



**CHE**

COUNCIL ON HIGHER EDUCATION

# **MANUAL FOR INSTITUTIONAL AUDITS**

**2021**

**Council on Higher Education**







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The CHE is an independent statutory body established in terms of the provisions of the Higher Education Act No. 101 of 1997, as amended. It advises the Minister responsible for higher education and training and is the national authority for external quality assurance and promotion in higher education. In terms of the National Qualifications Framework Act No. 67 of 2008, as amended, the CHE is the Quality Council for higher education responsible for, among others, the development, further development and management of the Higher Education Qualifications Sub-Framework (HEQSF).

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## LIST OF ACRONYMS

<b>CHE</b>	Council on Higher Education, the Council
<b>DHET</b>	Department of Higher Education and Training
<b>EQA</b>	External Quality Assurance
<b>HE Act</b>	Higher Education Act, 101 of 1997, as amended
<b>HEI</b>	Higher Education Institution (including public and private institutions)
<b>HEMIS</b>	Higher Education Management Information System (for public institutions)
<b>HEQC</b>	Higher Education Quality Committee
<b>HEQCIS</b>	Higher Education Quality Committee Information System (for private institutions)
<b>HEQSF</b>	Higher Education Qualifications Sub-Framework
<b>IAC</b>	Institutional Audits Committee of the Higher Education Quality Committee
<b>ICTs</b>	Information and Communication Technologies
<b>IQA</b>	Internal Quality Assurance
<b>QC</b>	Quality Council
<b>QEP</b>	Quality Enhancement Project
<b>MOOCs</b>	Massive Open Online Courses
<b>NDP</b>	National Development Plan
<b>NGO</b>	Non-Governmental Organization
<b>NPPSET</b>	National Plan for Post-School Education and Training
<b>NQF</b>	National Qualifications Framework
<b>NQF Act</b>	National Qualifications Framework Act, 67 of 2008, as amended
<b>OERs</b>	Open Educational Resources
<b>PoE</b>	Portfolio of Evidence
<b>PHEI</b>	Private Higher Education Institution
<b>PSET</b>	Post-School Education and Training
<b>SER</b>	Self-Evaluation Report
<b>SETA</b>	Sector Education and Training Authority





**SMART**

**WIL**

Specific, Measurable, Attainable, Relevant and Time-Based  
Work Integrated Learning



## DEFINITIONS OF KEY TERMS AND CONCEPTS

**Audit focus areas** are those aspects of institutional quality management systems identified for higher educational audits, together with their associated standards and guidelines, approved by the HEQC and Council, and which are used by institutional audit panels to assess institutions.

**Audit cycle** is a finite series of engagements that forms the institutional audit from initiation, through preparing the self-evaluation report (SER) , the site visit(s), to the final audit report, and includes the development of improvement plans by the institution concerned, and its reporting to a final close-out report that is accepted by the HEQC and Council.

**Coherence** refers, in the context of a quality management system, to a reasonable and functional relationship among the components of the quality system.

**Core academic functions** are learning and teaching, research, and community engagement, with the understanding that individual institutions may focus differently on various aspects of these functions, based on their vision, mission and strategic goals.

**Differentiation** refers to functional differences among institutions, and to differences in identity, mission and quality management maturity; in this *Framework*, the focus on differentiation recognises and works with these functional differences, whereas, in the Quality Assurance Framework (QAF), the focus shifts to the maturity of quality management within institutions.

**Effective** refers, in the context of a quality management system, to a system that accomplishes its intended purpose.

**Efficient** refers, in the context of a quality management system, to a system that accomplishes its intended purpose while using time, effort and resources well; that is, the QMS provides value for money to the institution.

**External quality assurance** is the way that an external quality agency assures that an institution has Internal Quality Assurance (IQA) systems in place that manage the quality of its activities and educational provision.

**Graduate attributes** are the qualities, knowledge, skills and values that students can reasonably be expected to acquire at an institution through their varied experiences and efforts, and which include critical thinking, the ethical and professional behaviour required of a graduate, and a capacity to take what has been learnt beyond the site of learning in order to become an active citizen.



**Guidelines** indicate why a particular standard is important, describe its salient features and indicates how standards could reasonably be interpreted and implemented in different contexts.

**Institutional audit** refers to an external quality review process of an institution's quality management system and its constituent elements, based on that institution's identity, nature, context and strategic goals. Such a review systematically and objectively evaluates the system's appropriateness, coherence and effectiveness in assuring the quality of institutional delivery of higher education's core functions

**Institutional culture** refers to a set of interrelated assumptions, attitudes, values and behaviours shared by most stakeholders at an institution.

**Integrated community engagement** refers to one of the core functions of higher education involving working constructively and co-operatively with communities which are connected to the institution, in order to make that institution more adaptive and responsive to needs that it could service. Such integrated community engagement has the potential to affect or influence almost every aspect of an institution's functioning. Community engagement should be specifically integrated with learning, teaching and research and should be based on and enhance the disciplinary knowledge and expertise of the institution.

**Internal quality assurance** is the integrated institutional system of people, policies, processes and practices used to manage and strengthen the quality of its delivery of the core academic and associated functions, as determined by its vision, mission and strategic goals.

**Minister** refers to the Minister responsible for Higher Education and Training in South Africa.

**Quality** is understood to encompass fitness of purpose, fitness for purpose, value for money and transformation.

**Quality assurance** is the process of putting in place and delivering on i) the strategic goals and purposes that an institution has identified for itself and ii) the programmes for delivering sets of learning experiences that support students in attaining the qualifications to which they lead; it also refers to the process of evaluating and providing evidence of the extent to which institutions fulfil their own quality assurance objectives.

**Quality culture** refers to a set of interrelated and enacted assumptions, values, attitudes, activities and behaviours, shared by most academic and support employees at an institution that, together, function to deliver the desired quality of learning and teaching, research and community engagement determined by the vision, mission and strategic goals of that institution.



**Quality enhancement** refers to initiatives developed and implemented to raise an institution's standards and the quality of its provisioning beyond that of the threshold standards and benchmarks.

**Quality improvement** refers to the planned programme of activities that institutionalise a quality culture and that develops quality practices better than those that existed previously. Such quality improvement is usually as a direct response to an internal institutional evaluation and/or an external peer review.

**Quality management system** refers to the institutional arrangements that assure the quality of learning and teaching, assessment, research, and community engagement. Such an integrated, internal system supports, develops, enhances and monitors the institution's delivery of the core functions of higher education.

**Reflective and generative methodology** is an approach that helps practitioners to reflect on the institutional *status quo*, and to develop standards and their associated guidelines. Such an approach creates a deeper understanding of the standards and helps the practitioners to find solutions to difficulties and opportunities for innovation in order for the institution to remain relevant and responsive.

**Special institutional audit** refers to the audit of a particular institution that is initiated by the HEQC outside of the normal audit cycle and is based on an individual HEQC- and Council-approved Terms of Reference and methodology. Special institutional audits are usually requested by the Minister.

**Standards** refer to codes of practice for quality assurance used in higher education, which HEIs must consider and adhere to in all aspects of their activities and in all types of higher education provision.

**Student experience** is regarded as students' comprehensive and holistic engagement with a particular institution, their own efforts and experience of various modes of learning and teaching, curricular design within programmes, assessment practices, access to and use of appropriate learning resources, the management of student enrolment as well as academic and non-academic student support and development.

**Student success** is defined, for the individual student, as the attainment of graduate attributes that are personally, professionally and socially valuable; for the institution, it refers to students' academic persistence in completing their studies, academic results that reflect equity of success in terms of race, gender, and disability, as well as their achieving credible results within a minimum time to completion; successful entry into employment or some other form of economic activity and/or successfully progressing to postgraduate studies.<sup>1</sup>

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<sup>1</sup> CHE (January 2014) *Framework for Institutional Quality Enhancement in the Second Period of Quality Assurance*, p. 13.





**Themed audit** refers to an audit of limited scope at national or institutional levels, based on an HEQC- and Council-approved Terms of Reference and methodology, which focuses on a specific area of interest at a particular time.



## 1. INTRODUCTION

This *Manual for Institutional Audits 2021* (henceforth the *Manual*) must be read as a complementary document to the *Framework for Institutional Audits* (2021) (henceforth the *Framework*). The *Manual* provides detail of an operational nature for planning and training purposes and will be updated periodically.

The *Framework* provides the legislative and educational context for conducting institutional audits. It describes the quality-related context within which institutional audits are to be conducted; the principles underpinning such audits; the general objectives of an audit and their specific purpose and scope. It presents the standards used for measuring an institution's quality management systems and processes and prescribes the audit methodology and process to be followed. The *Framework* also explains the transition and touch points between these institutional audits and the approach formulated in the newly approved *Quality Assurance Framework* (2020) (QAF).

The purpose of the *Manual* is to provide conceptual and procedural clarity on the institutional audits undertaken by the HEQC, from the initiation of an audit, through preparation for the audit, to the actual site visit that constitutes a major part of the audit, the report developed by the audit panel, and the pathways or consequences flowing from completion of the audit.

The legislative, national, and international context of institutional audits has been laid out in the *Framework*, as is the history of institutional audits and the Quality Enhancement Project, previously conducted by the CHE and is not repeated here.

Since inception on the work of developing the *Framework* and the *Manual*, the world and higher education has been irrevocably changed by the COVID-19 pandemic with the concomitant national regulations, lockdown levels and restrictions. Institutional audits will nonetheless continue. The principled methodology that underpins institutional audits, namely institutional self-reflection and peer review, remains unchanged. Most of the practical arrangements and the sequence of events of an institutional audit also remain the same. The main changes are that

- the CHE's capacity development process for institutions and the support it offers to audit panel members could happen online and/or as face-to-face workshops (where possible); and
- the site visits, schedules and interviews decided on during the initiation of a particular institutional audit will be finalised on a case-by-case basis, based on prevailing conditions and restrictions and on the location of the particular institutional audit.



## 2. APPROACH TO INSTITUTIONAL AUDITS

### 2.1. Rationale for and scope of audits

Institutional audits are used to determine the extent of an institution's capability to use integrated quality management systems and processes to improve the quality of its learning and teaching, its research and the institution's integrated engagement with the community. Audits also consider how such quality management systems enhance the likelihood of student success. "Student success" is defined in the *Framework* as follows:

for the individual student, the attainment of graduate attributes that are personally, professionally and socially valuable; and for the institution, students' academic persistence; academic results that focus on equity of success in terms of race, gender, and disability, as well as a focus on minimum time to completion, and students progressing successfully to postgraduate studies, or into employment or economic activity.

Quality management comprises an integrated quality assurance system that includes quality support, ongoing quality development and enhancement, and concomitant quality monitoring. The emphasis is less on assuring that quality thresholds are met than on assuring an integrated, deliberate, continuous, systematic and measurable improvement in student experience, such that these improvements support students' own efforts to achieve success. Other areas of the academic project are defined by the standards in the *Framework*.

The introduction of differentiated approaches to audits mean that they will either focus on certain functions of all or selected HEIs, or will focus their attention on particular, selected HEIs. The parameters and scope for individual audits are discussed with the particular institution at the first meeting that initiates the audit.

*Special institutional audits* may be conducted if requested by the responsible Minister for Higher Education and Training, for example, if verified and unresolved quality-related complaints against an institution are of a persistent and/or serious nature, the HEQC may decide that a special audit on the institution concerned is warranted. Similarly, if substantial concerns arise from programme accreditations and/or national reviews, the HEQC may decide the issues warrant a special audit of the institution. The decision to conduct a special institutional audit lies with the HEQC and Council and is always based on a specific Terms of Reference.

*Themed audits*, on the other hand, focus on an area, process or situation in the sector that requires immediate investigation and possible intervention, through a review across the sector or specific sub-sectors. Themed audits are conducted according to an HEQC- and Council-approved Terms of Reference.



The basic principles of the upcoming round of standard institutional audits, as described in the *Framework* and this manual, are already aligned with those in the new Quality Assurance Framework (QAF) that overarches the work of the HEQC and CHE going forward. The new round of institutional audits will therefore form part of the important preparation undertaken by institutions for the full implementation of the QAF.

The basic points of congruence between the *Framework*, this manual and the QAF are:

1. The institution is the main unit of analysis.
2. Institutions are responsible for assuring quality through their internal quality assurance system.
3. External quality assurance, in the form of institutional audits, is based on a review methodology, consisting of self-reflection and peer evaluation.
4. A differentiated approach is followed in which institutions are evaluated in terms of their own vision, mission and goals, as well as their identity, context and location, and their quality assurance maturity.

The institutional self-reflection and peer review that comprises an audit is focused on the quality management system as it underpins the HEI's core academic functions.

The *Framework* itself outlines the relationship between institutional audits and other external quality assurance functions such as re-accreditation. Institutional audits are conducted with due consideration for the history, identity, context, nature, mode of provision, size and scope of an institution.

Furthermore, the emergence of the COVID-19 pandemic in early 2020, and the national regulations in the state of disaster that followed, had a dramatic effect on higher education. Restrictions on public gatherings meant that all contact institutions suspended their activities and, under huge pressure, moved to emergency remote teaching, learning and assessment in a short period of time. The way in which institutions managed this process has had financial and educational costs. In an effort to support and guide institutions during the 2020 academic year and beyond in terms of quality concerns, the CHE and the HEQC developed and approved *Quality Assurance Guidelines for Teaching and Learning and Assessment during the COVID-19 Pandemic* and *QA Guidelines during the COVID-19 Pandemic: An Abbreviated Resource* for use throughout the sector by both public and private institutions. The way in which institutions managed changes and disruptions such as these will form an important part of institutional audits in the first round of institutional audits during and immediately after the pandemic. This *Manual* will be revised in future to re-imagine new ways in which institutional audits should respond to changing contexts.





The planning for institutional audits is done in consultation with institutions and will be aligned as far as possible with institutional planning cycles and needs to create synergies between various activities in order to derive maximum benefit from the work undertaken. For private HEIs, the institutional audits are planned to enable a recommendation to the DHET on the re-registration of the institution, its programmes, sites and modes of provision.

The scope of the institutional audit is informed by the vision and mission of the institution, previous audit findings, sectoral trends, as well as other HEQC findings, for example, in national reviews. The scope is discussed with each institution at the start of the institutional audit. So, for example, the scope of an audit of a small specialised private higher education institution will differ from a full institutional audit of a public university.

## **2.2. Principles and objectives of audits**

The principles stated in the *Framework* provide the general objectives of any institutional audit. At the same time, the HEQC recognises the diversity and differentiation among providers of higher education, each with its own unique profile, distinctiveness and educational approach.

Ultimately, institutional audits are meant to build trust, confidence, and a sense of shared values, aspirations and purposes between the higher education sector and the CHE, between the sector and its stakeholders and between the sector and the public.



## **3. FOCUS AREAS, STANDARDS AND GUIDELINES**

The Focus Areas, Standards and Guidelines described below guide institutions in the preparation of the entire Self-evaluation Report (SER) which consists of the Institutional Profile, the Self Evaluation and the Portfolio of Evidence (PoE). They also direct the evaluations undertaken by the audit panel members who conduct site visits, and their subsequent compilation of the audit report.

The Focus Areas, Standards and Guidelines also form a critical component of training for the institution and audit panel alike.

Once the CHE has decided that a particular HEI is to be audited, the HEQC and CHE determines, in consultation with the HEI, the specific scope and focus areas for an audit. The approach to the focus areas for an audit is determined by the history, identity and context of an institution, its strategic plans and goals, as well as its unique niche area(s) and mode of provisioning.

Guidelines explain why each one of the sixteen standards is important and how it may be applied in different contexts, including examples of the issues and questions that



may be considered in order to satisfy the panel that the threshold of an identified standard has been met in the institution.

Focus Areas 1 – 3 cover the three core functions of higher education, namely, learning and teaching, research, and integrated community engagement, whereas Focus Area 4 deals specifically with additional aspects of learning, teaching and assessment.

### **Focus area 1: Governance, strategic planning, management and leadership support the core academic functions**

The four standards in Focus Area 1 concentrate on the role that an institution's *governance, strategic planning* (as contained in its *vision, mission and strategic goals*), *management and academic leadership* play in its quality management in order to enhance the likelihood of student success and to improve the quality of learning, teaching and research engagement, as well as accommodating the results of constructive, integrated community engagement. These standards are:

**Standard 1:** The institution has a clearly stated vision and mission, and strategic goals which have been approved by appropriate governance structures, subject to comprehensive stakeholder engagement.

#### **Guidelines:**

- 1.1 The vision, mission and goals of the institution are clearly and concisely formulated.
- 1.2 The vision, mission and goals inform a shared understanding between the institution and its stakeholders, based on demonstrable and comprehensive engagement with appropriate categories of stakeholders.
- 1.3 The vision, mission and goals have been approved by the institution's highest decision-making authority and are regularly reviewed.
- 1.4 The vision, mission and goals are translated into an appropriate and aligned business model and value proposition, with due consideration for the academic- and quality risks to the institution.
- 1.5 It is acknowledged that institutions are differentiated in terms of their mission and niche areas; this standard therefore provides for the contextual setting for the institutional differentiation within the other focus areas and standards.

**Standard 2:** The stated vision, mission and strategic goals align with national priorities and context (e.g. transformation, creating a skilled labour force, developing scarce skills areas and a critical citizenry, and contributing to the fulfilment of national goals as informed by the NDP and related national planning),



as well as sectoral, regional, continental and global imperatives (e.g. Africa Vision 2063 or the Sustainable Development Goals).



**Guidelines:**

- 2.1 The institution has clearly formulated its alignment to local, regional, national, continental, and international imperatives in its vision, mission and goals so that these are fully appropriate to the South African context.
- 2.2 The most recent and relevant policy documents, guidelines and appropriate data and resources were used to formulate the institution's alignment with these imperatives.
- 2.3 Regular reviews bring these defining documents under scrutiny, and changes are made as the need arises and as circumstances change.

**Standard 3:** There is demonstrable strategic alignment between the institution's quality management system for core academic activities across all sites and modes of provision and its vision, mission and strategic goals, as well as its governance and management processes.

**Guidelines:**

- 3.1 The vision, mission and goals translate into a strategic plan with measurable objectives, clear timeframes and resources allocated towards the achievement of the goals set.
- 3.2 The strategic plan articulates the relationship between the institution's goals and its quality management system.
- 3.3 The strategic plan is unpacked as planning documents and instruments, such as operational- and annual performance plans or scorecards that are negotiated with the staff responsible; such plans are realistic and implementable, with adequate performance and monitoring criteria included, as well as consequence management of these plans.
- 3.4 The strategic plan, as well as the operational and annual performance plans, is subject to regular review.
- 3.5 The institution is governed in a manner that is consistent with the vision, mission, goals, and strategic plan, as well as its core academic mandate as described in Standard 1.
- 3.6 The highest decision-making authority in the institution regularly holds the executive management of the institution to account for its implementation of the strategic plan.
- 3.7 The highest decision-making authority focuses on providing strategic direction and its responsibility for fiduciary oversight, but does not become involved in the operation of the institution to the detriment of quality.
- 3.8 The responsibilities at executive management level for the realisation of the institution's mission, vision and goals, and the implementation of the strategic,



operational, and annual performance plans are appropriately allocated, implemented, and monitored for effectiveness.

- 3.9 Executive management regularly reviews the nature and extent of institutional responsiveness, with special reference to ethical leadership and resource allocation, and to quality management to enhance the quality of student experience and the likelihood of student success.

**Standard 4:** There is a clear understanding of and demonstrable adherence to the different roles and responsibilities of the governance structures, management and academic leadership.

**Guidelines:**

- 4.1 A clear institutional or corporate governance structure indicates the regulatory hierarchy and processes, which identifies institutional powers, and the lines- and delegation of authority for carrying out institutional operations.
- 4.2 The roles, responsibilities and membership composition of the governance structures, institutional and/or corporate management and academic leadership are clearly and distinctively defined.
- 4.3 Criteria for the recruitment and selection of staff are clear and include the knowledge, skills and experience required for effective working of the governance structures, management and academic leadership.
- 4.4 Members are empowered and enabled to effectively play their roles, take responsibility and make decisions with integrity.
- 4.5 The governance structures, management and academic leadership each have effective reporting and accounting mechanisms for their roles and responsibilities and performance in general.
- 4.6 Meeting expectations, proceedings and protocols of the different structures are clearly established.

**Focus area 2: The design and implementation of the institutional quality management system supports the core academic functions**

The four standards in Focus Area 2 concentrate on how the *design and implementation of an integrated quality management system* in the institution enhances the likelihood of student success and improves the quality of learning, teaching and research engagement, as well as accommodating the results of constructive, integrated community engagement within the context of the institution's mission. These standards are:





**Standard 5:** A quality assurance system is in place, comprising at a minimum, of:

- (i) governance arrangements
- (ii) policies
- (iii) processes, procedures and plans
- (iv) instructional products
- (v) measurement of impact
- (vi) data management and utilisation

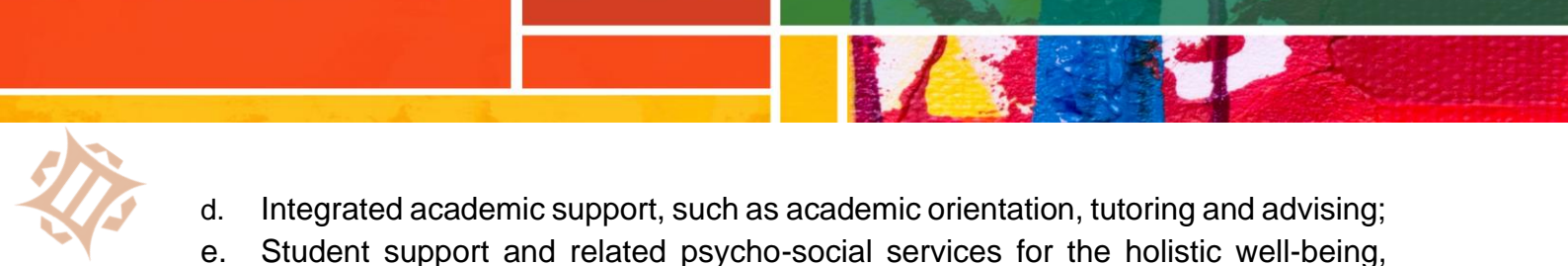
as these give effect to the delivery of the HEI's core functions.

**Guidelines:**

- 5.1 One or more policies, duly approved by the appropriate governance structures, establish and regulate the system for quality assurance and for the support, development, enhancement and monitoring of the core functions of the institution, i.e., learning and teaching, research, and community engagement as these would have been differentiated by the evaluation for Standard 1.
- 5.2 Plans and processes in the institution, duly approved by the appropriate governance structures, support, implement, monitor, and enhance the quality assurance system.
- 5.3 Clear lines of authority and accountability determine how the quality management system is implemented in the institution.
- 5.4 All participants in the quality management system of the core academic functions are demonstrably held to account for the way in which they execute, support, improve, enhance and monitor quality.
- 5.5 The institution's engagement with the QEP process and its focus areas, where and when relevant, form part of the institutional self-reflection.
- 5.6 The areas outlined below are covered, based on their relevance in terms of the institution's mission as described in Standard 1, to evaluate their contribution towards enhancing the quality of the delivery of the HE core functions. The relevance of the areas to be covered will also have been discussed with institutions when the audit is initiated, as well as in the capacity development workshops preceding the audits:

**For teaching and learning at undergraduate and postgraduate level**

- a. Enrolment planning, recruitment and (re-)admission of students, including credit accumulation and transfer (CAT);
- b. Design and development of curricula and learning materials;
- c. Delivery of all aspects of learning, teaching, and assessment, including learning material, Work-Integrated Learning (WIL) and curricular community engagement, as well as the mode of provision (e.g. contact, blended, fully online, distance, etc.);

- 
- d. Integrated academic support, such as academic orientation, tutoring and advising;
  - e. Student support and related psycho-social services for the holistic well-being, safety and security of students (including, for example, mentoring and counselling, opportunities for social-, cultural- and sporting engagement, where relevant);
  - f. Appropriately conceived student governance structures that function;
  - g. Mechanisms for student appeals and complaints at various levels of the institution;
  - h. Mechanisms for evaluating student satisfaction and the student experience;
  - i. Student assessment, including internal moderation and external examination;
  - j. Procedures for appointing internal and external examiners;
  - k. Certification of qualifications;
  - l. Offering of short courses and part-qualifications;

#### **For research**

- a. The development and support of researchers at various levels in the academic career path, including the use of reward structures;
- b. The inclusion of research ethics as part of the programme;
- c. The evaluation and impact of the research output, using quantitative and qualitative performance measures;
- d. Research supervision is *not* being covered in this round of audits due to the recent National Review (NR) of the doctoral qualification. Once the NR process has been completed, postgraduate supervision will be re-introduced into institutional audits.

#### **For community engagement**

- a. Philosophy, scope, and purpose of the institution's social engagement with the community;
- b. Compliance with the legislative environment in working with vulnerable communities;
- c. The ethics of the engagement and the protection of communities from exploitation by researchers;
- d. Safety and security for staff, students, and the community;
- e. The impact and sustainability of the community engagement.

#### **For quality assurance**

- a. The use of self-reflection and improvement plans following previous external quality assurance activities (where relevant) such as CHE audits, the QEP process and HEQC decisions regarding accreditation and national reviews;
- b. Internal quality assurance plans, processes, reports, reviews, self-reflection, and improvement plans.



**Standard 6:** Human, infrastructural, knowledge management and financial resources support the delivery of the institution's core academic functions across all sites of provision, in alignment with the concomitant quality management system, in accordance with the institution's mission.



**Guidelines:**

- 6.1 The number, experience, and seniority of staff in the institution whose primary function is to execute, support and promote the quality management system in the institution, is appropriate to the nature, mission and size of the institution.
- 6.2 Financial resources, appropriate to the nature and size of the institution, are sufficient to allow for the planning, implementation, improvement and monitoring of the institution's quality management system.
- 6.3 Information and communication technology infrastructure, appropriate to the nature and size of the institution, facilitates the quality management.
- 6.4 Appropriate infrastructure such as specialist laboratories, including computer laboratories that are required for the programmes on offer are available and sufficient.
- 6.5 WIL is suitably organised and supervised, and all sites of learning are monitored.
- 6.6 Library services and resources, appropriate to the nature, size and mode of provision of the institution, actively support the core academic functions.
- 6.7 Adequate and appropriate ICT facilities for both students and staff are provided.
- 6.8 Adequate and appropriate academic environments are provided for on campus and in residences (where appropriate).
- 6.9 Academic staff development for the professionalisation of teaching in various modalities (e.g. face-to-face, blended and online) is provided for staff; the function is adequately staffed, and is supported throughout the institution.
- 6.10 Mechanisms for evaluating and acting on staff wellness and satisfaction work well.

**Standard 7:** Credible and reliable data (for example, on throughput and completion rates) are systematically captured, employed and analysed as an integral part of the institutional quality management system so as to inform consistent and sustainable decision-making.

**Guidelines:**

- 7.1 An electronic, protected and legally compliant data-management and retrieval system in the institution has the capacity to provide accurate, complete and on-time information to support the quality management of the core functions.
- 7.2 A variety of different types and sources of data are used by the institution, e.g. quantitative and qualitative data, input and output data, data required by



legislative agencies (such as on HEMIS and HEQCIS) and specifically-sourced data (such as through student and staff surveys).

7.3 The institution develops the capacity to interpret the data and to act on the results.

7.4 An evidence- and data-led approach is used to improve teaching, student success, the student experience, differential success rates, etc.

**Standard 8:** Systems and processes monitor the institution's capacity for quality management, based on the evidence gathered.

**Guidelines:**

8.1 Decision-makers at all institutional levels have ready, but appropriate and protected, access to sufficient, reliable and current electronic evidence (data, information and institutional knowledge) that allows them to make informed decisions on the quality management of the core academic functions of the institution.

8.2 Regular, substantive and documented engagements among staff, and among staff and students, on all aspects of quality management (implementation, support, enhancement and monitoring) take place at all institutional levels.

8.3 The systems and processes for quality management during times of disruption are continuously and effectively monitored.

**Focus area 3: The coherence and integration of the institutional quality management system supports the core academic functions**



The four standards in Focus Area 3 concentrate on the coherence and integration of the various components comprising the institutional quality management system and on how these work in concert to support the likelihood of student success and improve the quality of learning, teaching and research engagement, as well as accommodating the results of constructive integrated community engagement in accordance with the institution's mission. These standards are:

**Standard 9:** An evidence-based coherent, reasonable, functional and meaningfully structured relationship exists between all components of the institutional quality management system.

**Guidelines:**

9.1 An approved system monitors and evaluates the quality of the core functions of learning and teaching, research, and community engagement in the institution. Such a system supports the implementation of the core functions as well as any





additional support offered, as well as the introduction of any new developments and enhancements to a particular function.

- 9.2 The performance of staff engaged in core academic functions – and as primary support of the core academic functions – is managed in accordance with an approved performance-management system that holds such staff to account for the management of quality in their functional areas.
- 9.3 An integrated and meaningfully structured relationship exists between quality assurance measures in respect of the academic core functions of the institution, the support for such measures, the continued development and enhancement of such measures, and the monitoring of the measures.
- 9.4 Evidence supports the notion that the quality management system in and across the core academic areas are integrated and not contradictory.

**Standard 10:** Evidence-based regular and dedicated governance and management oversight of the quality assurance system exists.

**Guidelines:**

- 10.1 Staff whose primary function it is to participate in the quality assurance system, as reflected in the policies, procedures and practices of the institution, are regularly, e.g. at least once per semester, held to account by line managers for the manner in which they execute their quality-related functions.
- 10.2 Clear lines of authority exist and are implemented at all institutional levels, up to the level of executive management, to report on and be held accountable for, quality management.
- 10.3 Good practice is reported and celebrated at various levels of the institution.
- 10.4 Non-compliance with the quality assurance system is identified and dealt with appropriately at various levels of the institution.
- 10.5 The highest decision-making authority in the institution holds the executive management of the institution to account on at least an annual basis for all components of the quality management of the institution.

**Standard 11:** Planning and processes exist for the reasonable and functional allocation of resources to all components of the institutional quality management system.

**Guidelines:**

- 11.1. Annual budgeting discussions at all institutional levels include explicit decisions about budget allocations for the design and implementation of quality assurance measures, for their support, their development and enhancement, and the monitoring of such measures.



- 11.2. Budget allocations for the quality management system reflect the importance attached at all institutional levels to the provision of appropriate resources (within overall budgetary constraints) for quality management.
- 11.3. Annual planning of the academic workload is undertaken.
- 11.4. The allocation of the academic workload takes into consideration reasonable staff-student ratios as well as the time required for research and community engagement, where relevant.

**Standard 12:** The quality assurance system achieves its purpose efficiently and effectively.

**Guidelines:**

- 12.1 The resources (human, financial and infrastructural) allocated to the quality management system annually are used for their intended purpose.
- 12.2 A form of performance management at all institutional levels ensures that resources allocated to quality management are utilised in a manner that benefits the institution.
- 12.3 Stakeholder engagements, including engagements with students, include reporting on and taking responsibility for the value that the resources allocated to quality management adds to the institution.

**Focus area 4: Curriculum development, learning and teaching support the likelihood of student success**

The four standards in Focus Area 4 concentrate on how effectively the institutional quality management system enhances the likelihood of student success, improves learning and teaching and supports the scholarship of learning and teaching. These standards drill down in greater detail in Focus Area 2. These standards are:

**Standard 13:** An effective institutional system for programme design, approval, delivery, management and review is in place.

**Guidelines:**

- 13.1 Institutions have clear procedures for programme design and development, as well as for programme approval and review.
- 13.2 The procedures for programme design and development, approval, delivery (including assessment) and programme review are implemented and monitored.
- 13.3 Coherence between the intentions articulated during accreditation applications and the implemented programmes is evidenced in programme reviews.





- 13.4 Decisions on curriculum, teaching and learning approaches, assessment and the role of technology during times of significant disruption are taken within the precepts of the institutional quality management system, for example, with reference to the CHE's *Quality Assurance Guidelines for Teaching and Learning and Assessment during the COVID-19 Pandemic (2020)* and *QA Guidelines during the COVID-19 Pandemic: An Abbreviated Resource (2020)*, and other CHE guidelines issued from time to time.

**Standard 14:** There is evidence-based engagement at various institutional levels, among staff, and among staff and students, with:

- a. curriculum transformation, curriculum reform and renewal;
- b. learning and teaching innovation; and
- c. the role of technology (1) in the curriculum, (2) in the world of work, and (3) in society in general.

**Guidelines:**

- 14.1 Formal consultative and decision-making structures in the institution, at institutional, faculty/school and departmental levels, allow for engagement by staff and students on the transformation and/or reform and renewal of curricula, on innovation in learning and teaching approaches, including the role, function and administration of assessment, and the role of ICTs in the attainment of graduate attributes.
- 14.2 Formal structures include curriculum transformation, reform and renewal, as well as methodological innovation and the use of ICTs in teaching and learning as standard items on meeting agendas.
- 14.3 The institutional culture is such that discussions on curriculum transformation/reform/renewal; teaching/learning innovation and ICTs in learning and teaching occur regularly between staff, and between staff and students, and other stakeholders, such as professional bodies and the community.
- 14.4 Students recognise that the institution values their input into the curriculum and the learning discourse.
- 14.5 The role of language in contributing to effective learning and teaching (for example in terms of academic literacy, epistemological access, multilingualism, and the development of all South African languages) is actively considered.
- 14.6 Decisions taken at formal institutional structures on any or all of these issues are implemented, and their impact on the quality of teaching and learning is regularly reviewed.
- 14.7 Curriculum renewal and transformation processes ensure that the overall curriculum remains aligned with the institution's mission, vision and goals and



its particular context, and is responsive to changes in knowledge, in particular, local contexts and the expectations of relevant stakeholders.

- 14.8 Processes ensure that curriculum structures are appropriate and flexible to enhance the opportunities for success for a diversity of student needs.
- 14.9 Engaged scholarship and the scholarship around teaching and learning are integral to the delivery of the institution's curriculum, its approaches to learning and teaching, and improve educational provision.
- 14.10 The research activities of the institution inform curriculum development, where relevant.

**Standard 15:** The students' exposure to learning and teaching at the institution, across all sites and modes of provision, is experienced as positive and enabling of their success.

**Guidelines:**

- 15.1 Students are expected to provide feedback on the quality of the teaching and assessment in modules for which they are registered (including their engagement and interaction with support departments) and are given opportunities to do so.
- 15.2 Graduates are required to provide feedback on the contribution made to their advancement and well-being by the programme for which they were registered.
- 15.3 Student surveys are conducted regularly at the institution to determine the quality of the student experience.
- 15.4 Key outcome indicators of student success, as defined by the institution in its vision, mission and goals, are regularly monitored at all levels of the institution.
- 15.5 The results of student feedback and of student surveys are analysed, and the results are fed back to improve teaching and are also presented at appropriate decision-making structures for relevant action.
- 15.6 Decisions on curriculum, approaches to teaching and learning, and the role of technology during times of disruption are taken with due consideration for the needs and context of the entire student body.
- 15.7 Students have a sense of belonging that is actively fostered and supported in the institution by, for example, the non-academic support structures and the language and discourse in the institution.
- 15.8 The mechanisms for managing student complaints and appeals deal efficiently with these concerns.
- 15.9 All academic decisions taken during times of disruption are consulted with students, as far as is possible.
- 15.10 Culture surveys (or active discussions in smaller institutions) are conducted among staff at the institution, which include items about student success and the student experience.



- 15.11 Academic and support staff have individual experiences of the way in which their contribution to the core functions of the institution is validated; such experiences are enabled by institutional policies, processes and practices and by the culture of the institution.
- 15.12 All support staff embody and promote a culture of service and continuous development.
- 15.13 Staff development policies and strategies promote the professional competence of academic, professional and support staff, and give particular attention to the development needs of new personnel.
- 15.14 Staff performance appraisals, promotion- and reward systems foster the improvement of quality in learning and teaching.

**Standard 16:** Institutions engage with and reflect on the employability of their graduates in a changing world.

**Guidelines:**



- 16.1 The institution regularly undertakes graduate destination surveys to provide data on:
  - a. the number of graduates that are employed, have been employed or are self-employed;
  - b. how soon after graduation they became employed or self-employed;
  - c. the nature and expected duration of their employment or self-employment (for example short-term contracts versus permanent employment); and
  - d. whether their employment or self-employment is directly related to their programme of study.
- 16.2 The institution undertakes research and reflects on the employability and/or other economic activity of its graduates, and actively engages with and acts on the results of its findings.
- 16.3 Consistent efforts are made to ensure that alumni remain active in the affairs of the institution.

#### **4. PREPARATION FOR THE AUDIT SITE VISIT**

This particular section focuses on preparing for the site visit from the perspective of the CHE, while Section 11 discusses preparation from the viewpoint of the institution. There is understandably considerable overlap of information as preparation is for the same series of events.

As a result of the disruption caused by the COVID-19 pandemic and the related regulations and restrictions, it has been agreed that in future all interactions, meetings and site visits may be conducted online or through actual visits. Decisions will be made





on a case-by-case basis, in consultation with the institution, based on prevailing conditions at the time of the institutional audit.

#### **4.1. Initiation of the audit**

An institutional audit is initiated by the CHE and happens under the following circumstances:



- a. When the CHE has determined that an audit of a particular institution will take place and has then, in consultation with the institution, determined the approach to the focus area(s) in which the audit will be conducted; or
- b. When a decision is taken to conduct a special audit of an institution; or
- c. When a decision is taken to conduct a themed audit of all or some institutions.

The CHE determines the date(s) for the institutional audit after consultation with the institution. In the event of a special institutional audit, the institution in question is given a reasonable opportunity to prepare for the audit. Themed and special audits are conducted in accordance with HEQC-approved Terms of Reference.

The CHE commits to providing the necessary training, support and capacity development to an institution before the audit schedule is finalised.

Once an audit has been initiated by a formal communication, an initial meeting between the CHE and the institution determines the scope and focus areas of the audit, and the following is then required from the institution:

- a. The Vice-Chancellor/Head of the institution commits formally to the audit, to the self-evaluation it entails and to the consequences of the audit, and this commitment is also communicated clearly to staff within the institution. For private HEIs, this commitment includes an agreement that the outcomes of the institutional audit may contribute to a recommendation to the DHET on the re-registration of the institution, its programmes, sites and/or modes of provision.
- b. The institution appoints a steering group of sufficient seniority and with the necessary authority in a manner it determines. The group is provided with a clear term of reference so that it understands the full spectrum of its responsibilities for the audit, which includes securing internal approval of its submissions to the CHE timeously.
- c. The institution provides the necessary resources, which includes the steering group (and relevant others) attending the necessary training provided by the CHE, to help the institution prepare for the audit.
- d. The institution prepares an institutional profile that forms the basis for the SER.
- e. The institution prepares a SER and the supporting Portfolio of Evidence (PoE); and
- f. The institution's governance structures approve the SER and PoE before the finalised profile, SER and PoE are submitted to the CHE.



Section 4.5 provides additional detail on this and subsequent preparatory meetings.

#### **4.2. Liaison between the CHE and the institution**

An audit officer, appointed from amongst senior staff of the CHE, serves both as the principal point of contact for the institution and as a resource person for the audit panel. In turn, the institution appoints a senior person from the institution as the principal point of contact for the CHE regarding all matters relating to the audit. The CHE's audit officer and the institution's contact person are required to maintain regular and direct communication to facilitate the optimal execution of the audit.

A CHE audit administrator is appointed to support the audit's logistics and administration. The institution likewise also appoints appropriate administrative support to prepare for the audit, to provide help during and after the audit process.

All interactions between CHE staff, the audit panel and the institution will be subject to any national regulations and restrictions in force at the time, such as those put in place to deal with the COVID-19 pandemic.

All CHE staff, including the audit officer and audit administrator, as well as the audit panel members are subject to the CHE's Code of Conduct which includes confidentiality agreements.



Possible conflicts of interest in a particular institutional audit are managed on a case-by-case basis.

#### **4.3. The institution's steering group**

Once the audit has been initiated, the institution also appoints a steering group that plans and manages the audit process. Its size, composition and terms of reference are determined by the institution, with due regard for the importance attached to an institutional audit and the expertise required to prepare for the audit of the quality management system. It is recommended that the steering group comprises of senior members of the institution and is representative of management, academic staff, academic support staff, students, and staff that are able to provide management information, as appropriate.

The primary responsibilities of the steering group are to:

- a. Develop, with the CHE audit officer, a project plan for the audit which addresses the organisation's requirements for the self-evaluation process, based on consultation with staff, students and other stakeholders;
- b. Establish working groups, where required, coordinate their activities, and collate the information they provide;
- c. Prepare for and draft the institutional profile, the SER and the compile the PoE.

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- d. Present the institutional profile, the SER and PoE to the institutional governance structures for consultation and final approval.

Whilst the steering group and professional QA staff lead and manage the audit, all levels and categories of staff from across the institution are required to participate in reflection and self-evaluation, which are the critical sense-making activities. The steering group is primarily a management pool for the successful planning and implementation of the audit and should *not* undertake the self-evaluation themselves.

#### **4.4. The selection and composition of the CHE's audit panel**

Once an audit has been initiated, the CHE appoints a panel to conduct the audit.

The *Framework* sets the following requirements for the composition of an audit panel:

- a. Panelists are selected from a pool of trained and experienced experts;
- b. Panels have at least two and may have seven or more members, depending on the size and nature of the institution and the nature and scope of the audit;
- c. The composition of the panel takes account of institutional diversity and differentiation; is diverse in terms of race and gender, and promotes the participation of people with disabilities;
- d. The panel may include one or more international members; and
- e. One of the panelists is appointed as chairperson by the CHE.

The institution may object to the selection of a particular panel member, based on a conflict of interest or suitability to the institutional context. The CHE considers the submission and makes a final decision on the composition of the panel well in advance of the audit visit.

The selection and composition of the audit panel is discussed in detail in Section 9.

#### **4.5. Interaction between the CHE and the institution before the audit site visit**

The CHE and the institution may have several interactions before the actual site visit. These interactions may take the form of site visits, online meetings, and/or email communication. In the case of smaller providers, fewer interactions may be required. The following gives an indication of the possible interactions that may take place.

##### ***First interaction: Nature, scope and date of audit***

Well in advance of any scheduled audit site visit, the CHE's Chief Executive Officer and the Director of Institutional Audits, or their representatives, pay the institution a formal visit. They meet with the Vice-Chancellor or Head of the institution, and thereafter with the senior executive management of the institution and, at the discretion of the Vice-Chancellor/Head, with the senior staff primarily engaged in the quality management of the institution's core functions.



The purpose of this first visit is for the representatives of the CHE to:

- a. explain the rationale for and context of the audit;
- b. discuss the scope of the audit and the audit process, taking into consideration institutional differentiation based on the HEI's history, identity, nature, size and mode of provision;
- c. create a mutual understanding of the expectations of both the HEQC and the institution in respect of the audit;
- d. explain the relationship between the CHE's institutional audit process and the resultant outcomes in the transition to the QAF;
- e. share with the institution the approach to the focus area(s) which the audit will concentrate on;
- f. propose the dates of submission of the institutional profile, the SER and the PoE as well as the date(s) for the panel site visit;
- g. determine the national and local conditions prevailing at the institution which will influence the actual format of face-to-face workshops and site visits, and
- h. agree on protocols for the workshops and site visits based on (f).

The first meeting thus plays a crucial role in determining the individualised format of the audit based on the institutional history and context, as well as the areas on which the CHE intends to focus. The meeting will help determine appropriate time frames and scope for the audit.


The CHE also advises senior management that the institutional audit outcomes may form an input into the institution's track record as these are now envisaged in the QAF. Institutional audits of private HEIs will allow the CHE and HEQC to make recommendations to the DHET as regards the re-registration of private higher education institutions, their programmes, sites and modes of provision.

In view of the implementation of the new QAF which is to follow the upcoming institutional audits, it is very important that institutions and audit panels alike adhere strictly to the agreed-upon time frames.

### ***Second interaction: Support for institutional self-evaluation***

The CHE's audit officer and audit administrator meet with the institution's audit contact person and the steering group to prepare for the audit. The purpose of the meeting is to:

- a. achieve clarity on the nature and scope of the audit;
- b. discuss the mutual responsibilities of the institution's audit preparation team and the CHE;
- c. confirm the importance of providing suitable supporting documentary evidence for purposes of the audit;
- d. ensure that the institution's profile, SER and PoE are aligned to the audit process;

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- e. accept that the audit panel may require additional documentation to that provided as a part of the SER and PoE, prior to, during and after the panel site visit, and
  - f. discuss any other details relevant to the audit.

### ***Third interaction: Finalising the site visit schedule***

The CHE's audit officer and administrator meet with the institution's contact person and steering group at least one month before the audit visit to prepare for the actual site visit. At this meeting, the following aspects of the visit are discussed and finalised:

- a. The site visit schedule;
- b. Categories of interviewees requested by the audit panel;
- c. Panel activities; and
- d. The logistical requirements of the audit panel, with strict adherence to agreed protocols.

Once these preliminary meetings have been concluded, the scope, focus and consequences for the institutional audit, as it has been related to the HEI's own mission, will have been agreed to and finalised.

The institution's steering committee and QA staff will have participated in capacity development, and the institution should now be prepared to develop the SER, which is discussed in greater detail in Section 5.

Any other interactions required by the institution may have to take place at the CHE or as online meetings.

### **4.6. Preparing the Audit Panel**



The successful conduct of an institutional audit depends on the effective coordination and execution of the audit panel's activities. The CHE therefore provides pre-audit preparation of and support to the audit panel.

The panel's pre-audit preparation takes the form of a portfolio meeting four or five weeks before the site visit. Panel members should familiarise themselves thoroughly beforehand with the content of the institution's audit portfolio (the SER, including the institutional profile, and the PoE) so that they are well informed about the institution and its quality arrangements. Panelists should make written notes about the impressions that they have gained from studying the portfolio and be prepared to circulate these to the other panel members before the panel meeting.

The portfolio meeting, which may consist of more than one event or activity, be online or face-to-face, serves to:

- a. confirm that the panelists are thoroughly familiar with the HEQC's approach to institutional audits, their roles and responsibilities, the ethical guidelines, and the scope and possible outcomes of the specific institutional audit;



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- b. clarify the roles and responsibilities of all panel members;
  - c. confirm that the panelists understand the context and nature of the particular institution;
  - d. provide an opportunity to discuss the institution's audit portfolio;
  - e. identify specific areas that should receive attention during the site visit;
  - f. identify issues for clarification;
  - g. allow panelists to request further information or documentation from the institution, either before or during the site visit; and
  - h. develop the audit panel as a coherent team, with the chair as team leader.

As part of the portfolio meeting, panel members take on certain broad areas as a focus, based on their specific expertise. Panelists then work these areas into more specific lines of enquiry and ensure that appropriate questions are formulated for encounters with specific interviewees during the site visit.

The various parts of the audit report are thus allocated in advance to panelists so that they are aware of their expected contribution. They therefore need to ensure that the interview questions, references to documentation and evidence that they are given to peruse *will* provide firm foundations for their part of the report and the conclusions that they will be responsible for.

At the end of the audit preparatory meeting, the panelists will have identified the categories of staff members, students, and other institutional stakeholders that they need to interview, and will have completed a draft programme for the site visit that is then submitted to the institution.

The selection of the audit panel, the roles required of various individual in the team, the training they undergo is further detailed in Section 9.

#### **4.7. Logistical arrangements for the institutional audit**

The cost of institutional audits for public institutions are carried by the CHE within its budgetary constraints and includes travel, accommodation, and the subsistence costs of audit panel members, and any associated costs. For private institutions, they bear the costs of institutional audits on a cost-recovery basis.

Institutions are requested to provide modest lunches and teas for the members of the audit panel during the on-site site visit, taking any special dietary requirements into consideration.

The CHE provides secretarial and administrative support to the audit panel but the institution is required to support the secretariat and audit panel administrators with reasonable electronic and communications support during the site visit.

Online engagements are arranged by the CHE in collaboration with the institutional coordinator.



Specific arrangements for the site visits are discussed in Section 11.

## **5. INSTITUTIONAL SELF-EVALUATION REPORT (SER)**

The information provided below constitutes guidance both to the steering group and QA professionals at the institution as well as to the panelists who are to undertake the audit.

### **5.1. Guidelines for the SER**

The SER in its entirety comprises an institutional profile, a self-reflection and a portfolio of evidence (PoE) based on the focus area(s) identified by the CHE for the audit. Each of these is discussed in greater detail below.

A good SER adheres to the following principles:

- comprehensiveness, both in the sense of the completeness of the response to the audit standards and guidelines for the focus area(s), and in the sense of institution-wide participation;
- meaningful self-reflection; and
- frankness, in the sense of an openness to external evaluation, as well as in the sense of providing an honest assessment in areas that need improvement.

The Institutional Profile, SER and PoE must be approved by all relevant governance structures of the institution before submission to the CHE.

A reasonable period of time is agreed upon to allow the institution to prepare its profile, SER and PoE and present it to the CHE. This time frame depends on the size and complexity of the institution but should not exceed 6 months.

### **5.2. Recommended format of the SER**

In the interest of preserving the environment, the CHE requests that as little paper as possible be used, and that all printed material is on matt paper. It is recommended that only a few copies of the SER are printed for the use of the audit panel, and that the portfolio of evidence is *only* made available electronically in an adequately structured format that is easily accessible to the panel off-campus and to the institution alike. The bulk of the PoE in this format is submitted as part of the SER and at the same time. Links to institutional systems, or screen prints are acceptable. Institutions do, however, remain responsible for the security of their data, especially as regards individual student records, financial information, and other sensitive information. However, should sensitive or confidential information be required by the panel, it may be made available to them digitally on campus during the site visit or by submitting digital memory drives or sticks with the printed report.



### 5.2.1. Institutional profile

The institutional profile is a statistical overview of the information, compiled with reference to information available from data the institution itself generates and maintains, as well as from HEMIS or HEQCIS, the CHE, SAQA, and the DHET, as well as other reputable sources. Narrative, self-reflective and graphic summaries of the institutional profile may form the first part of the SER, with the bulk of the data available electronically through hyperlinks or screen-prints.

The following data, where relevant, must be supplied:

1. Most recent registered student headcount, presented with reference to:
  - a. faculty/college
  - b. race (African, Coloured, White, Indian)
  - c. gender (male, female, other)
  - d. home language(s)
  - e. nationality
  - f. quintile school background<sup>2</sup>
  - g. student accommodation (residence; institutional oversight; private);
2. Name and number of faculties/colleges, schools, departments, units, academic support structures;
3. Staff headcount (managerial, academic, academic support, service support), as well as the employment equity profile;
4. Student throughput and completion rates per year of first registration and per programme;
5. Academic staff/student weighted ratio;
6. Infrastructure capacity;
7. Research performance and impact; and
8. Community engagement projects and reach.

The CHE supplements the profile information provided by the institution in support of a comprehensive audit, if required.

Quantitative information, where provided, must be accompanied by an institutional interpretation of such information, with reference to such indicators as context, validity/reliability, manner of compilation and completeness and quality of the data. Explanations of trends and patterns as well as the way in which the data is used to improve quality is also required.

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<sup>2</sup> Department of Education 2004 *National Norms and Standards for School Funding*. Pretoria: Republic of South Africa.



### 5.2.2. Self-Evaluation component

The four-fold purpose of the SER proper is to:

1. set the institutional context for the audit, by providing information on its vision, mission and goals, the design of its quality assurance system and related components.
2. describe and reflect on the coherence, effectiveness and efficiency in the core academic functions, together with the contribution made by the quality management systems and processes, in enabling the likelihood of student success and improved learning, teaching and research, as well as the institution's integrated community engagement;
3. provide documentary evidence in support of the description and self-evaluation of the institution's quality management system; and
4. identify areas of strength and areas that require improvement and development.

The institution's responses to Standard 1 set the scene for the entire institutional audit since all the focus areas and standards that follow are then based on the institution's own mission. Consequently, institutional SERs are expected to be different, for example, based on whether the institution is a small niche, specialised undergraduate private institution or whether it is a public research-intensive HEI, to mention just two possibilities in a range of possible and unique choices that institutions have made in their missions and niche areas.

Although an institution may choose its own approach to the development of the SER, the CHE recommends that the SER is organised and presented in the order of the four focus areas, their standards and the accompanying guidelines.

In respect of each focus area identified for the audit, the institution must provide a report, based on evidence, that describes and analyses the manner in which the institution meets the four standards in each of the Focus Areas agreed upon for the audit, with specific reference to the relevant related Guidelines. The report then requires the institution to reflect on how well it has met or exceeded the standards as explained in the guidelines.

In its evaluation of the extent to which it achieves each standard, the institution should bear in mind the three drivers for quality determined by the HEQC, namely:

- an institution's *fitness for purpose*
- the *value for money* it provides to its students and other stakeholders, and
- its capacity for and success with *transformation*,

which are all duly located within a *fitness of purpose* framework that reflects an acceptance of *differentiation* within the higher education system. Annexure B.1 of the



*Framework* provides the full discussion of the drivers accepted and used by the HEQC and CHE.

Guiding questions such as the following may be used:

- a. What are the goals the institution intends to achieve?
- b. How is it working to achieve these goals?
- c. What plans, procedures and resources are in place to achieve these goals?
- d. How does the institution know when those goals have been achieved?

Qualitative information used in support of the arguments made in the self-evaluation may consist of any of the following:

- a. Institutional strategies, policies, rules and processes;
- b. Accounts of how institutional strategies, policies, rules and processes were generated and evaluations and reviews of their implementation;
- c. The results of research conducted into the effect of such strategies, policies, rules and processes have on the quality management of the institution's core functions;
- d. The experiences of staff, students and other stakeholders of the impact of such strategies, policies, rules and processes on the quality management of the institution's core functions; and
- e. Information on the impact of practices within the institution on quality management of its core functions.

Information can only be regarded as *evidence* if it is used to substantiate statements or judgements, inclusive of self-evaluation, made in relation to the Standards and Guidelines used to evaluate the institution's quality management in the focus area(s) of the audit.

Institutional benchmarking results can be incorporated into a SER, provided that the benchmarks are explicit, based on valid and reliable information, appropriate to the institution's differentiated profile, and are directly linked to the standards and guidelines.

The self-evaluation that the institution undertakes serves a dual purpose of *accountability* for its quality management while providing direction for the further *development and improvement* of its quality management.

*Good practices in quality management* and their positive impact on student success, improved teaching, research, and community engagement should be highlighted, and directly linked to specific Focus Areas, and thoroughly substantiated by evidence.

It is worth emphasizing once more that the presentation of data and documents alone is not sufficient. Institutional data and documents should be described and related to each other to indicate coherence, and evaluated in terms of the extent of their implementation and impact.





Self-evaluation entails a critical and analytical engagement with the audit standards and guidelines. Self-evaluation and self-reflection on the institution's quality management processes and practices are understood as central to ongoing improvement.

Given that the institutional audit is not intended as an exercise in compliance to minimum standards, institutions are required to focus on what they *do* to assure quality, what evidence they gather to ensure that quality is achieved, monitored and maintained. It is important for institutions to demonstrate how they undertake continuous, systemic, systematic improvement using the evidence they have gathered. Institutions should also show how the various quality sub-systems impact on or facilitate student success and improve teaching, research and community engagement. Coherence and integration in the quality assurance system of an institution is important to ensure systemic quality monitoring and enhancement and to avoid disjunctures that may arise from fragmented processes and uncoordinated activities.

The following, additional open-ended questions may be used by the institution to inform or support the development of the SER:

- a. What does the institution do to produce a vibrant intellectual culture and provide an enabling environment for student success, improved learning and teaching and research and community engagement?
- b. In what ways does the institution act as an incubator of new ideas and cutting-edge knowledge, for example, to improve student learning, or to address pressing national or community problems?
- c. What are some of the notable examples in the recent past of institutional success in promoting and enhancing quality that leads to student success, improved learning and teaching and research and community engagement?

The report must have a *General Conclusion* in which the institution provides:

- a. an overall assessment of its quality management system;
- b. a summary of good practices; and
- c. priorities for future institutional development and improvement, based on its own self-evaluation.

After the SER has been studied by the audit panel, it may require the institution to make available additional documentation before or during the site visit itself.

### **5.2.3. Portfolio of Evidence (PoE)**

The institutional PoE is made available digitally and is structured for easy access in terms of the information required by the Institutional Profile and the Self-Evaluation. It thus consists almost exclusively of appendices that provide documentary support for the claims and statements made in the rest of the report.



The PoE is made up of both the quantitative and qualitative information/evidence required by the Institutional Profile and the Self-Evaluation proper. The information is attached as appendices (preferably as hyperlinks inserted in the relevant digital text for ease of reference), appropriately cross-referenced and, where required by the context, categorised (e.g., strategic/governance, core academic functions, academic support).



The PoE is thus likely to include at least the four following major components:

1. The *vision, mission and goals*, a description of the institution's context and a brief statement on when and how these documents were established and approved, and how regularly they are revised. Documents that refer to the competitive advantage of an institution may be made available to the panel in an agreed format.
2. The institution's *strategic plan, operational plans and annual performance plans* and a brief statement on when and how these documents are established, revised and approved as well as a description of how they are implemented in support of quality management.
3. The institution's most recent DHET-approved *programme and qualification mix or registration certificate*.
4. A description of the *process followed to conduct the institutional self-evaluation* in the focus area(s) of the audit, with reference to the following:
  - a. the role and responsibilities of the steering group;
  - b. how information was collected to validate statements made in the self-evaluation;
  - c. the internal and external stakeholder groups that were consulted and how the representivity of individual stakeholders was determined. Stakeholder groups may comprise the following: executive management, senior academic and support management, academic staff, academic support staff, service support staff, undergraduate students, postgraduate students, alumni, staff unions, employers, community groups, and donors, where appropriate.

#### **5.2.4. Submission of the SER**

As mentioned previously, the SER, duly approved by all governance structures of the institution, must be submitted to the CHE on the agreed date in electronic format and as the number of hard copies agreed to between the CHE and the institution beforehand.

The CHE then undertakes a review of the SER, in consultation with the audit panel, to determine whether the SER and its accompanying documentation meets the formal requirements of the CHE. The CHE's audit officer may request the institution to provide



additional information. This information should be provided to the CHE within three weeks of the request, electronically or in hard copy as requested.

## **6. THE AUDIT VISIT**

### **6.1. Purpose of the audit visit**

The purpose of an audit site visit, whether on-site and/or online, is to validate the statements/claims made in the institution's SER, in respect of:

- a. The quality management system (i.e., the quality assurance system, quality support, quality development and improvement and quality monitoring) in the focus area(s); and
- b. The accuracy, completeness and reliability of the information provided by the institution in the SER and the PoE.

The panel fulfils its purpose by means of a review of the supporting documentation and by conducting interviews with staff, students and other stakeholders.

### **6.2. Format of the audit visit**

Based on the size and nature of the institution and the scope of the audit, a visit can last between one and five days. The CHE's audit officer and the chairperson of the audit panel determine, in consultation with the institution's contact person, where the site visit is principally conducted (including using online engagements as a necessary or possible alternative) and whether visits to more than one campus, or site of provision, should be undertaken.

The CHE's audit officer and the chairperson of the audit panel, in consultation with the institution's contact person, prepare a site visit schedule, which must be adhered to as far as is practically possible. More detailed information on the site visits is given in Section 11.

Site visits, schedules and interviews are subject to any national regulations and restrictions regarding travel, accommodation, and size of meetings enforced at the time, such as those in relation to the COVID-19 pandemic in 2020-2021, and in terms of the location where the audit is to be held. Site visits and interviews may be held remotely on digital platforms, and arrangements will be made in consultation with the particular institution at an appropriate time.

### **6.3. Interviews**

The site visit schedule provides for interview sessions with a representative cross-section of staff, students and other stakeholders, the choice of interviewees being determined by the focus area(s) of the audit.



Interviews are conducted either by the full panel or by certain panel members (as determined by the panel chairperson) in sessions lasting 45-60 minutes. The interviews undertaken are typically with the following people or groups:

- a. The Vice-Chancellor/Head and executive/senior staff, as determined by her/him;
- b. The Chairperson of Council/governing body and others, as determined by her/him;
- c. Chairpersons and other members of committees closely involved with quality management in the focus area(s);
- d. Academic staff working in the core academic area(s);
- e. Support staff (including professional and administrative staff) in the focus area(s);
- f. Representatives of staff unions/associations;
- g. The SRC and other representatives of registered students; and
- h. Representatives of alumni and other stakeholders.

The institution is responsible for identifying and inviting the individuals for the interviews. The number of individuals for each interview session is typically between five and twenty, depending on the size of the institution and the nature of the interview. The audit panel may also require specific individuals to be interviewed. More detailed information on interviews is given in Section 10.

Staff, students and stakeholders who have not been invited to interviews may submit written submissions on any aspect of quality management in the focus area(s) to the chairperson of the audit panel. The institution must provide evidence of the arrangements made in this regard and protect the anonymity of persons submitting such submissions. Individuals or groups submitting written submissions must provide evidence of the claims made, as far as is possible. Unfounded and malicious submissions will not be considered. Institutions are informed of any such submissions and have the right to respond.

The audit panel may, if necessary, recall one or more interviewees for further engagement.

In addition to the scheduled interview sessions, the site visit schedule must allow for an open session of approximately 90 minutes towards the end of the site visit. This session, duly advertised, can be attended by any staff member, student or stakeholder. Written requests to attend such an open session are made to the institution's contact person. The audit panel decides on the most appropriate format for such an open session, depending on the number of individuals who wish to attend and the topics on which they wish to engage the audit panel.



#### 6.4. Panel-only meetings

The site visit schedule provides for opportunities for the panel to meet in closed sessions. The purpose of such closed sessions is to:

- a. confirm, before the start of actual engagements at the institution, its activities during the site visit; for panel members to raise any issues of concern, and for each panel member to understand their roles and responsibilities;
- b. review, at the end of each day, the information and evidence presented to it and to prepare for the following day; and
- c. agree to a request to meet with the Vice-Chancellor/Head, the institution's contact person and/or the coordinator of the steering group so as to receive and/or provide feedback on the progress of the audit.

#### 6.5. Oral feedback by the audit panel

At the conclusion of the site visit, the audit panel meets with the Vice-Chancellor/ Head of the institution and provides oral feedback of its preliminary findings on institutional strengths in its quality management of the focus area(s); on areas in need of development and an overall evaluation of the institution's quality management capabilities. Although the oral feedback is not documented and the institution is not invited to comment on the findings, it is likely to form the basis of the formal audit report to be presented to the institution. The oral feedback is considered informal and is not binding on the audit panel when the group write the final report. More information on post-audit feedback is given in Section 13.

### 7. THE AUDIT REPORT

#### 7.1. Purpose of the audit report

The purpose of the audit report is to provide an overall evaluation of the institution's quality management in the Focus Area(s) agreed upon for the audit. The panel's evaluation makes reference to the same Standards and Guidelines used by the institution in compiling its SER.

The evaluation of each of the Focus Areas agreed on includes a list of *commendations* and *recommendations* identified by the audit panel. Commendations are related directly to the Standards and Guidelines and identify areas of real excellence and good practice, which go well beyond meeting the threshold requirement(s). Recommendations are phrased in actionable terms that are specific, measurable, attainable, relevant, and time-based (SMART).

An assessment of the institution's quality management in the Focus Area(s) is thus made against each of the standards, using the following four-point scale provided for in the *Framework*:





### **Not functional:**

Areas of serious concern exist in the institution's quality management system in that there is either no quality management system in place or the quality management system is not considered to be functional in terms of the identified standard.

### **Needs substantial improvement:**

The institution's quality management system is not fully developed or functional in terms of the identified standard and needs substantial improvement.

### **Functional:**

The quality management system in the institution meets the expected thresholds in terms of the identified standard, but some minor areas may need further improvement.

### **Mature:**

The institution's quality management system, as measured against the identified standard, is generally mature, integrated and coherent, and is effective in achieving its differentiated purpose of enabling student success; good learning and teaching practices; ground-breaking research, including local research; impactful, integrated and ethical community engagement, and demonstrates good, sustainable governance (as appropriate for the institution).

The HEQC does *not* rank institutions based on audit findings. However, the overall and holistic evaluation of the institution, in the form of a narrative summary, forms the conclusion of the audit report. For private HEIs, this evaluation may contribute to a recommendation to the DHET on the re-registration of the institution, its programmes, sites and/or modes of provision.

## **7.2. Structure and authoring of the audit report**

The structure of the report follows the Focus Areas, Standards and Guidelines described in Section 3 above. Its findings are based on the information and evidence contained in the SER and gathered during the site visit.

The report writer, appointed by the CHE, serves as a member of the audit panel. The report writer draws on the deliberations of the audit panel and prepares the report in close collaboration with the chairperson.

A draft of the report is sent to each member of the audit panel for consideration and comment.



### 7.3. HEQC processes and institutional engagement

Once audit panel members are satisfied that the report accurately and comprehensively reflects its findings, the chairman of the audit panel presents the report to the Institutional Audits Committee (IAC), a sub-committee of the HEQC.

After the IAC has considered the report independently, the IAC submits the audit report with its preliminary recommendations to the institution to either accept the report as is, or take the opportunity to

- a. *Correct factual misrepresentations.* The institution has an opportunity to comment on the following:
  - errors of fact
  - omissions, and/or
  - discrepancies.
- b. *Make representations* on the intended outcome of the audit. Such representations may be a motivation that argues for changing the preliminary outcome, based on overlooked information or evidence. Further engagements may result from such representations.

Once the audit panel has responded to any factual corrections of their report, as well as to the institution's representation on the intended outcome, it presents the final audit report and its recommendations to the IAC once more. The IAC evaluates the final audit report and then makes recommendations to the HEQC.

The HEQC deliberates on the audit report and the IAC's recommendations, and takes a final decision. The HEQC's decision, conveyed to the institution, is final and binding.

The HEQC may make recommendations to the DHET on the re-registration of private higher education institutions, their programmes, sites and modes of provision, based on the audit reports. This potential outcome would have been discussed with the institution on initiation of the audit.

At this point, the CHE publishes an executive summary of the report on its website. The Vice-Chancellor/Head of the institution is encouraged to disseminate the report widely to its stakeholders in the interests of transparency and accountability.

## 8. LEARNING FROM THE AUDIT

### 8.1. Feedback on the audit process

The CHE obtains formal feedback on the audit process from both the institution and the audit panel in order to adapt and improve its processes. The institution provides feedback on an evaluation form as to whether, in its view, the audit objectives were met, as well as on conduct of the audit panel and its chairperson. The institution also provides an opinion on whether the institution benefited from the process, and how.



## 8.2. Progress reports/improvement plans

Based on the outcome of the institutional audit as decided by the HEQC, the CHE engages the institution on the way forward. For generally *mature* institutions, the HEQC may simply require progress reports within a specific time frame on new initiatives referred to in the SER.

Since one of the principles of institutional audits is that the process is a developmental one with a focus on quality improvement, institutions that are generally *functional* and/or *need improvement* will, therefore, be required to submit Improvement Plans to the HEQC which address the specific issues requiring attention. Improvement Plans have clear timeframes for completion and the institution reports regularly on progress until the HEQC agrees that it has met all the requirements in the audit report recommendations. The expectation is that all Improvement Plans and their progress reports are completed within a year of the final audit outcome.

In the interests of students and the public, institutions that are generally *not functional* are given explicit actions to be completed within specified time frames. Such actions are monitored by the HEQC. If progress on these actions is unsatisfactory, the HEQC may refer specific matters to the DHET or to other stakeholders for further action.

Post-audit progress reports and improvement plans are central to the developmental approach taken to quality improvement, and that the HEQC pays particular attention to this post-audit part of the process.

## 8.3. Public reporting

By undertaking institutional audits, the CHE is able to fulfil its statutory responsibilities to:

- a. advise the Minister at his/her request, or proactively, on matters related to higher education;
- b. assume executive responsibility for external quality assurance within higher education and training;
- c. monitor and evaluate the achievement of policy goals and objectives for higher education;
- d. report to Parliament on higher education;
- e. undertake research and support scholarship; and to
- f. consult with stakeholders on higher education matters.

The CHE consequently reports on the institutional audits to the institutions themselves, as well as to the DHET, and makes summaries of the outcomes of institutional audits available on its website.

The HEQC does not rank institutions based on the outcomes of audits.



## 9. AUDIT PANELS

The process of validating and verifying the information provided in an institution's SER and the evidence offered forms a crucial part of the methodology for institutional audits. These responsibilities are assigned to an independent group of peers who are experienced experts. Both the developmental aspect of institutional audits and the audit outcomes (which form part of the accountability aspect of institutional audits), depend on the stature, experience, knowledge, objectivity and rigour that the audit panel brings to the process.

Section 9 is primarily geared towards explaining how the CHE, through its Directorate of Institutional Audits, recruits experts, keeps a data base of potential panelists, selects members of a particular audit panel and then inducts them into the concomitant responsibilities. While this information may be of some interest to institutions, it is less directly relevant than other parts of this manual.

### 9.1. The role of the Directorate: Institutional Audits

In keeping with standard international practice, the CHE employs an audit methodology, consisting of institutional self-evaluation followed by external validation by the peers and experts who constitute the audit panel.

The Directorate: Institutional Audits of the CHE creates an extensive database of potential panel members. The register of panelists aims to be representative of the demography of the country and balanced in terms of institutional typology and disciplinary expertise. Knowledge of quality assurance, and experience of higher education operations are also taken into account.

The register is based on an open call for nominations and/or applications to serve as an audit panel member. Criteria for selection are stipulated and applicants are required to submit their curricula vitae.

A selection process is conducted to identify applicants who, on paper, appear to be appropriate. Prospective panel members undergo training conducted by the CHE after which a final selection of panel members is made. The pool of panel members is added to annually.

The CHE reserves the right to approach individuals in order to maintain its database of panelists and so may invite applications from suitably qualified persons. The broad scope of the areas included in institutional audits requires a variety of persons with differing fields of expertise and responsibility, both within and outside higher education, to serve as panelists. Thus, nominees may be drawn from:

- academic and support staff in higher education institutions with proven expertise in management or in specific areas of higher education;
- persons with specific expertise and responsibility for quality assurance in higher education; and

- other persons with appropriate expertise and experience, such as higher education specialists; retired higher education professionals; members of the legal fraternity; members of statutory and/or professional bodies and SETAs; members of science and research councils; and members of business, NGOs and community groups.

The Directorate's inclusion of this broad range of stakeholders in the composition of institutional audit panels explicitly acknowledges the critical role higher education institutions play in contributing – from an educational perspective – to the National Development Plan's<sup>3</sup> vision for higher education to:

1. contribute towards quality learning and teaching;
2. respond to the skills needs of all sectors of society, including business, industry and the government;
3. raise education and training levels to produce highly skilled professionals and technicians;
4. provide lifelong learning opportunities for a wide range of candidates;
5. develop partnerships to play a strong role in national and regional initiatives;
6. conduct and disseminate research;
7. enhance research, development and technology infrastructure; and
8. strengthen the foundations for good governance by enabling citizens to participate meaningfully in the social, economic and political life of the country.

## **9.2.CHE expectations regarding panel members**

The CHE's audit approach requires that panelists have to take four broad considerations into account in the fulfilment of their role:

Firstly, panelists need to understand that each institution functions within a particular context, has a particular history, and set of circumstances that informs its mission and strategic priorities. Panelists should respect that the primary responsibility for the design and implementation of quality systems lies with institutions, systems that are commensurate with their specific context and characteristics. Panelists cannot expect institutions to adopt the HEQC's audit processes in an uncritical and unreflective manner. Rather, panelists should expect to find evidence of constructive engagement with the audit process, reflected in a well-developed quality planning and management framework. The institution's quality framework includes clearly identified plans and priorities, implementation strategies, and monitoring and review processes. Panelists should therefore consistently undertake their audit activities in a supportive way, helping institutions to assess their own approach to quality, quality assurance and

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<sup>3</sup> National Planning Commission, National Development Plan 2030: *Our future – make it work*, p316, as paraphrased.





quality enhancement, and to help chart a realistic path for quality improvement in the light of identified areas of strength and weakness.

Secondly, panelists should adapt their approach to the audit to the institution's demonstrated self-evaluative capacity. Where panelists find clear evidence that the institution has conducted a rigorous self-evaluation, their role is simply to validate the institution's own conclusions about the various audit areas. In other cases, where the institution's self-evaluative capacity is less developed, panelists assume greater responsibility for forming conclusions about the audited areas. However, in such cases, panelists should still recognise and stress the institution's primary responsibility for quality improvement.

Thirdly, panelists are expected to understand that their role relates expressly to the independent assessment of an institution's quality arrangements for its core academic activities. Their responsibility should not be confused with that of independent financial auditors, or auditors who are appointed to validate the reliability and validity of institutional data on students, staff or academic programmes.

Fourthly, panelists are required to be responsible for making reasonable judgments concerning the institution's quality arrangements in the specified audit areas. In order to fulfil this responsibility, panelists will:

- a. Collect and analyse appropriate information and evidence before and during an institutional audit visit, and
- b. Conduct interviews with various role players during the institutional audit site visit in order to substantiate the conclusions that the institution itself has reached in its SER, including the information and evidence upon which the conclusions are based.

In order to make reasonable judgments, panelists should consider the extent to which the institution follows a systematic approach to quality assurance and quality enhancement in the indicated audit areas. Effective quality systems include the activities of planning, implementation, monitoring and review, and improvement. Evidence of the effectiveness of the institution's quality arrangements in the areas audited requires a clear link between the development of plans, whether in the form of specific policies, processes, structures or resource allocations, and their implementation in terms of their deployment and the ensuing results. For example, mechanisms for the promotion of access require a clear access policy, which is widely communicated and purposefully deployed by means of admissions decisions. Furthermore, the fact that an institution has increased access to students from disadvantaged groups, for example, does not necessarily imply that the increase is the result of a specific policy that has been effectively deployed within the institution. To support such a claim, the institution would have to produce evidence of the link between the design, implementation and the results of the access policy.



Panelists would also expect to find evidence that the institution regularly reviews and monitors its quality policies and their implementation, and makes improvements where necessary. In the review of each of the Standards and Guidelines, panelists may therefore find it useful to ask the following five questions:

- What is the institution trying to do?
- Why is the institution trying to do this?
- How is the institution trying to do it?
- How does the institution know that it works?
- How does the institution bring about improvements where needed?

In summary, the CHE requires panelists to develop properly substantiated and documented judgments that form the basis for audit reports that address the various audit areas, and clearly specify areas that are in need of attention.

Finally, in order to be eligible to participate, potential panelists must commit to having the necessary time at their disposal to fulfil their responsibilities in an institutional audit. Audit visits require substantial preparation, while the visits themselves may require a commitment of up to five successive days. Panelists are also required to contribute to, and comment on, the draft versions of the audit report.

The CHE provides the institution with the CVs of the panel members and an opportunity to comment on the composition of the audit panel in respect of any possible conflicts of interest. Any objection by an institution to an audit panel member must be on persuasive, substantial grounds. The CHE considers institutional submissions on this matter before a final decision is made on the panel composition. The final decision on audit panels rests with the HEQC and Council or their Executive Committees.

### **9.3. Criteria for the selection of the panelists**

CHE panelists are required to possess professional and personal credibility with institutional leaders and other stakeholders in the higher education sector. The criteria for the selection of potential panelists are thus based on a combination of knowledge and skills as well as personal attributes.

#### **9.3.1. Considerations in the appointment of panelists**

Audit panel members are credible experts in one or more fields relevant to quality assurance. The majority are generally academic peers with experience in/of academic provision. Others are drawn from relevant related contexts. The composition of each panel considers the requirements for each individual audit and the principle of equity.

The size of the audit panel varies according to the size of the institution and other relevant contextual considerations. Panels of about five people are the norm, but may range from two to seven, or more in certain cases.



Higher education institutions are expected to cooperate with the CHE in respect of releasing academics to participate in the audit system on the grounds that they are contributing to the development of a national systems of quality assurance.

Peer academics act in their personal capacity when they form part of an audit panel and do not represent their institutions. Participation in audits does, however, increase the academic's own knowledge, understanding and experience of quality assurance issues, which then becomes a resource for her/his higher education institution to draw on in strengthening its internal quality assurance system.

Participation in the audit process adds meaning and content to the concept and practice of academic citizenship. For the reasons given above, the participation of higher education staff in audits is to their own advantage as well as of benefit to the institution and the higher education system at large.

### ***General requirements for peer academics to be considered for an audit panel***

1. They must have been approached by the CHE as *individuals* following nomination or application.
2. The individual must attest that he/she:
  - a. is willing and able to participate in the required preparation programme;
  - b. is willing and able to serve on at least two audit panels over a period of three years;
  - c. is willing to abide by the decisions of the CHE regarding their suitability for selection, for preparation and for their appointment to an audit panel;
  - d. is willing and able to complete and sign a 'Declaration of Interest' form and a 'Confidentiality Agreement';
  - e. is willing and able to furnish the CHE with a CV plus any other relevant details required for the organization to make an informed decision on the candidate's suitability for preparation to participate in audit panels;
  - f. is willing and able to abide by CHE policies, procedures and regulations in respect of all aspects of audits;
  - g. is willing and able to work in a team, to act collegially, and to act with authority and integrity, and to express views independently;
  - h. is willing and able to abide by the ethical guidelines, confidentiality agreement and to observe the level of discretion necessary;
  - i. has the necessary personal credibility, diligence and commitment; and
  - j. possesses good listening skills and can communicate effectively.

### ***Specific requirements for peer academics to be considered for an audit panel***

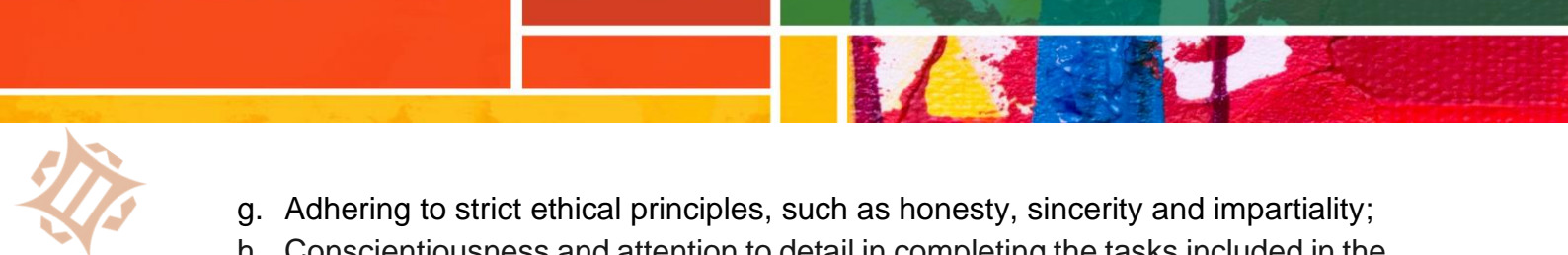
The CHE assesses a candidate's knowledge and skills based on education and work experience, which should include an appropriate combination of the following:



1. A willingness and an ability to form independent and informed judgments:
  - on the effectiveness of institutional quality assurance arrangements and related matters at higher education institutions;
  - in areas that require specialist expertise that the person may have. These areas must be defined and mutually agreed on by the person and the CHE.
2. A degree or postgraduate qualification. For academic peers, this should be at the level of a Master's degree or higher.
3. Substantial experience (five years or more) relating to the core academic functions of learning and teaching, research, and community engagement in higher education institutions.
4. Reasonable experience in higher education governance, management and administration, and/or managerial experience in the provision of support services within higher education institutions.
5. Experience in, and/or understanding of, the management of quality in higher education.
6. Knowledge of – and experience in – evaluation activities in higher education.
7. An understanding of the policy and regulatory environment of the South African higher education sector.
8. Involvement in policy development, regulatory and advisory bodies, and activities that affect the management of higher education institutions and the conduct of their core academic activities.
9. Familiarity with the basic principles and policies informing the CHE's approach to audits and a willingness to work within that framework.
10. The ability to assimilate, analyse and evaluate large amounts of information.
11. The breadth of perspective, knowledge and experience to make reliable evidence-based judgments in relation to the effectiveness of QA arrangements at higher education institutions.
12. The ability to hold discussions at a high level about strategic and operational approaches in the context of higher education.

In addition to their knowledge and skills, panelists should generally possess the following personal attributes:

- a. The ability to function well in a team context and to relate well to other people on an interpersonal level;
- b. Open-mindedness and flexibility, with a capacity to see beyond their own specific academic or professional specialisations;
- c. Being capable of adapting to, and understanding, the complex dynamics and even contestations that may be occasioned by an audit;
- d. Discretion in delicate situations and an ability to deal tactfully with people;
- e. An inquiring disposition;
- f. Keen powers of analysis and sound judgment;

- 
- g. Adhering to strict ethical principles, such as honesty, sincerity and impartiality;
  - h. Conscientiousness and attention to detail in completing the tasks included in the audit process; and
  - i. Well-developed oral and written communication skills.

#### **9.4. Preparatory activities for audit panels**

The preparation and orientation of the panel members has two parts, namely general panelist preparation and preparation for the audit of a specific institution. These preparations orientate members to the CHE's audit framework and methodology, and to the general principles that panelists should follow in the conduct of institutional audits. The preparation ensures that the panelists understand the CHE's audit approach, and in particular,

- a. The principles and objectives of the audit system;
- b. The methodology used in institutional audits;
- c. The scope of institutional audits; and
- d. The aspects used to assess the various audit areas.

Panelists should:

- a. Become familiar with CHE's expectations of them, and the code of conduct that applies to the audit process.
- b. Understand their roles and responsibilities within the audit panel.
- c. Be able to develop and demonstrate their proficiency in the collection and analysis of audit information/evidence, the scrutiny of institutional portfolios, the conduct of interviews and the formation of audit judgements.
- d. Understand the process used to arrive at the audit judgements, the approval of these judgements by the CHE, and their inclusion in the CHE's report.

As institutional audits are evidence-based, a number of techniques are used to gather the information that is required to make the necessary formal judgements about the institution's quality arrangements for its core activities. The panel's analysis of the information and the evidence provided has two purposes, namely, to form an impression of the validity of the institutional self-evaluation, and to develop judgements with respect to the various audit areas. Audit judgements are formed through the audit process.

#### **9.5. The roles and responsibilities of audit panel members**

##### **9.5.1. The chairperson of the audit panel**

The audit panel chairperson is a figure of acknowledged credibility and authority who commands respect in the higher education sector and should ideally have previous





audit experience. He/she oversees the audit visit, and, in providing leadership, plays a crucial role in forging common purpose amongst the panel members. The panel chairperson is well versed in facilitation methods, such as dealing with points of dispute that may arise during the audit visit.

Because of the extent of a chairperson's responsibility, the CHE provides panel chairpersons with special training opportunities in order to assist them in the fulfilment of their responsibilities.

During the entire course of the panel's activities, the panel chairperson, with the help of the audit officer, ensures that panel members are mindful of, and observe:

- the context and focus of the specific audit against the background of the CHE's audit approach;
- the code of conduct and the procedures that apply to the audit visit, and
- their roles and responsibilities for the conduct of the audit.

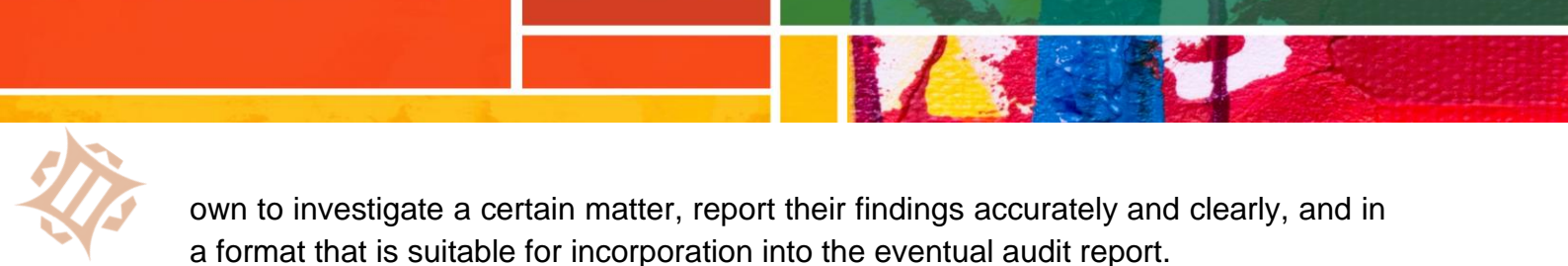
The panel chairperson:

- a. guides the panel during the pre-audit preparation so that the lines of enquiry to be pursued during the audit visit have been clearly identified and understood;
- b. ensures that the themes and questions are integrated into the audit Focus Areas, Standards and Guidelines as set out in the audit Framework and Manual;
- c. gathers the necessary information and evidence relating to the audit focus areas, standards and guidelines;
- d. ensures the completion of the draft audit report; and
- e. presents it to the IAC.

The panel chairperson ensures that each interview session during the audit site visit is adequately prepared for and, where necessary, that such preparations are revised in the light of information received in preceding interview sessions.

In addition, the chairperson directs the panel's discussions and activities during the audit visit so that it remains focused on substantive issues; is able to allocate its time appropriately amongst the various audit areas; pays adequate attention to the views of various stakeholder groups; keeps to the allotted time for meetings; and is able to view a sufficient range of information and evidence. Importantly, the chairperson should bear the audit report in mind and ensure that discussions facilitate the writing of the report. The chairperson should at all times ensure that the report writer and scribe are on track and able to keep up with proceedings.

The chairperson also leads the panel in summarising its discussions during the panel-only meetings, and ensures that panelists who have worked as a sub-group or on their



own to investigate a certain matter, report their findings accurately and clearly, and in a format that is suitable for incorporation into the eventual audit report.

At the end of the audit visit, the chairperson leads the panel in reaching judgments and conclusions in the form of commendations and recommendations related to the Focus Areas, Standards and Guidelines. The chairperson reminds the panelists that their individual contributions to the audit report should supply the detailed evidence that has led to the panel to arrive at these judgments and conclusions.

After the audit visit, the panel chairperson consults with the CHE's audit officer about developing and finalising the audit report, and provides feedback about the audit process to the CHE's Institutional Audits Directorate in the standard debriefing session that is held after the audit visit.

The panel chairperson is also responsible for presenting the draft audit report and outcome to the IAC, and then leaves the IAC meeting for the committee to make its independent decision.

#### **9.5.2. The audit officer**

The audit officer is a CHE staff member, appointed to serve and assist the audit panel as a resource person, but is not a part of the audit panel. The audit officer ensures the smooth running of the audit process, and also serves as an important source of advice to the panel through his or her experience of participation in a variety of audit visits.


The audit officer's responsibilities are as follows:

- a. to act as the audit panel's principal contact point with the institution;
- b. to survey the audit documentation and processes prior to the audit to ensure completeness and comprehensibility;
- c. to advise and assist the panel chairperson in all aspects and phases of the audit, and especially during the pre-audit preparation;
- d. to ensure that the panel keeps within the parameters of the audit;
- e. to ensure strategic focus by the panel; and
- f. to oversee all the administrative and logistical arrangements.

Where necessary, and as determined by the panel chairperson, the audit officer may participate in the panel review discussions in order to support the work of the panel. This participation should, however, be kept to a minimum. The audit officer, as an employee of the CHE, is bound by its Code of Conduct and Confidentiality Agreements.

#### **9.5.3. The audit administrator**

The audit administrator is a member of the CHE staff. He/she must be familiar with the institution's entire submission. The audit administrator, working under the guidance of the audit officer, ensures the effective organisation of the audit panel's activities. Typical functions performed by audit administrators include making logistical



arrangements, helping to ensure that documentation is prepared and circulated, assisting the audit officer to ensure that the proceedings of interviews and panel discussions are properly recorded. The audit administrator, as an employee of the CHE, is bound by its Code of Conduct and Confidentiality Agreements.

#### **9.5.4. The scribe**

The scribe, as appointed by the CHE as a resource person, keeps notes of the sessions, records the proceedings, and provides transcripts for the panel. The scribe supports the audit report writer. The scribe is usually not a member of the panel but a resource person.

#### **9.5.5. The audit report writer**

The report writer, who *is* a member of the panel, works in close consultation with the panel chairperson and is responsible for drafting the audit report. Smaller panels may not have a separate audit report writer, in which case all panel members contribute to the report, usually by agreeing to focus on certain parts of the report, as determined with the rest of the panel under the leadership of the chair, who ensures that the panel is focused, and that the Focus Areas, Standards and Guidelines are adequately covered. The chairperson, together with the writer, indicates where further evidence is required to reach an informed judgment. The chairperson will also probably assist the writer in formulating the recommendations / commendations when necessary.



#### **9.5.6. Other officers of the CHE**

Other CHE officers support the panel as required, especially in large and complex institutions. All employees of the CHE are bound by its Code of Conduct and Confidentiality Agreements.

#### **9.5.7. Observers**

The CHE may from time to time receive a request from external national agencies or institutions to participate in an audit as observers. Whilst the CHE welcomes the interest in the institutional audit process, the participation of external observers must be agreed to in advance by the CEO of the CHE *and* the relevant institution. The institution that is undergoing the audit must give its formal consent to the inclusion of the observer in the activities of the audit panel. No more than one person is permitted to act as an observer during the panel's portfolio-review meeting and the subsequent audit visit.

The audit officer briefs the observer and provides him/her with a copy of the audit portfolio. The observer is required to respect the confidentiality of the audit portfolio and abide by all other aspects of the code of conduct that governs the audit process as determined by the CHE. In particular, the participation of the external observer should not hinder the panel from conducting its activities as effectively as possible. The



observer may not speak during panel interviews and may be asked by the chairperson not to be present at certain interviews or meetings of the panel.

In general, however, the external observer should be free to discuss questions arising from the audit visit with the audit officer or other senior members of the CHE's Directorate: Institutional Audits after the conclusion of the audit. The observer does not contribute to the deliberations of the panel. The observer is responsible for the logistical arrangements and costs relating to his/her travel and accommodation. Observers are required to sign a declaration indicating that they accept the conditions that apply to their observation of the panel proceedings.

## **10. PROTOCOLS FOR INTERVIEWS**

Interviews may take place on site or remotely and online, and the interview schedules and related communication and planning will be finalised in consultation with the institutional steering committee based on any national restrictions, such as those related to the COVID-19 pandemic, and regulations in place at the time.

### **10.1. Interviewing techniques**

Effective interviewing techniques are used to validate information and evidence, to check additional documentary material, to ensure that the panel canvasses a representative range of opinions, and to track the implementation of certain policies and procedures through various organisational levels.

The CHE provides panelists with some exposure to the challenges associated with interviewing during training sessions and suggests techniques to overcome some of these difficulties. The use of clearly formulated questions may serve a variety of purposes, such as asking for further information on a certain topic, confirming a certain approach or practice, or asking the interviewee to reflect on possible reasons for the institution's approach to quality assurance in an audit area. Effective interviewing relies on panel members being closely acquainted with all the documentation provided by the institution and on their having developed a preliminary schedule of questions based on the lines of enquiry identified for the audit and from the institution's own account of its context and its SER. Successful interviewing also relies panel members' ability to ask judicious follow-up questions to elicit fuller detail when needed, and the ability to adapt questions in the light of answers already received during that interview.

### **10.2. Introduction to and for the interviewees**

At the start of each session, the chairperson:

1. Welcomes interviewees and thanks them for participating in the audit process. Panel members have their name-cards in front of them. Interviewees bring their own name cards. No introductions are required in



- the interests of time. In online meetings, all participants have their names displayed digitally;
2. States clearly that the purpose of the interview is to help the panel to validate the information and evidence contained in the SER and other documentation supplied by the institution, and to gain a detailed understanding of how the institution's quality systems operate;
  3. Emphasizes that while the interview will pursue issues and lines of enquiry that have been identified before or during the audit visit, its purpose is not to test the knowledge of individuals;
  4. Explains that the CHE's audit is developmental in its intent and that the audit report will commend good practices and recommend areas of quality improvement in the institution;
  5. Encourages the interviewees to provide concise answers; and
  6. Reminds the interviewees that all comments made to the audit panel are treated in strict confidence, and that their names are not used in the report, even though the issues raised may be included in the report.

### **10.3. Guidelines for inducting interviewees**

As discussed previously, the chairperson indicates to interviewees that an audit is a developmental exercise which enables the CHE to issue a report on the coherence and effectiveness of an institution's quality assurance system. The quality assurance findings indicate how the system enhances the likelihood of student success, improves learning and teaching as well as strengthens research and integrated community engagement. The report emerging from the audit will contain commendations on good practices at the institution and offers recommendations for improvement in specified areas.

The audit is an opportunity to assess and strengthen, where necessary, an institution's arrangements for managing the quality of the overall student experience, particularly in the light of national priorities, and to consider whether those arrangements help students to succeed and complete their studies.

Interviewees are reminded that institutional identity, transformation (fitness of purpose) and high-level strategies come under scrutiny during higher education audits. These are legitimate parts of the scope of the audit. Interviewees should bear in mind the developmental nature of institutional audits, and how they aim to help the institution to achieve its goals, including its transformational goals.

The range of stakeholders are interviewed by either the entire panel or by a smaller sub-group of the panel. The number of people from an institution participating in each session depends on the purpose of the interview. Sessions are timed to last between 45-60 minutes.





Since it is the intention of the panel to enable all interviewees to respond to at least one question, interviewees are requested to keep their answers focused and to the point so that everyone has a chance to participate.

The chairperson explains that the purpose of the interview is for interviewees to provide the panel with information and insights about their experience of the institution's quality management arrangements. The interview is not a public relations exercise, nor a 'complaints' session. It is, rather, an opportunity for a constructive and analytic account of systems and practices at the institution. Interviewees are asked to present the panel with an accurate and informed view of quality assurance arrangements at their institution.



The questions asked by the panel may be broad or may focus on specific details regarding particular arrangements or practices. Interviewees should take their cue from the questions directed to them and be sensitive to signals from the panel that their answer may be too detailed or deviating from the focus of the interview. Panel members may ask follow-up questions to elicit further detail.

Where appropriate, an interviewee may wish to refer to quality management arrangements that have been in place over a number of years, some of which may have changed over time as improvements were made. Other arrangements may be more recent, and the institution may not yet have had time to judge their effectiveness. The panelists are looking for evidence of the *effectiveness* or otherwise of these arrangements. Therefore, interviewee references to specific examples, documents or other forms of evidence would be useful. If there are arrangements relevant to the issues under discussion that the panel has not asked about, the interviewee(s) should take the opportunity to mention these to the panel.

It is possible that interviewees will be asked questions that seem to be outside the areas of focus for the interview session as the panel may be 'triangulating' (or cross-checking) information provided during the process and may need to ask additional questions not directly related to the issues dealt with in that session. If the interviewee is unsure of the answer, or does not know, she/he should say so. If the interviewee does not understand the question, she/he should ask the panelist for clarification, or ask for the question to be repeated or restated.

Panel members have been directed to ask short and focused questions. Interviewees should be succinct and clear in their responses, while providing context and examples wherever possible to support their views. The panel will adhere strictly to interview session timeframes.

The chairperson assures interviewees that panel members may be passing notes to one another during the interviews as this is how the panel coordinates the content and order of questions asked during the session. Although the panel has prepared for the session, they still need to fine-tune the questioning, based on the responses they hear



during the session. Interviewees are assured that when CHE reports are written, information and observations made by those who are interviewed are not ascribed to any individual. Such information remains confidential to the CHE panel.

If any interviewee has any concerns arising from the interview process, she/he should inform the chairperson of the panel or those debriefing interviewees after the interview session. This enables the CHE to address timeously any problems that have arisen.

#### **10.4. Conclusion of the interview**

At the end of the interview, the panel chairperson thanks the interviewees once more for their participation, indicates to each group that there will be an open session towards the end of the audit that the interviewees may also attend and/or invite other colleagues to do so, and informs them that the CHE will produce an audit report that will be sent to the Vice-Chancellor/Head of the institution in due course.

### **11. PREPARATION FOR INSTITUTIONAL AUDITS**

This section of the manual is designed chiefly to help institutions prepare for the audit site visits, so will be of particular interest to the institution's executive and senior management, the steering committee, the audit officer, the audit administrator as well as the staff whose central role in the institution is managing quality assurance.

#### **11.1. Site visit preparation for institutions**

Given the unprecedented disruptions created by the 2020-2021 pandemic, site visits and all other interactions may need to take place remotely. Much of the logistics of the face-to-face interactions described below will need amending on a case-by-case basis depending on the conditions prevailing when the site visit is imminent. The staff at the institution will liaise with their CHE counterparts to make the final arrangements, in accordance with any national regulations in force at the time. Online engagements may replace on-site site visits as required, if say, the institution is in an identified 'hot spot'.

##### **11.1.1. Format of a site visit**

As the purpose of site visits and the context, size and shape of institutions, may vary, it is not possible to provide a 'generic' site visit schedule. Typically, though, a site visit schedule, comprising a series of varying time slots, could include any or all the following:

- Meeting between the audit panel and the Head of the institution/unit, programme coordinator(s) and the quality assurance officer;
- Reading and reflection periods for members of the audit panel;
- Interviews with academic staff, administrative and support staff, students and/or alumni;



- Visits to libraries, lecture venues, laboratories, computer facilities and other elements that are part of the physical infrastructure of the institution. These may be replaced, if necessary, by appropriate video material or digital links;
- Visits to multiple campuses or sites of provision, where necessary; and
- A concluding session with the Head and/or senior management of the institution/unit.

In each case, the CHE will inform the institution, in good time, of its requirements about the specific format for the site visit. Subsequently, and well before the visit, the institution's site visit coordinator must inform the CHE about the names (and positions) of those who will be interviewed, the venues for sessions, catering arrangements, etc.

#### **11.1.2. Site visit coordinator**

As indicated earlier, each institution appoints a site visit coordinator, whose contact details are given to the CHE, to oversee and take responsibility for site visit preparation and the organisation and administration of the visit itself. During the site visit, the site visit coordinator must always be available as she/he is the first line of liaison with the chairperson of the audit panel. In addition to the responsibilities mentioned above, the coordinator will address a number of practical matters, where relevant, outlined in the sections below.

#### **11.1.3. Directions and parking**

Well ahead of the site visit, the site visit coordinator must send a road map electronically to the CHE indicating the route from the airport to the hotel where the panel will be lodged (the CHE will provide the coordinator with name of the hotel), as well as a road map from the hotel to the institution.

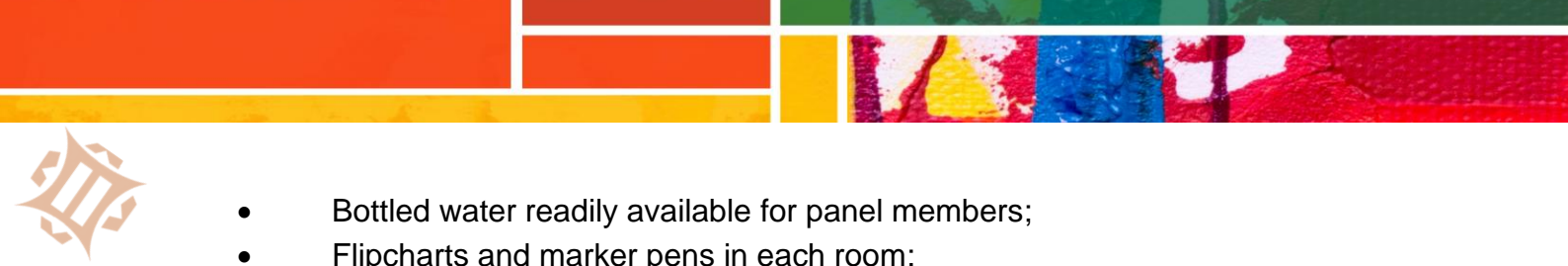
Clearly marked and sign-posted parking bays reserved for panel members' vehicles, close to the main venue for the visit, must be arranged. Similarly, clear signs must mark the way from the parking bays to the plenary and other break-away rooms.

#### **11.1.4. Plenary room and break-away rooms**

One main plenary room and a small number of breakaway rooms, with movable tables and chairs, must be available for the panel to use during the site visit. Plenary and breakaway rooms should also be available for online engagements.

The layout of each room should include the following:

- Tables and chairs for the panel and interviewees;
- Extension cables and plug points for panel members' laptop computers;
- Reliable internet connections and access to the digital PoE;
- A screen onto which presentations etc. can be projected;
- Arrangements for tea and coffee in the plenary room, or close by;

- 
- Bottled water readily available for panel members;
  - Flipcharts and marker pens in each room;
  - A computer and printer in the plenary room; and
  - Display tables in the plenary room for categorised documentary evidence (see below).

#### **11.1.5. ICT requirements**

The CHE makes appropriate digital platforms available for communication and online interactions, and CHE staff and audit panel members are provided with the means to conduct online activities.

In the case of a physical visit, there should be adequate access to electricity and the internet for panelists.

The institution, however, must also ensure that its steering committee and all interviewees are able to take part in online activities should the situation warrant it.

#### **11.1.6. Digital document display**

The institution is required to provide any additional materials needed by the audit panel. Any materials and documents requested by the audit panel should be appropriately filed and catalogued, and preferably linked to the areas being evaluated. The institution must provide the panel with a list of the relevant materials and documents (an evidence 'map'). Such documents are preferably made available electronically and are not printed.

The physical document display should be kept to a minimum and alternative arrangements will have to be made in cases where the site visit is held online. While the specific coverage of the document display may vary from site visit to site visit, and in terms of the CHE's specific requirements, the following list provides an indication of the key documents that should be displayed, that is, *if they are not already available as digital links to cloud storage (or have not yet been updated) on the institutional portfolio*:

1. Prospectuses, faculty handbooks, academic calendars and student guides;
2. Strategic plans of the institution/unit;
3. Management and organisational structure;
4. Learner materials, syllabi, course packs (per module/ mode of provision);
5. Examples of institutional reports, committee meeting minutes etc.;
6. Data summaries of surveys and survey instruments;
7. Schedule of courses offered (say) over the last 3 years, with the relevant staff members identified;
8. Exemplars of assessment tasks and instruments, internal moderation and external examiners' reports;



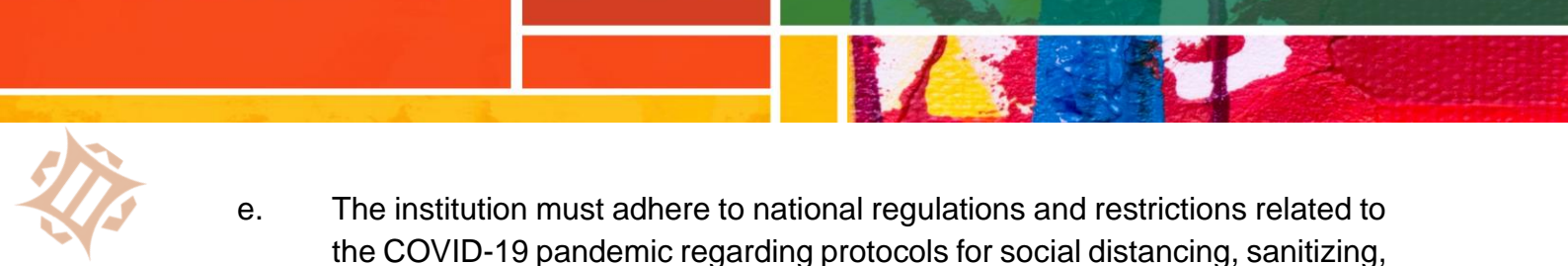
9. Programme completion rates (if applicable), module performance and assessment records;
10. Admission policies, RPL practice and student records;
11. Tuition and fee structures;
12. Examples of students' work;
13. Staff curricula vitae;
14. Facilities, equipment and supplies;
15. Library catalogues;
16. Records of students' complaints and grievances;
17. Summary of staff accomplishments and publications;
18. Advertising materials, promotional materials, information brochures etc.;
19. HR policies, samples of contracts, performance agreements and other personnel data that may be relevant;
20. Samples of course/ lecturer evaluation responses and summaries;
21. Student tracking mechanisms post programme completion;
22. Information on short courses and quality-assurance activities for short courses;
23. Any relevant policies or documents that support the institution's/unit's mission, goals and objectives;
24. Various external ranking and accreditation statuses of the institution or parts of the institution;
25. Research publication outputs and their visibility, for example, on SCOPUS;
26. Research awards, centres of excellence or chairs;
27. External examiner's reports for Master's and Doctoral students.

#### **11.1.7. Institutional preparations in general**

As part of its preparations, the institution should attend to the following matters:

- a. The institution should supply the names and designations of those in each interview in electronic format.
- b. The institution informs all interviewees of the purpose of the audit visit and the protocol for interviews in advance. This includes making known the names and credentials of the members of the audit panel.
- c. The institution notifies all members of the institution of the open session where any member of the institution can address the audit panel on any matters relating to quality.
- d. In a face-to-face interview, the institution provides names cards for each of the interviewees, with a clear designation of role and department or faculty, for face-to-face interviews. The interviewees place these cards in front of them to assist the panel and scribe to identify and address the interviewees appropriately. Digital name cards for online meetings should be clear and informative (e.g. not in the form of staff or telephone numbers).



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- e. The institution must adhere to national regulations and restrictions related to the COVID-19 pandemic regarding protocols for social distancing, sanitizing, etc. Should other regulations be in force, the institution is obliged to comply with such requirements during the audit visit.

## 12. ETHICAL GUIDELINES

### 12.1. Ethical guidelines for panelists

In the execution of their responsibilities, panelists should observe various principles that are closely linked to the knowledge, skills and personal attributes that they are required to possess. These principles are as follows:

#### ***a. Respect for institutional autonomy***



The institution being audited is an autonomous, self-governing institution with its own unique characteristics and should not be inappropriately compared with other institutions. The audit panel may require the institution to account for the effectiveness of its governance and its management arrangements for assuring the quality of its core academic activities. However, the panel should refrain from pre-judging the institution for the choices it makes with respect to its organisational design and the development of its internal culture.

#### ***b. Appreciation for the diversity of approaches to the management of quality***

The audit standards represent certain generic standards that institutions are normally expected to address in the various audit areas. However, the audit panel should bear in mind that there is no single definitive approach to assuring quality in the core academic activities of higher education institutions, and that the use of predetermined models is detrimental to a culture of quality development and innovation. Panels should, therefore, respect the way institutions adapt the HEQC's audit focus areas, standards and guidelines to meet their characteristics and contexts, as well as the specific policies, processes and structures, which they use to assure quality.

#### ***c. Decorum in interactions with the institution***

During the audit visit, as well as during pre- and post-audit activities, the audit panel members should conduct themselves with discretion. They should, therefore, not act aggressively, argumentatively or in an inquisitorial manner during the audit visit or in other dealings with the institution. In these instances, the audit panel chair is responsible for taking up the matter with panel members who disregard this requirement. During the conduct of interviews, audit staff members should have respect for sensitive situations, and for the concerns of specific persons or groups. At all times, panel members should refrain from taking a superior or condescending attitude, based on their own institutional affiliation or professional position. An audit



enquiry can be conducted in an incisive and rigorous manner without being disparaging or disrespectful. Furthermore, panel members should respect the decorum of the interview proceedings, ensuring that these are conducted in an appropriately professional manner.

***d. Confidentiality of information and evidence***

Panelists must observe the confidentiality of all the information and evidence provided by the institution, especially the principle of protecting private information. All material, including the audit portfolio, should be treated as confidential and is usually the intellectual property of either the CHE or the institution. Under no circumstances may audit panel members use information and evidence from an audit visit without the express permission of the institution. Panelists are required to sign an official undertaking that they will treat all audit documentation as confidential, will not remove confidential or strategic information, and will return all specified documentation by a stipulated time.

The CHE adopts strict protocols to ensure that confidentiality of information is maintained.

***e. Commitment to impartiality***

Panelists should conduct themselves in an impartial manner that is free from bias and is as objective as possible. Beyond the formal audit activities, panelists are expected to have no social contact or private discussions on audit-related- or any other matters with members of the institution during the audit visit.

***f. Conflict of interest***



Panelists should declare all conflicts of interest and consistently maintain their independence in the evaluation of the information and evidence that is made available to them.

***g. Due care in the gathering and interpretation of evidence***

Panelists should base their judgments on a representative selection of evidence that can be validated against the documentary records. Panelists should also exercise care in the interpretation and validation of evidence and should continually test their assumptions and hypotheses with respect to the various audit areas against other possible perspectives. The conclusions should arise from the considered deliberations of the panel members. Panelists should *not* ask institutional groups what kinds of recommendations they would like to see in the audit report.

***h. Fair presentation***

The audit findings and judgments that are contained in the audit report should present the audit activities in as faithful and accurate a manner as possible. The audit report should acknowledge instances in which the panel had difficulty in reaching a clear



conclusion, as well as cases where there are clear differences of opinion between the panel members and the institution.

***i. Commitment to the work of the audit panel***

The effectiveness of audit panels depends on the contribution of all the panel members. With the exception of urgent personal circumstances, panelists are, therefore, expected to be fully available during the entire audit visit. Panelists are requested not to make any outside personal arrangements, such as meals and meetings, during the site visit and are urged at all times to observe the programme of the panel as per the schedule agreed upon. The CHE retains the right not to remunerate panelists who have failed to contribute as agreed in their contracts and in the pre-audit portfolio meeting.

**12.2. Ethical guidelines for institutions**

In addition to the required compliance by audit panel members to the ethical and confidentiality requirements and standards of the CHE, the CHE has drawn up a list of ethical guidelines related to site visits for institutions and their staff.

These guidelines are:

1. Each institution is responsible for facilitating a thorough and objective appraisal of the quality assurance mechanisms under review by the CHE.
2. Institutions have the right to request to remove audit panel members only if it can be demonstrated, in writing, that a potential conflict of interest exists. This right must be exercised with due responsibility.
3. Any perceived inadequacies of CHE procedures or processes are to be reported by the institution to the audit panel chair and the audit officer at the time of their occurrence. This requirement applies to the conduct of the site visit and/or audit panel members and any incidents that may take place.
4. Institutions are not permitted to make contact with audit panel members before the site visit and/or after the site visit on issues related to the audit.
5. Institutions and/or staff are not allowed to try to influence the outcome of a site visit by making offers of any sort to the audit panel members.
6. In terms of CHE policies, no gifts, awards or financial incentives may be offered to audit panel members during or after the site visit.
7. There should be no attempt by the institution to record proceedings of the audit panel, or to tamper with documents belonging to audit panel members.
8. Institutions are consulted on the site visit dates for the audit panel. Once these are finalised, the institution is bound to host the site visit. In the eventuality of unforeseen circumstances that may require a rescheduling, the institution is required to make immediate contact with the CHE.
9. The institution is responsible for ensuring that the staff and students required to be present for the site visit are available at the relevant times, and have




- been properly apprised of all the arrangements, venues, as well as the purpose and intent of the site visit.
10. Institutions must ensure that audit panel members are able to access to all facilities and resources relevant to the institutional quality assurance systems under review. The necessary arrangements must be made in advance with the relevant personnel. Audit panel members must receive communication of these arrangements at the start of the site visit.
  11. The institution is responsible for ensuring that any additional documentation requested by the audit panel prior to the site visit, or during the site visit, and, in exceptional circumstances, after the site visit, is made available.
  12. The institution is required to ensure that information provided to the public and the CHE is accurate and adequate. All information made available to the public, the staff and the students must be accurate and reflect the actual quality assurance systems and practices of the institution.
  13. The institution must ensure that all staff members and students are aware of the audit processes and the possible outcomes of the institutional audit.
  14. The institution is required to ensure that information is not withheld from the audit panel; or that information is inadequately disclosed as either of these may compromise the work of the panel.
  15. Photographs may be taken of audit panel members and/or the procedures of the audit panel during the site visit, but only with the permission of and in consultation with the audit chair and panel.
  16. The institution is required to adhere to all national regulations and protocols in force at the time of the audit site visit, and to safeguard the health and wellness of all participants in an institutional audit as far as is possible.

### **13. POST-AUDIT FEEDBACK**

Audit panel members are asked to provide comments, preferably formal, written ones, to the CHE on their overall assessment of the process of the audit. These comments are used to improve the CHE's systems as well as to help it reflect systematically on the overall implementation of an external quality audit system.

#### **13.1. Triangulation**

Panels should use triangulation to cross-check information and evidence. Triangulation refers to validating data against more than one source, such as checking policies against various other forms of documentary evidence, for example, minutes or reports; or checking statements from one person or group against statements made by other persons and/or documentary evidence. For instance, it is important to consult staff members with various levels of organisational responsibility, as well as students, when discussing the adequacy and effectiveness of a certain policy, process or structure. Furthermore, panels should track the implementation of a policy or process through



various organisational levels. For example, the panel may wish to inquire how an institutional admission policy is implemented within a faculty and its constituent academic units, and to check the implementation of the policy against the student profile in certain programmes and disciplines.

### **13.2. Formulating judgments**

The audit panel formulates its findings in the form of commendations and/or recommendations with respect to the Standards and Guidelines. In formulating its judgments, the panel takes the following considerations into account:

- a. the extent to which the institution's quality assurance arrangements address all the aspects or requirements of the Standard or Guideline being evaluated;
- b. the extent to which a specific institutional policy or procedure is implemented, and/or a specific structure fulfils its stated responsibilities;
- c. the extent to which a certain policy or procedure has been communicated to, and is clearly understood by, all stakeholders;
- d. the extent to which a quality assurance practice is embedded within the institutional culture, and is seen as an integral part of the institution's approach to the conduct of its core academic activities;
- e. the effectiveness of the procedures that the institution uses to monitor and review the implementation of the policy, procedure or activity; and
- f. the improvement strategies that the institution has implemented as a result of its monitoring and review processes.



Through such considerations, the panel assesses the state of the institution in relation to each Standard. Each Standard will be judged according to the four-point scale in section 7.1. The systematic review of all the agreed-upon audit areas allows the panel to identify and confirm areas of strength and excellence, and to make substantiated recommendations on aspects requiring the institution to develop and implement improvement strategies. Commendations and recommendations are made in direct relation to the Standards. Commendations are not for simply meeting a threshold, but are reserved for exceptional cases as well as for good practice that is recommended for distribution through the sector.

An overall and holistic evaluation of the institution, in the form of a narrative summary, forms the conclusion of the audit report. For private HEIs, this summative overview may contribute to a recommendation on whether the institution, its programmes, sites and modes of provision can be re-registered by the DHET or not.

### **13.3. Preliminary oral feedback**

The panel presents its preliminary audit conclusions in a final session with the VC/Head of the institution and a group invited by the VC or Head. The CHE recommends that





the management team as well as the professional QA staff, where appropriate, are present.

The oral feedback may form the basis for the written audit report. The feedback is read by the chairperson of the panel or by a member of the panel. At this point, there is no discussion on the feedback as the institution has an opportunity to respond to the full draft report when it is sent to the institution for comment. The oral feedback is considered informal and preliminary and does not bind the audit panel in terms of their final written report.

No reference to the final summative outcome categories will be made in the oral feedback to allow the audit panel to reflect and consolidate their findings.

### **13.4. Writing the audit report**

The audit report is a presentation of the panel's findings on the different elements of an institution's quality management system, based on the HEQC's audit Standards and Guidelines. The report is based on an analysis and interpretation of the evidence submitted by the institution and the further evidence gathered during the panel visit. Each section of the report provides reasoned arguments for the conclusions reached.

The report identifies strengths and weaknesses as well as exemplary and innovative features in the institution's quality management arrangements. The evidence-based judgements made in the report generally take the form of recommendations and commendations about the quality of provision at the audited institution. In addition, strengths and weaknesses may also be rendered in the form of acknowledgements and issues for attention.

#### **13.4.1. Commendations**

Commendations are directly related to the Standards and Guidelines and are statements that focus on the strengths and exemplary or innovative features of the quality management systems and provision at an institution, and that acknowledge the actual achievements of an institution in certain areas of quality management. Commendations are not for activities which are routinely expected from HEIs.

Commendations are focused on actual policies, procedures and practices that serve to realise or substantially improve good quality provision throughout the institution, or in some parts of the institution. In these cases, the institution has shown its ability to embed good, exemplary or innovative policies, practices and procedures. Good practices make a significant contribution to the quality of provision across the institution. To be regarded as 'exemplary', a policy, procedure or practice must represent good practice and be worthy of dissemination to, and emulation by, other providers of comparable programmes. Innovations refer to novel ways that South African institutions find to improve the quality of provision. These need not be institution-wide but must have the potential to be generalised throughout the institution.



Commendations are placed as stand-alone statements within the text of the report and are highlighted in bold font.

### **13.4.2. Recommendations**

Recommendations are statements focused on the current state of an institution's quality management systems. All recommendations suggest measures for improvement that the institution needs to act upon in response to the shortcomings identified by the panel.

There are different types of recommendations:

- Recommendations deal with two issues. On the one hand, they deal with actual policies, procedures and practices (or lack thereof), which undermine quality provision at the institution and need urgent attention. On the other hand, they deal with practices which have the potential to endanger the quality of the provision and need preventative or corrective action. Both actual and potential shortcomings can influence the quality of provision across the institution or some parts of the institution.
- The recommendations made in an audit report can be prioritised in relation to the urgency with which action needs to be taken to remedy actual or potential shortcomings, and the level of risk that failure to attend to such shortcoming represents for the quality of provision in the institution as a whole. Considering these two dimensions, recommendations may be essential or advisable:
  - *Essential recommendations* refer to areas that require urgent attention, because they are currently putting the quality of provision at risk.
  - *Advisable recommendations* refer to shortcomings which have the potential to put the quality of provision at risk and that require preventative or corrective action.

An overall narrative assessment of the institution, based on the individual commendations and recommendations, serves to conclude the report.

For private institutions, the panel makes a recommendation that may contribute to whether the institution, its programmes, sites and/or modes of provision should be recommended for re-registration to DHET, if that was part of the initiation agreement for the institutional audit.

Recommendations are placed as stand-alone statements within the text of the report and are highlighted in bold font. The text preceding a recommendation is the evidence-based argument supporting the recommendation.




## 14. CONCLUDING NOTE

If the institution's site visit coordinator (or the institution itself) experiences any difficulties in understanding the contents of this *Manual*, or needs further elaboration on any of the issues covered, contact the CHE through the CHE contact person identified for the institution.



INSTITUTIONAL AUDIT PROCESS	
1	<b>Initiation of the audit:</b> The <b>CHE</b> notifies the institution of a date proposed for the first interaction visit to the institution
2	<b>First interaction:</b> The <b>CHE and the institution</b> determine the nature, scope and date of audit, including whether DHET re-registration will be included as a recommendation for private higher education institutions
3	<b>Institutional Commitment:</b> The <b>VC or Head</b> commits to the audit, SER and audit outcomes
4	<b>Logistical administrative support appointments:</b> The <b>institution</b> appoints an audit officer, who becomes the institutional contact person and an audit steering group of sufficiently senior and knowledgeable staff
5	<b>Capacity development:</b> The <b>CHE</b> offers capacity development training to institutional staff, who are required to complete the training
6	<b>Second interaction:</b> The <b>CHE Audit Officer and Admin Support</b> meet with the institutional contact person/audit officer and the steering group to discuss the provisional strategy for the audit
7	<b>SER and PoE Development:</b> The <b>institution</b> develops the institutional self-evaluation report (SER), including an institutional profile and the portfolio of evidence (PoE) based on the audit scope, focus areas, standards and guidelines agreed upon
8	<b>Panel Composition:</b> <ul style="list-style-type: none"> <li>✓ The <b>CHE</b> determines the selection and composition of the audit panel, including selection of the chairperson; and</li> <li>✓ The <b>institution</b> endorses the panel.</li> </ul>
9	<b>Appointment and training of audit panel:</b> The <b>CHE</b> appoints the audit panel and audit panel members complete CHE workshops
10	<b>SER and PoE Submission:</b> The <b>institution</b> submits the institutionally approved SER & PoE to the CHE
11	<b>CHE quality check:</b> The <b>CHE</b> checks that the SER and PoE conform to the requirements that will enable a successful institutional audit and engages with the institution where necessary
12	<b>Additional Information Compilation and Submission:</b> The <b>institution</b> compiles any additional information required and submits it to the CHE
13	<b>Third interaction:</b> The <b>CHE and the institution</b> agree upon <ul style="list-style-type: none"> <li>✓ The site visit schedule and preparation for site visit and</li> <li>✓ The final programme for the audit visit is sent to the institution</li> </ul>
14	<b>Finalisation of logistical arrangements:</b> The <b>CHE</b> finalises the logistical arrangements for the panel members, while <b>the institution</b> completes the preparatory arrangements for the audit visit, whether in contact or virtual
15	<b>Audit panel meeting:</b> The <b>audit panel</b> meets to discuss the SER, agree on roles and responsibilities and on the lines of enquiry



16	<b>Site visit:</b> The <b>audit panel</b> , assisted by the designated <b>institutional staff</b> , complete all the interviews, meetings and visits planned, whether physically or remotely. The site visit concludes with a feedback session with the VC or Head of the institution and selected staff
17	<b>Draft audit report:</b> The <b>chair, panel members and scribe</b> finalise the draft audit report, which the chairperson presents to the IAC of the HEQC
18	<b>IAC meeting:</b> The <b>IAC</b> receives the draft audit report, presented by the panel chairperson; once approved, the CHE sends the report to the institution for corrections and comment
19	<b>Engagement on factual misrepresentations or recommended outcome:</b> The <b>institution</b> either responds to the CHE in writing to correct any factual misrepresentations or to make representations on the recommended outcome in the draft report; or confirms its acceptance of the audit report as is
20	<b>CHE final decision:</b> The <b>audit panel</b> submits the final, corrected audit report to IAC, the HEQC and Council for a final decision
21	<b>Feedback on the audit process:</b> The <b>CHE</b> obtains feedback from the institution and audit panel on the audit process as further input into its processes
22	<b>Final audit decision:</b> The <b>CHE</b> communicates the final HEQC and Council decision to the institution and the DHET, and publishes an executive summary on the CHE website
23	<b>Improvement plan:</b> The <b>institution</b> develops an institutional Improvement Plan for approval by the HEQC
24	<b>Progress reports:</b> The <b>institution</b> submits mid-cycle reports on its progress on the improvement plans made on the strength of the audit recommendations
25	<b>Close-out report:</b> Once all the activities in the improvement plan have been completed, <b>the institution</b> submits a final report and <b>the HEQC and CHE</b> approves a close-out report for the institution







