formal recognition that an HEI meets the minimum required standards and benchmarked criteria. It confirms that an HEI is of good standing and consistently and systematically maintains academic standards. It also promotes quality improvement at the institutional level and provides independent assurance to all stakeholders regarding the performance of the HEI. Finally, it enables an HEI to state publicly that it has undergone external verification and satisfied national requirements.

The OAAAQA is responsible for the institutional accreditation of all HEIs in Oman, to which end it applies internationally benchmarked national standards and it implements the Institutional Standards Assessment (ISA) process The OAAAQA's Institutional Accreditation applies to all types of HEIs (public and private), HEI classifications (universities, university colleges and colleges) and supervisory structures (such as HEIs under the Ministry of Higher Education, Research and Innovation (MoHERI), the Ministry of Defence (MoD), the Ministry of Health (MoH) and the Central Bank of Oman (CBO)). HEIs commence their first ISA after graduating the first cohort of students and every five years thereafter, resulting in an Institutional Accreditation Outcome, which is published on the OAAAQA website for all stakeholders to access. It is currently compulsory for all HEIs in Oman to undergo Institutional Accreditation by the OAAAQA.

The first ISA cycle was initiated in 2016. In 2023, the Programme Standards Assessment (PSA) was launched by the OAAAQA to accredit higher education programmes. This development, along with the commencement of reaccreditation (the second ISA cycle), created a need to review and update the ISA Standards to ensure their currency, relevance and focus on institutional assessment criteria. Changes were also made to the ISA process to enhance its efficiency and facilitate the automation of specific aspects of the process. This review resulted in a more streamlined single-stage Institutional Accreditation process which is illustrated in Figure 1.

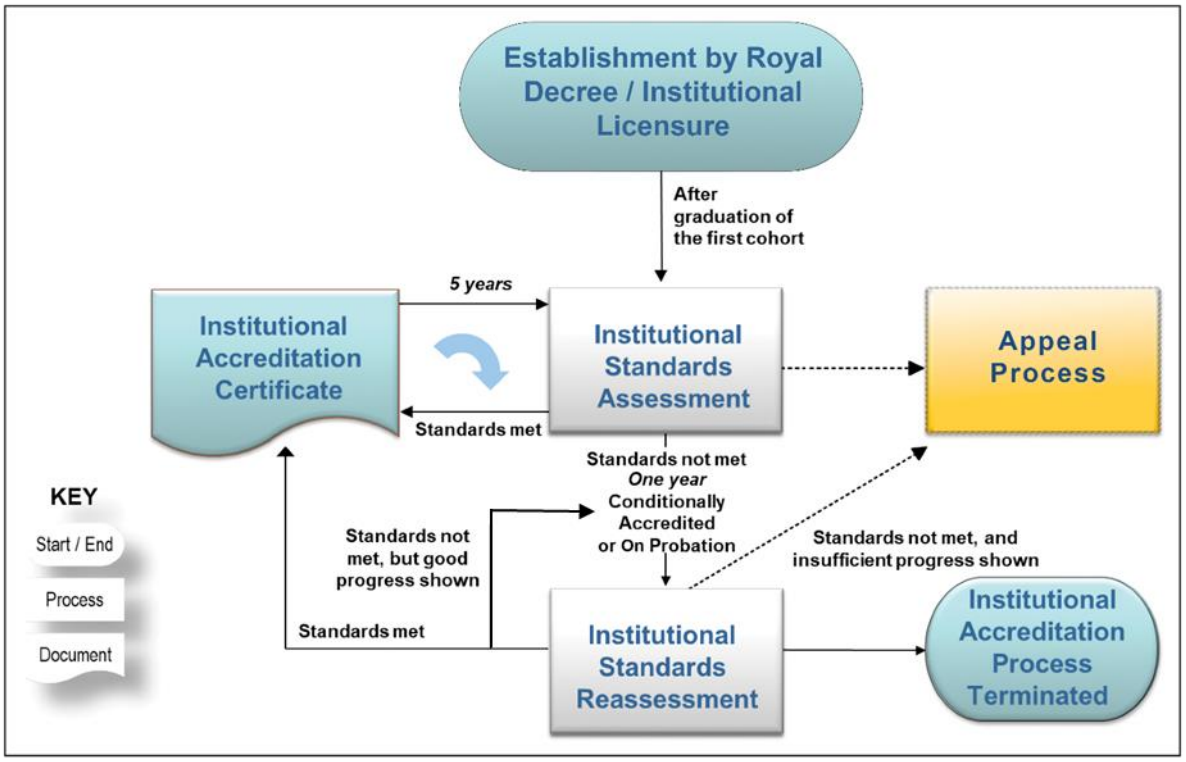

Figure 1: Institutional Accreditation System

1.1 Institutional Standards Assessment

ISA is a summative process involving six Standards and 45 Criteria which is used to determine the Institutional Accreditation Outcome. All of the six Standards and related Criteria are applicable to all HEIs, and HEIs undergo assessment against all of the Standards and Criteria (see Section 3.1 for more information). HEIs which meet all six Standards are awarded an *Accredited* status. HEIs which meet five out of the six Standards are *Conditionally Accredited* and must undergo Institutional Standards Reassessment (ISR) in order to obtain full accreditation. Finally, those HEIs that meet less than five Standards are placed *On Probation* prior to undergoing ISR. More information about the Standards and Criteria can be found in Part B of this Manual, while the ratings and descriptors for Standards and Criteria are addressed in Part D.

1.2 Institutional Standards Reassessment

An HEI that demonstrates unsatisfactory performance in any of the six Standards must undergo Institutional Standards Reassessment (ISR). All HEIs which have been either *Conditionally Accredited* or placed *On Probation* are reassessed in ISR by a separate ISR Panel using the same processes outlined in this Manual. The ISR must be undertaken within a year of receiving the final version of the ISA Report. The exact deadline for submitting an ISR Application will be confirmed by the OAAAQA. Only those Standards which have been rated as *Not Met* and the Criteria within those Standards which have been rated *Not Met* or *Partially Met* are reassessed in ISR. If an HEI is *Conditionally Accredited* or placed *On Probation* after the ISR, it may be given a second and final opportunity to undergo an ISR. If the accreditation outcome remains unchanged after the second ISR attempt, the ISA process is terminated, the HEI is given *Not Accredited* status and the OAAAQA advises the Cabinet and the HEI's supervising Ministry or entity (if applicable) accordingly. More information on all aspects of ISR can be found on the OAAAQA website, while information about the ISR deadline can be found in Section 8.5 of this Manual.

1.3 Rescheduling Institutional Accreditation

An HEI must notify the OAAAQA of any extreme circumstances that may hinder their ability to undergo ISA on time, as per the stipulations in the OAAAQA *Policy on Major Change Notification for Higher Education External Quality Assurance Activities*.

1.4 Major Changes and Review of Accreditation Status

Once accredited, HEIs have an obligation to inform the OAAAQA of any major changes which may have occurred within the institution and may affect their ability to meet the OAAAQA's institutional Standards. These may include, for example, changes to the HEI's governance, financial viability, relationship with the affiliate (if applicable), occupation of new premises or major student-oriented issues. Further information about this can be found in the OAAAQA *Policy on Major Change Notification for Higher Education External Quality Assurance Activities*.

It is up to the OAAAQA to determine to what extent a change may be relevant to an HEI's ISA Application submission, activities and/or status and whether an HEI's Institutional Accreditation status remains intact or has been compromised by the reported change(s). The OAAAQA may revoke the *Accredited* status of an HEI where major changes have taken place that adversely impact its ability to meet the Institutional Standards. In this instance, the HEI will be assigned *Accreditation Revoked* status, and may subsequently reapply for accreditation once the impact of the major change(s) has been mitigated. The OAAAQA will consider the application and may include the HEI on the national Review Schedule provided the latter has retained its institutional licensure.

1.5 Applying for Reaccreditation

The *Accredited* status is valid for a period of five years. HEIs are expected to submit their ISA Application for reaccreditation *at least six months* before the expiry of their current Accreditation status. An HEI which is unable to meet this deadline for valid reasons or due to emergency circumstances that constitute a major change (see Section 1.4) must apply for rescheduling of the ISA at least six months prior to the expiry of their current Accreditation status. If the application for rescheduling is approved, the HEI will be given the interim status *Undergoing Institutional Reaccreditation* upon the expiry of their current status and until the outcomes of the institutional reaccreditation are approved.

1.6 External Accreditation by an IEQA Entity

External institutional accreditation of an HEI by entities other than OAAAQA complement, but do not substitute, the national system of Institutional Accreditation. Any alternative accreditation activity involving an International External Quality Assurance (IEQA) Agency is reviewed and endorsed by OAAAQA through an established IEQA process which is detailed on the OAAAQA website. Regardless of IEQA activities, whether endorsed by OAAAQA or otherwise, all HEIs in Oman must undergo OAAAQA Institutional Accreditation against the Institutional Standards and the ISA process presented in this Manual.

2 Overview of Institutional Standards Assessment

2.1 What Is Institutional Standards Assessment?

While Institutional Accreditation is an outcome, ISA is the process used by the OAAAQA to determine if an HEI has achieved this outcome. It is an independent evaluation of the extent to which an HEI meets the national Standards expected of all HEIs in Oman and confirmation that the institution is of good standing. The ISA consists of a self-assessment by the HEI and an external assessment by an expert Panel appointed by the OAAAQA. The external assessment includes the ISA as well as any reassessments required to achieve *Accredited* status. Following the external assessment, an accreditation decision is made and published on the OAAAQA website. The accreditation status is valid for a period of five years, after which the HEI must reapply for accreditation. Figure 2 illustrates the ISA stages, which are described in more detail in the following sub-sections.

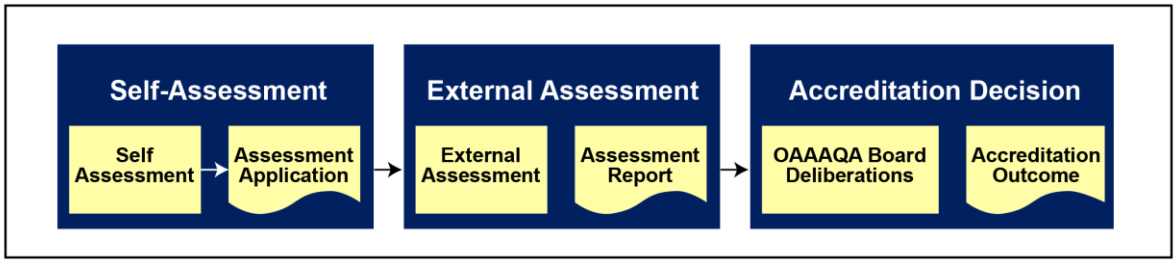

Figure 2: Institutional Standards Assessment Stages

2.1.1 Self-Assessment and ISA Application

The ISA process commences with the HEI undertaking an evidence-based self-assessment of its own performance, processes and practices using the ISA Standards and Criteria. This is in keeping with INQAAHE's International Standards and Guidelines for Quality Assurance in Tertiary Education, which hold HEIs responsible for guaranteeing institutional quality, having quality assurance mechanisms in place, and adhering to high academic standards. An HEI is expected to manage the quality of its academic provision and non-academic activities effectively, using those benchmarks and internal and external reference points that it considers appropriate for its mission and institutional classification. The findings of the self-

assessment are written up in the ISA Application (ISAA) using a template developed for this purpose and submitted to the OAAAQA by an agreed deadline along with supporting documentation as evidence. The full details of this process are set out in Part E of this Manual.

2.1.2 External Assessment

Following the submission of the ISAA, the OAAAQA forms an ISA Panel, comprised of locally-based and international expert peers from academic, industry and professional bodies, to consider the ISAA and assess the HEI's performance as described in the ISAA against the OAAAQA's internationally benchmarked Standards. The purpose of the external assessment is to verify that the HEI's quality assurance and improvement systems are ***effective*** and ***sustainable*** and produce ***deliberate*** outcomes for the duration of the five-year accreditation period. The external assessment is conducted through several means, including the verification of the evidence submitted by the HEI (see Section 9.4), in addition to other relevant information sources, such as the HEI's website, public submissions, and interviews with a range of internal and external stakeholders during an on-site visit to the HEI.

The Panel produces an ISA Report which contains the ratings for each of the six Standards and their related Criteria. It also includes opportunities for improvement where applicable to facilitate quality enhancement. The Panel also proposes the final Institutional Accreditation Outcome to the OAAAQA Board based on the HEI's performance. Transparency is central to the external assessment process. The granting of Institutional Accreditation has a major impact on all stakeholders, and the OAAAQA understands that it is important, therefore, that the outcome of the process is clearly communicated, and that the way in which the outcome has been arrived at is transparent and based on an explicit, published approach that is applied consistently. The full details of the external assessment process are set out in Part F of this Manual, while the Standards and Criteria ratings and Institutional Accreditation Outcomes can be found in Part D.

2.2 Institutional Standards and Criteria

A total of six Institutional Standards and 45 Criteria are assessed in the current ISA, all of which are applicable to all HEIs (see Section 3.1). They are listed in Table 2, while a full description of each Standard and Criterion can be found in Part B of this Manual. In order to gain *Accredited* status, an HEI must meet all six Standards, which articulate the minimum expected performance. HEIs which perform above expectations in specific areas are given the opportunity to nominate their good practice(s) for inclusion in the national higher education good practice database (see Section 9.5).

The Institutional Standards and Criteria reflect the wider context in which Institutional Accreditation operates, including Oman's national priorities (as set out in Oman Vision 2040) and specific requirements (for example, national health and safety regulations, human rights awareness, labour market and entrepreneurship needs, and the Higher Education Law).

Table 2: Overview of Institutional Standards and Criteria		
No	**Standard Name**	**Criteria**
1	**Governance and Management**	1.1 Mission, Vision and Values 1.2 Governance System 1.3 Organisational and Management Structure 1.4 Strategic and Operational Planning 1.5 Risk Management 1.6 Quality Management System 1.7 Policy Management 1.8 Physical Infrastructure and Campus Facilities Management
2	**Academic Provision and Resources**	2.1 Graduate Attributes 2.2 Student Admission and Orientation 2.3 Registry and Student Records 2.4 Teaching and Learning Framework 2.5 Library and Learning Resources 2.6 Information and Educational Technology Resources 2.7 Academic Integrity and Security 2.8 Academic Advising 2.9 Academic Skills Enhancement 2.10 Student Performance and Graduate Outcomes
3	**Students and Student Support Services**	3.1 Student Conduct and Behaviour 3.2 Student Appeals and Grievances 3.3 Student Finances and Grants 3.4 Medical and Counselling Services 3.5 Accommodation, Catering and Transportation 3.6 Extracurricular Activities 3.7 Career and Employment Services 3.8 Student Satisfaction
4	**Human Resources**	4.1 Human Resources Planning and Recruitment 4.2 Staff Expertise, Sufficiency and Characteristics 4.3 Staff Induction 4.4 Academic Staff Workload 4.5 Staff Performance Planning and Review 4.6 Professional Development 4.7 Staff Satisfaction and Retention
5	**Research and Innovation**	5.1 Research and Innovation Strategy and Performance 5.2 Research Funding and Grants 5.3 Research Ethics 5.4 Consultancy Activities 5.5 Intellectual Property 5.6 Integration of Research and Teaching
6	**External Engagement**	6.1 Engagement with Industry 6.2 Engagement with Professional Bodies 6.3 Engagement with Education Providers 6.4 Engagement with Alumni 6.5 Engagement with the Wider Community 6.6 Local and International Visibility

2.3 ISA Schedule

The ISA schedule is based on the national Review Schedule which is published on the OAAAQA website and the validity of the Institutional Accreditation status. The deadline for the submission of an ISA Application by an HEI is agreed upon with the HEI. For already accredited HEIs, it must be at least six months before the expiry of the Institutional Accreditation certificate (see also Sections 1.5 and 18.2). HEIs are responsible for ensuring that they are aware of the ISA schedule and are prepared to submit their ISAA in accordance with the schedule. Deferrals or extensions are not possible.

2.4 ISA Timeline

The total duration of the ISA is approximately 28 weeks from the date of the ISAA submission. All assessments follow the same timeline and the same ISA process; however, the length of some ISA activities such as the on-site Visit depends on whether the HEI is a single- or multi-campus entity. Table 3 sets out the indicative timeline and main activities associated with the ISA process and provides a brief description of each activity. Key activities are highlighted in bold. While every effort is made to ensure that all ISA reviews are completed within the 28-week timeline, this period remains indicative, and adjustments may be made to specific ISA activities where necessary due to exceptional or extenuating circumstances and situations.

Table 3: ISA Indicative Timeline

Week	Activity	Task	Responsibility
BEFORE THE ISAA SUBMISSION	1	Undertake the Self-Assessment for ISA, resulting in the ISA Application (ISAA).	HEI
	2	Appoint a Review Director (RD); this may take the form of an External RD (ERD).	IQAD Director
	3	Prepare a Panel longlist (in discussion with technical members of CHEQA) from OAAAQA Register of External Reviewers and submit it to the DG CHEQA for approval.	ERASD Director, IQAD Director
	4	Approve Panel longlist (or send back to Activity 3 for further attention).	DG CHEQA
	5	Send the Panel longlist for HEI's consideration together with the name of the RD and a request for the HEI's Contact Person to be identified.	PSO
	6	Review, in confidence, whether any External Reviewers on the longlist may have a conflict of interest; return comments (via Contact Person) to the OAAAQA.	HEI
	7	Discuss and confirm the ISA key dates.	RD, HEI
	8	Invite the selected External Reviewers on the longlist to form a Panel; prepare the ER contracts and obtain the necessary signatures.	RD, PSO
	9	Announce the Panel to the HEI; publish the Panel composition on the OAAAQA website.	RD, PSO
	10	**Send the Payment for ISA 30 days prior to the ISAA submission** (an Accreditation Outcome is only released upon payment of the fee).	**HEI**
Week 0	**11**	**Submit the ISAA and the Evidence (Mandatory Materials & Supplementary Materials) to the OAAAQA using the ISAA template and adhering to prescribed word and Evidence limits**	**HEI**
	12	Conduct the ISAA Completeness Check. If complete, send the ISAA and the Evidence to the Panel; if incomplete, resolve with the HEI.	RD, PSO
	13	Provide Preliminary Comments to RD, including a list of additional Evidence and Matters for Clarification.	Panel
	14	Prepare a Preliminary Meeting Agenda with input from the Panel Chairperson and send it to the Panel.	RD, PSO
		Prepare ISA Report v1 by collating the Preliminary Comments and circulate it to the Panel.	RD
Week 4	**15**	**Participate in the Preliminary Meeting with all Panel Members.**	**Panel, RD**
	16	Prepare ISA Report v2 with notes from the Preliminary Meeting and circulate it to the Panel.	RD
		Prepare the draft ISA Visit Schedule based on the Panel's suggestions.	RD, PSO
	17	List any additional Evidence and Matters for Clarification based on the Panel's suggestions, and prepare the Call for Public Submissions.	RD, PSO
	18	Prepare the Planning Visit Agenda and send it to the HEI together with the draft ISA Visit Schedule, the Request for additional Evidence, the list of Matters for Clarification, and the Call for Public Submissions.	RD, PSO
	19	Circulate the Call for Public Submissions within the HEI and via social media. Publish the Call for Public Submissions on the OAAAQA website.	HEI, PSO

Table 3: ISA Indicative Timeline

Week	Activity	Task	Responsibility
Week 10	**20**	**Participate in the Planning Visit at the HEI's location to inspect the venue and discuss logistical arrangements. The HEI must submit the following at the end of the Planning Visit:** • Additional Evidence • Response to Matters for Clarification • The populated ISA Visit Schedule (with names of interviewees)	**Panel Chairperson and RD (or their representatives), HEI**
	21	Send the additional Evidence, response to Matters for Clarification, the ISA Visit Schedule, and any other relevant information to the Panel.	RD
	22	Provide ISA Report v3 text to RD based on the additional Evidence and other relevant information.	Panel
	23	Prepare (collate) ISA Report v3 and circulate it to Panel.	RD
	24	On closure of the Call for Public Submissions, assess the submissions against the acceptance criteria and forward them to the Panel.	RD
	25	Collate and prepare the ISA Visit interview questions, and circulate them to the Panel.	RD
	26	Prepare the interviewees and logistics for the ISA Visit.	HEI
	27	Prepare the Final ISA Visit Schedule and forward it to the Panel Members.	RD
Week 14	**28**	**Participate in the ISA Visit.** HEI stakeholders are present for interviews, and the Panel Members submit ISA Report v3.1 to the RD at the end of the ISA Visit.	**Panel, RD, HEI Stakeholders**
		Prepare a list of any additional Supplementary Materials requested by the Panel during the ISA Visit and provide it to the HEI Contact Person at the end of the ISA Visit.	**RD**
	29	Submit any additional Supplementary Materials requested by the Panel during the ISA Visit within one week of the final day of the Visit.	HEI
	30	Review ISA Report v3.1 and circulate it to the Panel as ISA Report v3.2 together with the additional Supplementary Materials.	RD
	31	Submit the updated ISA Report v3.2 to the RD.	Panel
	32	Prepare ISA Report v4, ensuring consistency between the text and the rating, singularity of voice, grammatical accuracy and alignment with OAAAQA's House Style Manual.	RD
	33	Send ISA Report v4 for external and internal moderation.	RD, Moderators, PSO
	34	Prepare ISA Report v5 in response to moderators' feedback and circulate it to the Panel for input if required.	RD
Week 20	**35**	**Send ISA Report v5 to the HEI for comments.**	**RD**
	36	Submit the comments on ISA Report v5 within ten working days.	HEI
	37	Send the HEI's comments on ISA Report v5 to the Panel.	RD
		Respond to each of the HEI's comments on ISA Report v5.	Panel
	38	Collate and analyse the Panel's Response to the HEI's comments on ISA Report v5; add the OAAAQA's action (if any) in the Panel Response Report.	RD in liaison where necessary with Panel
	39	Prepare ISA Report v6 by amending the text and Criteria/Standard ratings and Accreditation Outcome(s) of ISA Report v5 as needed.	

Table 3: ISA Indicative Timeline			
Week	**Activity**	**Task**	**Responsibility**
Week 23	**40**	**Send ISA Report v6 for final checks and to OAAAQA CEO for final approval.**	**DG CHEQA, CEO**
	41	**Send ISA Report v6 to OAAAQA Board for endorsement of Report, Ratings, Accreditation Outcome(s), and any conditional accreditation/ probation period.**	**CEO's Office, Board**
	42	Send the endorsed ISA Report to the HEI under embargo with details of the OAAAQA appeals procedure.	DG CHEQA
Week 28	**43**	**Post the Accreditation Outcome(s) and the ratings against the Standards and Criteria on the OAAAQA website (unless an appeal is lodged).**	**DG CHEQA, PSO**
AFTER THE ISA	44	Issue a press release about the Accreditation Outcome(s).	ERASD Director
	45	Agree a date for the awarding of the Institutional Accreditation Certificate(s) with the HEI or communicate the date of ISR submission.	CEO's Office
	46	Send the feedback form to the Panel for comments on all aspects of the ISA process.	PSO
	47	Seek feedback from the HEI VC, Dean or CEO (or equivalent) through the Contact Person about the effectiveness of the ISA process.	HEI
	48	Evaluate the Panel Members and prepare a report on the ISA process.	RD
	49	Follow up and analyse all ISA evaluation feedback for enhancement of the internal processes.	PSO
	50	Act on the ISA evaluation feedback through an improvement plan.	IQAD Director, ERASD Director

PART B: INSTITUTIONAL STANDARDS, CRITERIA AND INDICATORS

3 Introduction to Institutional Standards

This section describes the national Institutional Standards and the Criteria underpinning these Standards against which all HEIs in Oman are assessed. These Institutional Standards and Criteria have resulted from a reflective process based on a review of the previous ISA Standards, including feedback from the higher education sector, and the relevant supervising ministries and entities, in addition to benchmarking with institutional accreditation standards used by regional and international accrediting agencies and authorities. The Indicators for each Criterion are also described in this section.

3.1 Underlying Principles of the Institutional Standards

The Institutional Standards are underpinned by the following broad principles:

- **They represent minimum standards:** The Institutional Standards presented here are minimum standards and reflect international expectations of threshold requirements for HEIs that are of good standing.
- **They are generic in nature:** The Institutional Standards are expressed in general terms and can be applied to all HEIs. The use of generic Institutional Standards enables their nationwide application. However, in the very exceptional circumstances where a Criterion or a sub-part of a Criterion does not apply to the context or regulatory environment of an HEI (exclusively in the military sector), the HEI needs to apply to the OAAAQA in writing for exemption from that Criterion or sub-part of a Criterion at least one year before the ISAA submission date. Only upon receipt of an official written approval by the OAAAQA can the HEI exclude a Criterion or a sub-part of a Criterion from their ISAA.

3.2 Structure of the Institutional Standards

The Institutional Standards are organised into three levels as shown in Table 4.

Table 4: Levels of Institutional Standards

Level	Name	Description
1	**Standard**	A general statement which prescribes the minimum expected level of quality in a broad area within the HEI and by which the OAAAQA determines whether the HEI merits accreditation. There are six institutional Standards based on six broad areas, all of which are applicable to every HEI. Each Standard consists of a number of Criteria.
2	**Criterion**	An explicit statement which prescribes the minimum expected level of quality in a specific area within the HEI and by which the achievement of a Standard is assessed. The HEI's mission and institutional classification are taken into consideration where required (e.g., Criteria 1.4, 1.8, 4.2, 4.4 and 5.1). There are 45 Criteria all of which are applicable to every HEI (see also Section 3.1). For some Criteria, additional information is provided about the circumstances in which the Criterion is relevant. This information appears as an Explanatory Note in a text box immediately following the Criterion statement. Each Criterion includes a set of Indicators.
3	**Indicators**	Detailed guidelines to assist the HEI in conducting the self-assessment and preparing the ISAA. Indicators are **non-mandatory** rather than prescribed requirements. The HEI may address the listed Indicators or use different ones to demonstrate how each Criterion has been met. The Indicators are not a checklist of how to meet the Criterion. Panels use the Indicators in the assessment of an HEI only to form a broad idea of the kinds of information to expect under each Criterion.

3.3 Institutional Standards, Criteria and Indicators

The ISA Standards, Criteria and Indicators are set out as follows.

STANDARD 1: Governance and Management

Governance and management of the HEI ensure the effective implementation of academic and non-academic systems and functions which support the achievement of the HEI's Mission and Vision and the protection of academic standards. Organisational structures and planning processes are appropriate and consistently deployed in the context of an institutional culture of planning and quality enhancement. At the governance level, this results in effective setting and monitoring of the HEI's strategic direction as well as in leadership and systematic oversight of the HEI's academic and administrative activities and risks. Management systems and roles provide leadership which enables effective planning and implementation of institutional systems and the provision of appropriate and safe campus facilities. Institutional systems are governed by sound policies and regulations and meet the needs of students, staff and other stakeholders.

Criterion 1.1: Mission, Vision and Values

The HEI's Mission and Vision statements clearly define its purpose, all of the stakeholders it serves and what it intends to accomplish in the long term. The Mission and Vision statements and institutional Values have been developed in consultation with stakeholders, formally approved by the governing body and effectively disseminated. They align with the national priorities of Oman and guide the HEI in all its activities. The Mission, Vision and Values are periodically reviewed for relevance and appropriateness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The Mission and Vision statements clearly define the HEI's purpose and long-term aspirations, and the stakeholders and communities the HEI serves.*
b) *The Mission and Vision are aligned with the national priorities of Oman, Oman Vision 2040, community expectations, and contemporary local and international developments in higher education and tertiary learning.*
c) *The requirements of blended or online education are reflected in the statements of intent, strategic goals and objectives or plans of HEIs which offer this/these mode(s) of learning.*
d) *Key internal and external stakeholders have been directly consulted in the development and review of the Mission and Vision statements and institutional Values.*
e) *The governing body has formally approved the Mission, Vision and Values.*
f) *The Mission, Vision and Values are readily accessible and effectively communicated to internal and external stakeholders through the institution's website and relevant publications, documents and forums.*
g) *Stakeholders are aware of and familiar with the HEI's Mission, Vision and Values, and support their implementation.*
h) *The Mission, Vision and Values effectively guide the HEI in planning and all its activities.*
i) *The Mission, Vision and Values are regularly reviewed and reaffirmed or amended as appropriate in order to maintain relevance and appropriateness.*

Criterion 1.2: Governance System

The HEI has a functional governance system with clearly defined roles and responsibilities that are consistent with relevant national laws and regulations. The governance bodies provide strategic leadership and oversight, and facilitate the achievement of the HEI's Mission and Vision. They play a key role in managing strategic risks and overseeing the maintenance of academic standards in all modes of learning. The effectiveness of the governance system is regularly evaluated.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The governance system is clearly defined and documented in the institutional By-Laws, regulations or terms of reference, which establish roles and responsibilities, operating procedures, and any governance-level committees.*
b) *The governance system is consistent with relevant laws and regulations, including the Higher Education Law and relevant bills of implementation.*

c) *The governance system is based on the principles of transparency, ethics and accountability, and there are formally documented processes to ensure that any conflict of interest by those involved in governance is avoided.*
d) *The primary objective of the governing bodies is to oversee the effective strategic advancement of the HEI in line with its Mission and Vision and in the interests of students, staff, other stakeholders and Oman.*
e) *Specific responsibilities of the governing bodies include the approval and monitoring of the Strategic Plan; the approval of institutional policies, new academic programmes and new modes of programme delivery; the authorisation of the budget, financial auditors and major contracts and agreements; and appointment or dismissal of the most senior staff.*
f) *The membership and composition of the governing bodies ensures an appropriate balance of individuals with the range of perspectives and expertise necessary to guide the HEI, and complies with applicable national laws, decrees and regulations stipulated by the relevant government authorities.*
g) *The appointment and induction of the members of the governing bodies follow appropriate formal procedures.*
h) *There is a clear distinction and separation between the role and implementation of the governance system and the routine day-to-day management of the HEI which ensures that operational activities remain independent of interventions and interference by governance bodies.*
i) *The governing bodies are responsible for ensuring the maintenance of academic standards and the quality of the academic provision of all modes of learning (including blended or online learning), and have oversight of academic awards (degrees).*
j) *The governing bodies are responsible for overseeing the overall risk management system and ensuring that strategic academic and non-academic risks are effectively managed through the monitoring of mitigation plans and provision of resources.*
k) *The governing bodies are responsible for ensuring that students are adequately protected in the case of major changes impacting their programme, such as closure of the programme, withdrawal of the affiliate, loss of national or international accreditation or recognition, loss of critical human or physical resources, or other critical events.*
l) *The HEI's governance system is regularly reviewed and evaluated for the effectiveness of its operation, and improvements are made where required.*

Criterion 1.3: Organisational and Management Structure

The HEI has an organisational and management structure with clearly defined roles, and an appropriate division of responsibilities and delegations of authority. The management supports the achievement of the HEI's strategic goals and objectives by overseeing the implementation of operational plans, the provision of resources and transparent decision-making processes. Relevant committees are in place to facilitate and effectively contribute to the HEI's operations. Students and staff are appropriately represented on decision-making bodies. The organisational and management structure is regularly reviewed and changes are made to the structure to ensure it remains appropriate and fit for purpose.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI's organisational structure is clearly defined, aligned with its Mission, documented in relevant publications and accessible to staff and students.*
b) *The HEI has a clear management structure, with defined roles and responsibilities, job descriptions and delegations of authority for management team members.*
c) *The HEI's organisational structure establishes clear reporting relationships among its staff.*
d) *Appropriate full-time appointments have been made to key management positions and any vacant positions are filled in a timely manner.*
e) *The management of the HEI's blended or online learning provision, where applicable, is overseen by an individual qualified to monitor education quality in these modes of learning.*
f) *The HEI's management ensures that financial, human and other resources are aligned with objectives, tasks and responsibilities, and sufficient resources are available to effectively deliver all of its academic programmes and support services.*

g) *The HEI's management is responsible for implementing mechanisms to monitor and evaluate the achievement of the HEI's strategic and operational objectives by regularly reviewing key performance indicator data.*
h) *The HEI's management systematically provides governance bodies with reports on key performance indicators for all core functions.*
i) *The HEI's management regularly monitors and mitigates all academic and non-academic risks.*
j) *Decision-making processes are transparent and evidence-based, and key decisions are recorded in the appropriate documents.*
k) *There is an appropriate committee structure in place to support the HEI's operations which is documented in the relevant publications and accessible to staff and students.*
l) *Each committee has fully defined terms of reference and clear lines of reporting.*
m) *Students and staff are represented on appropriate decision-making bodies and are provided with adequate support to fulfil their roles on these bodies.*
n) *The effectiveness of the committee structure is periodically reviewed and improvements are made where required.*
o) *The organisational and management structure is periodically reviewed and improvements are made where required to ensure it remains appropriate and fit for purpose.*

Criterion 1.4: Strategic and Operational Planning

The HEI has a well-defined institutional planning framework to support the development and oversight of strategic and operational plans. The HEI's Strategic Plan has been developed in consultation with internal and external stakeholders and aligns with national priorities. The Strategic Plan specifies the long-term priorities of the HEI in line with its Mission and Vision and is linked to annual operational plans to facilitate and manage the achievement of strategic goals. All the HEI's plans include clear objectives, initiatives, key performance indicators and targets, allocated resources, and designated responsibilities for implementing actions. The implementation of the HEI's Strategic and operational plans is supported by an adequate budget and sufficient funds. Progress and performance against plans are periodically monitored, evaluated and reported, and timely and appropriate remedial measures are deployed where needed. The HEI's planning framework is periodically evaluated for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a clearly defined institutional planning framework to facilitate the development, implementation and monitoring of all strategic and operational plans.*
b) *The Strategic Plan defines the HEI's priorities and direction, and guides the HEI's activities in line with its Mission and Vision.*
c) *The Strategic Plan has been developed in consultation with internal and external stakeholders (including staff, students, shareholders, alumni, industry representatives, regulatory agencies, higher education experts, external service providers and community members) and reflects national priorities, themes, trends and goals to support the achievement of Oman Vision 2040.*
d) *The HEI's Strategic Plan is readily accessible and effectively communicated to stakeholders.*
e) *Institutional and unit-level annual operational plans have been derived from and developed in line with the priorities and goals articulated in the Strategic Plan.*
f) *Operational plans have clear objectives aligned with strategic goals, and related initiatives or action plans to achieve the objectives.*
g) *Sufficient financial, human and other resources are allocated to achieve strategic and operational goals and objectives.*
h) *The annual institutional budget adequately supports the implementation of operational objectives and actions.*
i) *Appropriate key performance indicators and related targets are used to measure progress towards achieving the HEI's strategic and operational goals and objectives.*
j) *The HEI clearly designates responsibility and accountability for achieving specified targets.*
k) *Interim progress towards the achievement of strategic and operational goals and objectives is assessed regularly.*
l) *Plans are revised and adapted in response to internal and external changes affecting the HEI and emerging needs.*

m) Performance against all plans is reviewed at a minimum annually and remedial action is taken to address targets and/or objectives that have not been achieved.
n) Performance against all plans is regularly reported to relevant management committees and governance bodies and in annual reports, and used to inform planning in the subsequent cycle.
o) The strategic and operational planning framework is periodically reviewed for effectiveness, and improvements are made where required.

Criterion 1.5: Risk Management

The HEI has a risk management system which supports the identification, assessment, mitigation and monitoring of strategic, operational, financial, legal, reputational and regulatory risks. Responsibilities for managing and overseeing risks are clearly delegated in the risk management plan. The system is effectively deployed and enables the HEI to address adverse events and situations which arise. Policies are in place to manage and safeguard the HEI's funds, and sufficient financial reserves are maintained as verified by independent external audits. The HEI's risk management system is regularly evaluated for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*
a) The HEI has a comprehensive risk management system consisting of a detailed approved risk management plan and/or strategy, and policies and procedures governing the HEI's risk management activities.
b) The risk management system is sufficiently comprehensive to address all types of academic and non-academic risks (strategic, operational, financial, legal, reputational and regulatory), in addition to 'force majeure' events identified by stakeholders.
c) The HEI actively mitigates potential liabilities arising from any of its external engagement arrangements or partnerships.
d) The HEI ensures the appropriate delegation of responsibility and allocation of resources for the effective management of risks.
e) The HEI maintains an up-to-date risk register (or similar) and regularly reviews the status of the risks to ensure that they are being effectively mitigated.
f) Adequate policies and procedures exist for safeguarding the HEI's funds.
g) Adequate financial reserves are maintained to meet realistically assessed financial risks, and are verified through independent external audits.
h) The HEI's approach to risk management is regularly reviewed for effectiveness, and improvements are made where required.

Criterion 1.6: Quality Management System

The HEI has a well-defined quality management system for assuring the quality of its academic provision and its administrative and support services and resources. The system focuses on quality enhancement and the development of an institutional culture of quality. The system is adequately resourced, and consistently and effectively deployed through relevant mechanisms, robust internal and external review processes, benchmarking and an appropriate structure with clear roles and responsibilities. Results are reported, integrated into the HEI's planning and decision-making, and used to make quality improvements which are communicated to stakeholders. The HEI's quality management system is regularly reviewed to ensure it is sustainable and remains fit for purpose.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*
a) The quality management system is clearly defined and consists of relevant policies, procedures, mechanisms and review and benchmarking activities used to assess and enhance the performance and effectiveness of the academic provision and all administrative and support services and resources.
b) The quality management system is formally documented and easily accessible by all relevant stakeholders.
c) The quality management system is built on the principles of quality enhancement and improvement, rather than compliance, and supports the development of an institutional culture of quality.

d) *The HEI has a dedicated unit responsible for the design, planning and deployment of the quality management system.*
e) *The quality assurance unit is adequately resourced with full-time staff members who have appropriate qualifications and/or experience in quality management.*
f) *The quality assurance unit is adequately funded through the institutional budget.*
g) *Staff in the quality assurance unit have access to appropriate professional development and capacity building opportunities.*
h) *The quality assurance unit oversees the systematic, consistent and rigorous implementation of the quality management system through robust internal and external review processes, relevant mechanisms, and benchmarking.*
i) *The HEI has an annual quality calendar containing the schedule and timing of all quality assurance and enhancement activities which is rigorously implemented.*
j) *The HEI's structure facilitates the deployment of the quality management system through clearly defined responsibilities, and all academic and non-academic staff have a good understanding of their role in quality enhancement.*
k) *Quality assurance mechanisms include internal and external (where applicable) monitoring and reviews of the academic provision and non-academic services and resources.*
l) *Any external quality assurance arrangements, including responsibilities for academic standards, are clearly specified and consistently implemented.*
m) *The HEI engages all relevant internal (e.g., students, faculty, staff) and external (e.g., employers, internship providers, community members) stakeholders in evaluating the quality of its academic and non-academic provision.*
n) *The HEI benchmarks its performance against local/national, regional and international practices and institutions with a similar classification and mission.*
o) *All outcomes, findings and data resulting from the implementation of the quality management system are documented, reported and used to inform strategic and operational planning and decision-making.*
p) *Areas for improvement are identified and action plans are developed and implemented to address them.*
q) *Improvements that have been made as a result of action plans are clearly communicated to all relevant stakeholders.*
r) *The quality management system is periodically evaluated in order to ensure its effectiveness, sustainability and impact on improving the quality of the core functions. Improvements to the system are made where required.*

Criterion 1.7: Policy Management

The HEI has a well-defined system and processes for developing, approving, managing, updating and reviewing institutional policies. A comprehensive set of policies and procedures is deployed in practice and guides the HEI in all major areas of activity. Policies are readily accessible and new policies and policy amendments are effectively communicated to students, staff and other relevant stakeholders. All policies are reviewed to ensure they remain current, fit for purpose and effective. The HEI's policy management system is periodically evaluated for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a formal and documented system and processes for developing and approving new policies, amending existing policies, and reviewing all policies periodically (or when required), with clearly delegated responsibilities.*
b) *An effective document control and management procedure has been deployed to ensure that all policies are formally approved, up-to-date and verified for implementation.*
c) *The modification history of policies is documented and version control is used to track changes and provide an audit trail.*
d) *The HEI maintains a policy register (or similar) which consists of a comprehensive set of policies and procedures to guide planning; risk management; quality assurance and enhancement; the development, management, delivery and review of all programmes; research activities; the provision of all academic, administrative and support services and resources; staffing; external engagement activities; and all other core areas of activity.*

e) *All policies are readily accessible to staff, students and other relevant stakeholders.*
f) *Information about new policies or modifications to existing policies is effectively communicated to stakeholders who must have a robust awareness and understanding of institutional policies and procedures relevant to their role in the HEI.*
g) *Policies are consistently deployed in practice and there is alignment between processes defined in policies and their implementation.*
h) *Policies are regularly reviewed for currency and appropriateness to ensure they remain fit for purpose and aligned with practice.*
i) *The policy management system is periodically reviewed for effectiveness and improvements are made where required.*

Criterion 1.8: Physical Infrastructure and Campus Facilities Management

The HEI has an appropriate physical infrastructure and campus facilities aligned with its Mission and objectives, and designed for the delivery of higher education programmes in all modes of learning that it offers. Sufficient space and teaching facilities are available to meet the operational needs of the HEI and the effective delivery of programmes. Campus facilities are well-maintained, meet the needs of staff and students, and satisfy the requirements of all relevant national laws. An effective health and safety management system is implemented to support a safe on-campus environment for all stakeholders. The appropriateness and adequacy of the physical infrastructure and campus facilities are regularly evaluated.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has an adequate physical infrastructure and campus which is purposefully designed for the delivery of its higher education programmes in all modes of learning that it offers (face-to-face, blended and online), and includes classrooms; auditoriums; computer and specialized laboratories, studios and workshops; staff offices; prayer rooms; social, recreational and extracurricular facilities; sports facilities; parking; healthcare facilities (such as first aid rooms) and other relevant facilities.*
b) *The campus facilities are aligned with the HEI's Mission and objectives and meet the needs of students, staff and other relevant stakeholders.*
c) *The HEI can accommodate the needs of male and female students, and students with special needs.*
d) *Sufficient space is available for teaching and learning and for meeting the operational needs of the HEI.*
e) *An adequately resourced facilities management system is implemented to ensure that campus facilities are well-maintained, and related services (including cleaning, waste disposal, maintenance, environmental management and air conditioning) are consistently and effectively provided.*
f) *The HEI ensures that the physical environment, facilities and grounds meet all national health and safety requirements.*
g) *An effective health and safety management system has been implemented to support a safe on-campus environment and adequate provisions have been made for the personal safety and security of all stakeholders.*
h) *Policies and procedures relating to health and safety are readily accessible and communicated to stakeholders, and effectively deployed.*
i) *Safety/fire drills and emergency evacuation procedures are routinely practised.*
j) *Health and safety equipment is regularly tested and evaluated by authorised external health and safety authorities.*
k) *The HEI has separate policies and procedures on the safe handling of animals, and biohazardous and/or chemical materials used in teaching and/or research.*
l) *The HEI ensures that any facilities provided by external parties meet health and safety requirements.*
m) *The HEI regularly reviews the quality of its physical infrastructure and all campus facilities (including using staff and student feedback) to ensure that they are appropriate, safe, fit for purpose and effectively support teaching and learning and social and recreational activities of staff and students. Improvements are made where required and communicated to students.*

STANDARD 2: Academic Provision and Resources

The HEI has clearly defined generic graduate attributes that align with its Mission, labour market expectations and national priorities, and which all graduates are expected to achieve. Effective and fair admission processes ensure that students have adequate prior knowledge to successfully undertake their programme of study. Programme delivery is supported by a robust teaching framework and sound teaching and learning methods, which results in satisfactory student performance and graduate outcomes. The HEI actively fosters an institutional culture of academic honesty and integrity. Programme delivery and research activities are supported by the effective provision of academic support services, including a reliable registry, a well-resourced library, contemporary information and educational technology infrastructure, effective academic advising and structured academic skills enhancement.

Criterion 2.1: Graduate Attributes

The HEI has defined generic graduate attributes which graduates from all programmes in all modes of learning are required to attain. These are effectively communicated to all stakeholders and incorporated into programme development and delivery. An appropriate process for assessing student attainment of generic graduate attributes is implemented. The graduate attributes are periodically reviewed to ensure alignment with labour market needs and national priorities.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI clearly defines the graduate attributes that all students studying in face-to-face, blended or online learning modes should achieve by the completion of their programme.*
b) *The development of the graduate attributes is informed by the HEI's use of internal and external benchmarks and the needs, expectations and priorities of Oman, the labour market and other relevant stakeholders.*
c) *Graduate attributes are clearly articulated to prospective and current students and staff.*
d) *Graduate attributes are integrated into the design and delivery of all academic programmes in all modes of learning.*
e) *Well-defined processes and mechanisms for assessing and reporting student achievements of graduate attributes are implemented.*
f) *The HEI creates learning opportunities which ensure that students in all modes of learning (face-to-face, blended and online education) achieve the same graduate attributes.*
g) *Graduate attributes are reviewed to ensure they remain current and fit for purpose, and align with employability skills, labour market needs and national priorities.*

Criterion 2.2: Student Admission and Orientation

The HEI has a transparent admission process which is based on clearly defined policies, and is consistently and fairly implemented. Appropriate entry standards are applied to ensure that students have adequate prior knowledge and skills, including minimum requirements for language proficiency and other core subject areas, to successfully undertake their programme. The HEI conducts a formal orientation for all newly admitted students to ensure their familiarity with the institutional academic programmes and non-academic support services, resources and facilities. Admission and orientation processes are evaluated for effectiveness based on stakeholder feedback and student performance.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has implemented policies and processes for student admission that include clear and explicit entry standards for all types of students, including new, transfer and returning students in all modes of learning (face-to-face, blended and online).*
b) *The HEI has admission procedures covering equalisation, articulation and recognition of prior learning for students entering and leaving a programme which are consistent with the Higher Education Law and relevant bills of implementation.*

c) *The entry standards reflect national and international norms for English language proficiency in similar higher education programmes and awards that are applied nationally and/or internationally as appropriate.*
d) *Admission processes and student entry standards are published on the HEI's website and communicated accurately and effectively to all prospective students.*
e) *Admission processes and student entry standards are consistently and fairly applied.*
f) *Students demonstrate appropriate English language proficiency prior to entry into a programme delivered in English to ensure they are adequately prepared.*
g) *Students demonstrate appropriate knowledge in relevant core subject areas such as mathematics, information technology, physics or other relevant subjects prior to entry into their programme.*
h) *The HEI has an orientation policy and related procedures specifying who is/are responsible for planning and implementing students' induction at the institutional level and outlining the range of formal orientation activities prior to students commencing their studies.*
i) *All new students are provided with a structured and comprehensive orientation programme to ensure familiarity with the institution, its academic programmes and non-academic services and resources, and relevant health and safety regulations.*
j) *Students in blended or online programmes are provided with a dedicated formal orientation which is tailored to their specific needs.*
k) *International students are provided with a dedicated formal orientation which is also designed to familiarise them with Oman and any relevant customs, practices and amenities.*
l) *The HEI provides all new students with a handbook (or similar resource) containing important information and the HEI's regulations, policies, guidelines and expectations applicable to them during their period of study.*
m) *The admission process and student orientation are regularly reviewed based on feedback from students and staff, and the review is informed by student academic performance data. Improvements are made where required and communicated to the students.*

Criterion 2.3: Registry and Student Records

The HEI has clearly defined policies and procedures governing student enrolment and student records which are consistently deployed through an efficient registry system. Student data and records are securely stored, managed and disposed of. Students have access to their records and receive their transcripts and degree certificates in a timely manner after graduating. The HEI undertakes regular audits of its registry system to verify the accuracy, integrity and security of the student data and records.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has an efficient and reliable registry system comprising appropriate student management systems for storing, managing and reporting student data.*
b) *The HEI has policies and procedures to effectively govern the management, collection, maintenance, security and disposal of student data and records.*
c) *The HEI has clear regulations governing the privacy and security of student records and appropriate access rights are granted based on policies and procedures regulating the access permission levels assigned to staff and students.*
d) *All physical student records are stored in a secure area with restricted access and in fire-proof storage.*
e) *All electronic student records are backed-up and maintained in a separate, secure location, preferably remote from the campus.*
f) *Student records are maintained for a sufficient period of time and securely disposed in line with the HEI's policies and relevant national regulations.*
g) *Students have full access to their records and any personal or enrolment data that the HEI maintains.*
h) *Students receive their transcripts and degree certificates in a timely manner after graduating.*
i) *The HEI undertakes regular audits of its registry system to verify the accuracy, integrity and security of student data and records.*

j) *The HEI periodically reviews its policies and procedures governing student enrolment and student records and makes the necessary improvements where required. Improvements are communicated to the students.*

Criterion 2.4: Teaching and Learning Framework

The HEI has a clearly formulated inclusive teaching and learning framework which encompasses all modes of learning and underpins institutional teaching practices and instructional methods. The framework is consistently and purposefully used to inform programme design, delivery and assessment, incorporates the appropriate utilisation of educational technologies, and enables students to achieve the generic graduate attributes. The effectiveness of the teaching and learning framework is assured through regular monitoring and ongoing evaluations of teaching and learning practices.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI has a well-defined and appropriate teaching and learning framework which describes its institutional approach to teaching and reflects relevant national and international contemporary practices in higher education.

b) The HEI's teaching and learning methods and practices at the programme and course levels are based on and align with its teaching and learning framework.

c) The HEI's teaching and learning framework is consistently and purposefully implemented and used across all of its academic programmes and in all modes of learning to inform programme design, delivery and assessment.

d) The teaching and learning framework is applied in programme and course delivery and in any related training activities undertaken by students, including on-the-job training.

e) The HEI's teaching and learning framework incorporates the appropriate use of educational technologies for all modes of learning (face-to-face, blended and online).

f) The HEI's teaching and learning framework enables students to achieve the generic graduate attributes and develop as independent learners.

g) The HEI's teaching and learning framework caters to different learning styles and needs of students, is inclusive and helps students build on prior learning.

h) *The HEI monitors and regularly reviews the effectiveness of its teaching and learning framework by providing students and faculty with opportunities to evaluate the appropriateness and relevance of teaching and learning practices, and uses the feedback to continuously enhance these practices.*

Criterion 2.5: Library and Learning Resources

The HEI ensures that students and staff are provided with appropriate and sufficient library services and up-to-date learning resources. Policies and procedures related to the provision of library services are clearly defined and effectively implemented, and the library budget is adequate. The physical collection and electronic library and learning resources are suited to the needs of staff and students and are used in the delivery of the HEI's programmes in all modes of learning. Students and staff are supported in their use of library resources and have opportunities to participate in developing the library collection. The utilisation of and satisfaction with library services and learning resources are regularly monitored and reported.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI has well-defined library and learning resources policies and procedures which provide a suitable framework for the management and delivery of library services and learning resources.

b) The policies and procedures for the development of physical and electronic library resources and services give appropriate attention to the learning needs of students, the teaching and research needs of faculty and the requirements of the HEI's programmes.

c) Students, staff and other stakeholders are involved in the development of the library collections and learning resources.

d) *The HEI's library and learning resources budget allocation is adequate and sufficient to ensure that the library services, including physical and electronic library materials and learning resources, are satisfactorily provided for and up to date.*
e) *There are sufficient library staff members who are professionally qualified and experienced.*
f) *The library collection is catalogued according to established international practice (using, for example, the Library of Congress or the Dewey Decimal classification system) and reliable systems are in place for managing the loan and return of materials, including efficient follow-up for overdue materials.*
g) *Students and staff receive appropriate and adequate support to develop the information literacy skills they need to make effective use of the library and its resources.*
h) *The library is open to students and staff for appropriate periods to enable physical access, both during and after class time, and during examination periods.*
i) *The HEI ensures that electronic library and learning resources are accessible to students whenever required.*
j) *For programmes delivered through blended or online learning, the HEI ensures students have access to the same resources as those studying in face-to-face mode.*
k) *The HEI promotes the use of library resources in teaching and learning activities at the course and programme levels.*
l) *The HEI regularly monitors and reports the utilisation of library and learning resources and develops action plans in response where required.*
m) *Where applicable, appropriate arrangements are in place for students to access and utilise online resources provided by the affiliate.*
n) *Where appropriate, the HEI has established cooperative arrangements with other institutions for interlibrary loans and for sharing of library and learning resources and services.*
o) *The HEI regularly reviews and evaluates the adequacy and effectiveness of its library and learning resources and services taking into consideration the needs of academic programmes, utilisation levels, and student and staff satisfaction and feedback. Improvements are made where required and communicated to students.*

Criterion 2.6: Information and Educational Technology Resources

The HEI has a robust information and educational technology infrastructure, network and systems (including a learning management system) to support the efficient delivery of its programmes in all modes of learning, its research activities and all of its operations. Appropriate policies, procedures and mechanisms are implemented to ensure the currency, sufficiency, accessibility, continuity and security of the technology. The budget allocated to the provision of technology is adequate and sufficient. Students and staff are supported in their use of the information and educational technology, and the utilisation and satisfaction with the technology and systems are regularly monitored and reported.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a well-developed information and educational technology infrastructure and resources which include hardware, software, network(s) and systems designed to support the delivery of its programmes, faculty research activities and day-to-day operations.*
b) *Key information systems are in place to manage student records, the teaching and learning process, quality enhancement activities, planning, the library and risks.*
c) *The HEI has well-defined policies and procedures which provide a suitable framework for the management of the information and the educational technology and systems. Specific policies are formulated for technology and systems related to blended or online learning.*
d) *The technology budget allocation is adequate and sufficient to support the acquisition, management and replacement of systems, equipment and software and the provision of appropriate network bandwidth speeds.*
e) *The HEI takes steps to ensure that the security, continuity and accessibility of the technological infrastructure are maintained.*
f) *The HEI performs data backups regularly and maintains off-site backups of critical information (including student and institutional records) in a secure location.*

g) *Sufficient and up-to-date computer laboratories with adequate seating capacities are available to support teaching and learning.*
h) *Where required, specialist information technology equipment and resources used in teaching are provided and maintained.*
i) *The HEI has a software licence register to ensure all software is current and valid, and safeguards against the infringement of copyright and use of unlicensed software.*
j) *Appropriate educational technology and systems are deployed to effectively support blended and online learning.*
k) *Appropriate support is provided to students and staff to enable them to make effective use of information and educational technology, including Bring Your Own Devices (BYOD).*
l) *The HEI has effective oversight of any outsourcing arrangements related to its information and educational technology and infrastructure to ensure that it maintains full control over its data and systems.*
m) *The HEI develops and implements short and long term plans for the maintenance and improvement of its information and educational technology infrastructure and systems.*
n) *The HEI regularly reviews and evaluates the adequacy and currency of its information and educational technology infrastructure and systems taking into consideration the needs of its academic programmes, utilisation rates, and student and staff satisfaction levels and their feedback. Improvements are made where required and they are communicated to the students.*

Criterion 2.7: Academic Integrity and Security

The HEI actively fosters an institutional culture of academic honesty through robust policies and procedures related to academic integrity and security. The HEI has a proactive approach towards educating students and staff about upholding academic integrity and protecting the intellectual property of teaching and learning materials and resources. Mechanisms are implemented to prevent, detect, address, track and report all forms of academic misconduct by students or staff, and ensure the security of all assessment activities in all modes of learning offered by the HEI. The mechanisms are periodically reviewed for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI's policies and procedures related to academic honesty and assessment security are robust, and require all students and staff to uphold academic integrity at all times.*
b) *The HEI has a clear definition of what constitutes plagiarism.*
c) *Penalties for all forms of academic misconduct (including plagiarism, all forms of cheating in examinations or other assessments, and collusion) are clearly specified in the HEI's policies and procedures.*
d) *The policies and procedures related to academic honesty are readily accessible and effectively communicated to stakeholders.*
e) *The HEI implements a unified referencing system (such as the Modern Languages Association (MLA), American Psychological Association (APA) or Harvard system) across its programmes.*
f) *The HEI takes effective steps to promote a culture of academic integrity by proactively educating students and staff about academic integrity, copyright and intellectual property of physical and digital teaching materials and resources, and ensures students and staff understand and are able to avoid all forms of academic misconduct.*
g) *The HEI has made it clear to students and staff that all work must be their own original work and not purchased or obtained by some other means.*
h) *Academic integrity and security policies and procedures are consistently implemented across the HEI and in all programmes and modes of learning (face-to-face, blended and online).*
i) *All assessment materials, results and records are securely managed and stored, and information relating to academic honesty in assessments is maintained.*
j) *Effective procedures governing all aspects of the invigilation of examinations, including confirming the identity of students undertaking examinations, are implemented.*
k) *Robust processes are in place to verify student identity in assessments undertaken in blended or online modes of learning.*
l) *Effective and contemporary software-based plagiarism detection methods are in place for all programmes.*

m) All applicable written assessments by students are subjected to plagiarism checks.
n) Additional detection methods (such as oral examinations or vivas) are employed where it is suspected that a student's work may not be original.
o) Cases of plagiarism are effectively tracked, reported and addressed, including cases involving repeat offenders.
p) Appropriate disciplinary action is taken in cases of suspected examination security breaches and cheating.
q) Academic staff and students respect and acknowledge the copyright and intellectual property of all print and digital resources and materials used in teaching.
r) The HEI ensures that in providing learning materials, national and international copyright laws are not breached through inappropriate reproduction of copyrighted texts and journals.
s) The HEI regularly reviews the effectiveness of its approach to upholding academic integrity and assessment security and implements improvements accordingly. Improvements are made where required and they are communicated to the students and staff.

Criterion 2.8: Academic Advising

The HEI has a robust academic advising system with clearly defined policies and procedures designed to ensure students are provided with comprehensive, co-ordinated and timely academic advice and guidance. All students are assigned an academic advisor who monitors their academic progress and effectively assists students in achieving their educational goals. Students at risk are identified and directed to appropriate support services and resources. The academic advising provision is regularly reviewed for effectiveness based on stakeholder feedback and other sources of data.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI has an academic advising policy and related procedures which specify the maximum number of advisees allocated to an advisor based on the advisors' other responsibilities.
b) All students are assigned an academic advisor who is a full-time faculty member involved in their chosen programme of study, for the full duration of their enrolment in the programme.
c) The HEI provides appropriate training for advisers so that they can carry out their advisory role effectively.
d) Regular opportunities are provided for individual students to discuss issues about their programme choices and academic progress with their advisor and receive information and feedback in a timely manner.
e) The HEI ensures that advisers have appropriate access to students' records in order to undertake their adviser role effectively.
f) The HEI ensures that advisers adhere to the HEI's policies and procedures regarding confidentiality of academic or personal issues.
g) Appropriate records of academic advising sessions and advice given to students are maintained.
h) Specific arrangements are implemented for advising students in different modes of learning where offered (including students in online or blended learning), and/or studying in different locations, and for advising students with special needs.
i) The HEI and academic advisors monitor students' academic performance in order to identify at risk students, and co-ordinated assistance and support are provided for students demonstrating poor academic performance through the academic advising system and other units.
j) Students who are identified as being at risk are directed to appropriate services and resources, including the academic skills enhancement provision and/or counselling.
k) The HEI regularly reviews its academic advising services to ensure that they remain effective and fit for purpose. Improvements are made where required and they are communicated to the students and staff.

Criterion 2.9: Academic Skills Enhancement

The HEI provides a range of planned activities and services designed to enhance students' academic skills in all modes of learning. All of the HEI's students have access to appropriate programmes, resources and services aimed at fully developing their academic potential and empowering them to achieve their educational goals. The academic skills' enhancement provision is adequately resourced and evaluated for effectiveness based on student feedback and other sources of data.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI has an appropriate system in place for planning, resourcing and delivering academic skills enhancement programmes, resources, services and activities which are inclusive, available to all students and aligned with their needs.
b) The HEI provides a range of academic skills enhancement programmes and activities, such as workshops, seminars, individual consultations and peer-to-peer tutoring, to students in all modes of learning (face-to-face, blended and online).
c) All students who require assistance with developing or enhancing their study, research, examination, presentation or other types of academic skills are able to access appropriate programmes and activities to develop those skills.
d) Students enrolled in blended or online programmes are adequately prepared by the academic skills enhancement provision to undertake their study in these modes of learning.
e) Tailored learning support is provided to at risk students and students demonstrating poor academic performance.
f) The HEI ensures that students with special needs are systematically provided with targeted academic skills enhancement programmes and activities.
g) Academic skills enhancement is provided to students in a manner that is equitable, supportive and sensitive.
h) The HEI regularly reviews the adequacy and effectiveness of its academic skills enhancement provision. Improvements are made where required and they are communicated to the students.

Criterion 2.10: Student Performance and Graduate Outcomes

The HEI has mechanisms in place for managing and monitoring student performance and graduate outcomes at the institutional level. Student retention, progression, attrition and completion data is routinely collected, reported and effectively utilised to inform planning and resource allocation, and enhance student support services. The destinations of graduates and graduate employability data are monitored and used to ensure national benchmarks and labour market expectations are met. Remedial strategies and actions are implemented to improve student performance and outcomes as required.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI has appropriate systems and mechanisms in place to manage, monitor and use student performance and graduate outcomes data.
b) The HEI regularly collects and aggregates student performance data (retention, progression, attrition and completion rates) for the institution as a whole which can be disaggregated where required (e.g., by cohort, by demographic indicators (e.g., gender, nationality) or by academic programme).
c) Student performance data can be analysed for each cohort and for specific groups of students based on relevant parameters.
d) Analysis and evaluation of student performance data are used to inform institutional planning and resource allocation (including budgeting), and to improve student support services and resources.
e) Student performance data is shared with relevant staff members involved in the provision of student support services (e.g., programme leaders, academic advisors, career guidance counsellors).
f) The HEI has specified graduate employment targets that are aligned with national benchmarks.
g) The HEI collects accurate, up-to-date data on graduate destinations and employment outcomes to measure whether its institutional targets are met.

h) *Graduate destination data is regularly analysed to gauge the preparedness and employability of graduates and whether the HEI's graduate attributes meet the requirements of employers and other stakeholders.*
i) *Annual HEI-wide student performance and graduate outcomes data are assessed and actions are taken when problems are identified.*
j) *The HEI has strategies to improve student performance and graduate outcomes and implements them as required.*
k) *The HEI regularly reviews its systems and mechanisms for managing and monitoring student performance and graduate outcomes data. Improvements are made where required and they are communicated to relevant stakeholders.*

STANDARD 3: Students and Student Support Services

The HEI provides well-managed and resourced student support services which are appropriate and consistent with the characteristics of its student body. These include financial aid, medical and counselling services, accommodation, catering and transportation, extracurricular activities, and career support. Student conduct and behavioural expectations of students are clearly specified and managed. Students benefit from a positive climate in which they have a range of opportunities to express their views, satisfaction levels and grievances.

Criterion 3.1: Student Conduct and Behaviour

The HEI has regulations, policies and procedures to manage and guide appropriate student behaviour and these are readily accessible and effectively communicated. Students are provided with a code of conduct (or equivalent) specifying their rights and responsibilities. The regulations, policies and procedures are implemented consistently and fairly. Disciplinary action is taken as required, against which students have the right to appeal. The HEI periodically reviews the effectiveness of its processes for managing student conduct and behaviour.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has regulations, policies and procedures on student behaviour which specify behavioural rules and what constitutes unacceptable behaviour; the steps to be taken in investigating breaches of student discipline; the responsibilities of relevant staff and disciplinary committees; and the penalties which may be imposed on students found guilty of misconduct.*
b) *The HEI's regulations, policies and procedures governing student behaviour are readily accessible and effectively communicated to all students and staff in relevant publications (including Student and Staff Handbooks or similar) and during student orientation and staff induction.*
c) *A formal Code of Conduct for students specifying their rights and responsibilities has been developed and effectively disseminated to students so that they are aware of the Code.*
d) *The HEI's regulations, policies and procedures governing student behaviour are implemented consistently and fairly.*
e) *The HEI takes prompt and appropriate action in relation to disciplinary matters and full documentation of any investigations is retained in a secure manner.*
f) *Analysis of aggregate data from disciplinary cases is used to identify and address any systemic issues that require the HEI's attention.*
g) *Students are provided with advice on the right of appeal against student discipline processes or outcomes and the mechanisms used for appeals.*
h) *The HEI evaluates the effectiveness of its processes for managing student conduct and behaviour. Improvements are made where required and they are communicated to the students and staff.*

Criterion 3.2: Student Appeals and Grievances

The HEI has well-defined student grievance policies and procedures which cover both academic appeals and non-academic grievances. These are transparent, readily accessible and effectively communicated to students and staff, and are consistently used to resolve student appeals and grievances in a manner which is fair and impartial. Any changes made to student grades following an academic appeal are formally approved and recorded. The HEI maintains formal records of all student appeals and grievances and reports the outcomes for the purposes of enhancing the quality of the academic programmes or the provision of services. The HEI periodically reviews its student appeals and grievance processes for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has clearly defined policies and procedures to address both academic appeals and non-academic grievances.*

b) *Student appeal and grievance policies and procedures are transparent, fair and impartial and ensure that all students are treated equitably.*
c) *Student appeal and grievance policies and procedures ensure students are protected against punitive action or discrimination following consideration of a grievance or appeal.*
d) *Student grievance policies and procedures provide opportunities for informal resolution.*
e) *The HEI's appeal and grievance policies and procedures are effectively communicated to all stakeholders and included in the relevant publications such as the Student Handbook.*
f) *Student appeal and grievance policies and procedures are consistently and equitably implemented and student appeals and grievances are investigated in a timely manner.*
g) *During all stages of a grievance procedure, the HEI ensures that appropriate student and staff confidentiality is maintained.*
h) *Academic appeals relating to grades are independently evaluated by faculty members other than the course instructor(s).*
i) *Students receive a written response to their appeal or grievance outlining the process that was followed and the outcome.*
j) *Any changes to grades following a successful academic appeal are formally approved, made by the Registrar (or equivalent) and recorded, ensuring there is an audit trail.*
k) *The HEI monitors and maintains formal records of all appeals and grievances and reports these annually.*
l) *Student appeal and grievance outcomes are used to enhance quality and inform reviews of the academic programmes or the provision of support services.*
m) *Student appeal and grievance policies and procedures are periodically evaluated for effectiveness. Improvements are made where required and they are communicated to the students and staff.*

Criterion 3.3: Student Finances and Grants

The HEI provides all relevant financial information to prospective and current students in a clear format. Where applicable, any internal grants or financial support for students are governed by sound policies and procedures and awarded based on transparent criteria. The HEI regularly reviews its approach to managing student finances and grants, where they are awarded, to ensure that it remains fit for purpose.

EXPLANATORY NOTE: *Internal grants refers to merit-based or need-based financial support provided to students by the HEI. Scholarships awarded by MoHERI or other external sponsors are excluded from this Criterion.*

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI ensures that all prospective and current students and other stakeholders have access to accurate and clear information about all fees, charges, conditions and refunds related to their studies, including programme-specific costs.*
b) *Financial information for students is provided in relevant publications and on the HEI's website.*
c) *Where the HEI's regulations allow students to defer payments, the conditions and dates for payments are clearly specified in formal agreements, signed by the student and witnessed.*
d) *The provision of internal (HEI-funded) financial aid and grants is governed by policies and procedures which ensure a transparent and equitable distribution of funds to students in need and for academic achievement.*
e) *The provision of financial aid and grants is consistent with the characteristics of the HEI's student body.*
f) *The amount of financial aid and the number of grants provided are communicated to students and periodically reviewed.*
g) *Financial aid and grants are awarded to students based on transparent qualifying criteria, formally approved and records pertaining to the financial aid and grants are maintained.*
h) *The HEI ensures that all students can access financial counselling services for support and advice if required.*
i) *The HEI regularly reviews its approach to student finances and grants, to ensure that these arrangements remain appropriate and effective in supporting students. Improvements are made where required and they are communicated to the students and other relevant stakeholders.*

Criterion 3.4: Medical and Counselling Services

The HEI ensures that all students have access to well-planned, adequate and appropriate medical and counselling services and facilities, including emergency medical assistance and first aid. Student counselling is provided by a qualified professional. Information about medical and counselling services is effectively communicated to students and records of any interventions are maintained securely. The HEI regularly reviews its medical and counselling services for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI provides access to a range of medical services and facilities on campus or through an arrangement with a local medical provider, which are consistent with the characteristics of its student body.*
b) *The availability of medical services and facilities is effectively communicated to students at the outset and throughout their studies.*
c) *Provision is made for emergency medical assistance (including during a public health crisis such as a pandemic or campus incident) and first aid when required.*
d) *The HEI employs a trained nurse who is available on campus to provide medical assistance where required.*
e) *Information about First Aid trained staff is readily available and accessible.*
f) *Appropriate first aid facilities are available on campus at HEIs which deliver specialised programmes requiring the use of chemicals or hazardous materials and equipment.*
g) *Students are provided with access to confidential psychological counselling and pastoral care.*
h) *The HEI ensures that medical services and student counselling are provided by staff with appropriate qualifications and experience.*
i) *Records of all medical and counselling interventions and/or advising sessions are maintained in a secure location.*
j) *The HEI regularly reviews the quality, appropriateness and effectiveness of its medical and counselling facilities in order to ensure they meet student needs. Improvements are made where required and they are communicated to the students.*

Criterion 3.5: Accommodation, Catering and Transportation

The HEI provides access to adequate and appropriate accommodation for its students and implements policies to ensure that residential arrangements are effectively managed and of a suitable standard. Catering services are offered on campus and transportation is made available, where applicable. The HEI regularly reviews the accommodation, catering and transportation services and facilities to ensure that they meet student needs.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI provides access to appropriate accommodation for students (including international students) either through the provision of its own residence halls or by offering support to students with finding suitable accommodation.
b) The HEI ensures that any accommodation arrangements offered to students are safe and secure, of good standard, meet the cultural norms of Oman and align with the characteristics of its student body.
c) Where the HEI provides its own accommodation to students, it is supervised appropriately by staff with the necessary expertise and authority.
d) The HEI ensures that its students have access to appropriate, healthy and affordable catering services and facilities.
e) Where applicable, transport services provided by the HEI are safe and appropriate to meet the needs of students.
f) Where the HEI outsources the provision of catering and transportation services to external parties, the HEI maintains oversight of these to ensure that they are appropriate, safe and effectively delivered.
g) The HEI regularly reviews the accommodation, catering and transportation services and facilities to ensure that they remain appropriate and effective in meeting student needs. Improvements are made where required and they are communicated to the students.

Criterion 3.6: Extracurricular Activities

The HEI's extracurricular activities and events are well-planned, adequately resourced and managed, equitable and appropriate for the characteristics of the student body. The HEI actively supports student involvement in various social, cultural and recreational extracurricular activities, and monitors and reports participation and satisfaction rates. Extracurricular activities are regularly reviewed to ensure that they meet student needs.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI plans and provides opportunities for students to participate in social, cultural and recreational extracurricular activities (such as clubs and societies, sporting events, and other activities appropriate to their interests and needs) which are consistent with the characteristics of its student body.*
b) *Informal social interaction among students is facilitated through a range of extracurricular activities provided or co-ordinated by the HEI.*
c) *All extracurricular activities are adequately resourced through relevant operational budgets and funds.*
d) *All students, including part-time students, students with special needs, international students and students in blended or online modes of learning have equal access to extracurricular activities.*
e) *The HEI's policies and procedures specify how students are to be supervised when participating in extracurricular activities.*
f) *The HEI actively supports student involvement in extracurricular activities and monitors participation and satisfaction rates in order to ensure that the activities are well attended and appropriate. Improvements are made where required and they are communicated to the students.*

Criterion 3.7: Career and Employment Services

The HEI provides appropriately resourced and well-planned career and employment services which are aligned to the characteristics of its student body. The services assist students in preparing for employment, and include career planning, guidance and counselling, development of relevant skills, and finding internships or job placements. Students are offered structured opportunities to engage with prospective employers. The effectiveness of the career services is periodically reviewed and informed by graduate destinations data and feedback from alumni and employers.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a dedicated individual or unit to provide career and employment services to students, which is supported by an adequate budget.*
b) *A range of career support services, such as career guidance and advice, information and counselling; support in writing CVs; job interview coaching; internships and job placements; and follow-up activities, are provided to assist students with their career planning and securing appropriate employment.*
c) *The types of career and employment services available to students are aligned with the HEI's programmes and the characteristics of the HEI's student body, including their demographic attributes (e.g., if the majority of students are female or come from a different region), the HEI's context (e.g., MoD or MoH HEIs) and employment status (e.g., ensuring that students who are already employed are offered different career support to those seeking employment).*
d) *The HEI actively seeks information about labour market needs and maintains links with employers and industry to enhance its career and employment services provision.*
e) *The HEI has an appropriate system or database for storing the CVs of students seeking employment and information about available jobs or internships.*
f) *The HEI keeps students informed about national initiatives related to labour market requirements.*
g) *The HEI undertakes periodic review of its career and employment services which is informed by graduate destinations and feedback from alumni and employers, in order to improve the effectiveness of the services. Improvements are made where required.*

Criterion 3.8: Student Satisfaction

The HEI is committed to maintaining a positive climate for students. Student satisfaction with academic and non-academic resources, services and facilities is regularly monitored through formal mechanisms, including surveys and student membership on decision-making committees. A student council is established in line with relevant laws and decrees and represents the students' voice. Enhancements to resources, services and facilities are made based on student satisfaction feedback and other sources of data, and these enhancements are communicated to students.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a clear commitment to enhancing student satisfaction and takes proactive steps to maintain a positive climate for students.*
b) *A systematic approach based on appropriate and robust mechanisms for collecting data and measuring student satisfaction with all of the HEI's services, facilities and resources has been developed and deployed, and includes both quantitative (e.g., surveys, questionnaires) and qualitative (e.g., interviews and forums) mechanisms.*
c) *The HEI regularly collects and aggregates qualitative and quantitative data on student satisfaction for the institution as a whole, and which can be disaggregated where required (e.g., by cohort, demographic indicators, department or unit, or academic programme).*
d) *Aggregated and disaggregated student satisfaction data is analysed and reported in order to determine satisfaction levels and identify trends.*
e) *Student satisfaction data is used to inform improvements to the quality of the academic and non-academic resources, support services and facilities.*
f) *Appropriate actions are taken in response to student feedback and satisfaction data, and these are reported and communicated to students.*
g) *Students are members of decision-making committees at different levels within the HEI and actively participate in committee meetings and decisions.*
h) *A student council is established in line with national laws and decrees, for students to make their views known and to represent the student voice.*
i) *The HEI evaluates its approach to monitoring student satisfaction to ensure it remains robust and fit for purpose. Improvements are made where required and they are communicated to relevant stakeholders.*

STANDARD 4: Human Resources

The HEI has a well-defined and adequately resourced system for the management of its human resources which enables the effective provision of its academic and non-academic activities. Staff expertise and characteristics are consistent with the HEI's Mission, strategic goals and Omanisation targets, and workforce planning is undertaken to ensure that the HEI has sufficient and appropriately qualified staff for the effective delivery of its programmes and support services. Processes for staff recruitment, induction, professional development, and performance review are systematically deployed. and ensure that all staff members are effectively supported. Academic staff workloads are appropriate and reasonable. Staff satisfaction is monitored to ensure a positive organisational climate and to facilitate staff retention.

Criterion 4.1: Human Resources Planning and Recruitment

The HEI has sustainable short and long-term plans for human resources which specify staffing needs and the optimum number of faculty and staff required to achieve its strategic goals and objectives. The human resources unit is adequately funded and resourced. Recruitment policies and procedures are clearly defined and aligned with human resources plans and Omanisation targets. The HEI is successful in recruiting the faculty and staff it requires to support the full range of its academic and administrative functions. The HEI periodically reviews its human resources planning and recruitment to ensure it is effective.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has developed sustainable short and long-term plans for human resources which are aligned with its strategic goals.*
b) *The HEI projects the optimum number of academic and non-academic staff required to achieve its long-term strategic goals and objectives.*
c) *Human resources planning takes into account and is informed by current staff expertise, sufficiency and characteristics and future projections and requirements.*
d) *The HEI appropriately funds its human resources unit to ensure that it can attract and recruit well-qualified and experienced academic and non-academic staff.*
e) *The HEI has clear policies and procedures for staff recruitment, such as advertising vacant positions and selecting and appointing staff, which comply with national labour laws and the requirements set for the HEI by the relevant supervisory entity.*
f) *Omani nationals who meet the position requirements are prioritised and recruitment practices are designed to meet Omanisation targets.*
g) *Criteria used for the recruitment and selection of part-time staff are consistent with those used for full-time staff.*
h) *When recruiting new staff, measures to avoid potential conflict of interest are strictly observed.*
i) *Candidates for employment are provided with full position descriptions and conditions of employment.*
j) *The HEI's recruitment processes ensure that the staff are appropriately qualified, experienced and competent in order to fulfil the requirements of their posts.*
k) *Academic staff recruited to teach blended or online programmes have appropriate expertise and experience.*
l) *The HEI's most senior appointments (such as the vice-chancellor, president, deputy vice-chancellor or dean) are made by members of the governance bodies on the recommendation of a selection committee that includes both members of the governance bodies and experienced senior staff.*
m) *Senior academic staff are appointed based on the recommendation of committees which include, where appropriate, external senior academics who are able to assess candidates on their ability to meet international standards of scholarship, research, qualifications and experience.*
n) *All vacancies are filled in a timely manner and in response to identified needs; and acting positions are filled with full-time appointments as soon as possible, and not later than six months from the time of the temporary appointment.*
o) *Full recruitment records are maintained, including records of unsuccessful candidates.*

p) *All newly appointed staff are provided with letters of appointment, contracts or other documents that clearly describe the terms and conditions of employment, including probationary periods and the HEI's provisions governing contract renewals and terminations.*
q) *The HEI regularly reviews its human resource planning and recruitment processes to ensure that they are effective and that short and long-term human resource plans and targets are being achieved. Improvements are made where required and they are communicated to relevant stakeholders.*

Criterion 4.2: Staff Expertise, Sufficiency and Characteristics

The HEI ensures that its staff expertise effectively supports the achievement of its Mission and goals. Faculty and staff have the appropriate qualifications and experience. Staffing levels are sufficient to deliver the HEI's academic programmes in all modes offered by the HEI, and to administer its activities efficiently and effectively. The HEI ensures that its staff have diverse backgrounds and qualifications, and that there is an appropriate gender ratio. The HEI regularly reviews the expertise, sufficiency and characteristics of its staff to ensure that they are appropriate.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The expertise of the HEI's academic and non-academic staff is consistent with and facilitates the achievement of its Mission and long-term goals.*
b) *The range of staff qualifications, skills and experience match the HEI's academic, administrative and student support requirements and are appropriate to their assigned roles.*
c) *The HEI's academic staff qualifications, credentials and experience meet the requirements of any relevant Ministries, professional bodies and/or affiliate HEIs.*
d) *Academic staff hold qualifications (degrees) from internationally recognised and accredited HEIs.*
e) *Academic staff are proficient in the language of instruction in the programme(s) and course(s) they are assigned to teach.*
f) *Academic staff involved in blended or online learning have suitable training and experience in the use of e-learning and online instructional technology.*
g) *The number of staff at the HEI is sufficient to support the full scope of its activities and an adequate staff - student ratio is maintained at the institutional and programme levels.*
h) *The balance between part-time and full-time academic staff complies with national laws, and is appropriate and consistent with institutional policies.*
i) *There is an appropriate balance between senior and junior ranked academic staff.*
j) *The HEI's staff profile reflects a diversity of educational backgrounds and nationalities.*
k) *The number of Omani staff at the HEI meets national targets.*
l) *The HEI maintains an appropriate staff gender ratio consistent with the demographic characteristics of its student body.*
m) *The HEI regularly reviews the expertise, sufficiency and characteristics of its staff to ensure that they remain appropriate and suitable in meeting the needs of the HEI's academic programmes, its research and scholarly activities, and the provision of its support services.*

Criterion 4.3: Staff Induction

The HEI implements a systematic approach to the induction of all newly appointed staff to ensure their familiarity with academic and administrative systems and processes, and to enable them to successfully fulfil their roles and responsibilities. Staff members recruited from outside Oman are familiarised with relevant national customs and practices, and local amenities as part of their induction. The HEI regularly reviews the effectiveness of its staff induction to ensure it remains fit for purpose.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI's staff induction policy and procedures specify those responsible for providing staff induction at the institutional level and outline the formal induction programme and full range of activities provided to new staff when they commence their role.*

b) *All newly appointed staff (including part-time staff) are provided with a structured induction programme to ensure familiarity with the institution, its academic and non-academic services and resources, and health and safety regulations.*
c) *Staff members recruited from outside Oman are provided with additional information about the country, local customs and practices, and key amenities, as part of their induction programme.*
d) *The HEI provides all new staff with a relevant handbook (or similar resource) detailing key information, regulations, policies, guidelines and expectations during their employment.*
e) *The HEI implements a mentoring system to provide guidance and support for new staff.*
f) *The HEI regularly reviews the effectiveness of its staff induction to ensure that it remains appropriate and fit for purpose and improvements are made where required.*

Criterion 4.4: Academic Staff Workload

The HEI has a clearly defined policy for academic staff workload which is aligned with its Mission and international norms and practices. The policy specifies workload limits and is consistently and transparently implemented. Academic staff workloads are routinely monitored and reviewed to ensure that they adhere to the limits specified in the policy and mitigate any negative impact on teaching quality and research productivity.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a clear academic staff workload policy appropriate to its Mission and consistent with international norms and practices, which specifies the maximum workloads assigned to an academic staff member and includes provisions for overloads.*
b) *Academic staff workload includes the full range of their responsibilities, including (but not limited to) teaching and assessment, research and consultancy, academic advising, project or thesis supervision, internship or placement supervision, quality assurance activities, administrative responsibilities, community service, and committee memberships.*
c) *The workload policy includes provisions related to teaching in the summer term.*
d) *The workload policy is readily accessible and effectively communicated to all academic staff during their induction.*
e) *The workload policy is consistently and transparently implemented, ensuring that the workload remains equitable, fair and reasonable.*
f) *If academic staff are assigned work in excess of the limits specified in the workload policy, this is done only in exceptional circumstances and not continually, and staff are compensated for the additional load.*
g) *Appropriate release time is provided to academic staff with administrative and managerial responsibilities.*
h) *The workload of academic staff is routinely monitored to ensure that the specified limits are adhered to and to mitigate the negative impact of any excessive workload on teaching quality and research productivity. Improvements are made where required and they are communicated to staff members.*

Criterion 4.5: Staff Performance Planning and Review

The HEI has a well-defined policy and related procedures for staff performance planning and review which are readily accessible and communicated to staff. All staff are systematically and regularly evaluated on their performance based on clear criteria, indicators and targets, and individual performance objectives. Performance review outcomes and staff achievements are documented, and staff are consistently recognised through promotions and other incentives. The HEI regularly evaluates the effectiveness of its staff performance planning and review practices.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a well-formulated performance planning and review policy and related procedures which are readily accessible and effectively communicated to all staff.*
b) *The policy and procedures clearly specify performance criteria, indicators and targets for each position or academic rank.*

c) *The HEI ensures that all staff members (including part-time staff) participate in performance planning and review at least once annually.*
d) *Staff are provided with the opportunity to self-review their performance and specify performance objectives.*
e) *Performance planning and review are formally conducted by the staff member's line manager and undertaken systematically, consistently, fairly and equitably.*
f) *Where a conflict of interest exists between the staff member and his/her line manager, alternative arrangements for performance planning and review are implemented.*
g) *Areas and opportunities for improvement are identified during performance planning and review and used to inform professional development opportunities.*
h) *Appropriate arrangements are in place for the performance planning and review of the HEI's most senior appointments (such as the vice-chancellor, president, deputy vice-chancellor or dean) by members of the governance bodies.*
i) *The HEI ensures that formal performance planning and review outcomes are documented and retained confidentially. Staff members have the opportunity to put their own comments on file, including points of disagreement.*
j) *Staff achievements and exceptional performance are recognised through promotions and other incentives based on a model of equitable work distribution and merit.*
k) *Application procedures and criteria for promotion and other incentives are clearly specified, and based on the position description, requirements and expectations of the role, and staff member's rank.*
l) *Promotions and incentives are objective, evidence-based and consistently and fairly awarded.*
m) *Staff members have an opportunity to appeal a negative performance review outcome.*
n) *The HEI investigates the reasons where there has been a lack of promotions or successful promotion outcomes over an extended period and takes remedial action as required.*
o) *The HEI regularly evaluates the effectiveness of its performance planning and review practices, and makes improvements where required.*

Criterion 4.6: Professional Development

The HEI has a systematic approach to the professional development of all academic and non-academic staff. Professional development needs are clearly identified through performance reviews and the HEI's strategic goals, and used to develop individual and institutional professional development plans. Professional development opportunities provided to the staff are tailored to and clearly align with these needs. Sufficient financial resources are allocated to professional development to enable the staff to successfully fulfil their roles and responsibilities. The effectiveness of professional development is regularly reviewed.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a clearly defined approach to support the professional development of academic and non-academic staff, including relevant policies and procedures.*
b) *Sufficient financial resources are allocated to professional development in the HEI's budget to enable staff to participate in professional development opportunities, including external training and programmes.*
c) *Professional development and training needs are identified during performance reviews based on areas for improvement and/or individual goals and objectives.*
d) *Professional development and training needs are informed by the HEI's strategic goals for human resources, feedback from staff, any external requirements (e.g., by the supervising Ministry or entity, professional bodies or labour market needs) and systematic and periodic training needs analysis.*
e) *Individual professional development plans are developed specifying the training needs of every staff member and potential opportunities to fulfil those needs.*
f) *An institutional professional development plan is prepared based on the individual plans, and collective professional development opportunities are provided, where appropriate.*
g) *Individual academic and non-academic staff are provided access to structured internal and external professional development opportunities tailored to their specific needs and designed to enhance and maintain the currency of their skills and knowledge.*

h) Tailored professional development opportunities are provided to Omani staff to ensure their ongoing development and retention.
i) Professional development of academic staff includes support for staff to undertake scholarly activities and for early career academic staff to develop their research capabilities.
j) Where applicable, students undertaking teaching duties (e.g., assisting with practical sessions and tutorials or offering technical support in laboratories) receive appropriate training and mentoring for their own professional development and to enhance the experience of the students whom they are teaching or supporting.
k) The effectiveness of professional development and training activities is evaluated by participants and used to inform the planning of future professional development opportunities. Improvements are made where required.

Criterion 4.7: Staff Satisfaction and Retention

The HEI is committed to maintaining a positive work climate for its staff. Appropriate formal mechanisms are used to regularly monitor staff retention and the extent to which the staff are satisfied with their jobs, work environment and institutional resources, facilities and services. The HEI has a code of conduct for all staff members and staff grievance policies and procedures are effectively implemented. Academic and non-academic staff are represented on decision-making committees and there are opportunities for staff to make their views known. Enhancements are made based on staff feedback and relevant data and indicators. Staff are informed of actions implemented in response to their feedback. The HEI periodically evaluates its approach to monitoring staff satisfaction to ensure that it remains robust and fit for purpose.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI is clearly committed to enhancing staff satisfaction and takes proactive steps to maintain a positive climate for current staff and to attract new staff.
b) The HEI routinely gathers and reviews data on staff turnover in order to secure, maintain or increase staff retention. Steps are taken to reduce and minimise staff turnover.
c) Appropriate and robust formal mechanisms for collecting data and measuring staff satisfaction (such as surveys) have been developed and are deployed systematically.
d) The HEI regularly collects and aggregates staff satisfaction data for the institution as a whole which can be disaggregated where required (e.g., by rank, demographic indicators, department or unit, or academic programme).
e) Aggregated and disaggregated staff satisfaction data is analysed and reported in order to determine satisfaction levels and to identify trends.
f) Staff satisfaction data is used to inform improvements to the quality of the services and facilities for staff.
g) Appropriate actions are taken in response to staff feedback and satisfaction data, reported and communicated to staff.
h) Exit interviews are conducted with staff prior to the end of their employment in order to gain feedback related to the HEI's terms and conditions of employment and the staff members' employment experience.
i) The HEI has a Code of Conduct for staff clarifying what is expected of them and detailing their rights. Disciplinary measures are deployed in case of breaches of the Code.
j) Fair, transparent and impartial staff grievance policies and procedures have been developed and implemented and ensure that all staff are treated equitably.
k) All staff grievances and complaints are investigated and records are maintained to identify any systemic weaknesses.
l) Staff are provided with advice on the right of appeal against disciplinary processes, outcomes and the mechanisms used for the appeals.
m) A broad range of staff representing different levels are members of decision-making committees and actively participate in committee meetings and decisions.
n) There are opportunities for all staff members (academic and non-academic, full-time and part-time) to make their views known through formal and informal channels.
o) The HEI provides a range of formal and informal activities and events for staff designed to positively impact on staff experience in the workplace.

p) *The HEI periodically evaluates its approach to monitoring staff satisfaction to ensure it remains robust and fit for purpose. Improvements are made where required.*

STANDARD 5: Research and Innovation

The HEI has a robust research and innovation strategy which reflects its Mission and institutional classification. The strategy is sustained by sufficient levels of funding and its achievement is measured through research and innovation performance indicators and targets. Internal research projects are supported through grants and research and innovation outcomes are monitored for quality and impact. Knowledge transfer, innovation and entrepreneurship are also facilitated through appropriate consultancy activities, and mechanisms are in place to manage intellectual property ownership. Research and scholarly activities are used to inform teaching and learning. The HEI ensures that all of its research activities are conducted ethically.

Criterion 5.1: Research and Innovation Strategy and Performance

The HEI has a clearly defined research and innovation strategy which is consistent with its Mission, institutional classification and national research strategy and priorities. The strategy includes appropriate indicators and targets to measure research performance by staff and students, and is adequately resourced through the institutional budget. Research performance and output are regularly monitored for quality and impact, and innovative outcomes are shared with the relevant stakeholders.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a well-formulated research and innovation strategy which is consistent with its Mission, institutional classification, and national research strategy and priorities, and promotes collaborative research both internally and externally.*
b) *The strategy includes appropriate indicators and targets to measure research performance and innovative outcomes, including expected research outputs of academic staff at different ranks and any research output by students.*
c) *Dedicated structures (e.g., units, committees, individuals, research groups) and financial and human resources are in place to support the implementation of the research and innovation strategy and the attainment of the HEI's research and innovation targets.*
d) *All activities undertaken to achieve the research and innovation strategy and targets are governed by clear regulations, policies and procedures.*
e) *The HEI regularly monitors, reviews and reports research and innovation activities and output to ensure its targets are being met and the research and innovation strategy is being achieved. The research and innovation outputs may include peer-reviewed journal and conference publications, external and internal grants and contracts, patents or other research outputs specific to the field of study.*
f) *The quality and impact of the research and innovation output is assessed and suitable recognition is provided for high quality and high impact output produced by students and staff.*
g) *The output of staff is recorded and acknowledged in staff performance planning and in promotion criteria.*
h) *The output of students is recorded and acknowledged in relevant publications and/or forums, particularly where research is undertaken jointly with staff.*
i) *Research output is shared with and disseminated to the relevant stakeholders, and innovative outcomes are highlighted.*
j) *The HEI reviews and updates its research and innovation strategy periodically to ensure that it results in quality outcomes and remains aligned with its Mission and long-term goals. Improvements are made where required.*

Criterion 5.2: Research Funding and Grants

The HEI has a planned approach to research funding and a research budget. The budget is sufficient to fund projects aligned to the HEI's research and innovation strategy, to facilitate conference participation by staff and students, and, where applicable, to support entrepreneurial initiatives. Research funding proposals are assessed based on clearly specified criteria, and research funds are distributed equitably in the form of grants and managed effectively. Academic staff are encouraged and supported in seeking external research funds and there is appropriate oversight of the administration of any external research grants which have been secured. The HEI periodically reviews its research funding and grants processes for impact.

EXPLANATORY NOTE: *Research funding refers to financial support (including seed funding) available to staff and/or students for internally funded research or entrepreneurial projects or participation in scholarly conferences. A successful research funding proposal results in a research grant being awarded for the project or conference.*

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI has a clear and well-planned approach to fund its research projects and conference participation by staff and students which is supported by appropriate policies and procedures.
b) The HEI has a dedicated research budget to support internally funded projects and conference participation which is sufficient to achieve its research and innovation strategy and targets.
c) The research budget includes support for appropriate entrepreneurial initiatives and activities by staff and/or students.
d) The HEI has a clearly defined process for submitting proposals and applying for research funds, including separate criteria for conferences and research and entrepreneurship projects.
e) The HEI encourages the involvement of students in research and entrepreneurship projects as collaborators, where appropriate, and acknowledges and recognises their contribution.
f) Assistance in developing research proposals is provided to staff applying for research funds.
g) Research and entrepreneurial proposals and conference funding applications are assessed fairly and impartially based on the specified criteria and in a timely manner.
h) Funding grants for projects are formally approved and distributed equitably.
i) Effective processes are implemented to ensure grants are managed effectively and audited regularly.
j) The research activities and output generated from grants are reported and any intellectual property ownership is clearly defined.
k) The HEI encourages and supports academic staff in applying for external grants and promotes collaboration and cooperation with external research networks and industry.
l) There is appropriate oversight of the administration of any externally sourced research grants, where applicable.
m) The HEI periodically reviews its research funding and grants processes for impact and makes improvements where required.

Criterion 5.3: Research Ethics

The HEI has clearly defined research ethics policies, procedures and regulations which govern all research activities and guide the conduct of researchers. Research activities involving human participants, animals or genetic considerations are formally approved and given ethics clearance prior to the commencement of any data collection or experimentation to ensure that they meet ethical considerations. Any ethical issues arising from the fiduciary relationship between staff and students in joint research are effectively managed. The HEI periodically reviews its approach to managing research ethics.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) The HEI has well-defined and clear policies, procedures and regulations to support and facilitate the ethical conduct of all of its research and consultancy activities. They are informed by ethical considerations and ensure research and consulting carried out by staff and students are of the highest ethical standards.

b) *The HEI's policies define its approach to ethical considerations including voluntary participation, providing informed consent, declaration of potential risks or harm, assurance of anonymity and confidentiality, security of data and communication of research findings and results.*
c) *Research ethics policies, procedures and regulations are readily accessible and effectively communicated to the staff and students.*
d) *Staff and students are provided with appropriate support and training in preparing their ethics application for approval.*
e) *All research activities involving human participants, animals or genetic considerations (including research undertaken as part of a students' graduation project or thesis) are formally approved by a high-level committee (or committees) that includes senior researchers and external experts.*
f) *The HEI ensures that appropriate ethical approval and clearance have been obtained by staff prior to the commencement of any data collection (including surveys, interviews, observations) or experimentation.*
g) *The HEI regularly reviews its research ethics policy and practices to ensure that they are well managed and controlled. Improvements are made where required and they are communicated to the staff and students.*

Criterion 5.4: Consultancy Activities

The HEI has appropriate policies governing consultancy activities by staff and supports staff undertaking consulting projects which are aligned to the HEI's Mission, facilitate innovation and/or entrepreneurship, and lead to knowledge creation or transfer. Staff engagement in consultancy activities is clearly defined in terms of contractual and workload issues, financial arrangements and legal liabilities. Consultancy activities are encouraged, and, where undertaken, effectively managed and reviewed for appropriateness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI's consultancy policies and procedures clearly specify the framework for staff undertaking consulting projects, including the types of activities which a staff member may engage in, the approval processes, the project's impact on staff workload, time release and financial arrangements, intellectual property ownership, and legal liabilities.*
b) *A culture of entrepreneurship and involvement in external consultancy activities is actively encouraged and the HEI supports staff to co-operate with industry and other sectors as well as the local community for the purposes of collaborative research, entrepreneurial initiatives and knowledge creation, application or transfer.*
c) *Consistent implementation of consultancy policies and procedures ensures that staff engagement in these activities is managed effectively.*
d) *The HEI defines how any income generated during the consultancy, where applicable, is distributed.*
e) *The HEI's consultancy activities are monitored and reviewed to that ensure their outcome is aligned to its Mission and results in knowledge creation, application or transfer, innovation or entrepreneurial initiatives. Improvements are made where required.*

Criterion 5.5: Intellectual Property

The HEI has a clearly defined policy and process for managing the ownership of intellectual property generated through research, consultancy or other activities in accordance with national laws and regulations. Institutional intellectual property records are maintained to define ownership rights. Robust processes are in place to facilitate innovation and the commercialisation of intellectual property where an opportunity exists to do so. The HEI periodically reviews its approach to managing intellectual property for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI's intellectual property policies clearly define the ownership of intellectual property generated through research, consultancy or other activities by staff or students, including collaborative research with other HEIs or partners.*
b) *Intellectual property policies conform to national laws and regulations and promote innovation.*

c) *Intellectual property policies are readily accessible and effectively communicated to all stakeholders.*
d) *The HEI maintains records of all intellectual property using, for example, a register or portfolio which includes a description of the intellectual property, the owner(s) of the intellectual property rights, any risks associated with the intellectual property and any applicable licensing or commercialisation arrangements.*
e) *Intellectual property which has the potential for innovative commercial exploitation is critically evaluated through input from industry and professional experts.*
f) *The HEI defines and implements processes that support the potential commercialisation of intellectual property generated by staff and students, including the assessment and approval of all legal and contractual arrangements; applications for patents, trademarks and copyrights; financial arrangements (allocation of costs and returns) and the implementation of any marketing schemes used for the commercialisation of research output or projects.*
g) *Disputes regarding the ownership of intellectual property are resolved in accordance with national laws.*
h) *The HEI periodically reviews its intellectual property policy and practice for effectiveness and makes improvements where required.*

Criterion 5.6: Integration of Research and Teaching

The HEI actively encourages and supports the integration and application of research into teaching and learning activities. Appropriate mechanisms are implemented to incorporate relevant research into curriculum development and programme delivery, promote student participation in research activities, and enhance student exposure to research findings. The mechanisms are periodically reviewed for effectiveness.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI demonstrates a commitment to integrating research into teaching and learning activities to foster student understanding of research, and to apply research findings for the purposes of enhancing teaching and learning processes.*
b) *The HEI ensures academic staff members remain actively engaged with current research related to the academic disciplines/fields of study in which they teach.*
c) *The HEI has mechanisms to incorporate relevant research into curriculum development and programme delivery (including research produced by the HEI's academic staff) where appropriate.*
d) *The HEI encourages formal participation by students in all types of research activities, including joint research with academic staff. Students are given recognition for their participation in these activities.*
e) *Research findings are regularly incorporated into course design and delivery to enhance student exposure to research, including through supplementary research articles and readings and research-based assessments.*
f) *The mechanisms used to integrate research with teaching are periodically evaluated for effectiveness and improvements are made where required.*

STANDARD 6: External Engagement

The HEI actively engages and interacts with a range of external stakeholders, including: industry; professional bodies; other education providers; its alumni; and the wider community, in order to establish and maintain impactful and productive relationships with key groups and individuals. The HEI maintains a visible local and international presence, and accurately and truthfully promotes itself and its activities to external stakeholders.

Criterion 6.1: Engagement with Industry

The HEI has a planned approach for its engagement with industry, including employers. Positive formal and informal industry relationships are cultivated to enhance student learning and assessment activities; to identify industry requirements of graduates; to ensure the currency and relevance of programmes and curricula; to secure placement opportunities for students; and to foster collaborative projects and partnerships. The HEI has an effective advisory board with industry representatives which meets regularly and assists the HEI in achieving its Mission. The HEI's engagement with industry is periodically reviewed to ensure it remains fit for purpose.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI actively engages with industry and maintains positive formal and informal relationships with a range of industry stakeholders. The nature of these relationships is defined and the rights and responsibilities of the HEI and the industry partner(s) are clearly described.*
b) *Student learning and assessment are enhanced through industry-based projects, guest speakers from industry, workshops, field trips and other appropriate activities in order to provide students with opportunities to interface with industry during their programme of study.*
c) *The HEI regularly seeks the industry's feedback through formal mechanisms about the employability skills required of graduates, and uses this feedback to inform the design and review of its programmes, learning outcomes and graduate attributes, and to enhance graduate employability prospects.*
d) *The HEI has formal mechanisms to ensure that industry and employer stakeholders are appropriately involved in programme and curriculum development and review activities in order to ensure that these remain current and relevant.*
e) *The HEI establishes formal strategic relationships with a range of industry stakeholders for the purposes of graduate placements and to improve graduate employment rates.*
f) *The HEI actively seeks to collaborate and partner with industry stakeholders on projects with the aim of creating, applying or transferring knowledge and commercialising ideas. There are suitable opportunities for staff to contribute their expertise to collaborative industry projects.*
g) *The HEI has established an effective advisory board which meets regularly and which contributes to initiating, implementing and reviewing relationships with industry.*
h) *The HEI regularly evaluates the effectiveness of its engagement with industry and makes improvements where required.*

Criterion 6.2: Engagement with Professional Bodies

The HEI has a planned approach for building relationships with recognised national and international professional bodies to ensure that professional requirements and standards are integrated into the development and review of its programmes and curricula. Staff and student engagement with relevant professions and professional bodies is encouraged and supported. The HEI periodically reviews its approach to engaging with professional bodies.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has identified appropriate professional bodies for its programmes, where applicable.*
b) *Programmes and courses have been mapped to the standards and requirements of professional bodies and formal recognition, and equivalency or exemptions have been sought and/or secured from professional bodies.*
c) *The HEI monitors changes to professional body requirements and responds appropriately.*

d) The HEI provides professional bodies with an opportunity to formally contribute to the design and review of its programmes.
e) The HEI actively ensures that students become familiar with professional bodies relevant to their field of study.
f) The HEI provides support to students in obtaining professional bodies' memberships, recognition, equivalency, or exemptions whenever applicable.
g) The HEI's staff are familiar with professional bodies and requirements in the areas where they teach, and benefit from continuing professional development opportunities related to professional standards.
h) The HEI actively supports student and staff engagement with professional bodies and standards through different means, including by providing them with financial support for memberships in professional bodies.
i) Engagement with professional bodies is regularly reviewed to evaluate its effectiveness as well as their impact on and value for the programmes and curricula. Improvements are made where required.

Criterion 6.3: Engagement with Education Providers

The HEI has a planned approach for maintaining constructive relationships with other national and/or international education providers for the purposes of networking, sharing resources, benchmarking the HEI's processes and outputs, undertaking joint research, or providing educational links for staff and students. The relationships are aligned with the HEI's Mission, formalised where appropriate, and periodically evaluated for effectiveness.

EXPLANATORY NOTE: *Engagement with education providers refers to all of the HEI's formal and informal relationships (agreements, contracts or Memoranda of Understanding) with other HEIs inside or outside Oman, except those related to interlibrary arrangements (see Criterion 2.5).*

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*
a) The HEI has a proactive and planned approach to establishing, developing and maintaining relationships with other education providers both inside and outside Oman.
b) Relationships with other education providers are aligned with the HEI's Mission and the HEI ensures the providers are recognised and credible.
c) The HEI has clearly defined criteria for selecting education providers with which to engage and they are consistently implemented.
d) The HEI has established formal relationships with other education providers to support activities such as networking, sharing resources, benchmarking, collaborating on research, and establishing student articulation pathways.
e) Official agreements are entered into with other education providers in order to formalize relationships, define the nature of the relationship and specify the intended benefits and outcomes. The agreements are approved by the governing bodies and include provisions for formally evaluating the effectiveness of the relationships.
f) All parties discharge their respective responsibilities and obligations effectively and consistently.
g) Informal relationships with other education providers are also maintained where appropriate.
h) The outcomes of relationships with education providers are reported and monitored to ensure that they are effective and constructive. Improvements are made where required.

Criterion 6.4: Engagement with Alumni

The HEI maintains ongoing relationships with its alumni and has well-defined processes and mechanisms for alumni to participate in and provide input into academic and community engagement activities. An up-to-date alumni database is maintained. Alumni are regularly informed about institutional developments and relevant events and encouraged to take part. The HEI periodically reviews its approach to engagement with alumni to ensure that it is constructive.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*
a) The HEI has a well-defined process and related mechanisms for regularly engaging with alumni to ensure their participation in and input into academic and community engagement activities.

b) *An alumni database or system has been implemented to facilitate and maintain communication with former graduates and is regularly updated to ensure the currency of alumni data (including their contact information and employment status).*
c) *A formal alumni association, chapter (or similar) has been established to facilitate effective engagement and communication with alumni.*
d) *The HEI periodically organizes alumni events such as networking sessions to enable ongoing interaction with alumni and provide opportunities for alumni to foster relationships with each other.*
e) *The HEI ensures alumni are members of institutional and programme-level committees through which they can provide input into the HEI's academic provision (including the design and review of its programmes) and graduate outcomes and attributes.*
f) *The HEI keeps its alumni informed about institutional developments and events through a range of different communication channels, including social media.*
g) *The HEI encourages its alumni to participate in events and regularly visit the campus.*
h) *The mechanisms for and outcomes of the HEI's engagement with its alumni are periodically reviewed to ensure that they are effective and constructive. Improvements are made where required.*

Criterion 6.5: Engagement with the Wider Community

The HEI ensures that its engagement with the wider community in which it operates is well-planned, appropriate to the local context, and has a positive long-term impact. Students and staff are encouraged to participate in community events and the HEI actively contributes to the wider community's overall development. The HEI periodically reviews its approach to engagement with the wider community.

EXPLANATORY NOTE: *The 'wider community' refers to the local and regional geographical area in which the HEI operates its main and any other campuses.*

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI demonstrates a strong commitment to establishing positive relationships with the wider community in keeping with its Mission and relevant plans.*
b) *The HEI develops, implements and supports a range of community initiatives which are appropriate to the local context and will potentially make a long-term impact on it.*
c) *The HEI maintains regular contact with key individuals, groups, institutions and stakeholders in the community.*
d) *Staff and students are encouraged and supported in participating in community events.*
e) *Where appropriate, the HEI shares its resources with the community and hosts community events on its campus.*
f) *The HEI promotes and delivers lifelong learning and continuous education opportunities for the local community and population.*
g) *The HEI regularly participates in local, regional and national charity and/or social campaigns, such as blood donation drives.*
h) *The mechanisms for and outcomes of engagement with the wider community are periodically reviewed to ensure that they are beneficial and fit for purpose. Improvements are made where required.*

Criterion 6.6: Local and International Visibility

The HEI maintains a well-planned visible presence locally and internationally to enhance its external engagement. Robust processes are in place to ensure that the HEI promotes itself accurately and truthfully to external stakeholders including through an up-to-date website and effective use of social media. The HEI aims to strengthen its visibility and impact by engaging in reputation-building activities such as hosting local and/or international conferences and events, maintaining memberships in appropriate international network organisations, or enhancing its position in local and international rankings. The HEI periodically reviews its approach and processes for improving visibility to ensure that they are effective.

Indicators *(Guidelines only, not mandatory. HEIs may have their own benchmarked and justified indicators.)*

a) *The HEI has a well-defined strategy for maintaining a visible local and international presence and engaging in reputation-building activities in order to enhance its external engagement.*
b) *The HEI has clearly defined policies and procedures for managing its website and any social media channels it operates.*
c) *The HEI's public relations and marketing activities meet high ethical standards, comply with relevant laws, rules and regulations, and accurately and truthfully represent the HEI's academic goals, programmes and services to students, prospective students and other external stakeholders.*
d) *The HEI maintains an up-to-date website which contains accurate and transparent information, including information about its institutional classification, programmes, fees, degree-awarding bodies, accreditation status and any external recognition.*
e) *The governing bodies and management ensure the accuracy and currency of all published materials provided in printed form or electronically (via the website or on social media), that inform students and the public about the HEI, its services and activities.*
f) *The HEI regularly informs external stakeholders and the general public about its activities and developments through appropriate channels, including the HEI's website and social media.*
g) *The HEI monitors public views and published media reports about its operations and takes remedial actions, where necessary, to maintain its reputation.*
h) *The HEI organises and hosts local and/or international conferences, seminars and events in order to enhance its profile and promote knowledge-sharing, collaboration and networking.*
i) *The HEI maintains active memberships in relevant international network organisations and associations which are aligned with its Mission in order to build and sustain long-term relationships with similar institutions and promote collaboration with them.*
j) *The HEI monitors its local and international rankings, where applicable, and implements appropriate strategies to enhance its position in ranking tables.*
k) *The HEI periodically reviews its approach and processes for improving its local and international visibility to ensure they remain effective and impactful. Improvements are made where required.*

PART C: METHODS OF ASSESSMENT AND ANALYSIS

4 ADRI

There are many ways in which an HEI can set about self-assessment of its systems, processes and practices. Although the OAAAQA does not formally subscribe to any single approach for doing this, the Authority endorses and actively supports the use of the ADRI method or a similar tool to facilitate a structured and systematic approach to self-assessment by the HEI. While the use of ADRI, or similar model, is recommended for the purposes of self-assessment by HEIs, ADRI is used by the Panel for the external assessment to analyse, review and assess the HEI's performance. This section describes the ADRI method which is used by the Panel and can be used by HEIs.

HEIs in Oman should already be familiar with ADRI as this method was used by HEIs when preparing a Portfolio for Quality Audit and previous ISAAs. Panel Members have also consistently used ADRI as an analytical tool in all EQA review activities. The use of ADRI as a tool for analysis is equally relevant for both HEIs and ISA Panels. ADRI can be used to analyse any aspect of an institution, either applied at the micro level (that is, to specific, well-defined issues often directed by an objective or target) or at the macro level (that is, concerning over-arching systems).

Put simply, ADRI is a four-step cyclical model comprising consideration of Approach, Deployment, Results and Improvement. The ADRI model can be applied to an analysis of any given topic. It is an evidence-based method of determining the elements listed below.

Approach: 'Approach' refers, within the context of ISA, to an HEI's aims in relation to a Criterion, and how it proposes to achieve these aims. In other words, it answers the question 'What results does the HEI intend to achieve and how, theoretically, does it propose to achieve them?'

Deployment: 'Deployment' refers to the way in which the approach is practically carried out. In other words, it answers the question 'Is the intended approach being followed in practice, and if not, why not?'

Results: 'Results' refer to the evidenced outcomes of the approach and deployment and offer indications about how effective they were in achieving the intended aims. In other words, it answers the questions 'Have the intended results been achieved? If so, how can this be evidenced or demonstrated? If they haven't been achieved, what went wrong?'

Improvement: 'Improvement' refers to the way in which an HEI has reviewed the approach and deployment in order to make improvements that may lead to better results. In other words, it answers the question 'Have any reviews been conducted, and if so, have the results been analysed and changes been implemented based on this analysis?'

All aspects of ADRI are important (and continuous improvement is clearly good practice); however, the ISA is primarily focused on results, and the results determine whether or not a Standard has been *Met.* Results are not achieved in a vacuum. They are the outcome of a purposeful and deliberate approach (which includes identifying the intended results), and actions that have been effectively implemented (deployment) in order to achieve those results and sustain them in the long term.

While ADRI provides a robust tool for the analysis of an HEI's performance, ISA Panel Members are reminded that the focus of their deliberations must remain fixed on the requirements of the Criteria and that evidence related to the four elements of ADRI should inform rather than override this. What is important is for the Panel to determine that the Criteria are *Met* as a result of a deliberate effort by the HEI, and that performance is underpinned by systems which give the Panel confidence that the Criteria will continue to be *Met* for the next five-year period, for which accreditation is granted.

4.1 Approach

When analysing the HEI's performance in the ISA, 'the approach' may be thought of as the intentions that the HEI has in relation to each Criterion, or 'statements of intent'. It takes two forms: what the HEI is proposing to do and how it is proposing to do it. Against each Criterion, an HEI should describe its approach at both a strategic and operational level. Approach statements may include:

a) The HEI's Mission and Vision statements.
b) The HEI's Values, and how they are 'lived'.
c) Aims and Goals of the HEI (broadly, what the HEI aims to achieve).
d) Objectives (a more specific definition of intended achievements).
e) Key Performance Indicators and Targets (a measurable expression of objectives).
f) Policies, procedures and by-laws (rules by which the HEI operates).
g) The HEI's plans (identifying objectives).
h) The HEI's organisational structure (including the committee structure).

The approach, or statements of intent, are found in a variety of sources and care should be taken that they are consistent and do not conflict with each other. Typical sources include:

a) The HEI's Strategic Plan and Operational Plans.
b) Key institutional documents such as manuals, handbooks and guidelines.
c) The HEI's Website, Prospectus and/or Catalogue.
d) Budgets detailing the allocation of resources.
e) Minutes of committees or decision-making groups.
f) Job descriptions and terms of reference.
g) Directives issued by senior institutional staff entitled to do so.
h) Less formal correspondence and verbal statements from senior institutional staff.

The HEI should describe the approach taken for each Criterion, or the approach that it is proposing, as the starting point. The HEI then needs to describe the methods by which these intentions are deployed and achieved.

4.2 Deployment

Statements of intent remain exactly that until they are put into effect. The next step is to consider how the approach is deployed. In other words, analysing whether the approach is being carried out as expected. This is sometimes also known as implementation, 'processes' or, simply, the 'do' part of the ADRI cycle.

There are several ways in which the HEI can investigate the deployment of an approach. One of the most effective is to hold discussions with people, such as interviews, focus groups or departmental meetings. The idea is to explore people's 'lived experiences' to see if they align with plans, policies and manuals. Another way of investigating deployment is to check whether resources are in place as planned and are of appropriate quantity and quality. Meeting minutes are a useful means of documenting deployment. Status updates on indicators and targets in various plans can also provide evidence of how an approach was deployed. The HEI needs to provide the Panel with solid and tangible evidence that an approach has been implemented in practice.

4.3 Results

The assessment of the HEI's systems against the Criteria cannot be determined by focusing only on the goals, plans, inputs and processes. There must be an emphasis on what is achieved – that is, on the results. In general, every goal must have a reported result (or multiple results) and, vice versa, 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 have arisen by chance, rather than being deliberate, with no guarantee that the HEI can influence future results and ensure they are sustainable.

Results may be quantitative, qualitative, or both. It is not essential that every result be numerical, although it is essential that every result be measurable. The HEI needs to ensure that an appropriate measure of result has been ascertained for each Criterion. For some goals the results presented may be aggregated from the results of component objectives. This may involve combining various different types of data. Care must be taken to ensure that such results remain valid and reliable. Results are typically documented in reports, summaries and presentations, and discussed in meetings.

4.4 Improvement

Improvement is applicable to all Criteria and all parts of ADRI tend towards improvement. Just as there's no point in having a policy that no staff are aware of or are disregarding, equally, there is no point in gathering information about results that is not subsequently used to enhance or improve student learning or experience. Improvement requires the HEI to provide evidence that processes related to a certain activity are 'effective'. The way the HEI knows whether its approach is effective or not is through review. Without evidence of review, the HEI may not know whether it is effective or not. The OAAAQA has defined 'effective' as 'successful in producing a deliberate and sustainable result that meets all the requirements of the Criteria and Standards'.

An HEI must reflect on its activities in order to make improvements or enhancements to its systems. The 'improvement' dimension can be thought of as the quality enhancement aspect of ADRI. The fundamental assumption underpinning this dimension of ADRI is that an HEI ought to be continually reviewing its activities and looking for ways to be the best it can be. Targets should be recalibrated periodically; processes should become more efficient and more effective over time; and results should indicate increasing success. This requires a comprehensive system of review and action – not just an *ad hoc* consideration of results. All reviews should be documented, and improvements made must be communicated to the relevant stakeholders.

5 Types of Evidence and Data Analysis

The ratings given to Standards and Criteria in the ISA Report are not based on whether the evidence is incontrovertible, but on the professional judgements of peers (ISA Panel Members) through careful consideration of all the available evidence presented in the MMs and SMs and obtained in interviews. ISA does not assume that there is a single correct way in which a system should be implemented or that there is only a single correct interpretation of an organisational situation. Instead, it prompts the Panel to reach evidence-based conclusions that are authoritative and support the ratings given to the Standards and Criteria. To achieve that goal, it is helpful to consider the wide range of evidence and tools for collecting, analysing and interpreting evidence. This Manual does not intend to be fully comprehensive on these topics but presents some guidance for those involved in ISA.

5.1 Using Statistics

One of the most powerful means for communicating information about the HEI's performance is through the use of statistics. The OAAAQA offers the following advice about presenting and interpreting statistics by HEIs in their ISAA:

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

b) Statistics should be presented as trends across five years where possible as trends are obviously more reliable than single snapshots of data that may have been influenced by outlying, or non-typical, circumstances.
c) Where possible, ratios or percentages should be used instead of raw numbers as the latter are difficult to interpret.
d) The HEI should be prepared to defend the accuracy, validity and reliability of any statistics in the ISAA.

5.2 Date Stamping Evidence

Many forms of evidence are dynamic in that they may change over time. Point-in-time assessment can therefore be challenging because the evidence may change even during the course of the ISA Panel's deliberations, meaning that findings can be disproved. It is essential, therefore, that techniques are used for confirming the date (and, sometimes, the time) when the evidence was collected. There are several techniques for this collectively known as 'date stamping'.

The form of evidence most at risk of changing during the ISA is that gathered from websites and other online items. If a Panel Member finds a website that is used as reference material for a finding in the ISA Report, then this may be saved as a 'screenshot' image or similar. These electronic file formats should automatically include a date stamp in the document footer. It is conventional to refer to 'date accessed' for all material referred to on the internet.

Verbal comments made during interviews are also prone to change or become mistaken memories. Accurate and comprehensive notes are therefore taken at the time of the Visit, generally by the RD although all Panel Members maintain their own notes and records. The HEI has an opportunity to correct (in *ISA Report v5*) any factual errors that may occur during this process.

5.3 Evaluating New Processes

HEIs ought to be committed to making improvements with or without ISA but inevitably there is a human tendency to be more motivated to address problems just before the ISA occurs. While the OAAAQA is supportive of an HEI using the ISA to gain additional momentum for its improvement efforts, it nonetheless recognises that this may have consequences. One such consequence is the temptation by an HEI to present new approaches, systems and procedures as standard practice when in fact they have been newly introduced and are yet to be tested through time and experience. This practice (commonly referred to as the 'wet paint syndrome') is problematic as a Panel may regard it as misleading and outside the spirit of collaboration that underpins the quality assurance process.

Where HEIs are transparent about new approaches, systems and procedures, a Panel may not reach positive conclusions about deployment or subsequent results, as these may not yet have come into effect. Nonetheless, they may be more likely to be highly positive regarding approach and improvement. Furthermore, an HEI that acts upon identified opportunities for improvement demonstrates quality management in practice.

Where the Panel evaluates newly introduced systems or processes that have yet to yield deliberate or sustainable results, the related Criterion is likely to be rated *Partially Met*. This rating reflects, in the professional judgement of the Panel, that a new system or process appears to be appropriate and capable of achieving the HEI's intended results at a later date.

6 Assessing the Credibility of Evidence

Conclusions are not reached based on single items of evidence. Most issues are complex and arriving at a defensible conclusion involves comprehensive consideration of the issue.

Two strategies for evaluating the reliability and credibility of the evidence presented and achieving defensible conclusions are saturation and triangulation.

6.1 Saturation

Saturation is used to show that an issue is systematic, systemic, or endemic. A staff member who expresses satisfaction to the Panel about professional development opportunities at the HEI, for example, does not constitute evidence that the majority of staff are satisfied with the professional development opportunities available to them. Saturation is a method whereby a Panel explores an issue until no new information about it comes to light. During the ISA Visit, this is achieved by asking the same (or similar) questions to 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. If an HEI claims, for example, that all classrooms have fixed data projectors, but the Panel discovers that one does not, then the HEI's claim has been disproved. To gauge whether the exception is of importance, the Panel is likely to seek as much corroborating evidence as possible to have greater confidence in the importance of the findings.

6.2 Triangulation

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

a) Multiple original sources of data (such as students, staff, management, external stakeholders, authoritative references and benchmarks).
b) Multiple methods of data collection (such as surveys, interviews, observations, internal documents, literature and statistics).
c) Different types of data (such as objective and subjective).

By using a combination of the above, it is generally possible for a Panel to establish the appropriateness of a conclusion and any corresponding rating. Evidence that is cited from the ISAA alone is likely to be called out during moderation. While the ISAA is an essential form of information sharing, it is not a given that all the information therein is valid. Panel Members are therefore required to verify this information through triangulation. Panel Members may use the ISAA to some extent at face value, albeit informed by the evidence, but they will check that the information is accurate through triangulation during the ISA Visit.

7 Reaching Conclusions

The Panel must work towards consensus, but not necessarily unanimous agreement, on key findings and the Criteria and Standards' ratings (see Part D). In all cases, decisions regarding whether a Criterion has been *Met*, *Partially Met* or *Not Met* must be based on evidence and an HEI must ensure evidence is provided to support all claims made in the ISAA. Different types of evidence, both objective and subjective in nature, are considered to support decisions about ratings. Lack of data forthcoming from the HEI does not necessarily suggest incomplete analysis by the Panel. It is incumbent on a Panel, however, to request any additional evidence that is required to arrive at a carefully considered rating. In cases where the HEI may be unable or unwilling to provide the type of data needed to demonstrate that all requirements of a Criteria have been *Met,* Panel Members must interpret the lack of evidence as they see fit. When rating each Criterion, a Panel must understand the characteristics of provision or practice associated with each rating as the key reference point for determining ratings against the Criteria. Once all Criteria have been rated, the Standard rating and Accreditation Outcome are automatically calculated.

PART D: INSTITUTIONAL ACCREDITATION OUTCOME AND RATING AGAINST STANDARDS AND CRITERIA

8 Institutional Standards Ratings

Institutional Accreditation Outcomes are based on ratings given by the ISA Panel to each of the six Standards. Standard ratings, in turn, are based on the ratings given to each Criterion. A single rating scale is used by all ISA (and ISR) Panels and for all ISA (and ISR) reviews HEIs contribute to the rating process during their self-assessment by self-rating each Criterion in the ISAA. Details on the self-assessment and the preparation of the ISAA are provided later in this Manual (see Part E). In a multi-campus submission, both the HEI and the ISA Panel rate the institution as a single entity, based on a review of the different campuses. Separate ratings for each campus are not given. The following sections describe the mechanisms used for rating Criteria and Standards and provide an interpretation of the possible Institutional Accreditation Outcomes.

8.1 Criteria Ratings

Both the HEI and the ISA Panel are required to rate every Criterion using the same rating scale. As part of the self-assessment, the HEI is encouraged to assess itself critically against all Criteria in its ISAA. The ISA Panel rates the HEI after the on-site ISA Visit based on the evidence collected against the requirements set out in the ISA Criteria (see Part B). The Criteria ratings in turn determine the Standard ratings and the overall Institutional Accreditation Outcome. Table 5 shows the rating scale used to assess performance against a Criterion.

Table 5: Criterion Ratings

Description	Rating
• Provision or practice consistently meets all the applicable requirements of the Criterion most of the time*. • Results against the Criterion are achieved through a deliberate approach and are sustainable. • Performance is satisfactory.	***Met***
• Provision or practice does not consistently meet all the applicable requirements of the Criterion most of the time. • The HEI has failed to demonstrate its ability to meet all the applicable requirements of the Criterion. • Performance is unsatisfactory.	***Not Met***
• Provision or practice does not meet all the applicable requirements of the Criterion most of the time, but the HEI has demonstrated an appropriate commitment to and capacity for ensuring it meets all the applicable requirements of the Criterion within one year. • Performance is expected to be satisfactory within one year and for the remainder of the accreditation cycle.	***Partially Met***
** Meeting the requirements of the Criterion most of the time does not mean meeting the requirements in most of the departments of a college or meeting them in most colleges of a university (and so forth). It means that the requirements are met consistently and systematically over time, except in some instances due to extenuating circumstances.*	

A ***Met*** rating means that ***all*** the applicable requirements of the Criterion are being met most of the time. Overall, results are ***deliberate*** in that they have been planned and executed as planned, and ***sustainable*** in that the performance levels are likely to be maintained for the duration of the accreditation period. A rating of *Met* is indicative of practice that meets international norms and expectations.

If an HEI has not met all the requirements of the Criterion most of the time, and performance is unsatisfactory, a ***Not Met*** rating is awarded for the Criterion. There is insufficient or

inadequate evidence to demonstrate that the HEI has the ability and the deliberate and sustainable systems in place to meet the applicable requirements of the Criterion.

However, if the HEI can demonstrate a *material* commitment and capacity to fully meet all the Criterion requirements within one year of the Institutional Accreditation Outcome, the ***Not Met*** *rating* may be revised to a ***Partially Met*** rating for the Criterion. Stating that the HEI 'plans' or 'intends' to address requirements that it has not met, is not sufficient; for a rating of *Partially Met* to be given, the HEI must provide evidence and give the ISA Panel confidence that it has most of the requirements in place (for example, policies and successful deployment of the approach) but the HEI still needs well-defined time or effort (for example, to review findings from deployment and act on them) to ensure the effectiveness of its systems. The *Partially Met* rating allows the Panel to positively acknowledge the efforts made by the HEI to identify and address opportunities for improvement.

8.2 Standards Ratings

Criteria ratings determine the overall Standard rating. The Standard ratings are aligned with Criteria ratings. Therefore, a Standard can be rated only as *Met* or *Not Met*. There is no *Partially Met* rating for Standards. In order for a Standard to be rated *Met*, no more than two of the Criteria are rated *Partially Met,* and none of the Criteria is rated *Not Met*. A *Met* Standard rating means that the HEI meets the requirements of all the Criteria in the Standard, or meets all the Criteria except for up to two Criteria, which are deemed to be *Partially Met*, with clear evidence that the HEI demonstrates commitment to meeting these Criteria within one year. If more than two Criteria in the Standard are rated *Partially Met*, or one or more Criteria are rated *Not Met*, then the Standard is rated as *Not Met*. Table 6 shows the Standard ratings and descriptors.

Table 6: Standard Ratings

Description	Rating
No more than two Criteria are rated *Partially Met*, and no Criterion is rated *Not Met*. The HEI either meets the requirements of all the Criteria within the Standard, or meets all the Criteria except for *up to two Criteria* which are Partially Met.	***Met***
More than two Criteria are rated *Partially Met* or one Criterion or more is rated *Not Met*. The HEI does not meet the requirements of one or more of the Criteria within the Standard and/or partially meets more than two Criteria.	***Not Met***

8.3 Institutional Accreditation Outcomes

Standard ratings determine the Institutional Accreditation Outcome. **All** Standards must be rated *Met* in order for the HEI to be *Accredited*. An HEI is given a *Conditionally Accredited* outcome if only one Standard is rated *Not Met*. If two or more Standards are rated *Not Met*, the HEI is placed *On Probation*. HEIs which are *Conditionally Accredited* or *On Probation* are required to undergo ISR (see Section 1.2). If after the second ISR attempt, the HEI still does not meet all of the Standards, the Institutional Accreditation process is terminated, and the HEI is given the status of *Not Accredited*. Table 7 shows the Institutional Accreditation Outcomes.

Table 7: Institutional Accreditation Outcomes	
Standards Ratings	**Accreditation Outcome**
All Standards are rated *Met* The HEI meets all the national Institutional Standards.	*Accredited*
One Standard is rated *Not Met* The HEI does not meet one of the national Institutional Standards. The HEI undergoes ISR after a defined period of *Conditional Accreditation* of up to one year.	*Conditionally Accredited*
Two or more Standards are rated *Not Met* The HEI does not meet two or more of the national Institutional Standards. The HEI undergoes ISR after a defined period *On Probation* of up to one year.	*On Probation*
One or more Standards are rated *Not Met* following ISR The HEI has failed to demonstrate that it meets the national Institutional Standards. The HEI has already completed one or more periods of *Conditional Accreditation* and/or *On Probation* and undergone Institutional Standards Reassessment at least once.	*Not Accredited*

8.4 Communication of Accreditation Outcome

The Accreditation Outcome is published on the OAAAQA website together with the ratings for all Standards and all Criteria. The HEI's supervising Ministry or entity may be notified (where applicable) of the final outcome and the final ISA (or ISR) report is sent to the Cabinet.

8.5 ISR Deadline

HEIs which are *Conditionally Accredited* or *On Probation* must undergo ISR. The length of time given to the HEI to prepare for the ISR depends on the number of Standards that are rated *Not Met* and the amount of time that the ISA Panel considers is required for the HEI to meet the Standards. It must not exceed one year after the Institutional Accreditation Outcome has been endorsed by the OAAAQA Board. The deadline for submitting an ISR Application is approved by the OAAAQA CEO and endorsed by the OAAAQA Board. If, after ISR, one or more Standards have again not been *Met* but good progress has been made, the HEI is given an additional period of up to one year to undergo a second ISR. However, if insufficient progress has been shown after the first ISR, the OAAAQA reserves the right to terminate the ISA, give the HEI *Not Accredited* status, and advise the Cabinet and the HEI's supervising Ministry or entity (if applicable). While the same ISA Standards, Criteria and activities described in this Manual apply to the ISR, additional information about the ISR is available on the OAAAQA website.

PART E: THE SELF-ASSESSMENT AND THE ISA APPLICATION

9 The Self-Assessment

The ISA begins with the HEI conducting a self-assessment of its performance against the national institutional Standards. The outcome of the self-assessment is presented in the form of the ISA Application (ISAA) which is submitted to the OAAAQA. The submission of the ISAA triggers the formal commencement of the 28-week ISA process (see Table 3). The following sections provide guidance to the HEI on how to undertake a self-assessment and detail the ISAA submission requirements.

9.1 Self-Assessment Principles

Self-assessment is the process of reviewing the quality of one's own performance and provision against an established set of standards. In the context of higher education quality, the term is often used interchangeably with 'self-evaluation' and 'self-study'. Self-assessment is based on the principle that the primary responsibility for the management of academic standards and quality rests with the HEI, and with the HEI's staff within their academic units and support services. In order to meet that primary responsibility, HEI staff must understand the concept of self-assessment and be able to undertake self-assessment activity successfully. It is expected that the HEI's self-assessment and the production of the ISAA are undertaken primarily by a dedicated team led by the quality assurance unit and comprising key members of the HEI's staff.

Self-assessment involves the use of qualitative and quantitative evidence, the analysis of that evidence, and the evaluation of the institution arising from that analysis. HEIs are encouraged to use ADRI in the self-assessment (see Part C) and are expected to provide evidence to show the effectiveness of the systems that are in place to ensure that the national institutional Standards are met. Results are important in evaluating whether a Standard has been *Met* or *Not Met* and must be the result of *deliberate* plans or actions; equally, the presentation of evidence of the *sustainability* of the system underpinning the results is critical to the process. The sustainability of the system is demonstrated through a review of the results and the subsequent improvements to the system.

9.2 Development of the ISAA through Self-Assessment

There are many ways in which an HEI may manage the self-assessment to prepare the ISAA. The OAAAQA does not dictate a specific approach. However, the HEI must recognise that self-assessment is a comprehensive process that requires considerable time and resources. It may be helpful to think about the self-assessment as the 'process' and the ISAA as the 'product'. Relevant to both process and product is the gathering and use of evidence, and it is expected that both the self-assessment and the ISAA are *evidence-based* to clearly demonstrate how the requirements of each Criterion are met. A significant amount of time during the self-assessment is spent on gathering, documenting and labelling evidence, in addition to writing up the findings for each Criterion. To do this effectively and efficiently, the HEI should adopt a project management approach which ensures that the ISAA is thorough and completed on time.

HEIs may find the following guidelines useful as it undertakes the self-assessment and prepares the ISAA. These guidelines constitute advice only, and HEIs may choose to follow some of it or a different project management approach altogether. The guidelines are organised according to the stages of the self-assessment process.

9.2.1 Stage 1: Creating the Self-Assessment Team and Schedule

a) Establish a project or steering group (the 'Self-Assessment Team') to manage the development of the ISAA, or utilise an existing group, such as the institutional quality committee. The size of the team may vary; however, at least two team members may be

allocated responsibility for each Standard. The Self-Assessment Team should not operate in a vacuum but should draw on the assistance of other staff where appropriate. It is important, therefore, to communicate information about the Team and its purpose to the whole HEI community.

b) While preparing the ISAA should involve staff members with the appropriate knowledge and expertise to carry out the task, it should not become the exclusive responsibility of only one or two individuals. Although tempting, the relegation of responsibility for the preparation of the ISAA only to the quality assurance unit, or to an external consultant, is likely to be unsustainable given the comprehensive and diverse nature of the Standards and Criteria. More importantly, it is likely to be a less accurate depiction of the institution's performance than a self-assessment carried out by a diverse team of staff. Furthermore, assigning responsibility for the ISAA to the quality assurance unit may hinder capacity building within the HEI by limiting the opportunities of other HEI staff to learn about the ISA process and master the skills needed to conduct a reflective self-assessment.
c) Ensure senior leadership of the self-assessment. The process should be championed by the very highest levels of the HEI, and a senior leader should chair the Self-Assessment Team and oversee the development of the ISAA.
d) Allocate the project into manageable tasks to members of the Self-Assessment Team (or form smaller working groups) and make it clear from the outset who is responsible for gathering evidence for each Criterion and Standard, and who is responsible for collating and drafting the ISAA. The Team members who will draft the ISAA are responsible for bringing all the sections together into a coherent Application and ensuring consistency in style, tone and presentation. Therefore, it is important to select individuals with good writing, editing and formatting skills for this task.
e) Plan for the extra workload on the staff developing the ISAA and give them the necessary resources (time, information and authority) to undertake their tasks effectively.
f) Ensure that all the members of the Self-Assessment Team are familiar with this Manual and related documents, including the ISAA template.
g) Determine the timeframe for the development of the ISAA; working back from the confirmed ISAA submission date, allow adequate time for drafting and consultation, and set milestone dates from the outset. Allow at least six months to complete the self-assessment activity.
h) Assign one Team member to monitor the schedule as the self-assessment progresses, to ensure that the deadlines are met and the milestones are reached.
i) Prepare a Team meeting schedule to enable regular communication and manage risks or issues if they should arise.

9.2.2 Stage 2: Undertaking the Self-Assessment

a) Train all the staff involved in ISA in an appropriate assessment method. The OAAAQA supports ADRI as a tool for analysis and encourages HEIs to adopt the same approach (see Part C).
b) Be thorough. There is a large amount of information to be collected, analysed, interpreted and reported in order to have an effective *evidence-based* approach to self-rating each Criterion.
c) Apply the ADRI method when collecting evidence to support the self-rating of each Criterion. Evidence is needed to demonstrate the HEI's approach in a specific area, as well as how that approach is deployed in practice. Evidence of the results of the deployment should be collected, in addition to evidence of improvements that have been made in the area in recent years, including reviews of systems, processes and practices.
d) Examine the Indicators provided under each Criterion to develop a clear understanding of what is expected in terms of evidence.
e) Collect a range of different evidence related to the requirements of each Criterion. Utilise existing internal reference points, such as the HEI's previous ISA Report (and any ISR Reports), internal quality or other reports, plans, survey results, forms, meeting minutes,

samples of student work, etc. Be mindful of the evidence limit that is imposed (see Section 9.4).

f) Be selective about the evidence that is submitted with the ISAA. It should be appropriate to the requirements of the Criterion, valid, recent and reliable. Submitting lots of evidence does not necessarily result in a successful outcome. Avoid making impressive claims which usually require impressive evidence.

g) Document and label (number) every piece of evidence and maintain a single register of all evidence referenced in the ISAA. Two types of evidence are expected: Mandatory Materials (MMs), which *must* be provided with the ISAA and are indicated under each Criterion in the ISAA template, and Supplementary Materials (SMs), which are at the discretion of the HEI but must be relevant. More information about MMs and SMs can be found in Section 9.4.

h) Monitor and 'cleanse' the evidence list to ensure that there are no duplicates (a piece of evidence submitted more than once under different labels/numbers) and that all the evidence is relevant. Since there is a limit on evidence (MMs and SMs) that can be submitted with the ISAA, it is critical to ensure that only relevant evidence is submitted and only once.

i) Consult a range of internal (e.g., academic staff, support services and administrative staff, students) and external (e.g., employers, alumni, partners) stakeholders throughout the self-assessment process, depending on the requirements of a Criterion. This involvement helps develop a sense of ownership of the ISAA that ensures a more accurate reflection of the staff and student experience.

j) Keep records and notes of information and evidence related to each Criterion and Standard to facilitate the collation and preparation of the ISAA.

9.2.3 Stage 3: Preparing the ISA Application

a) Write up the findings and outcomes of the self-assessment in a draft ISAA, with Team members submitting their individual sections to the individual(s) responsible for drafting the ISAA. The write-up of each Criterion should follow the ADRI format and begin with a description of the HEI's approach, followed by a description of how the approach is deployed, an analysis of the results or outcomes of the deployment, and finally an account of the improvements that were made to the system, process or practice based on the results.

b) Ensure that every Criterion and Standard is given a self-rating (see Part E). The self-rating must be justified in the commentary (which is limited to 500 words per Criterion) and MMs and SMs should be provided as evidence to support the justification. The commentary for each Criterion should be evaluative and not just descriptive, and clearly demonstrate that results are *deliberate* and *sustainable*.

c) The Self-Assessment Team should review the draft ISAA and identify opportunities for improvement, including any gaps in the write up of the ADRI method, any missing evidence, and any contradictions between Criteria. The latter is of particular importance because of the range of individuals involved in the self-assessment and the preparation of the ISAA.

d) Circulate the ISAA drafts to other relevant stakeholders who are not on the Self-Assessment Team for their objective and independent feedback and comments to ensure that it is an honest and accurate reflection of how the HEI is performing.

e) Have a clear procedure for responding to feedback on the draft ISAA from the Self-Assessment Team and other stakeholders.

f) Check the ISAA, MMs and SMs carefully for plagiarism. Any plagiarism detected by the OAAAQA in the submission results automatically in the HEI being placed *On Probation*. Any attempt deemed deliberate to defraud the process may result in the ISA being terminated. More information can be found in the OAAAQA *Policy on Academic Integrity in External Quality Assurance Submissions and Other Related Documents*.

g) Once the ISAA content has been finalised, ensure that it is professionally edited to a high standard and checked for spelling and typing errors. It should be noted, however, that

outsourcing the writing of the ISAA is inadvisable as it is no substitute (nor guarantee of outcome) for generating this important document internally. A final verification of all the evidence should also be undertaken at this stage. All the MMs and SMs submitted *must* be referenced in the ISAA.

h) Approval from the governing body should be sought before the ISAA is submitted to the OAAAQA by the agreed deadline.

9.3 The ISA Application Template

The ISAA template can be downloaded from the OAAAQA website. The template specifies the format and word limits required, along with the list of Mandatory Materials to be submitted as evidence. It consists of ten sections. Eight of the ten sections must be completed and submitted by the HEI, while two sections (Sections 1 and 4) have been included for information purposes. A description of and the requirements for completing each section are detailed below. The ISAA should be written in the main language of instruction at the HEI and must be professionally edited and presented. This reduces any misunderstandings or potential problems that may arise and ensure that the information in the ISAA is accurate, consistent and understandable.

9.3.1 Section 1: Overview of the ISA Process

This section provides a brief overview of the ISA process. It is included in the ISAA template for information purposes only.

9.3.2 Section 2: HEI Declaration and Designated Contact Person

This section contains the declaration by the HEI which must be signed by the HEI's most senior representative. The declaration states that the information contained in the ISAA is complete and accurate and the that HEI adheres to all applicable laws and regulations. The HEI also declares that the preparation of the ISAA conformed to all protocols set out in this Manual and that it was produced through a process of self-assessment using ADRI or a similar method. Finally, the declaration states that the ISAA and all evidence submitted is free of plagiarism.

The HEI's representative must also nominate a designated Contact Person for the ISA. The Contact Person liaises with the Review Director (RD) appointed by the OAAAQA on all matters related to the ISA. These two individuals form a *single communication channel* between the HEI and the OAAAQA. No other staff members from the HEI should be included on any correspondence between the Contact Person and the RD. This 'single point of contact' approach simplifies and speeds up communication and co-ordination processes and reduces the risks of miscommunication.

The designated Contact Person needs to be someone with sufficient seniority at the HEI to direct and co-ordinate the ISA process. A head or senior member of the quality assurance unit (or similar) would be a suitable person to act as the Contact Person but it should not be the HEI's most senior academic post holder (such as the Vice-Chancellor or Dean) due to the demanding nature of their role at the HEI.

No communication about the ISA is permitted between the HEI (including its governing body, staff, students or external stakeholders) and any member of the ISA Panel or the OAAAQA Board until the ISA is completed. The only exceptions to this rule relate to formal communications between the Chairperson of the HEI and the Chairperson of the OAAAQA Board or the OAAAQA Chief Executive Officer. 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 ISA (see Section 19.1).

9.3.3 Section 3: List of Abbreviations

In this section, HEIs provide a list of abbreviations used in the ISAA and indicate what they stand for. A sample of key abbreviations typically used in ISAAs has been provided in the template. An HEI may use all or some of these sample abbreviations or delete and modify them as appropriate. Additional abbreviations unique to the HEI should be added and the final list should be sorted into alphabetical order. HEIs must verify that all the abbreviations used in the ISAA are included in the list in this section of the Application (Section 3).

9.3.4 Section 4: Glossary of Terms

This section contains a glossary of the terms that are mentioned in the ISAA template. The HEI must also use the same terms in its ISAA commentary under each Criterion wherever possible to avoid misunderstandings. If the HEI uses terms other than those specified in the glossary to refer to a specific concept, this should be clearly explained in the relevant section of the commentary under the Criterion (or Criteria). The existing glossary should not be modified by the HEI, however, where required, the HEI may include additional terms in the glossary which are commonly used at the institution.

9.3.5 Section 5: Overview of the HEI

This section consists of a table which the HEI completes by providing the required information. All the information should be current *as of the date of the ISAA submission*. The purpose of this information is to give the Panel an introductory overview of the HEI, contextualise the HEI and its operations, and provide key institutional data which informs the external assessment. The use of a single table for this purpose also standardises the data reported by every HEI and ensures that it is complete, reducing the need for the HEI to provide additional information prior to and during the ISA Visit. The information presented in this Section is not assessed or rated but may be used by the ISA Panel to inform the ratings of specific Criteria where applicable.

The table consists of the following parts: HEI name and contact information; HEI profile; academic programmes; academic provision; students and graduates; staff (academic and non-academic); and resources and facilities (library and learning resources, information and educational technology resources, teaching and other facilities). HEIs should refer to the glossary provided in Section 4 of the ISAA when completing the table.

9.3.6 Section 6: HEI Background Information

This section allows the HEI to provide the Panel with any other relevant information about its operations which has not been covered in Section 5. This includes any relevant historical information about the HEI which the Panel should be aware of (e.g., mergers with other HEIs or closures of campuses). Any current circumstances that require the Panel's attention should also be included (e.g., building a new campus in another location), as well as any future goals and plans relevant to the ISA (e.g., new affiliates). HEIs may also use this section to detail any special characteristics about their institution or student body. Section 6 should *not* be used to provide a general description of the HEI since this information has already been provided in the previous section (Section 5) through key institutional data. The word limit for the text in this section is 500 words.

9.3.7 Section 7: Self-Assessment against Standards 1 to 6

This section constitutes the main part of the ISAA. The HEI is required to rate its own performance against each of the Standards and Criteria using the rating scales presented in Table 5 and Table 6, and provide a commentary under each Criterion to justify the self-rating, and explain how the HEI meets the requirements of the Criterion using the ADRI (or similar)

method of analysis. A commentary for the Standard rating is not required. The Criterion commentary is limited to 500 words and should be succinct, relevant and focused on the evaluation of the outcomes, instead of descriptions of processes. There should be no duplicate commentary across different Criteria, and, where necessary, cross-referencing should be used instead. The commentary should include references to relevant evidence (MMs and SMs) to justify how the Criterion requirements are being met. For more information about the evidence expected to be submitted with the ISAA, please refer to Section 9.4. The ISAA may also make good use of diagrams, tables, figures and charts in the commentary to display evidence visually where this would be beneficial to the Panel's understanding.

9.3.8 Section 8: List of All Mandatory Materials Submitted

This section contains a checklist of all the Mandatory Materials (MMs) which must be submitted with the ISAA as evidence. The checklist should be used by the HEI to verify and confirm that *all* the MMs have been submitted.

9.3.9 Section 9: List of All Supplementary Materials Submitted

This section includes a table in which the HEI should list all the Supplementary Materials (SMs) that have been submitted with the ISAA. The SMs should be listed in the order in which they appear in the ISAA commentary. The HEI may add as many more rows to the table as required. The total number of Supplementary Materials must not exceed *450*.

9.3.10 Section 10: Institutional Data

This section requires the HEI to provide three types of longitudinal institutional data which are relevant to the ISA review. These include student enrolment data, academic staff data, and non-academic staff data for the current academic year and the previous five academic years. The data presented in Section 10 for the current academic year must be consistent with the data presented in Section 5 of the ISAA.

9.4 ISAA Evidence

All ISAAs must be supported with evidence which is to be submitted concurrently with the Application. The evidence presented by the HEI must clearly demonstrate to the ISA Panel how the institution meets the requirements of a Criterion. The ISA Panel uses the evidence submitted to verify claims made in the ISAA commentary, facilitate their (the Panel's) understanding of the HEI, and ensure that established and well-understood systems, processes and practices are in place at the HEI. There are two types of evidence to be provided: Mandatory Materials (MMs) and Supplementary Materials (SMs) as shown in Figure 3. They are described in more detail in subsequent sections.

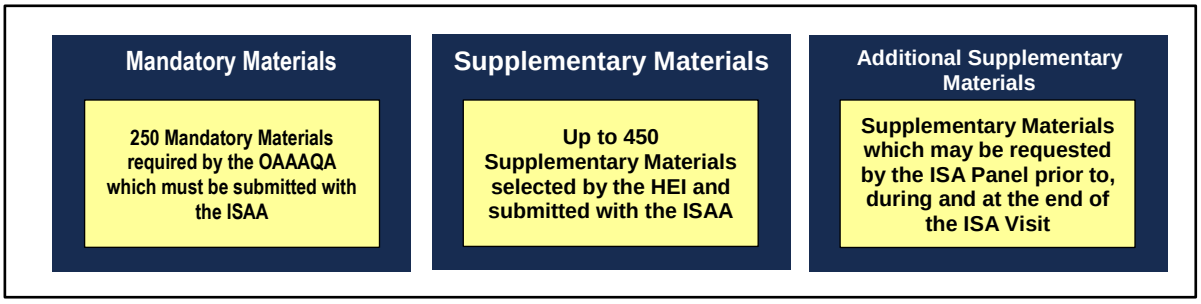

Figure 3: ISA Types of Evidence

Evidence can take different forms and formats. Most evidence is made up of documents such as policies and procedures, manuals, plans, reports, surveys, samples of student work, forms, meeting minutes and other institutional documents. Evidence can also include photographs or videos, where applicable. In all cases, the HEI should submit the most recent evidence available, unless a specific timeframe is indicated in the MMs or by the Panel. It is also important to include evidence of an approach that has been put into practice. For example, the Panel expects to see completed forms rather than empty templates; survey result summaries or reports rather than blank surveys; and action plans with actual deadlines, responsibilities and status updates on actions taken. Finally, the Panel expects to receive actual institutional documents and information which already exists in the HEI, rather than evidence that has been developed specifically for the purpose of the ISA. The only exception is if the Panel requests particular information in a certain format (e.g., a summary) which the HEI does not typically employ or maintain. In this instance, the HEI may prepare the information and submit it as evidence, clearly indicating that it was generated at the Panel's request.

When deciding which evidence to submit, an HEI should be selective, ensuring that all evidence is valid, accurate, relevant to the Criterion, and the claims being made are open to triangulation. Submitting too much evidence of an unfocused nature may obscure the relevant materials and is likely to over-burden the ISA Panel with documentation that is non-productive or not significant. The quality of the evidence is more important than the quantity of documents submitted. To further reinforce this principle, the ISAA template restricts the total evidence which can be provided by the HEI to a maximum of 700. This includes 250 MMs which must be submitted, leaving the HEI with 450 SMs that can be selected for inclusion. The limit placed on the number of MMs and SMs is also intended to discourage HEIs from submitting the same evidence multiple times using a different numbering label. The OAAAQA may review the evidence limit for multiple-campus HEIs.

All evidence must be referenced in the Criteria commentaries in parentheses (e.g. (MM24) or (SM8)) and hyperlinked to the original electronic file. The Panel should be able to click on an MM or SM referenced in a particular Criterion commentary and view the evidence. Evidence which contains confidential or personal information (e.g., staff performance appraisals, disciplinary outcomes, student records, or similar) can be anonymised. Any MMs or SMs which cannot be accessed or opened due to technical issues with the file are disregarded by the Panel. Therefore, it is important that the HEI verifies the ease of access to every MM and SM prior to the ISAA submission. At the same time, the HEI should verify that all the MMs and SMs submitted have been referenced in the ISAA commentary. It is not the responsibility of the Panel to determine which Criterion an MM or SM refers to if it is submitted with the ISAA but not referenced in the commentary.

The HEI is responsible for ensuring that all evidence is made available in the language of the ISA wherever possible. Where this is not possible, a brief synopsis of the content should be given in the language of the ISA. An HEI should be aware that it is neither the responsibility of OAAAQA to provide translation services for any ISAA submission, nor the role of bi-lingual ISA Panel Members to spend time translating MMs or SMs for their fellow reviewers.

9.4.1 Mandatory Materials (MMs)

Mandatory Materials (MMs) are materials (evidence) which *must* be provided by the HEI and presented in a format of its choosing (e.g. as text or in tables) provided the required information is submitted. A number of MMs has been specified in the ISAA template under each Criterion, and the full list is available in Section 8 of the ISAA. It is important to note, however, that only submitting the required MMs is *not* sufficient to demonstrate that the Criterion requirements have been *Met*. While MMs constitute mandatory evidence to be submitted, they must be supplemented with Supplementary Materials (see Section 9.4.2).

Every MM is numbered and indexed (MM1 to MM250) and includes a clear description of what must be provided. Generally, HEIs must submit data indicated in an MM for a period of five years which represents the timeframe between the current and previous accreditations. If data for five years is not available, the HEI must explain the reasons for this in the ISA Application under the affected Criterion. The same MM may be referenced under multiple Criteria and can also be referenced by the HEI even if it is not indicated specifically as an MM under a Criterion. For example, MM26 and MM33 are relevant to a number of different Criteria.

If an HEI does not have a required MM available, it needs to indicate 'Not Available' in the list of MMs submitted with the ISAA. A Supplementary Material (SM) may be submitted *in lieu* of the unavailable MM but without a corresponding increase in the permitted SM limit. In other words, the MM being replaced by an SM is counted within the imposed SM limit of 450. In some cases, an HEI may submit the incorrect information for an MM and if this does occur, the correct MM will need to be submitted along with any other additional SMs requested by the Panel.

9.4.2 Supplementary Materials (SMs)

In addition to 250 MMs, HEIs may submit up to 450 Supplementary Materials (SMs) as additional evidence to justify claims made in the Criteria commentaries. The SMs chosen for this purpose must be relevant and appropriate. The Indicators under each Criterion may be used by the HEI as a guide as to what constitutes appropriate supplementary evidence.

If the Panel is unable to verify a claim through the MMs and SMs submitted with the ISAA, a request may be made for additional SMs. These SMs are generally identified during the preliminary review of materials by the ISA Panel. A list of these additional SMs is forwarded to the HEI prior to the Planning Visit. The additional SMs must then be provided by the HEI before the end of the Planning Visit (see Sections 15.4.1 and 15.5). Requests for more additional SMs may also be made by the Panel during the ISA Visit. In this instance, the HEI is notified at the end of the ISA Visit and given up to seven days after the Visit to supply the additional SMs. It is important to note that any additional SMs requested by the Panel at the end of the ISA Visit must have existed at the HEI before the last day of the ISA Visit. Documents created after the end of the ISA Visit will not be accepted as SMs.

9.4.3 Technical Requirements for Submitting MMs and SMs

Given the amount of evidence required during an ISA, it is imperative to maintain a clear indexing and numbering system to assist with managing the materials. This should be done by the HEI from the outset of the self-assessment. Whenever a piece of evidence is selected for inclusion in the ISAA, it should be added to a central register or folder of evidence created by the Self-Assessment Team and categorised as an MM or an SM. All evidence must be clearly indexed and numbered, and an accurate description of its content should be maintained.

The indexing convention used by the OAAAQA for numbering MMs and SMs consists of the material type (MM or SM) followed by its sequential number. Zeros do not need to be used to precede single- and double-digit numbers (e.g., SM1 should be used instead of SM001, or SM25 instead of SM025). The numbering of SMs must follow the sequence in which the SMs appear in the Criteria commentaries. Every SM must be labelled with a clear and correct description of its contents in Section 9 of the ISAA. Incorrectly labelled SMs delay the Panel's assessment of the evidence and create difficulties when referencing these SMs in the ISA Report. Examples of clearly indexed and labelled SMs are provided below.

SM1	Minutes of Academic Council Meetings (AY 2020/21 to AY 2022/23)
SM2	Student Satisfaction Survey Reports (AY 2021/22 and AY 2022/23)
SM3	List of Newly Appointed Academic Staff in Sept 2023 (Full time and Part time)
SM4	Photographs of Extracurricular Activities (AY 2022/23)

Every SM and the majority of MMs must be submitted as a *single* searchable file. Typical file formats include 'pdf' or 'doc', however other file formats are acceptable for specific information. For example, numerical information may be submitted in an 'xls' file; a presentation may be submitted as a 'ppt' file; and images may be submitted as 'jpg' files. Documents scanned as images cannot be searched and should be avoided. Submitting a series of files together in a folder makes it difficult to search for and locate evidence and does not allow for accurate referencing to MMs and SMs in the ISA Report text. Therefore, folder submissions have been limited to MMs to avoid having a single file consisting of hundreds of pages being submitted due to the volume of evidence required. A total of 87 MMs may be submitted in folders and these are denoted with an * next to the MM number in Section 8 of the ISAA template. Some examples of these are shown in Table 8. An HEI may also submit the MMs denoted with an * as a single file if the information is available in a single file. The use of sub-folders is not permitted.

Table 8: Examples of Mandatory Materials Submitted as Folders

MM #	MM Description
MM7*	Governance bodies' meeting minutes for last five years
MM14*	Terms of reference for all current committees
MM28*	Institutional Annual Reports for the last five years
MM36*	Audited financial statements for the last five years
MM42*	Summary reports of all student and staff surveys conducted for the last two years and samples from the previous three years
MM228*	Meeting minutes of all industry advisory boards for the last two years and samples from the previous three years
MM234*	All current agreements (or equivalent) with local and international education providers

File names should be kept short to facilitate easy identification and access through secure file sharing platforms, which are used to submit the ISAA and all evidence. The HEI's Contact Person and the Panel Support Officer should liaise regarding the appropriate platform to use for the ISAA submission. Once the ISAA has been submitted on the due date, it is final and no further changes to the Application or evidence can be made. HEIs may not delete or modify the files submitted, or add new files to the file sharing platform, except if the Panel requests additional SMs before the Planning Visit or at the end of the ISA Visit. The RD monitors the date stamps on the file sharing platform to ensure that no changes are made.
In the case of a multi-campus ISA, the HEI is expected to organise the evidence submitted into a single folder for all common MMs and SMs that apply to all campuses (e.g., institutional plans and policies), and separate folders for each campus for those MMs and SMs which are related only to a particular campus. The campus folders should be clearly labelled with the name of the campus and the contents (MMs or SMs). For example, if an HEI has campuses in Muscat and Sohar, the respective folders must be labelled as follows: 'MUSCAT MMs'; 'MUSCAT SMs'; 'SOHAR MMs'; and 'SOHAR SMs'.

9.5 Good Practice

At the end of each Standard in the ISAA template, HEIs are given the opportunity to nominate one area of good practice at their institution related to any Criterion in that Standard. This

nomination is *optional* and does not impact the ratings or Institutional Accreditation Outcome. The Panel only rates Criteria based on the commentary provided and related evidence. HEIs should not assume that making a good practice nomination in each Standard leads to a more favourable Accreditation outcome, or *vice versa*. The purpose of the good practice nomination is to support the creation of a national higher education good practice database which will allow HEIs to share and learn from high quality practices at their peer institutions.

The Glossary in Section 4 of the ISAA template provides a definition of good practices as 'deliberate and systematic institutional practices and/or processes which consistently produce quality outcomes over an extended period, and which are potentially useful for other HEIs'. Therefore, the practice should have been in place at the HEI for a number of years during which it should have consistently produced quality outcomes. MMs or SMs referenced in the ISAA must be used as evidence to support claims made about the good practice. Additional evidence which is not referenced in any Criteria commentaries may *not* be submitted for a good practice nomination. The Panel verifies the nomination by reviewing the evidence already submitted, and, based on its expertise, makes a recommendation for inclusion in the national database if warranted.

9.6 Preparing for the ISAA Submission and Completeness Checklist

The submission of the ISAA involves a final check by the Self-Assessment Team to ensure it is fit for purpose and of an appropriate standard expected from HEIs. This final check involves a 'read through' during which questions presented in Table 9 should be addressed.

Table 9: Final ISA Application Read Through

No.	Question
1	Does the ISAA meet the needs of its primary readership, namely the ISA Panel?
2	Does the ISAA clearly demonstrate (through commentary *and* evidence) that the HEI meets the Institutional Standards and Criteria?
3	Is the ISAA self-evaluative/reflective, based on evidence, and demonstrative of the use of ADRI or a similar method of analysis?
4	Does the ISAA contain a helpful balance of description and analysis (results and their interpretation; since evaluation and analysis should generally outweigh description of processes)?
5	Is the ISAA a transparent and honest account of the strengths and limitations of the HEI and its plans for improvement?
6	Does the ISAA avoid being 'promotional' and using language more appropriate to a prospectus or a marketing tool?
7	Is the ISAA clearly written, using unambiguous language and consistent terminology throughout?

Once the final read-through and check is complete, the ISAA and all the evidence (MMs and SMs) must be submitted to the OAAAQA by 11:30 A.M. on the due date agreed with the HEI. The submission should be made electronically by the designated Contact Person using the agreed file sharing platform. The HEI must also check that access to the ISAA and evidence is not hindered by any internal firewall protection or security protocols which make them inaccessible to external parties.

Upon receiving the ISAA, the Review Director carries out a Completeness Check (see Section 15.1) to verify that the submission is complete, and no information or evidence is missing. If any items remain outstanding after the Completeness Check, then the HEI is expected to make these available in a timely manner before the ISA commences. To pre-empt any delays, a checklist is provided in Appendix B to assist the HEI with ensuring its ISAA passes the Completeness Check prior to making the submission. The HEI is expected

to provide a signed copy of the checklist with its submission, clearly indicating that all the required sections have been submitted by ticking the checkboxes.

9.7 Fees

The OAAAQA operates on a cost recovery basis. The Financial Law permits OAAAQA to determine fees for activities conducted in the performance of its functions, subject to Ministry of Finance's approval. The OAAAQA *Policy on Fees Charged for OAAAQA External Quality Assurance Activities and Appeals* provides details of the current fees levied by OAAAQA. The HEI is issued with an invoice ahead of the scheduled submission date and must transfer the full fees to the OAAAQA. Upon receipt of the fee payment the OAAAQA issues a receipt. The OAAAQA normally expects fees to be paid in full no later than 30 days after the invoice has been issued and before the commencement of ISA. The fee for ISA is not inclusive of ISR activities.

PART F: THE EXTERNAL ASSESSMENT BY THE ISA PANEL

10 External Assessment Protocols

The self-assessment and submission of the ISAA is followed by an external assessment by a Panel of peer External Reviewers (ERs). The most visible part of this process is the visit of the Panel to the HEI to interview staff and students (the ISA Visit). This is only one component, however, of a comprehensive external assessment. This section provides an overview of the key external assessment protocols and procedures that are followed by the OAAAQA prior to and during the ISA Visit.

10.1 External Reviewers' Conflicts of Interest

External Reviewers and relevant OAAAQA staff must declare any potential conflict of interest prior to their participation in an ISA review in line with the OAAAQA *Policy on Conflict of Interest in External Quality Assurance Activities in Higher Education*. This includes personal and professional conflicts of interest. Any such conflict of interest may prevent their further involvement in the ISA. This is determined by the OAAAQA on a case-by-case basis. The HEI is also given the opportunity to inform the OAAAQA if any potential External Reviewers have a conflict of interest with the institution.

10.2 External Reviewers' Contract

All ERs involved in an ISA must complete the OAAAQA's *Service Provision Contract for External Quality Assurance Activities*. This contract applies to all roles involved in the ISA, including the Panel Chairperson (and Co-Chairperson where applicable), Panel Member, External Review Director (and Assistant External Review Director where applicable), and Observer. The contract includes (but is not limited to) key details about the ISA and conflict of interest statements. It also covers protocols such as confidentiality. All ERs are expected to abide by their contractual obligations at all times.

10.3 Undue Influence

It is unacceptable for an HEI to exert undue influence on the ISA Panel, OAAAQA staff or OAAAQA Board in relation to any EQA activity, including ISA. Undue influence by the HEI (or stakeholders of the HEI) may take many forms, including (but not limited to) the following:

a) Communication with individual Panel Members, OAAAQA staff or OAAAQA Board members during the ISA that are outside the ISA communication protocols;
b) Explicit or implied threats made against the ISA Panel, OAAAQA staff or Board members;
c) Explicit or implied promises of benefit to the ISA Panel, OAAAQA staff or Board members;
d) Any gifts and overly generous hospitality during the ISA Visit.

Any undue influence during the ISA is reported to the OAAAQA Board. Excessive undue influence may require the ISA process to be terminated and the HEI to be placed *On Probation*.

10.4 The Non-Attribution Rule

When conducting interviews with stakeholders during the ISA Visit, the Panel uses the information it receives in subsequent ISA Reports without attributing that information to the person who provided it. This principle is known as 'Chatham House Rules' and it allows for open discussion to take place. The names of interviewees are not mentioned in any ISA Report, nor is any other information that could be used to identify a specific interviewee. Similarly, the OAAAQA expects that confidentiality and the non-attribution rule be respected by all those who participate in the ISA interview process from the HEI's side. As such, interviewees are not permitted to take notes or use any form of recording device in the interview sessions. HEIs should also not place interviewees under any pressure to disclose any responses that they or other interviewees provided to the ISA Panel.

10.5 Sensitive Information

The HEI provides the ISA Panel with evidence in the form of MMs and SMs, some of which may contain sensitive and commercially confidential information. The OAAAQA *Policy on Access to HEI Information and Stakeholders* applies to all information submitted by the HEI for the ISA. This includes information which is personally, commercially, militarily or governmentally confidential. Panel Members are required to treat the information sensitively and in the strictest confidence, as indicated in their contract. Failure to abide by this confidentiality requirement will result in the ER being removed from the OAAAQA Register of External Reviewers in accordance with the OAAAQA *Policy on The Management of The National Register of External Reviewers for Higher Education Quality Assurance*.

10.6 OAAAQA's Role in Complaints about the HEI

It is not the purpose of an ISA to hear and resolve complaints from students, staff or other stakeholders about specific issues in relation to the HEI undergoing assessment. The ISA Panel is not a court, arbitrator or mediator. It does not have a role in resolving individual complaints or problems and does not offer a proposed resolution to specific cases. The Panel may use a specific case as one source of evidence when exploring how complaints are managed at the HEI but only in the context of exploring systemic problems related to the ISA Standards and Criteria.

11 Before the ISAA Submission

This section outlines the preliminary operational and planning activities undertaken by the OAAAQA and the HEI prior to the ISAA submission and the official commencement of the ISA process in Week 0 (see Table 3).

11.1 Reconfirming the Scheduled ISAA Submission Date

At least six months prior to the date by which an HEI is scheduled for an ISAA submission, the OAAAQA contacts the HEI in writing to reconfirm the scheduled submission date and to check that staff and students are available for interviews during the indicative ISA Visit dates. The OAAAQA (usually through the RD) may also contact the HEI to arrange an in person meeting, where required, to commence the general arrangements for the ISA.

11.2 Appointing the Review Director

Each ISA Panel has an RD whose role, as the name implies, is to direct the ISA process and support the smooth and effective implementation of ISA. This person is either a member of the OAAAQA technical staff or is selected from the OAAAQA National Register of External Reviewers and appointed as an External Review Director (ERD). In certain cases (such as multi-campus ISAs), there may be a need to appoint Assistant RDs who will have specific responsibilities under the direction of the RD. The HEI is provided with the names of the RD and any Assistant RDs (where applicable). The OAAAQA implements mechanisms (such as training and mentoring), where necessary, to support the role of the RD as guided by the OAAAQA *Policy on the Management of the National Register of External Reviewers for Higher Education Quality Assurance*. It should be noted that being a Panel Member or previous RD for an EQA for a given HEI does not preclude the possibility of serving as an RD for an EQA of the same HEI in the future.

The list of tasks that the RD is responsible for carrying out includes (but is not restricted to) the following:

a) To provide direction to the ISA Panel on the process as set out in this Manual and in other directives (such as policies and procedures) issued by OAAAQA.
b) To provide, with other OAAAQA staff, high quality administrative support to the ISA Panel.

c) To be the primary point of contact between the HEI, the Panel Chairperson and Panel Members.
d) To conduct the Completeness Check of the ISA submission (see Section 15.1) and resolve any issues with the HEI prior to the ISA commencement.
e) To read and be familiar with the contents of the ISAA and evidence submitted by the HEI.
f) To maintain up to date records of all evidence submitted with the ISAA.
g) Based on Panel Members' contributions, to prepare agendas, worksheets and other working documents.
h) To prepare different versions of the ISA Report based on the text provided by Panel Members before the ISA Visit.
i) To organise the Preliminary Meeting for the ISA Panel to discuss their initial findings.
j) To liaise with the HEI before, during and after the Planning Visit.
k) Based on Panel Members' contributions, to produce and edit reports and circulate versions to ISA Panel Members for their comments and input after the ISA Visit.
l) To liaise with external and internal moderators for the ISA Report and address issues identified by the moderators with input from the ISA Panel.
m) To prepare the final version of the ISA Report for endorsement by the OAAAQA Board.
n) To prepare a confidential report on the ISA process including an assessment of the effectiveness of individual Panel Members.

11.3 Appointing a Contact Person

As noted previously (see Section 9.3.2), a single communication channel is maintained between the OAAAQA and the HEI for the entire duration of the ISA. For the OAAAQA, the point of contact is the RD. For the HEI, it is the Contact Person who is nominated in Section 2 of the ISAA template. Since preliminary contact between the HEI and the OAAAQA also takes place prior to the ISAA submission, it is expected that one of the individuals from the HEI involved in these preliminary discussions is also nominated as the official Contact Person in the ISAA.

12 The ISA Panel

Every ISA is carried out by a Panel of ERs and steered by an RD who acts as OAAAQA's representative in all matters relating to the ISA. The composition and size of the Panel depends on the size of the HEI. A large university is assessed by a bigger Panel compared to a small college. This section provides more information about how an ISA Panel is formed, with a particular focus on the parts that require HEI engagement in the member selection process. The roles and responsibilities of the Panel Members are also described.

It is important to note that the members of the OAAAQA Board, the OAAAQA CEO and the DG CHEQA are not members of any ISA Panel, but all play an important role in overseeing the implementation of the ISA process and its overall management and quality assurance. The OAAAQA Board has the overall responsibility for Institutional Accreditation and is approached to endorse the final ISA Report and Accreditation outcome. The DG's role includes (but is not limited to) intervention in the ISA process to help resolve critical disputes, and the CEO's role includes (but is not limited to) the approval of the Accreditation Outcome.

12.1 Register of External Reviewers

The ISA Panel is sourced through the OAAAQA's National Register of External Reviewers. This Register includes eminent locally-based and international individuals who have shown leadership in their disciplines, in quality assurance, within higher education management or in the professions and the relevant industries depending on the nature of each HEI. The Register is publicly available on the OAAAQA website. All reviewers listed on the Register have undergone a rigorous selection and approval process guided by the OAAAQA *Policy*

on the Management of the National Register of External Reviewers for Higher Education Quality Assurance.

Locally-based ERs are required to complete a formal training programme before their inclusion in the Register is confirmed. The training programme is organised and run by the OAAAQA. International ERs are sent online training materials by the OAAAQA and requested to provide a written statement of their overall understanding of OAAAQA's EQA activities. It is expected that international ERs will already have experience with international accreditation agencies, as well as the required expertise and skills since they are selected for the ER register because of their experience and expertise.

12.2 Identifying the ISA Panel Members

The OAAAQA assembles an ISA Panel by selecting appropriate experts from the National Register of External Reviewers, all of whom have knowledge and expertise in quality assurance in higher education, experience undertaking quality reviews locally and/or internationally, and an understanding of the Omani higher education sector and context. The OAAAQA reserves the sole right to determine the composition of the ISA Panel and, in each case, endeavours to assemble a combination of ERs that is appropriate for the HEI undergoing ISA. All the Panel Members are full members of the team, have the same rights and responsibilities, participate equally in all of the ISA activities and attend the ISA Visit. It should be noted that being a Panel Member or previous RD for an EQA for a given HEI does not preclude the possibility of serving on the Panel of an EQA of the same HEI in the future.

12.3 Forming the ISA Panel

Forming the ISA Panel involves a two-step process which is described below.

12.3.1 Panel Longlist

The OAAAQA draws up an initial list of names for each ISA Panel known as the 'longlist' consisting of ERs from the Register with experience and backgrounds appropriate to the HEI being assessed. This list must be approved by the DG CHEQA. The approved longlist is then submitted in strict confidence to the HEI's most senior representative who is invited to comment on whether any of the longlist candidates present a conflict of interest (see Section 10.1). While this is the only grounds for objection, an HEI may raise other areas of concern. The OAAAQA is not obliged to agree with any objection from the HEI but considers all objections carefully.

12.3.2 Panel Shortlist

The OAAAQA reviews the longlist following the HEI's response and prepares a shortlist that is shared with the RD. The RD checks the availability and willingness of each shortlisted ER to participate in the ISA and makes replacements as required until a full Panel is convened. Where additional names are required for the longlist, these are also formally approved and submitted to the HEI for comment. When the Panel is finalised, the HEI is formally informed about the names of the Panel Members, and the ISA Panel is announced on the OAAAQA website.

12.4 Size and Composition of the ISA Panel

For each ISA, the OAAAQA assembles a Panel normally comprised of *no less than three* and *up to five* ERs from the Register; however, larger Panels may also be formed if required particularly in the case of multi-campus ISAs. The size of the Panel is determined by the OAAAQA depending on the size of the HEI and the workload involved. A large university with multiple campuses and thousands of students requires a Panel that consists of more than

five members, while a small college with less than a thousand students can be assessed by a Panel of three members. Every Panel has a Chairperson. The composition of the Panel is determined by its size, but typically the Panel has a mix of locally-based, regional and international reviewers, and members with quality assurance, academic, management and industry experience.

12.5 Panel Members' Code of Conduct

All ISA Panel Members, including the Chairperson, are ambassadors for the OAAAQA. As such, they must abide by the following code of conduct:

a) Be aware of and uphold the OAAAQA's Values.
b) Act in a positive, ethical, and professional manner, and perform duties to the highest standards of honesty and diligence.
c) Undertake personally all activities allocated to them as part of the ISA process.
d) Refrain from delegating work to anyone else. ISA Panel Members are carefully selected based on their experience, expertise, and skills and all Panel Members are approved by the OAAAQA CEO prior to their invitation to be involved in an ISA. Any delegation of work (including, for example, the downloading of evidence by a personal assistant) constitutes a breach of OAAAQA's protocols and compromises the confidentiality of the process.
e) Respect the OAAAQA's protocols and report any breach of protocols to the RD.
f) Avoid all direct liaison and communication with the HEI during the ISA, other than during interview sessions and the tour of facilities. All other liaison with the HEI is conducted through the RD.
g) Disclose any uninvited contact with the HEI during the ISA to the RD for appropriate consideration and action.
h) Maintain positive and constructive relationships with other ISA Panel Members, OAAAQA staff and the HEI throughout the ISA.
i) Work towards consensus and recognise that ISA Panel Members do not have a power of veto over the final Accreditation outcome.
j) Adhere to the declaration of confidentiality (as embedded in the *OAAAQA Service Provision Contract for EQA Activities*) which states that ISA Panel Members may not publicly disclose any deliberations, discussions or materials pertaining to the ISA.

Since preserving the integrity of the ISA is of utmost importance, any Panel Members who violate the code of conduct above will be removed from the National Register of External Reviewers.

12.5.1 Panel Members' Companions

The OAAAQA understands that some ISA Panel Members, and particularly international ERs, may wish to bring companions with them during the ISA Visit. The OAAAQA appreciates this interest in Oman and the desire to spend some time to enjoy the country. However, Panel Members are reminded that during the ISA Visit no external social activities can take place. All Panel Members are asked to commit their time and full attention to the ISA throughout the duration of the Visit. Panel Members normally have meals together in the evenings, and although the setting is social, the meals often involve continuing discussion of matters related to the ISA, during which the presence of non-Panel Members would be inappropriate due to the confidentiality rule.

12.6 Panel Members' Roles and Responsibilities

The following responsibilities are shared by all the members of an ISA Panel:

a) To complete and return the *OAAAQA Service Provision Contract for EQA Activities* and inform the RD about any matters that are or could be perceived as possible conflicts of interest.
b) To read this Manual thoroughly and apply the process and methods of Standards assessment set out in the Manual.

c) To commit fully to the ISA process, including postponing all other professional commitments during the ISA Preliminary Meeting and the ISA Visit.
d) To complete all assigned tasks in a timely manner and by the agreed deadlines.
e) To read and evaluate the ISAA and all the evidence and any other materials assigned to them.
f) To participate actively in all 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 ISA Panel Members during meetings.
g) To participate in the construction of the ISA Visit agenda, develop interview questions, and requests for additional SMs.
h) To participate positively and constructively in the ISA Visit, including in all interview sessions and Panel review and discussion sessions.
i) To record evidence (e.g., interview notes, notes from reviews of MMs and SMs) and share it with other Panel Members.
j) To provide the draft texts for sections of the ISA Report, as assigned to them.
k) To write up a highly professional report complying with the OAAAQA's House Style Manual.
l) To provide detailed and timely commentary on all versions of the ISA Report when requested.
m) To be vigilant in identifying and reporting to the RD any suspected incidences of plagiarism, particularly in relation to the primary submission of the ISAA and the evidence.
n) To comply with the direction of the Chairperson and the guidance on the professional process provided by the RD.
o) To provide feedback to the OAAAQA at the end of the ISA process in the required evaluation survey.
p) To be available to participate in an Appeal interview, if required.

12.6.1 Additional Responsibilities of the Panel Chairperson

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

a) To chair all meetings of the ISA Panel, including all interview sessions during the ISA Visit. This responsibility may be delegated to another Panel Member if the Panel needs to split during the Visit to conduct parallel interviews.
b) During the ISA interview sessions, to ensure that no individual dominates the discussions and that everyone has an opportunity to be heard.
c) To ensure that all interview sessions during the ISA Visit begin and end on time as per the Visit schedule.
d) To 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 the participants.
e) To contribute to the preparation of the Preliminary Meeting Agenda.
f) To guide the ISA Panel towards consensus, but not necessarily unanimous agreement, on key findings and Standards and Criteria ratings.
g) To undertake with the RD the Planning Visit and any visits to one or more campus sites that may be required. This responsibility may be delegated to another ISA Panel Member, if necessary.
h) To take the leading role in ensuring all members of the Panel complete their tasks on time and to satisfactory standard.

The responsibilities of any Panel Co-Chairpersons, typically appointed during multi-campus reviews, are agreed on a case-by-case basis and defined in their contract. In all cases, the Panel Chairperson has overall responsibility for chairing the ISA.

13 Observers on ISA Panels

From time to time, OAAAQA staff members are invited to observe the ISA process for the purposes of professional development. Staff from other regional or international quality assurance agencies or relevant organisations (including those with which the OAAAQA has a formal Memorandum of Understanding) may observe an OAAAQA EQA. The practice of permitting observers is well established internationally and is an important means by which knowledge and experience regarding external quality review can be shared. The OAAAQA permits up to *one* external Observer for each ISA Panel. To ensure that the presence of an Observer does not in any way compromise the integrity of the ISA, however, the conditions set out below apply. Members of the public are not permitted to observe an ISA to protect the HEI's confidentiality.

13.1 Observer's Role and Access to Information

In order for the position of Observer to be as beneficial as possible, the OAAAQA provides the Observer with access to the ISAA and the list of evidence submitted. In order to minimise the burden on the HEI and recognising that the Observer is not tasked with scrutinising materials for external review purposes, the Observer does not receive the actual MMs and SMs.

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

The Observer receives a copy of all versions of the ISA Report so that they may experience how the versions change at each stage in the process. However, they do not participate in the Panel's deliberations on the ratings or the report drafting process. The Observer may not participate in any disputes or Appeals process. The Observer's involvement concludes when the final Accreditation Outcome is published.

13.2 Conduct of Observers

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

The Observer *must remain silent* during all the interviews, the feedback and Panel review, and the discussion sessions. The Observer may not take notes on content or use any recording devices during any of the Panel's interview or feedback sessions; however, notes on the process and procedural matters may be taken. The Observer may take notes about the ISA process during Panel-only sessions, including the Preliminary Meeting and ISA Visit Panel review sessions, but he/she is not permitted to take notes about the ISA 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 ISA process, and *not* about the HEI.

During the ISA, the Observer may have questions about the process. These should be put to the RD during appropriate breaks in the process. The Observer must not under any circumstances liaise with the HEI at any point during the ISA.

13.3 Administrative Arrangements for Observers

Observers (excluding OAAAQA staff members) are responsible for the costs of their own meals, travel and accommodation, although the PSO may assist with bookings. The

OAAAQA is not liable for any other costs associated with the Observer's involvement with the ISA, unless otherwise agreed by both parties.

14 Administrative Matters and Support for the ISA Panel

This section contains information about the administrative support provided to the ISA Panel and the arrangements in place for the Panel Members' honoraria, travel, accommodation, meals and insurance. Panel Members should direct all questions related to these matters to the Panel Support Officer, rather than the RD.

14.1 Panel Support Officer

In addition to the RD, every ISA has a dedicated Panel Support Officer (PSO) who is responsible for the provision of administrative support to the Panel and to the RD. For the purposes of the ISA, the PSO works under the instruction of the RD. The role of the PSO is to facilitate the logistics of the ISA such as travel, accommodation and other administrative tasks related to the assessment. The PSO may attend the ISA Visit, if required. However, the PSO is not a member of the ISA Panel and may not influence the ISA Panel or the HEI in any way.

14.2 Panel Members' Honoraria

Each Panel Member receives an honorarium. The sum of the honorarium is approved by the OAAAQA Board and other higher authorities. External Reviewers are notified of the sum and the payment terms in the *OAAAQA Service Provision Contract for EQA Activities*. Panel Members are responsible for providing their bank account details to the PSO to facilitate payment of the honorarium upon completion of the ISA. Any tax liabilities associated with the honorarium rests in full with the ISA Panel Member.

14.3 Panel Members' Travel, Accommodation, Meals and Insurance

All travel for Panel Members related to the ISA is in business class by the most *direct* and *economical* route. The PSO makes the necessary arrangements based on this principle. For most Panel Members, including some locally-based Members, the ISA Visit takes place away from their home. The PSO is responsible for arranging suitable hotel accommodation and all Panel meals for the days of the Visit. The OAAAQA normally funds accommodation from the night before Day 0 (the first official day of the ISA Visit) to the day immediately after the end of the ISA Visit and any additional nights that are incurred as an unavoidable consequence of the travel arrangements. Specific information about a Panel Members' travel and accommodation arrangements is provided in the *OAAAQA Service Provision Contract for EQA Activities*.

It is understood that international Panel Members may wish to extend their time in Oman for personal reasons such as tourism. The OAAAQA welcomes this interest in Oman and will endeavour to provide some helpful advice as required, but regretfully advises that any additional night's accommodation and any increase in the cost of the flight as a result is at the Panel Member's personal expense.

The OAAAQA requires that all international Panel Members arrange medical insurance for the time that they are in Oman and will reimburse the cost up to a pre-determined limit against an original receipt. The PSO will provide more detailed information on reimbursement.

15 Before the ISA Visit

Some important activities take place before the ISA Visit in order to prepare for and ensure a smooth Visit. Panel Members are expected to actively participate in these activities and

contribute to the ISA. This section provides an overview of the activities preceding the ISA Visit.

15.1 ISAA Completeness Check

Upon receipt of an ISAA submission, the RD conducts a Completeness Check (see Appendix B). This may be partly facilitated through the PSO where necessary. The RD checks that:

a) All Standards and Criteria have been addressed in the ISAA and self-rated by the HEI.
b) All evidence (MMs and SMs) referenced in the ISAA is included in the submission.
c) All hyperlinks to MMs and SMs referenced in the commentary are in working order.
d) All MMs and SMs are clearly numbered, labelled and accurately indexed.
e) All MMs and SMs are complete documents and as described in the title.
f) All MMs and SMs are searchable.
g) The ISAA and evidence submitted appear to be free from plagiarism. However, if plagiarism is detected at a later stage in the process, the OAAAQA *Policy on Academic Integrity in External Quality Assurance Submissions and other Related Documents* is applied.

Any issue identified by the RD during the Completeness Check is addressed on a case-by-case basis with the aim of ensuring that the ISA process continues within the indicative timeline presented in Table 3.

15.2 Preliminary Comments and ISA Report v1

The ISAA and all the evidence submitted are circulated to the Panel Members as soon as the Completeness Check is finalised. At the outset, every Panel Member must read *the entire ISAA* and consider all the evidence. Each Panel Member is assigned a specific Standard or Standards to take the lead on during the ISA. However, this does not preclude a Panel Member from being involved in the other Standards. Since many of the Standards and Criteria are interrelated, Panel Members are expected to remain familiar with the entire ISAA throughout the process. Following their initial reading of the entire ISAA, every Panel Member must provide Preliminary Comments and provisional ratings for the Standards and Criteria he/she is assigned. The ISA Report template is used to prepare the Preliminary Comments and assign the provisional ratings. The preliminary analysis by the Panel Member should include the following *for every Criterion*:

a) Observations and remarks on the HEI's commentary based on the requirements of the Criterion and important issues requiring further attention;
b) Details of any additional SMs that are needed as evidence to support claims made in the HEI's commentary;
c) List of any matters that require clarification;
d) List of interviewees (by role/position) who should be interviewed during the ISA Visit;
e) Potential interview questions for every interviewee;
f) Facilities relevant to the Criterion which should be viewed during the ISA Visit, where applicable.

Panel Members should also note any suspected incidences of plagiarism in the ISAA or evidence in their Preliminary Comments. These are followed up on by the RD.

Preliminary Comments must be submitted to the RD by a notified date, typically within three to four weeks of the ISAA submission. The RD collates and reviews all the Preliminary Comments and drafts the first version of the ISA Report (ISA Report v1), which is circulated to the Panel before their Preliminary Meeting.

15.3 Preliminary Meeting

Approximately four weeks after the circulation of the ISAA to the Panel, the RD organises a Preliminary Meeting for the Panel to discuss the submission. The meeting provides an opportunity for Panel Members to meet for the first time and discuss their preliminary comments and provisional ratings. It also enables the Panel to create a sense of teamship and ensures that the Panel is clear about the tasks and expectations ahead. The Preliminary Meeting is held online using a virtual meeting software application and typically lasts up to two hours. The meeting agenda is prepared by the RD with the support of the Panel Chairperson (see Appendix C) and circulated to all Panel Members together with ISA Report v1.

15.4 Preparing for the Planning Visit

Following the Preliminary Meeting, the Panel Members identify any additional SMs required as well as any matters that require clarification. The RD also prepares the draft ISA Visit Schedule and the Call for Public Submissions. These documents are sent to the HEI four weeks prior to the Planning Visit and discussed in more detail below.

15.4.1 Request for Additional Evidence

Panel Members may request additional evidence for a better understanding of specific Standards and Criteria. This primarily includes additional SMs that are identified by the Panel during their initial analysis of the ISAA in the Preliminary Comments, as well as during the Preliminary Meeting discussion. However, the Panel may also request some MMs which it does not deem to be adequate or sufficient to be re-submitted as part of the request for additional evidence. The list of additional evidence requested by the Panel is compiled into a '*Request for additional evidence*' by the RD. Each SM requested is numbered following the same sequence used by the HEI and a clear description of what is required is included. For example, if the HEI submits 390 SMs with the ISAA (SM1 to SM390), any additional SMs requested by the Panel are numbered and labelled SM391 onwards. For any MMs that need to be re-submitted, the original MM number is referenced in the list.

The HEI must provide this additional evidence on the day of the Planning Visit (see Section 15.5). The list of additional evidence is sent to the HEI in advance of the Planning Visit, with sufficient time given to the HEI to collect the required information. The HEI Contact Person may liaise with the RD by e-mail about any questions related to the additional evidence.

15.4.2 Matters for Clarification

Panel Members may decide that there are areas in the ISAA that require clarification because of ambiguity in the terminology used, inconsistent information in different sections of the ISAA, or similar. These are listed as '*Matters for Clarification*' (MCs) and also sent to the HEI in advance of the Planning Visit to address. Typically, MCs are direct questions put to the HEI to get a definitive response related to a fact or the status of something. For example, the HEI may refer to a 'Quality Director' and a 'Head of Quality' interchangeably in the ISAA, which might prompt the Panel to seek clarification if this is the same role or two separate roles. Similarly, the HEI may make a claim in the ISAA that a new IT system is being implemented. Since there is a gap of several months between the ISAA submission and the ISA Visit, the Panel might ask for a clarification regarding the status of the IT system implementation through the MCs. The HEI's response to the MCs does not normally entail the submission of any evidence of SMs unless specifically requested by the Panel.

15.4.3 ISA Visit Schedule

To ensure the equitable treatment of all HEIs in Oman's higher education sector, the OAAAQA seeks to ensure that the implementation of the ISA process is as consistent as possible across all HEIs. The ISA Panel undertakes a typical set of activities during the Visit to accomplish this, although the precise order and balance of these activities may be adapted to reflect the size of the HEI under review. Within that context, each ISA Visit is unique to some extent, determined by the claims made by the HEI in each ISAA submission, and by the lines of enquiry that the Panel decides to pursue. The RD prepares the *ISA Visit Schedule* v1 based on input from the Panel Members about who needs to be interviewed. A typical ISA Visit lasts five working days and involve approximately two and a half days of formal interviews; however, this can be shorter or longer if there are fewer or more interviewees, or if the Panel has to visit multiple campuses of the HEI. Where mandated by extenuating circumstances, an ISA Visit may also be conducted in virtual or hybrid mode. A sample ISA Visit Schedule can be found in Appendix G. Interview sessions during the ISA Visit are usually divided into 45-minute blocks, although some sessions may last 30 minutes or 60 minutes. More details about how the ISA Visit interviews are conducted can be found in Section 16.3.

The ISA Visit Schedule v1 prepared by the RD only includes the titles (roles or positions) of the required interviewees. This Schedule is sent to the HEI ahead of the Planning Visit to 'populate' and add the names of the interviewees, at which point it becomes ISA Visit Schedule v2. The OAAAQA understands that unexpected events and circumstances may prevent interviewees who have been named in the ISA Visit Schedule from attending the interview during the ISA Visit. In these instances, the HEI must make every effort to inform the RD in advance of any changes to the ISA Visit Schedule and update the Schedule accordingly. All subsequent versions of the ISA Visit Schedule should be numbered v2.1, v2.2, etc.

15.4.4 Call for Public Submissions

An important aspect of OAAAQA's public accountability is to ensure that the ISA Panel, representing the interests of the public at large, can assess the HEI in an independent manner. This involves having access to information that has not first been vetted by the HEI through a public submissions process. This is done through three distinct channels. The first is a Call for Public Submissions notice that is provided to the HEI for distribution within the institution (see Appendix E). The HEI must display this notice (in Arabic and English) on the HEI's website and on noticeboards and the RD will verify that this has been done during the Planning Visit. The same notice is posted on the OAAAQA website. Finally, the Call for Public Submissions is made public through the appropriate means such as social media. The Call for Public Submissions includes an OAAAQA email address to which all submissions should be forwarded.

The ISA Panel only accepts Public Submissions where they meet the following criteria:

a) The submission includes the name, position, organisation (e.g., HEI or workplace) and contact details of the person(s) making the submission. This information is treated in confidence. Anonymous submissions are not considered by the Panel under any circumstances.
b) The person(s) making the submission must be willing to participate in a telephone interview should the Panel consider such a discussion necessary.
c) The submission may not refer to a personal grievance or single out individual members of the HEI's staff as the subject of complaint.
d) The submission (excluding any corroborating evidence) is restricted to 1,000 words in length (approximately two sides of an A4 page).
e) The submission must be received within the dates stipulated in the Call for Public Submissions notice. Any submission received after that point, however relevant, may not be used in Panel deliberations.

The Call for Public Submissions does not constitute a statistically valid survey. The number of submissions received on a certain topic is not relevant. The Panel may choose to investigate, or not to investigate, the matters raised based on the likely merit of the content. Where the Panel chooses to investigate, this takes place as part of the overall ISA and does not involve investigating the details of a particular complaint.

The Panel does not make any response or report to the person(s) making the submission other than to confirm receipt of the submission. This is usually done through the RD. The Panel must triangulate any information forthcoming from Public Submissions before reaching a conclusion for inclusion in the ISA Report. This may include directly asking the HEI staff about the matter, although if this occurs, the identity of the person making the submission must remain confidential under the OAAAQA's non-attribution protocol (see Section 10.4).

15.5 The Planning Visit

Approximately five weeks after the Preliminary Meeting, the ISA Panel Chairperson (or a local Panel Member acting as a representative if the Chairperson is based outside Oman) and the RD visit the HEI at the main campus to discuss the forthcoming ISA Visit and other matters pertaining to the ISA. This is known as the Planning Visit. The main purpose of this meeting is to discuss and agree on operational matters. As the Planning Visit is a working meeting, it should comprise a relatively small number of attendees. Usually, the HEI is represented by a senior leader, the Head of the quality assurance unit, and the Contact Person. The HEI may involve other people if deemed necessary but should keep the meeting small so that the focus remains operational. If the HEI wishes, time can be scheduled at the outset of the Planning Visit for a brief courtesy meeting with the Head of the HEI. The OAAAQA appreciates the generous hospitality of HEIs in Oman during campus visits, however only refreshments should be served during the Planning Visit because the OAAAQA delegation needs to depart the campus at the end of the meeting.

The focus of the Planning Visit is on the preparations for the ISA Visit, including any special needs of the Panel. The Planning Visit is not an opportunity for the OAAAQA delegation to conduct interviews nor for the HEI to enquire as to the Panel's preliminary findings. The Planning Visit follows a prescribed agenda, and includes a discussion of the ISA Visit Schedule (see Section 15.4.3), a verification that the Call for Public Submissions has been posted by the HEI (see Section 15.4.4), and a tour of facilities allocated for the ISA Visit (see Appendix D). The HEI is also expected to provide the additional evidence (see Section 15.4.1) and its responses to the MCs (see Section 15.4.2) by the end of the Planning Visit. These can be submitted electronically using the same file sharing platform that was used to submit the ISAA and original evidence. The RD ensures that the additional evidence and the responses to the MCs are shared with the Panel immediately after the Planning Visit.

16 The ISA Visit

The ISA Visit is the most visible part of the overall ISA process and typically attracts most of the attention. It is important to recognise, however, that it is only one part of the overall ISA review. Prior to the ISA Visit, the Panel begins testing the accuracy of claims made in the submission through the examination of evidence provided in the MMs and SMs. Three versions of the ISA Report are prepared before the ISA Visit commences. The Visit provides the Panel with a further opportunity to verify claims and triangulate information through examination of on-site files, the interviewing of a range of staff, students and other stakeholders, and a tour of campus facilities. To familiarise the HEI's stakeholders with the ISA Visit, a Notice for Staff, Students and Stakeholders template is provided for HEIs to display ahead of the Visit (see Appendix F).

16.1 Nature and Purpose of the ISA Visit

The ISA Visit is conducted in a positive, friendly, and professional manner as a way of enabling the Panel to test the statements, descriptions, commentary, and self-evaluation as presented in the ISAA submission. The Visit also gives an opportunity for the Panel to acquire further insight into the operations of the HEI through first-hand investigation and personal interaction. This allows for a qualitative assessment of factors that cannot be easily documented in written form and includes the viewing of facilities. The ISA Visit is conducted in a spirit of transparency, dialogue and co-operation between the HEI staff, students and other stakeholders, and the ISA Panel.

It is important to note that the ISA Visit is not an 'inspection'. The primary purpose of the Visit is to verify whether the ISAA has adequately addressed all Standards and Criteria, accurately and completely presented all points of fact, given reasonable emphasis in the commentary, included current information, and reflected defensible self-ratings against Criteria and Standards. The methods the ISA Panel use to fulfil their purpose include interviewing stakeholders to compare personal experiences with claims in the ISAA; viewing the HEI's resources and facilities to verify they match those described in the ISAA; and considering further documentary evidence and making notes thereof. Where mandated by extenuating circumstances, an ISA Visit may also be conducted in virtual or hybrid mode instead of on-site.

16.2 ISA Visit Principles and Activities

16.2.1 ISA Visit Principles

The following principles underpin the arrangement of all ISA Visit activities:

a) The use of the ISA Visit is optimised through the strict allocation of time for interviews.
b) The ISA Visit Schedule always includes meetings with students and alumni.
c) As far as possible, the Panel meets with any given interviewee once only.
d) Line managers and the staff whom they oversee are not interviewed together.
e) The ISA Visit Schedule always includes a tour of learning resources and facilities, and a demonstration of key information systems at the HEI.

16.2.2 ISA Visit Activities

Typical ISA Visit activities include the following:

a) Face-to-face interviews with staff, students and other internal and external stakeholders; these interviews may include 'Random Interviews' (see Section 16.3.3) and 'in situ' interviews (see Section 16.5.6), some of which (or all of which, given specific circumstances) may be carried out through virtual conferencing means.
b) Telephone or online virtual interviews (as required, e.g., with representatives from an affiliate).
c) Tour(s) of learning resources and facilities, including the library and information technology facilities.
d) Reading of MMs and SMs, including those available on-site during the Visit.
e) Scrutiny of the assessed work of students that is best examined on-site.
f) Private meetings of the ISA Panel, to discuss the evidence received and to reach conclusions on the ratings for the Criteria and Standards leading to the Institutional Accreditation Outcome.

16.3 ISA Visit Interviews

The ISA Visit always includes face-to-face interviews with staff, students and other stakeholders. Interviews provide an important opportunity for the Panel to corroborate what they have read in the ISAA and to triangulate what they have learned elsewhere during the Visit. Interviews are often the most efficient way of augmenting or clarifying information already provided. While some interviews may focus on a particular Standard, very few interviews with groups are likely to be single-topic meetings, and interviewees may, within reason, expect to be asked about anything within the scope of the ISA. The focus for each meeting is derived from the ISAA, the evidence submitted and the Panel's reading and initial analysis of the ISAA.

Some general features of interviews during the ISA Visit are as follows:

a) **Number of Interviews:** The number of interviews, and the length of time devoted to them , is kept to the minimum necessary to complete the ISA process as planned. Between six and ten interviews scheduled over two and a half days is typical for an ISA Visit but, as indicated above, each Visit is unique to some extent, and the number of interviews depends on the size and complexity of each HEI.

b) **Parallel Sessions:** In some cases, two or more interviews may run simultaneously as parallel sessions to maximise the opportunity of meeting interviewees and/or focus on specific issues. In this case, the ISA Panel sub-divides and groups of staff, students and other stakeholders are arranged into two rooms accordingly. Referred to as 'parallel sessions', these are agreed with the HEI before the ISA Visit, generally during the Planning Visit, and noted in the ISA Visit Schedule.

c) **Number of Interviewees:** An interview session may take place with only one interviewee but, more usually, interviews are conducted with groups of up to a maximum of eight interviewees per interview session. The number is capped to ensure that every participant has an opportunity to speak within the limited time available.

16.3.1 Interviewees

The following individuals or groups are typically interviewed by the Panel during the ISA Visit:

a) The Head of the HEI (including a brief courtesy meeting prior to the start of the formal interviews).
b) HEI senior management and leaders.
c) Key person(s) with responsibility for quality assurance.
d) Academic staff.
e) Support services and administrative staff with responsibility for the management and/or delivery of resources, student services and facilities (the Panel may hold 'in situ' interviews with support staff at their location, instead of the Panel Room; e.g., the library staff may be interviewed in the library following a library tour).
f) A representative sample of current students, including Student Council representatives.
g) Alumni (graduates).
h) Industry, employer and professional body representatives.
i) External examiners or juries.
j) Affiliate representatives (if applicable).

16.3.2 The Interview Procedure

The following procedure is observed to ensure rigour in the interview process:

a) Interviewees are asked to wait outside the main Panel Room until the RD invites them in to avoid interrupting or overhearing a confidential discussion.

b) Part of the Panel Chairperson's role is to ensure that no single individual dominates the session (for example, by attempting to answer all the questions on behalf of the other interviewees).
c) Where practicable, interviewees meet with the Panel once only. It is understood that many people hold more than one area of responsibility. The Panel, however, seeks a broad range of input. By meeting people other than the most senior person for any given area of responsibility, the Panel is able to explore additional topics, such as internal communication, delegation of authority, and teamwork.
d) Line-managers and their staff are interviewed separately.
e) Interview sessions are confidential, in that the Panel may use the information received, but not in a manner that reveals the identity of the interviewee who gave that information. This is in line with OAAAQA's 'non-attribution rule' (see Section 10.4).
f) The HEI must respect the confidentiality of the process, and interviewees may not be coerced or coached in their responses. Equally, after the event, no interviewee is expected to divulge what was said within the Panel Room.
g) All interviewees must display on the table in front of them their name and their programme of study (if students) or department and role (if staff and others). These name cards should be printed in a large and plain font (e.g., Arial 72 pt) and be positioned upright on the table for the benefit of the Panel.
h) Interviewees may not bring mobile phones into the Panel Room.
i) Interviewees are not permitted to take notes or use any form of recording device in the interview session.
j) If conducted remotely, interview sessions must be audible to more than one Panel member at a time and may not be recorded, digitally or otherwise, by the HEI or its representatives. While the HEI provides the equipment and IT support for remote interviews, the OAAAQA is responsible for managing the virtual meeting platform and ensuring that only those invited to attend each interview session are given access to that session. This is managed by the RD.

16.3.3 Random Interviews

For the ISA to meet the public's demanding expectations of HEI accountability, it must be able to show that the data collection methods are, in part, independent of the HEI's influence. One mechanism for achieving this is for the Panel to conduct random interviews with staff and students during the ISA Visit (and *only* at that time). The way this occurs is by an ISA Panel Member at some point during the Visit (but not during interviews) encountering staff and students in their places of work and study, without intervention by the HEI. There are specific rules governing Random Interviews to ensure that they are conducted in a fair, safe, and professional manner, as follows:

a) All Panel Members must wear name badges that clearly identify their name and Panel status.
b) Panel Members may only seek to speak with staff and students. Visitors on campus may not be interviewed.
c) Panel Members politely request the interview and may not pressure people into responding if they do not wish to participate.
d) The duration of each random interview should be kept short – generally less than 15 minutes.
e) Interviews should take place with individual people, where possible, and conducted confidentially.
f) Most random interviews are expected to be conducted in staff offices or in communal spaces, such as the library, cafeteria, or foyers.
g) Panel Members may not intrude upon teaching sessions.
h) During random interviews, Panel Members may not access secure locations, such as the finance office or anywhere requiring Personal Protective Equipment (such as laboratories, chemical storage areas or construction sites).

i) It is not appropriate for HEI staff to accompany Panel Members during the Random Interviews. Panel Members use the Campus Map as a guide but may also need to ask the Contact Person (through the RD) for assistance in determining appropriate locations to allow for maximum opportunity to meet staff and students.

Interview responses are recorded on Random Interview Worksheets. These are shared with other Panel Members but are otherwise confidential. Panel Members use one worksheet for each random interview. The worksheets are prepared in advance of the ISA Visit by the RD, using information submitted by Panel Members at the Preliminary Meeting.

16.3.4 Call-Back Interviews

Time is set aside after the formal scheduled interviews for the Panel to meet people who, in their estimation, can assist in finalising deliberations in specific areas. Sometimes, issues arise during the ISA Visit that prevent the Panel from forming a final judgement without further questions being asked or further data sought. The Panel, therefore, asks to meet specific people at the end of the Visit to assist with any such gaps in information. 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 ISA Visit.
- The need for Call-Back Interviews is only established the evening before they occur.
- The interviewees are informed in advance of the general line of questioning.

The RD meets with the Contact Person ahead of the Call-Back interviews (this is typically at the end of the second day of the ISA Visit) and discusses whom the Panel wishes to meet and around which specific topics. The Contact Person then arranges, where possible, for those people to be available at the designated times. These Call-Back Interviews are normally focused on a single issue, and each such interview is of about 10 to 15 minutes in duration. Call-Back Interviews are a very important part of the ISA Visit. It is in the HEI's best interests to ensure that the Panel completes the ISA Visit with all questions having been answered to ensure that the Criteria and Standards ratings, the Accreditation Outcome, and the final ISA Report are as accurate and fair as possible. That said, the OAAAQA understands that organising the Call-Back Interviews requires some flexibility on the part of the HEI and appreciates the HEI's assistance in this regard.

16.4 The Interviewee Perspective

Interviews are a key feature of the ISA Visit. They provide an opportunity for the Panel Members to clarify issues, check for completeness and accuracy of the ISAA, as well as potential discrepancies, and pursue lines of enquiry in greater depth. They are also the key means by which a Panel verifies each of the claims made in the ISAA. This section explores the interviewees' perspective of the interview process.

16.4.1 Before the Interview

People have different reactions to participating in an interview session for an OAAAQA EQA. The experience can be enjoyable or stressful, interesting or tedious, challenging or daunting. The following are some ways in which the HEI can help people prepare in a positive way for their interview experience without resorting to coaching:

- Distribute the information about the ISA Visit (see Appendix F).
- Provide a briefing on the process and what to expect.
- Assure interviewees that their participation is confidential and is not being monitored.
- Assure interviewees that it is not an evaluation of their performance personally.

16.4.2 During the Interview

The following advice regarding responding to interview questions may be shared with interviewees as part of a pre-interview briefing:

a) Panels are professional in nature and collaborative in spirit, and Panel Members genuinely want to hear everyone's views.
b) The Panel Chairperson ensures that everybody is given an opportunity to speak.
c) The interview is not a test, and there is no pass or fail. As such, there is nothing wrong in not knowing the answer to a question, and interviewees should feel comfortable enough to say so. This is a much better strategy than guessing.
d) Panel Members are happy to give clarification about questions or explain their question if the meaning is not clear to the individual being addressed.
e) It is important to provide a direct and specific answer to the actual question that is being asked.
f) It is inappropriate to seek information about the Panel's preliminary views (including asking about the purpose of the question).
g) If a question does not obviously fit within the area of responsibility of the interviewee, the person to whom the question is directed should state this and give any information they do have on the subject. The Panel may deliberately be trying to saturate an issue or test the results of dissemination.
h) Interviewees should only interject if or when a person asked a question has had an opportunity to provide a response and if obvious details appear to have been overlooked or omitted. Interjection must only take place through seeking the Chairperson's permission to provide another response.
i) The interview time is limited, so answers should be kept as concise as possible.
j) It is not permissible to present the Panel with materials. If it appears that some materials may have been omitted, then this should be conveyed to the Contact Person and mentioned to the Panel during the interview. Such materials may only be made available to the Panel through the Contact Person in liaison with the RD.

16.4.3 After the Interview

It is common in external reviews 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 had insufficient time to speak. ISA Visits are intensive opportunities for the Panel to cover multiple topics, so a Chairperson will often close down a subject as soon as sufficient evidence has been gathered.

Secondly, interviewees often feel that the ISA Panel focused too much on process (that is, 'deployment') and not enough time on results. It is important for interviewees to understand that the ISA Panel is seeking information on each topic from a variety of sources. Formal results are usually available in reports and other documentation produced by the HEI. On the other hand, what people do each day in practice as opposed to what is mentioned in approach documents is best explored by asking people about their 'lived experience'.

16.5 ISA Visit Logistics and Venue

Most logistic details for the ISA Visit are confirmed during the Planning Visit meeting and further followed up between the RD and the HEI's Contact Person. These details include the number and types of rooms required and how they are supplied, and provision for various Panel activities (such as lunch and prayer) and other requirements (such as parking and washroom facilities). All these requirements are described in this section.

16.5.1 Daily Liaison Meetings

During the ISA Visit, attention to logistics helps to ensure that the Panel is well supported in carrying out its work and that the HEI is not unduly inconvenienced. At the end of each day, the Contact Person and the RD meet to review arrangements for the following day. These liaison meetings usually last only a few minutes and typically include the following:

- Potential Call-Back interviews.
- Flagging any additional SMs requested by the Panel.
- Logistics (including security arrangements such as locking the Panel Room).
- Any operational issues that may have arisen during the day.

These daily meetings should under no circumstances be used to exchange information about the ISA Panel's deliberations.

16.5.2 Main Panel Room

The Panel has much to achieve in a short period of time and needs to work as effectively and efficiently as possible. Attention to the following room and interview setup details helps ensure that the ISA Visit is conducted efficiently.

a) **Convenient Location:** The main Panel Room (where the Panel spends most time and where most of the interviews and Panel review and discussion sessions take place) is best located conveniently near to other facilities such as the parking area, prayer room, lunchroom, and washroom facilities.
b) **Soundproofing:** The main Panel Room should be 'soundproof' to the extent that individuals standing outside the room should not be able to hear the conversation inside. *Vice versa*, any noise or sound outside the Panel Room should not be audible inside the room. This can be facilitated by selecting a venue for the Panel Room that is isolated from the main teaching and student activities areas. Rooms with large internal-facing windows should also be avoided.
c) **Prescribed Layout:** A room with good acoustics and a prominent wall clock is required to facilitate the interview sessions. The typical layout of the main Panel Room is shown in Figure 4.
d) **Interview Table:** An interview table is required in the main Panel Room with enough chairs for each member of the Panel and the RD on the Panel's side of the table and up to eight chairs on the other side of the table for the interviewees. The table needs to be large (wide and long) enough to accommodate the Panel's requirements (such as, folders, laptops and stationery) and to allow for ample personal space between each Panel Member. There should also be sufficient space between the Panel's and the interviewees' sides of the table as shown in Figure 5.
e) **Comfortable Chairs**: Given the amount of time that Panel Members spend in their chairs working at the table, it is appreciated if the HEI can ensure that the chairs are of an appropriate ergonomic design.
f) **Observer Desk:** If there is an Observer accompanying the Panel, a small separate table or desk and chair is required. This should be in a convenient location, on the Panel's side of the room, but where it is obvious to interviewees that the Observer is not part of the Panel.
g) **Power Cables:** Panel Members and the RD usually work on their own laptops, so sufficient access to a power supply is required. This may require the provision of one or more extension cables. HEIs must have these available in the Main Panel Room prior to the Panel's arrival on the first day of the ISA Visit. A small supply of AA or AAA batteries is also useful.
h) **Computer, Printer, Internet Access and Projector:** On a separate table in the Panel Room, the HEI should provide at least one computer with access to the Internet and a printer with an ample supply of paper. HEI's must check the paper tray to ensure that it is well stocked and the printer is selected as the default printer on the computer, and do a test print. Where applicable, the Panel should be provided with appropriate access to the HEI's intranet, local shared drive or Virtual Learning Environment (VLE) on the

computer inside the Panel Room. The provision of a projector and screen is also required. It is likely that the Panel will need these during deliberations, particularly towards the end of the ISA Visit.

i) **Wi-Fi Access:** Access should be made available to Wi-Fi within the Panel Room. Having a member of the information technology team in the Panel Room when the Panel arrives to assist them with the Wi-Fi set up is helpful. The Wi-Fi network name and password should also be provided to the Panel in the Panel Room.

j) **Stationery**: A small supply of stationery, including a stapler and a hole punch should be provided for the Panel's use.

k) **Telephone**: The Panel Room should have an internally connected telephone to enable direct calls to the HEI's Contact Person. The extension of the Contact Person must be noted next to the telephone for the RD.

l) **Refreshments**: ISA Visits are tiring and intensive exercises, so continuous access to refreshments, such as water and juice, tea and coffee, fruit, nuts and biscuits, is much appreciated. These should be kept permanently in the room as the interview sessions and Panel's discussion sessions may not be interrupted to replenish refreshments except where arrangements to do so during an appropriate break have been made with the RD. As a courtesy to interviewees, strong-smelling refreshments (such as curried snacks) should be avoided.

m) **Emergencies**: The Panel should be informed about evacuation procedures (in the event of fire or another emergency) at the outset of the ISA Visit.

n) **Security:** The RD requires a key to the Panel Room to ensure confidentiality of the Panel's work during formal breaks (such as lunchbreaks and campus tours). During these periods, the key is generally in the sole possession of the RD, and the main Panel Room is locked. The RD does not take the key off the premises. It is left in the Panel Room so that the room can be cleaned and replenished overnight.

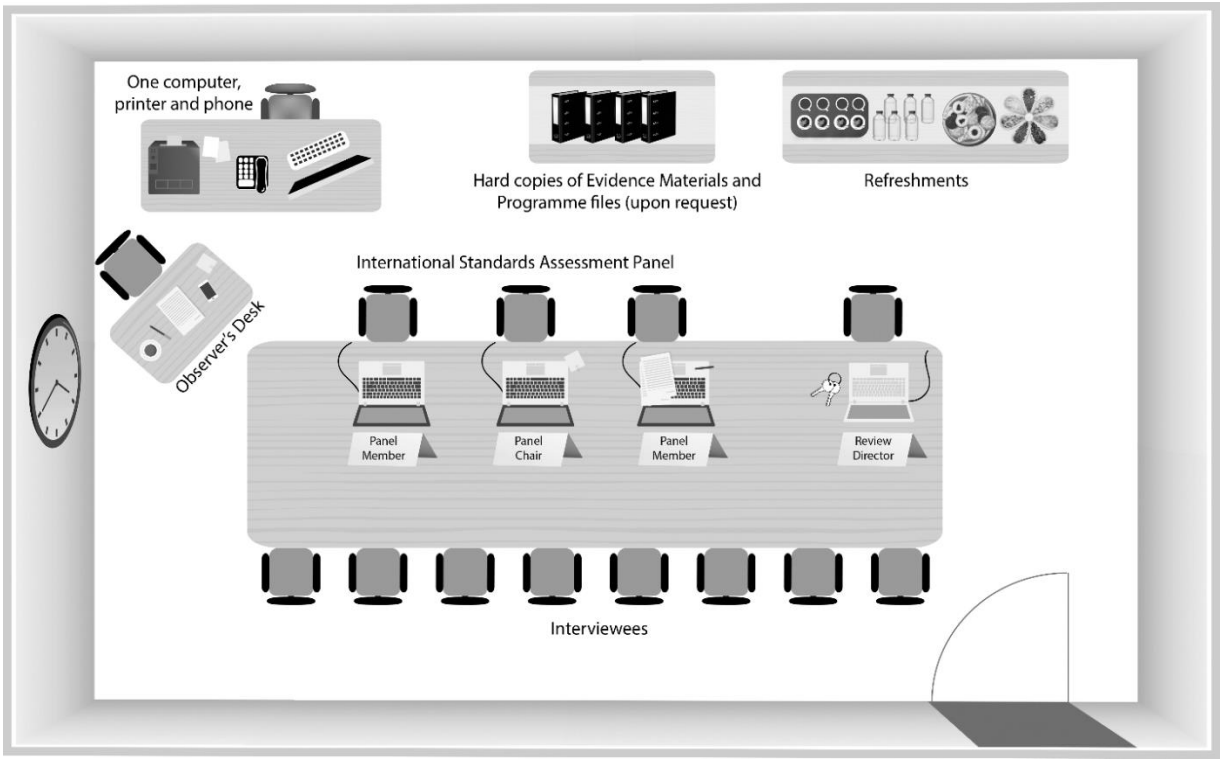

Figure 4: Panel Room Layout

16.5.3 Concurrent Interview Room for Parallel Sessions

Some interview sessions are scheduled simultaneously during an ISA Visit. These 'Parallel Sessions' take place in a separate interview room, set up in a similar manner to the main Panel Room (that is, with sufficient chairs for Panel Members and up to eight chairs for interviewees). The room needs to have an easily visible and accurate wall clock, but there are no other requirements except for soundproofing. Only one or two members of the Panel are present in each session. The RD accompanies the Panel Members to one of the sessions and takes notes but does not ask questions.

16.5.4 Round Table Interview Room for Student Interviews

The Panel generally conducts interviews with students and alumni in a round-table format as shown in Figure 5. This format is used to allow for interviews to take place in a less formal setting. In these interview sessions, each Panel Member interviews a group of five interviewees, who sit with the Panel Member around a table. The room in which round-table interviews are held needs to have one table for each Panel Member (for example, if the Panel has three members, three round-tables are required). Each table needs to have six chairs (for one Panel Member and five interviewees). There should be sufficient distance between the tables to allow the different interviews to be conducted without undue disturbance. The room for the round-table interviews should have an easily visible wall clock, but there are no other requirements. No refreshments, other than water, need to be provided during round-table interviews. A room with good acoustics is preferred for round table interviews due to the large number of interviewees.

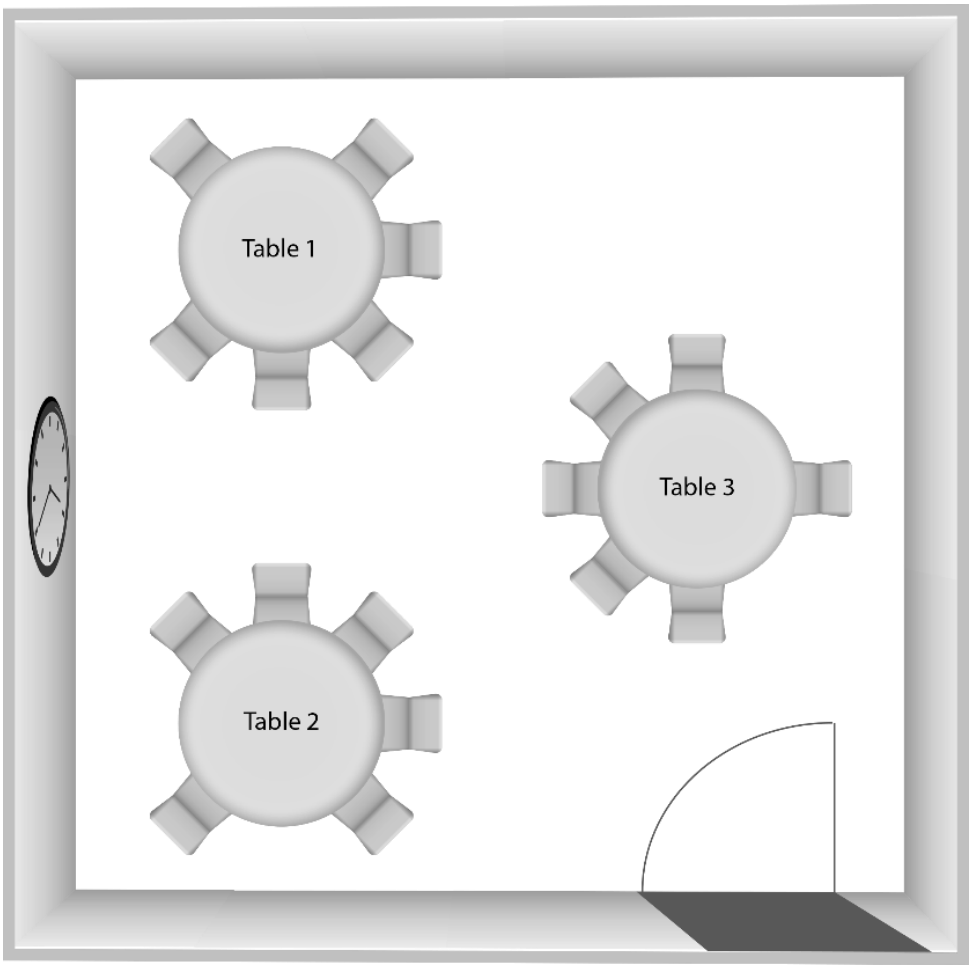

Figure 5: Round-table Room Layout

16.5.5 Facilities for Virtual Interviews

The ISA Visit may involve meetings facilitated through a virtual meeting platform. Depending on circumstances, all interviews may be required to take place in this way where an on-site Visit is unfeasible. The management of all virtual conferencing must be facilitated by the RD through the OAAAQA's virtual meetings platform, assisted where necessary by the relevant PSO. Adequate audio-visual hardware is required for virtual meetings, and the HEI must also provide technical staff to support the use of this equipment on the interviewees' side throughout the entire ISA Visit.

During an on-site ISA Visit, a virtual interview is typically only held with the affiliate's representatives and other external partners where applicable. In this instance, one interview session during the Visit requires the use of a virtual meeting platform, a screen and a conference microphone. These may be made available in the main Panel Room, or the Panel may use a different room where these facilities are available to conduct the interview. The room needs to have an easily visible and accurate wall clock, but there are no other requirements except for soundproofing.

In the extreme situation of an entire ISA Visit taking place virtually rather than on-site, the HEI must sign an undertaking that no recording of the proceedings will take place. If evidence is forthcoming that this protocol has been breached, the OAAAQA reserves the right to annul the ISA (with all fees being retained by OAAAQA); similarly, any Appeal launched by the HEI against the ISA outcomes using material obtained through recording virtual Visit proceedings is instantly dismissed.

16.5.6 Campus Tours and '*In-Situ*' Interviews

A full campus tour during the ISA Visit is not feasible given time constraints. The Panel will indicate in advance which areas of the campus it wishes to see during a brief tour, and the RD includes this in the ISA Visit Schedule. Typical locations may include, for example, the library, computer or other laboratories, and/or other teaching and learning areas. The Panel may ask questions about the facilities during the tour. When a formal interview session is conducted '*in-situ*' following the tour with the staff responsible for managing the facilities, it is called an 'In-Situ' Interview. These interviews allow the Panel to view a given location and the facilities that it affords and also to verify if and how they meet the relevant Standards and Criteria. There is no requirement for any special room-layout for the 'In-Situ' interviews, although the room should be large enough to accommodate the full Panel and all the interviewees (up to eight). At times, the Panel may conduct the 'In-Situ' interviews as parallel sessions, as two or three 'In-Situ' interviews can be scheduled to run concurrently at different locations on campus.

16.5.7 Panel Lunchroom

The Panel schedules a specific time for lunch on each day of the ISA Visit. An appropriate room, other than the main Panel Room, is required for this. It is not suitable for the Panel to have lunch in the main Panel Room as any lingering smell of food would be unconducive to a professional interview environment. The Panel also appreciates a break from the main Panel Room. At the same time, when the Panel leaves the room for lunch, the HEI can replenish refreshments if needed, after making arrangements to do so with the RD

Panel lunches are likely to be treated partly as working sessions during which discussions and deliberations about the ISA continue. Therefore, the Panel needs to have lunch in a room that allows confidentiality to be maintained. For this reason, it is not appropriate for the Panel to have lunch in an open cafeteria or other common spaces on campus. The Panel appreciates the provision by the HEI of a simple, self-service buffet lunch. Servers are not required in the room during lunch. Provision of international, vegetarian, and vegan options

is generally appreciated, and details regarding the menu, and any dietary requirements of individual Panel Members should be discussed between the RD and the Contact Person during the Planning Visit (see Section 15.5).

16.5.8 Prayer Facilities

Conveniently located prayer facilities for men and women should be provided.

16.5.9 Washroom Facilities

Panel Members must have access to conveniently located washroom and toilet facilities. Preferably, these should be either within or adjacent to the main Panel Room. Ideally, they should be allocated for the sole use of the Panel during the Visit and be gender segregated. HEIs are respectfully requested to organise these facilities to be routinely inspected for cleanliness and availability of supplies (including the provision of running water, a soap dispenser, sanitiser and tissue paper).

16.5.10 Parking

As some locally-based Panel Members may travel to the HEI in their own transportation, car parking facilities close to the main Panel Room are appreciated where possible. Where this is not possible, a valet service for remote parking or collection from remote parking by HEI shuttle is required.

16.6 Evidence Deadline

The Panel may request additional SMs during the ISA Visit. This is typically a small number of SMs, and a list of those is provided to the HEI's Contact Person by the RD on the last day of the ISA Visit. Each additional SM is numbered, and a description of what is needed is provided. The RD may also discuss these SMs with the Contact Person during the daily Liaison Meetings, but the HEI is not obliged to provide them during the ISA Visit. The deadline for receiving these additional SMs from the HEI is within seven days of the final day of the ISA Visit. It is important to note, however, that the official evidence deadline for the ISA is the date of *the last day of the ISA Visit*. No information created after that date may be included in the Panel's deliberations. This means that any additional SMs requested by the Panel on the last day of the ISA Visit must already exist as of that date. The HEI is given seven days to collect and submit those SMs, but no new documents created after the final day of the ISA Visit may be submitted.

16.7 ISA Visit Concluding Session

The ISA process does not allow for any preliminary feedback regarding the ISA results to be given to the HEI. The concluding session of the ISA Visit therefore allows an opportunity only for the Panel to extend its thanks to the HEI for their cooperation during the ISA, and, if required, to participate in a photographic opportunity with representatives from the HEI to commemorate the Visit. Under no circumstances are any findings discussed with the HEI during this concluding session. In following with ISA Visit protocols, up to eight representatives from the HEI may be present at the concluding session. The RD should be notified the names of those representatives by the HEI's Contact Person in advance of the final session.

17 The ISA Report

Following the conclusion of the ISA Visit, the Panel prepares the final ISA Report. The ISA Report is not made publicly available. It contains summative text of the Panel's evidence-based findings and ratings against each Standard and its Criteria, as well as the Accreditation Outcome. The Accreditation Outcome and rating for each Standard and Criterion are summarised in the Report and made publicly available on the OAAAQA website. The accreditation of an HEI provides public assurance that the HEI has the capacity and capability to deliver a high-quality academic provision and, according to the HEI's context, undertake research. The discrete stages for drafting the ISA Report versions are described below.

There are six versions of the ISA Report in total. Every version builds on the previous one and a single template is used to generate all six versions to ensure consistency. The first three versions are prepared before the ISA Visit, while the last three are generated after the Visit. An important reason for preparing the Report prior to the ISA Visit is to ensure that appropriate emphasis is given to the ISAA and submitted evidence. The ISA 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 ISAA rather than becoming the primary information source for the Panel's deliberations. Much of the value of the evidence obtained during the ISA Visit lies in its ability to confirm or alter the ISA Panel's ratings given to Standards and Criteria prior to the Visit.

17.1 ISA Report v1

This first version of the ISA Report is compiled by the RD upon receipt of the Preliminary Comments and preliminary (provisional) ratings (see Section 15.2) against each Standard and Criterion by the Panel Members. The RD collates all the Preliminary Comments and integrates them into the ISA Report template. This version of the Report is tabled at the Preliminary Meeting (see Section 15.3) as an aid for the Panel's discussion.

17.2 ISA Report v2

This second version of the ISA Report is prepared by the RD after the Preliminary Meeting (see Section 15.3) by incorporating the comments from the Panel's discussion into ISA Report v1. The purpose of this version is to document any germane points from the ISA Panel's discussion during the Preliminary Meeting, and to provide an aid for the Panel during their ongoing review of the HEI's ISAA and evidence. ISA Report v2 is circulated to the Panel after the Preliminary Meeting.

17.3 ISA Report v3

The third version of the ISA report comprises of several versions. ISA Report v3 is prepared by the Panel shortly *before* the ISA Visit. Following the receipt of the additional evidence requested by the Panel (see Section 15.4.1) and the HEI's response to the MCs (see Section 15.4.2), Panel Members develop ISA Report v2 into v3 by updating the text for each Criterion based on the additional evidence and information. Every Panel Member is responsible for drafting the text for their allocated Standard(s) and Criteria. The text in ISA Report v3 consists of concise, evaluative bullet points with evidence-based justification for the provisional rating of a Criterion. Every attempt should be made to conform to the principles set out within OAAAQA's House Style Manual. Panel Members submit the text for their allocated Standard(s) to the RD at least seven days prior to the commencement of the ISA Visit. The RD compiles the text into a single ISA Report v3. This report is then used as a reference by the Panel during the ISA Visit and also updated during the Visit to generate v3.1.

On the penultimate day of the ISA Visit, Panel Members are asked to reach consensus on the ratings to be applied to each Criterion and Standard. (This is why it is important for Panel

Members to engage with all Standards, not just those assigned to them.) More information about how the Panel arrives at the ratings can be found in Part D of this Manual. On the last day of the ISA Visit, Panel Members build on ISA Report v3 by incorporating insights gained through interviews during the Visit into the text. The text for each Criterion must comprise concise, but sufficiently comprehensive, evidence-based justification for the Panel's rating decision, and be submitted to the RD before the concluding session of the ISA Visit (see Section 16.7). The RD compiles this text into a single ISA Report v3.1.

Following the ISA Visit, the RD reviews ISA Report v3.1. This includes editing the text written by the Panel to ensure clarity, accuracy, sufficiency and the use of a 'single voice' throughout the Report. Detailed feedback and comments are provided to the Panel on areas where further work is needed. This edited and annotated version of the Report becomes ISA Report v3.2 and is returned to the Panel with the RD's comments and feedback. Panel Members are requested to read-through ISA Report v3.2 to check that any changes made accurately capture the essence of the Panel's original text and findings, and to address the RD's feedback by making additions or amendments. The deadline for returning the updated ISA Report v3.2 to the RD is within one week of receiving the Report from the RD.

17.4 ISA Report v4

The fourth version of the ISA Report is prepared by the RD after the updates made to v3.2 are received from the Panel Members. In preparing this version, the RD considers the consistency of the text against the ratings, singularity of voice, grammatical accuracy and alignment with OAAAQA's House Style Manual. The consistency of content and ratings across different Criteria is also verified by the RD. This results in ISA Report v4. There is no obligation to seek further Panel feedback on v4 unless there is a discrepancy between the text and rating that Panel Members need to resolve.

ISA Report v4 undergoes comprehensive external and internal moderation to ensure that the Criteria and Standards ratings are aligned with the Panel's findings and evidence, the text is internally consistent in content across sections, the tone used is professional and objective, there is clarity of expression and flow of ideas, and the report reflects international good practice in external assessment. Moderators may note any editorial amendments needed. They may not change a rating or the substance of the text. They may only point out discrepancies between text and rating and then make suggestions to the Panel as to how these discrepancies can be resolved. They do not intervene in any way, however, in giving a rating: this is the sole responsibility of the Panel.

External moderators must sign OAAAQA's *Service Provision Contract for External Quality Assurance Activities*. This requires them to acknowledge, among other things, that the ISA Report and ratings are strictly confidential and that they may not publicly refer to any part of the ISA Report, Standards and Criteria ratings or Accreditation Outcome. External moderators communicate only with the RD. No direct interaction between the external moderator and the Panel takes place. Following the receipt of the external moderators' feedback, the RD makes any required editorial amendments to ISA Report v4. If major changes are required, the RD sends the moderators' feedback to the Panel for their consideration. Once the Panel has reached consensus on the major changes, the Report is updated accordingly and forwarded to the internal OAAAQA moderators as ISA Report v4.1.

Depending on the availability of resources, the OAAAQA may contract a trusted member of the Register of External Reviewers who has in-depth experience of the Authority's EQA activities to undertake the role of 'internal moderation'. All internal moderators, whether from within OAAAQA or contracted from the Register, communicate only with OAAAQA and the RD. The RD is responsible for reviewing the internal moderators' comments, acting on any agreed amendments and referring to the Panel as required.

17.5 ISA Report v5

The fifth version of the ISA Report is produced by the RD by factoring in the feedback from external and internal moderation and ensuring that the commentary supports the Criteria ratings. An important difference between current and earlier versions of the ISA Reports is that ISA Report v5 no longer includes any text or feedback on the Criteria that have been rated *Met*. While the text for all Criteria is retained in the earlier versions of the Report to ensure that the Panel has reached an evidence-based conclusion, in v5 this text is removed and only a rating is given for *Met* Criteria. The rating implies that all the requirements of the Criterion have been met and the Panel has sufficient evidence to assign a *Met* rating. For any Criteria that are rated as *Partially Met* or *Not Met*, the Panel's findings and text are retained in ISA Report v5 with references to the relevant evidence. This approach is a deliberate attempt to streamline the ISA process, to allow maximum visibility of issues where an HEI is not yet meeting the required Standard, and to make for a more efficient and swift delivery of the results of ISA to the HEI. ISA Report v5 is formally approved by the OAAAQA before it is dispatched to the HEI for their comments.

17.5.1 HEI's Comments on ISA Report v5

The HEI's comments on ISA Report v5 form a vital part of the ISA process, and a template is provided to guide this submission (see Appendix H). This part of the ISA process provides HEIs with an opportunity to address any matters in the report with which it disagrees about the following:

- **Factual inaccuracies**: The HEI should highlight any factual inaccuracies in the report.
- **Unfair or prejudiced judgement**: All EQA activities involve elements of professional judgement, and an HEI may not question professional judgement other than where a Panel has been demonstrably unfair in the assessment decision of a Criterion. In this instance, evidence must be given to support any claims made.
- **Omission**: The omission of an issue so significant that its omission is unfairly prejudicial against the HEI and results in an unfair assessment decision.
- **Due Process**: The ISA process was conducted in a manner that was manifestly unfair and deviated from the Manual in a manner that had not been agreed to between the parties.

The HEI's comments on ISA Report v5 represent the last opportunity for the HEI to influence the ISA Panel's rationale. Any claims must be clear and convincing and fully supported with evidence. Any evidence (MMs or SMs) referenced in the HEI's feedback must *not* post-date the last day of the ISA Visit. The evidence must have existed during the ISA Visit. New policies, practices, data and so forth that have been developed since the Visit are not permissible. If the HEI submits additional SMs with its comments, they should be numbered and indexed following the same convention used for all the other SMs. The numbering of any additional SMs should continue in sequence.

To facilitate the timely completion of the ISA Report, HEIs must give their comments on ISA Report v5 by an agreed deadline. Extensions to this deadline (of up to a maximum of 50% of the indicative time allowed for HEI comments) are only given in extreme circumstances beyond the control of the HEI and at the discretion of OAAAQA. Failure to return comments on ISA Report v5 by the agreed deadline and without notifying OAAAQA of any extenuating circumstances leads automatically to the assumption that the HEI has no comments to make and is satisfied with the accuracy of the Report.

17.5.2 Panel's Response to HEI's Comments on ISA Report v5

The HEI's comments on ISA Report v5 are forwarded to the Panel for a response using a prescribed template (see Appendix I for a sample). All members of the Panel must respond to each of the HEI's comments. The Panel Response Report is shared with relevant members

of CHEQA and the OAAAQA CEO but is not shared with the HEI. This is to ensure that the discussion on the Report is completed in a timely manner, and in recognition of the fact that the outcomes are non-negotiable.

17.6 ISA Report v6

The sixth version of the ISA Report is produced by the RD after factoring in the Panel's response to the HEI's comments on ISA Report v5. Where this involves a change of rating, the whole Panel must be consulted, and a consensus must be obtained. The DG CHEQA ensures that a rationale for each Panel response to each of the HEI's comments has been adequately given, and ISA Report v6 is sent to the CEO's Office for final approval. The OAAAQA CEO determines the final Accreditation Outcome and ratings against the Standards and Criteria, based on a review of ISA Report v6 and discussion with the DG CHEQA on relevant aspects of the ISA process. The OAAAQA Institutional Accreditation Outcome is final.

17.7 Final ISA Report

The ISA Report, along with the Accreditation Outcome and ratings of Standards and Criteria are sent to the OAAAQA Board for endorsement. Following this, the final ISA Report, including changes requested by the OAAAQA CEO (if any), is sent to the HEI under embargo for ten days. If the HEI does not lodge an appeal (see Section 19.2), the Accreditation Outcome and ratings are made public on the OAAAQA website. The final ISA Report is not made publicly available but is circulated as a confidential document to OAAAQA Board, the Cabinet, the HEI's supervising Ministry or entity (if applicable), and to other government bodies on request, subject to the OAAAQA CEO's approval.

18 After the ISA

The ISA formally ends with the publication of the Accreditation Outcome on the OAAAQA website. However, a number of 'closing' activities take place following the ISA, which are described below.

18.1 Public Reporting and Accountability

The OAAAQA publishes the Institutional Accreditation Outcome on its website, together with the publication of ratings for each Standard and its associated Criteria. The OAAAQA is committed to transparent and effective communication of an HEI's performance to stakeholders, as realised through the ISA rating scales (see Part D). Stakeholders, such as supervising ministries, employers, students and the general public, are able to use this data in order to compare the performance of different HEIs.

Rather than producing a ranking system, the OAAAQA's approach allows prospective students, their parents and other stakeholders to search against items that match their specific needs. This approach to the reporting of ISA results enables HEIs to build their own profile and make claims, which are supported by the OAAAQA, about the academic standards and quality at their institution, and their ability to provide quality education services and experiences. It also enables students and other stakeholders to compare HEIs based on their own priorities.

18.2 Institutional Accreditation Certificate Ceremony and Media Management

An Institutional Accreditation certificate is awarded to *Accredited* HEIs. The certificate is presented to the HEI in a ceremony and is valid for a period of five years. The HEI must also sign a declaration at this time undertaking to notify the OAAAQA of any major changes during

this period, as per the stipulations in the OAAAQA *Policy on Major Change Notification for Higher Education External Quality Assurance Activities*.

The Chair of the OAAAQA Board and/or the CEO or DG CHEQA may make public statements on behalf of the OAAAQA if necessary in relation to the ISA. The HEI may make its own comments about the ISA but may not use the ISA Report in a misleading way or to publicly harm other HEIs. As the ISA Report is not made public, the HEI is not permitted to publish any part of the report. If the HEI publishes any part of the report, the OAAAQA will make the whole report publicly available. Any disputes about the ISA process need to be addressed through the Appeal process (see Section 19.2). Disputes should not be pursued through the media.

18.3 Deleting ISA Documentation

The ISA is considered officially completed after the public release of the final Accreditation Outcome on the OAAAQA website. If the HEI lodges an appeal, the OAAAQA defers the publication of the final Accreditation Outcome. The RD will notify the ISA Panel if an appeal is submitted. Since ISA Panel Members may be interviewed by the Appeals Committee, any documentation related to the ISA should be retained until after the appeal has been resolved and the final Accreditation Outcome is released. Following this, Panel Members must delete all documents and materials related to the HEI and the ISA.

18.4 Feedback Mechanisms

The OAAAQA is committed to the continuous improvement of its own processes and routinely seeks feedback from various sources after each ISA. All post-ISA evaluations are periodically reviewed as part of OAAAQA's Internal Quality Management System. The outcomes of these reviews are treated as opportunities for improvement as reflected in amendments to this Manual, indicative timelines, templates and other details of the process. The OAAAQA itself is subject to external review from time to time in accordance with the INQAAHE ISGs.

18.4.1 ISA Panel Member Evaluation

After the ISA Report and Accreditation Outcome have been endorsed by the OAAAQA Board, the RD sends each ISA Panel Member an evaluation form seeking their feedback about the ISA Manual, the ISA Report, the ISA process in general, and the support provided by OAAAQA staff.

18.4.2 HEI Representative Evaluation

After the Accreditation Outcome has been publicly released, the OAAAQA seeks feedback from HEI representatives on the ISA Manual, the ISA process and the ISA Report. This feedback is an important means for the OAAAQA to ensure that the ISA remains robust and appropriate.

18.4.3 Review Director Report

The RD prepares a confidential report providing an account of the ISA. The purpose of this report is to help the OAAAQA identify opportunities for improvement of the ISA process. The report includes the following:

a) Suggested amendments to the ISA Manual and processes.
b) Comments on the effectiveness of the ISA Panel, including a review of each Panel Member's contribution and a recommendation regarding their future role, if any, in OAAAQA's EQA processes.
c) Comments on the interactions with the HEI.

19 Disputes and Appeals

This section provides a brief overview of the arrangements in place in case of any disputes during the ISA, and the procedures relating to appeals.

19.1 Disputes

Every attempt should be made by the HEI, Panel and RD to ensure that the ISA is conducted in a positive and professional manner. Where, for whatever reason, this high standard is compromised, a dispute or complaint may arise.

19.1.1 Complaints by the HEI Against the ISA Panel

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

a) An unnecessarily hostile or aggressive manner.
b) A perceived breach of the confidentiality of particularly sensitive information.
c) Unreasonable demands on the HEI by the Panel.
d) Any other perceived breach of the ISA Protocols.

19.1.2 Complaints by the ISA Panel Against the HEI

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

a) Refusal to comply with reasonable requests for access to personnel, information and/or locations.
b) Perceived coaching by the HEI, designed to influence responses given by interviewees.
c) Perceived breach by the HEI of the confidentiality of the Panel's information and deliberations.
d) Any other perceived breach of the ISA protocols as described in this Manual and related OAAAQA policies.

19.1.3 Resolution of Complaints

The objective of raising such issues is to enable the ISA 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 RD 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 RD may ask the DG CHEQA or the OAAAQA CEO to intervene. Given that the OAAAQA has a legal mandate to conduct accreditation, any clear breach of the ISA protocols or processes as set out in this ISA Manual may lead to the ISA being terminated early.

19.2 Appeals

There are many checkpoints in the ISA process designed to ensure that the Institutional Accreditation Outcome is based on a fair and reasonable assessment of the HEI in relation to the national Standards and Criteria. It is possible, however, that the HEI may still believe that it has evidence to suggest that the Standard and Criteria ratings or Accreditation Outcome are unjust and may unfairly damage its reputation. Only in these cases, may an HEI apply for a formal appeal. Detailed information about the appeals process can be found in the Appeals Manual available on the OAAAQA website.

19.2.1 Grounds for Appeal

The grounds for appealing against an Accreditation Outcome are as follows:

a) Significant factual inaccuracies that the HEI has tried to correct by providing the appropriate evidence to the Panel in the HEI's comments on ISA Report v5.
b) Emphases or perspectives taken by the Panel that are unfairly prejudicial against the HEI and resulted in an unfair assessment of a Standard or related Criteria.
c) The omission of an issue so significant that its omission is unfairly prejudicial against the HEI and resulted in an unfair assessment of a Standard or related Criteria.
d) The ISA process being conducted in a manner that was manifestly unfair and deviated from the ISA Manual in a manner that had not been agreed upon by both parties.
e) The Accreditation Outcome and/or ratings are manifestly at odds with the final ISA Report.

19.2.2 Conditions for Reviewing an Appeal

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

a) The matter is significant enough to have resulted in an unreasonable ISA Report and Accreditation Outcome. In other words, trivial issues are not accepted for an appeal.
b) The HEI has already attempted to correct the issue by providing the Panel with appropriate evidence during the normal course of the ISA. In other words, if the HEI did not provide the information in the HEI's Comments on ISA Report v5 before the deadline, it cannot complain afterwards that the ISA Panel reached an unfair conclusion.

19.2.3 Appeal Process, Fee and Outcome

An HEI must signal its intention to appeal within ten working days from receipt by the HEI of the Institutional Accreditation Outcome if it wishes to suspend the ratings and the Accreditation Outcome until the end of the appeal. Upon receipt of this application, the OAAAQA defers publication of the Accreditation Outcome 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. Even after publication of the Accreditation Outcome on the OAAAQA website, an HEI has the right to appeal the result of the Accreditation Outcome up to 60 days from the time it is notified of the Accreditation Outcome by the OAAAQA.

The formal costs of convening an Appeals Committee are structured to ensure that application for an appeal is lodged with appropriate seriousness. The fee for lodging an appeal is non-refundable. The outcome of an Appeal is final, and there is no recourse to legal action.

PART G: APPENDICES

Appendix A: Terms and Abbreviations

The following terms and abbreviations are used in this manual. A full glossary of OAAAQA terms is available on the OAAAQA website.

ADRI ..... Approach - Deployment - Results - Improvement
CEO ..... Chief Executive Officer
CHEQA ..... Centre for Higher Education Quality Assurance at the OAAAQA
DG CHEQA..... Director General of CHEQA
EQA (Activity) ..... External Quality Assurance (Activity)
ERASD..... External Review Activities Support Department
ERD ..... External Review Director
GFP..... General Foundation Programme
GFPQA ..... General Foundation Programme Quality Audit
HEI ..... Higher Education Institution
IEQA (Activity/Entity) ..... International External Quality Assurance (Activity/Entity)
IQAD ..... Institutional Quality Assurance Department at the OAAAQA
ISA ..... Institutional Standards Assessment
ISAA..... Institutional Standards Assessment Application
ISGs ..... International Standards and Guidelines provided by INQAAHE
ISR ..... Institutional Standards Reassessment
MCs..... Matters for Clarification
MM(s)..... Mandatory Material(s)
MoD ..... Ministry of Defence
MoH ..... Ministry of Health
MoHERI ..... Ministry of Higher Education, Research and Innovation
OAAAQA..... Oman Authority for Academic Accreditation and Quality Assurance of Education
OAAA..... Oman Academic Accreditation Authority (previous name of OAAAQA)
OAC ..... Oman Accreditation Council (previous name of OAAA)
OQF ..... Oman Qualifications Framework
PSO ..... Panel Support Officer
RD..... Review Director
ROSQA..... Requirements of Oman's System for Quality Assurance
SM(s) ..... Supplementary Material(s)

Appendix B: ISA Submission Completeness Check

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITUTIONAL STANDARDS ASSESSMENT (ISA)

Submission Completeness Check

OAAAQA Review Directors (RDs) must ensure that the HEI's ISA submission is complete. They do this using the checklist below. HEIs use the same checklist to ensure that the information submitted is complete and appropriately presented. Once the Completeness Check has been conducted, and all elements of the application have been sighted by the RD, the submission is forwarded to the ISA Panel. Where elements of the submission are missing, the RD will contact the HEI's nominated Contact Person and request that the material(s) be submitted as soon as possible.

[Insert Name of HEI] ISA Submission Completeness Check			
Number	**Item**	**Completed** (to be filled by the HEI)	**Completed** (to be filled by the RD)
Section 2	**HEI Declaration and Designated Contact Person**	☐ Yes ☐ No	☐ Yes ☐ No
Section 3	**List of Abbreviations**	☐ Yes ☐ No	☐ Yes ☐ No
Section 5	**Overview of the HEI**	☐ Yes ☐ No	☐ Yes ☐ No
Section 6	**HEI Background Information**	☐ Yes ☐ No	☐ Yes ☐ No
Section 7	**Self-Assessment**		
	Rating against all Standards	☐ Yes ☐ No	☐ Yes ☐ No
	Rating against all Criteria	☐ Yes ☐ No	☐ Yes ☐ No
	Commentary against all Criteria	☐ Yes ☐ No	☐ Yes ☐ No
Section 8	**Mandatory Materials Checklist**	☐ Yes ☐ No	☐ Yes ☐ No
	All Mandatory Materials referenced in the commentary are submitted with the application	☐ Yes ☐ No	☐ Yes ☐ No
Section 9	**Supplementary Materials Checklist**	☐ Yes ☐ No	☐ Yes ☐ No
	All Supplementary Materials referenced in the commentary are submitted with the application	☐ Yes ☐ No	☐ Yes ☐ No
Section 10	**Institutional Data**	☐ Yes ☐ No	☐ Yes ☐ No
General	All electronic folders and files are accessible	☐ Yes ☐ No	☐ Yes ☐ No
General	All MMs and SMs are appropriately indexed and labelled correctly (the name reflects the contents)	☐ Yes ☐ No	☐ Yes ☐ No
General	All MMs and SMs have been submitted as single files (except those indicated in ISA Application Section 8)	☐ Yes ☐ No	☐ Yes ☐ No
General	All MMs and SMs referenced in the ISAA commentary are appropriately hyperlinked	☐ Yes ☐ No	☐ Yes ☐ No

☐	I hereby declare that the [HEI]'s ISA submission is complete, and all electronic files are functioning.		
HEI Contact	[Title and Name]	**Date**	[dd/mm/yyyy]
☐	I hereby declare that the [HEI]'s ISA submission is complete, and all electronic files are functioning.		
Review Director	[Title and Name]	**Date**	[dd/mm/yyyy]
RD Comments			

Appendix C: Preliminary Meeting Agenda Template and Sample

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITUTIONAL STANDARDS ASSESSMENT (ISA)

SAMPLE Preliminary Meeting Agenda

Locally-based Panel Members may attend the Preliminary Meeting in person, but all other ISA Panel Members are required to attend via a video conferencing platform. The meeting agenda may be modified (including the duration of different activities) at the discretion of the ISA Panel Chairperson and on the advice of the Review Director. The meeting is chaired by the Panel Chairperson. Panel Members should read the whole ISAA prior to the meeting and be prepared to discuss all the Standards, and provide a more detailed commentary on the Standard(s) and Criteria which they have been assigned.

SAMPLE Preliminary Meeting Agenda			
Date	[dd/mm/yyyy]	**Time (Muscat Time)**	[e.g., 9:30 A.M. – 11:30A.M.]
Panel Members (PMs)	• [Give initials in brackets after name] (Chairperson) • [Give initials in brackets after name] • [Give initials in brackets after name] • [Give initials in brackets after name] • [Give initials in brackets after name]	**[External] Review Director (ERD)**	[Give initials in brackets after name]
		Panel Support Officer (PSO)	[Give initials in brackets after name]
Meeting Aims	• Communication between PMs to build a team • Sharing of Review Comments on the ISA submission • Sharing of requests for additional evidence • Highlighting of any particular issues or common themes to explore across the submission • Opportunity to clarify requirements of the next steps in this ISA process.		

Item	Duration	Activity	Responsibility
1	[00:00-00:00] 10 minutes	**Brief introductions** **Clarification of Preliminary Meeting objectives**	Panel Chairperson
2	[00:00-00:00] 15 minutes	**Explanation of the key features of the ISA** • Context of the ISA and HEI • OAAAQA's approach to ISA (including differences in 2024 ISA) • Standards, Criteria, Indicators and ratings • Role of ADRI • Evidence provided in MMs and SMs • ISA Visit expectations • Expected outcomes of the ISA and report versions (ISA Report v3.1 due on the last day of the ISA Visit) • Questions raised by ISA Panel Members	Panel Chairperson and/or RD
3	[00:00-00:00] 10 minutes	**Brief general overview comments about the ISAA** • Each Panel Member is to provide brief overview comments on/general impressions about the ISAA overall (2 minutes per Panel Member) • **Any further general contextual information required of the HEI by Panel Members.**	Each Panel Member in Turn
4	[00:00-00:00] 75 minutes	**Analysis of ISAA** **Determining the main issues for consideration under each Standard** • Areas of strong divergence between HEI's self-ratings and Panel's preliminary ratings • Focus on particular Criteria highlighted for discussion (i.e. which Criteria need to be probed further and why?) • Additional evidence (SMs) needed • MMs that need to be re-submitted	Each Panel Member in Turn

Item	Duration	Activity	Responsibility
		• Matters for clarification or contextual information needed	
5	[00:00-00:00] 5 minutes	**Next Steps** **All Panel Members should do the** following for their allocated Standard and Criteria**:** • Confirm the requested additional SMs and MCs within 7 days of the Preliminary Meeting • Review additional SMs and MCs after the Planning Visit • Refine potential interview questions • Prepare text for ISA Report v3 and submit it to the RD one week before the ISA Visit	All Panel Members by agreed deadlines
6	[00:00-00:00] 5 minutes	**Any other business**	Review Director
Total	**2 hours**	In person at OAAAQA premises and/or video conferencing.	PSO

Appendix D: Planning Visit Agenda Template and Sample

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITIUTIONAL STANDARDS ASSESSMENT (ISA)

SAMPLE Planning Visit Agenda

Typically, only the Review Director (RD) and a representative of the Panel Chairperson ('OAAAQA delegation') attend the Planning Meeting. This takes place in person at the HEI's premises, briefly with the HEI's CEO (or equivalent) and thereafter with the HEI's Contact Person and representatives ('HEI Team'). This agenda may be modified (including the duration of different activities) at the discretion of the Panel Chairperson and on the advice of the RD. All attendees should be familiar with the ISAA, the ISA Manual and the documents assembled for discussion in this meeting. While the OAAAQA delegation appreciates light refreshments during the meeting, it does not generally stay to share lunch with the HEI Team.

SAMPLE Planning Visit Agenda			
Date	[dd/mm/yyyy]	**Time (Muscat Time)**	[e.g., 9:30 A.M. – 11:00 A.M.]
Attendees	• [Title and Name] ([Panel Chairperson or Representative]) • [Title and Name] (RD) • [Title and Name] (Observer), if applicable • [Title and Name] (HEI Representative) • [Title and Name] (HEI Representative) • [Title and Name] (HEI Representative), etc.	**Venue**	[HEI Premises]
		Inspection of Facilities Requested	[Two Interview Rooms, Lunch Room, etc]
Meeting Aims	• Discussing ISA Visit logistics and arrangements • Opportunity to clarify requirements for the ISA Visit • Confirming the ISA Visit Schedule • Verification that the Call for Public Submissions has been posted by the HEI • Inspection of facilities • Submission of the additional evidence and Matters for Clarification (electronically)		

Item	Duration	Activity	Responsibility
1	[00:00-00:00] 15 minutes	**Courtesy Meeting** Brief meeting to welcome Planning Visit attendees with discussion limited to sector-wide issues of a very general nature	HEI CEO (or equivalent) and OAAAQA Team
2	[00:00-00:00] 50 minutes	**ISA Visit Schedule** Discussion about the draft ISA Visit Schedule. This may include clarifying exactly who the ISA Panel wish to interview in each Visit session.	HEI Team and OAAAQA Team
3	[00:00-00:00] 20 minutes	**ISA Visit Arrangements** Discussion of the arrangements required for the ISA Visit, including technical requirements and protocols.	HEI Team and OAAAQA Team
4	[00:00-00:00] 10 minutes	**Logistics** Discussion regarding details, such as parking, venues and Panel dietary requirements.	HEI Team and OAAAQA Team
5	[00:00-00:00] 5 minutes	**Call for Public Submissions** Confirmation and verification that the Call for Public Submissions has been posted by the HEI.	HEI Team and OAAAQA Team
7	[00:00-00:00] 30 minutes	**Venue Inspection** Venues to be inspected for suitability include: • Main Panel Room and 'parallel sessions' room (if applicable) • Round table interview room (designated room for the Panel to meet with students and alumni) • Panel lunchroom (separate from the Panel Room) • Prayer rooms • Washroom facilities	HEI Team and OAAAQA Team

Item	Duration	Activity	Responsibility
		• Facilities to be shown on campus tour (library, laboratories, etc.)	
8	[00:00-00:00] 5 minutes	**Confirmation of additional evidence and MCs being submitted electronically** **Any Other Business** **Meeting Closure**	As required
Total	**2 hours (excl. courtesy meeting)**	In person at HEI's premises (main campus)	

Appendix E: Call for Public Submissions Template

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITUTIONAL STANDARDS ASSESSMENT (ISA)

Call for Public Submissions

External Quality Assurance (EQA) Review Details			
Name of HEI		**Type of EQA**	**ISA**
Notice Publication Date		**Public Submission Link**	
Further Information	www.oaaaqa.gov.om	**OAAAQA Contact**	

What is a Public Submission?
The Oman Authority for Academic Accreditation and Quality Assurance of Education (OAAAQA) undertakes reviews of the activities of higher education institutions (HEIs), for all External Quality Assurance (EQA) activities under its remit. These include General Foundation Programme Quality Audit (GFPQA), Institutional Standards Assessment (ISA) and Programme Standards Assessment (PSA). As part of their deliberations, the Panels undertaking these reviews invite submissions from interested parties.

Who may make a Public Submission?
Anyone with direct knowledge of the HEI under review may make a comment.

What should be commented on in a Public Submission?
Submissions may cover any issue relevant to the HEI's ongoing review by OAAAQA. The submission should address, however, aspects of activities or systems that may assist the Panel in forming conclusions about the HEI's performance. It must contain specific evidence for any claims being made as a Panel is not able to pursue vague statements or allegations.

What is the deadline for making a Public Submission?
Submissions must be received by [**insert date**].

How is a Public Submission lodged with OAAAQA?
Submissions should be sent via the link given at the top of this notice.

What information must be provided with a Public Submission?
- **Identification**: Submissions must include the name, position, organisation or workplace (if any) and the contact details of the person or group making the submission.
- **Contact**: The person or group making the submission must be willing to participate in a telephone interview with the Panel if deemed necessary.
- **Evidence**: The submission should address aspects of the *[HEI's]* activities that can assist the Panel in forming conclusions about whether Standards have been met. It should contain specific evidence for any claims being made. Vague statements or allegations are not pursued by the Panel.
- The submission should not refer to personal grievances or single out individual members of staff within the HEI under review as the Panel has no mandate to address grievances.
- The submission (excluding corroborating evidence) should be no more than 1,000 words.

Will the HEI know the identity of those making a Public Submission?
All submissions are confidential. This means that while Panels may use the information provided in a submission, they are not permitted to reveal the source of the comments. As information is only used in the formation of general comments on an HEI's performance, and not for the purpose of pursuing specific grievance, the Panel will not make any response or report back to those making the submission.

Appendix F: Information for HEI Staff, Students and Stakeholders

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITUTIONAL STANDARDS ASSESSMENT (ISA)

General Information for *[HEI]* Staff, Students and Stakeholders

Institutional Standards Assessment Key Information	
HEI	
ISA Visit Dates	
Visit Venue	
Panel Chairperson	
Panel Member(s)	
Review Director	
HEI Contact Person	
HEI Contact Email	
Further Information:	www.oaaaqa.gov.om

What is Institutional Standards Assessment (ISA)?
The Oman Authority for Academic Accreditation and Quality Assurance of Education (OAAAQA) has convened an Institutional Standards Assessment (ISA) Panel to undertake an ISA of *[HEI]*. The ISA evaluates whether *[HEI]* meets the OAAAQA's academic Standards and Criteria, which have been set to reflect international standards for higher education institutions. The OAAAQA's Standards, embedded in Part B of the ISA Manual, are available on the OAAAQA website (www.oaaaqa.gov.om).

What are the outcomes of ISA?
The ISA involves a comprehensive self-assessment by *[HEI]*, resulting in an ISA Application. This is followed by an external review by an ISA Panel appointed by the OAAAQA. The process results in the *[HEI]* being given ratings against the Standards and Criteria, and an overall Accreditation Outcome. The ratings and the Accreditation Outcome are then published on the OAAAQA's website.

Who are the ISA Panel Members?
The ISA Panel comprises senior academic, professional or industrial experts, resident both in Oman and internationally.

What does the ISA Panel do during an ISA Visit to an HEI?
As part of its work, the ISA Panel conducts a Visit during the dates shown above. During the Visit, the Panel will meet a wide range of people, including staff and students and external stakeholders, such as employers and external examiners. Mostly, these meetings are in formal interview sessions, but some random interviews may also be conducted.

What are interview sessions?
Some staff, students and other stakeholders (e.g. alumni) have been requested to participate in formal interviews with the ISA Panel. Staff may be invited to be interviewed individually or in groups of up to eight interviewees in sessions conducted in the Panel rooms. Staff may meet with the whole Panel or with part of the Panel. Students and alumni are invited to attend a one-hour long group interview session. Students and alumni are not interviewed individually but in groups of five in a more informal 'round table' setting with a single Panel Member.

The Panel may also conduct 'random' interviews with staff and students on campus in order to help the ISA Panel Members gain a broad perspective. At some stage during the Visit, an ISA 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 ISA Panel Members are clearly identifiable from their name badges. You are under no obligation to participate, but it is hoped that you will assist in order to help the ISA Panel gain as full an understanding of *[HEI]* as possible.

What types of questions does the Panel ask in interviews?
Panel Members ask questions about staff and student's experience at *[HEI]*, including teaching and learning experience, support provided to students and staff, resources and facilities available on campus, research and other areas from the ISA Standards. The Panel may seek comments on a broader range of matters, some of which may be general, and others may be more specific. Interviewees are expected to answer honestly and based on their personal experience. There are no right or wrong answers, and the interview is not a test of the interviewees.

Should staff and students prepare for interviews?
To prepare, interviewees involved in the formal interview sessions may wish to read the ISA Application which can be downloaded here: *[insert URL or state location]*. Panel questions are based on this Application. Interviewees may not bring pre-planned answers to the interview. Panel Members examine a wide range of evidence during the ISA process and use the lived experience or knowledge of interviewees about the institution as part of their analysis of this information.

Are interview sessions during the ISA Visit confidential?
All interviews are confidential in the sense that although the Panel needs to be able to use the information provided, it will not do so in a way that attributes the statements to anyone in particular. In other words, the ISA Panel may reveal what was said, but not who said it. Your name will not be mentioned anywhere. The OAAAQA expects that all participants in ISA will respect this rule and will not report on what they or other people say during the interview.

Thank you very much for your participation in this important exercise.

Appendix G: ISA Visit Schedule (Sample)

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITUTIONAL STANDARDS ASSESSMENT (ISA)

SAMPLE ISA Visit Schedule

The tables below indicate a typical and an illustrative ISA Visit Schedule for a single-campus Visit. The Visit normally commences at 09.00 A.M. on Day 0, with the Panel arriving at the OAAAQA offices or the conference rooms at the Panel's hotel for a private Panel Briefing. Interviews with staff and students commence on Day 1. Interviews normally last 45 minutes, although some interviews may last up to one hour. Time is reserved within the schedule for private Panel meetings to debrief after sessions and prepare for subsequent interviews. Time is also required for Panel Members to reflect on what they have learned from the interviews, to update their notes and records, read on-site evidence, discuss their findings and reach conclusions. Random interviews (where necessary) take place within whatever time is available. Where necessary, some or all interview sessions may be held virtually. The Visit Schedule for multi-campus ISAs is adjusted as needed in order to accommodate visits to multiple locations.

ISA Visit Arrangements– Overview			
Panel	**Details of Panel Size and Visit Duration**		
Duration of Visit	X days (inclusive of all Visit activities)	**Review Director**	
Total Panel Size	X PMs (incl. Chairperson)	**Panel Support Officer**	
Panel Members			
ISA Visit Day	**Morning**	**Afternoon**	
Day 0	Panel briefing (at OAAAQA or in hotel)	Panel briefing (at OAAAQA or in hotel)	
Day 1	Interviews + Panel discussions (at HEI)	Interviews + Panel discussions (at HEI)	
Day 2	Interviews + Panel discussions (at HEI)	Campus tour and in-situ interviews at facilities	
Day 3	Call-Back Interviews + Demo of systems	Rating discussion and report refinement (at HEI)	
Day 4	Report refinement (at HEI)	Report refinement (at HEI) and Concluding Session	

SAMPLE Schedule of Interview Sessions		
Day	**Morning**	**Afternoon**
Day 1	• **Courtesy Meeting**: With Head of HEI (15-20 mins) • **Session 1**: Panel interviews with senior managers and leaders • **Session 2**: Panel interviews with Heads of Schools/Faculties • **Session 3:** Panel interviews with Heads of Department	• **Session 4:** Panel interviews with current students • **Session 5:** Panel interviews with academic staff • **Session 6:** Panel interviews with affiliate (if applicable)
Day 2	• **Session 7**: Panel interviews governing bodies • **Session 8**: Panel interviews with admin and support staff • **Session 9:** Panel interviews with academic staff	• **Session 10:** Panel interviews with alumni • **Session 11**: Panel interviews with employers and other external stakeholders • **Session 12:** Campus tour of facilities and 'in-situ' interviews
Day 3	• **Session 13**: Demonstration of IT systems • **Session 14**: Call-Back Interviews (if required)	

Appendix H: HEI Comments on ISA Report v5 Template

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITUTIONAL STANDARDS ASSESSMENT (ISA)

HEI Comments on ISA Report Version 5 (v5) of an OAAAQA ISA Report

Notes

- HEIs are invited to comment on claims made in Institutional Standards Assessment (ISA) ISA Report v5 or to ratings given to Standards and/or Criteria.
- You may use this document to give your comments on ISA Report v5.
- There is no limit to the number of claims that you can make in response to the Standards Outcome and ratings, but all claims ***must*** be categorised and supported with evidence.
- There are four possible categories under which claims may be submitted as follows: factual inaccuracies (FI); unfair or prejudiced judgements (UJ); omissions (OM); and due process not followed (DP). The category (or categories) under which a claim is being made must be indicated in the appropriate column.
- Additional evidence may be attached to this submission and numbered sequentially as an SM. Evidence which has been previously submitted should not be re-submitted under a new number or label. If referring to existing MMs or SMs which were submitted with the ISAA or at the Panel's request prior to and/or during the ISA Visit, the original reference should be used. No MM or SM may be dated after the last date of the ISA Visit.
- Under the 'suggestion' column, give exact alternative wording or make other appropriate suggestions for amending the ISA Report in a manner that would resolve the issue from your HEI's perspective.
- Please modify the header (to include your HEI name and the date of your comments) if your response extends to additional pages.

HEI Details			
HEI Name			
EQA Type	Institutional Standards Assessment (ISA)		
Visit Dates	[DD/MM/20YY]	**Date of Submission of Comments on v5**	

[HEI's] Comments on *ISA Report v5*							
#	**Crit**	**ISA Report v5 Extract**	**p#**	**Claim**	**Category**	**Suggestion**	**Evidence**
1	**1.3**	[Give citation from text]	[p.x]	[State the problem from the HEI's perspective]	FI / UJ / OM / DP	[Suggest alternative wording to resolve the issue]	[Number SMXXX]

Appendix I: Panel Response to HEI Comments on ISA Report v5 Template

Oman Authority for Academic Accreditation and Quality Assurance of Education

INSTITUTIONAL STANDARDS ASSESSMENT (ISA)

Collated Panel Response to HEI Comments on ISA Report Version *5* (v5)

The Panel Chairperson and all Panel Members provided their response to the HEI's comment on ISA Report v5.

ISA Details				
Name of HEI				
Type of EQA			Date of Visit	
Name of Panel Members	PM1		Date of submission of comments	
	PM2			
	PM3		ISA Outcome	
Name of Review Director				

Summary Table												
Standards	Details of HEI Claims & Suggestions											Total Claims
1	Criteria #	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8			
	Criteria Rating											
	No of Claims											
2	Criteria	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	
	Criteria Rating											
	No of Claims											
3	Criteria	3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8			
	Criteria Rating											
	No of Claims											
4	Criteria	4.1	4.2	4.3	4.4	4.5	4.6	4.7				
	Criteria Rating											
	No of Claims											
5	Criteria	5.1	5.2	5.3	5.4	5.5	5.6					
	Criteria Rating											
	No of Claims											
6	Criteria	6.1	6.2	6.3	6.4	6.5	6.6					
	Criteria Rating											
	No of Claims											

Summary of HEI Claims & Suggestions	
Nature of Claims & their Frequency	Factual inaccuracies (FI):
	Unfair or prejudiced judgements (UJ):
	Omissions (OM):
	Due process not followed (DP):
	Editorial issues:
No. of claims/suggestions accepted	
No. of claims/suggestions rejected	

[insert STANDARD] 1: GOVERNANCE AND MANAGEMENT

Panel Response to HEI's Comments			
Criteria		Summary of PM Responses	HEI Comments and PM Responses
1	1.1	Report Extract	
		HEI Claim	
		HEI Suggestion	
		PM1:	
		PM2:	
		PM3:	
		PM4:	
		PM5:	
OAAAQA Action			
Rationale			

Appendix J: ISA Manual Document History

Version	Date effective	Major changes
1	January 2016	• First version • An addendum on Institutional Standards Reassessment was approved for circulation by the OAAA Board on 1 February 2018
2	February 2024	• Major revisions to Standards, Criteria and Indicators • Major changes to the ISA timeline • Changes to ISA activities • Consolidation of text and removal of duplicate content