



Agensi Kelayakan Malaysia  
Malaysian Qualifications Agency

Code of Practice for  
**PROGRAMME**  
**ACCREDITATION**

**SECOND EDITION**

**Code of Practice for Programme Accreditation**

*First Published, September 2008*

*Second Printing, December 2008*

*Third Printing, September 2009*

*Fourth Printing, March 2011*

*Fifth Printing, October 2011*

*Sixth Printing, May 2012*

*Second Edition, April 2018*

© 2008 Agensi Kelayakan Malaysia (Malaysian Qualifications Agency, MQA)

Mercu MQA

No. 3539, Jalan Teknokrat 7

Cyber 5

63000, Cyberjaya

Selangor Darul Ehsan

Malaysia

Tel.: +603 8688 4800

Fax: +603 8688 4850

Email: [akreditasi@mqa.gov.my](mailto:akreditasi@mqa.gov.my)

Website: [www.mqa.gov.my](http://www.mqa.gov.my)

# Contents

<b>Foreword</b>	i
<b>Glossary</b>	iii
<b>Abbreviations</b>	xi
<b>List of Tables</b>	xii
<b>Section 1: Introduction to Programme Accreditation</b>	
1. The Malaysian Qualifications Agency	1
2. The Malaysian Qualifications Framework	2
3. Quality Assurance Documents	2
4. Programme Accreditation	3
4.1 Provisional Accreditation	3
4.2 Full Accreditation	3
4.3 Compliance Evaluation	5
5. The Malaysian Qualifications Register	5
<b>Section 2: Criteria and Standards for Programme Accreditation</b>	
<b>INTRODUCTION</b>	8
Area 1: Programme Development and Delivery	10
1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes	10
1.2 Programme Development: Process, Content, Structure and Learning-Teaching Methods	10
1.3 Programme Delivery	11
Area 2: Assessment of Student Learning	12
2.1 Relationship between Assessment and Learning Outcomes	13
2.2 Assessment Methods	13
2.3 Management of Student Assessment	13
Area 3: Student Selection and Support Services	14
3.1 Student Selection	16
3.2 Articulation and Transfer	16
3.3 Student Support Services	16
3.4 Student Representation and Participation	17
3.5 Alumni	18
Area 4: Academic Staff	18
4.1 Recruitment and Management	19
4.2 Service and Development	20
Area 5: Educational Resources	21
5.1 Physical Facilities	22
5.2 Research and Development	22
5.4 Financial Resources	23

Area 6: Programme Management	23
6.1 Programme Management	24
6.2 Programme Leadership	25
6.3 Administrative Staff	25
6.4 Academic Records	26
Area 7: Programme Monitoring, Review and Continual Quality Improvement	26
7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement	29
<b>Section 3: Submission for Programme Accreditation</b>	
<b>INTRODUCTION</b>	30
3.1 The Required Documentation	30
Part A: General Information on the Higher Education Provider	32
Part B: Programme Description	35
Part C: Programme Standards	38
3.2 Compliance Evaluation of Full Accreditation Programme	59
<b>Section 4: Programme Accreditation</b>	
<b>INTRODUCTION</b>	61
4.1 The Programme Self-Review	61
4.2 The Program Self-Review Committee	62
4.3 The External Programme Evaluation	64
4.4 The Programme Evaluation Process	67
4.5 Recommendations on the Programme Accreditation	73
4.6 Appeal	74
4.7 Follow Up	74
<b>Section 5: The Panel of Assessors</b>	
<b>INTRODUCTION</b>	75
5.1 Appointing Members of the Panel of Assessors	75
5.2 Conflict of Interest	78
5.3 Members of the Panel of Assessors	79
5.4 The Roles and Responsibilities of the Panel of Assessors	80
5.5 The Accreditation Report	86
<b>Section 6: Guidelines for Preparing the Programme Accreditation Report</b>	
<b>INTRODUCTION</b>	88
1. Previous Quality Assessment of the Programme (if applicable)	88
2. The Programme Self-Review Report (if applicable)	87
3. Report on the Programme in Relation to the Criteria and Standards for Programme Accreditation	89
3.1: Evaluation on Area 1: Programme Development and Delivery	89
3.2: Evaluation on Area 2: Assessment of Student Learning	92
3.3: Evaluation on Area 3: Student Selection and Support Service	95
3.4: Evaluation on Area 4: Academic Staff	99
3.5: Evaluation on Area 5: Educational Resources	101
3.6: Evaluation on Area 6: Programme Management	104
3.7: Evaluation on Area 7: Programme Monitoring, Review and Continual Quality Improvement	107

4. Conclusion of the Report	108
4.1: Full Accreditation	108
4.2: Provisional Accreditation	109
4.3: Compliance Evaluation	109

---

## **Appendices**

Appendix 1: The Quality Assurance Process: An Overview	111
Appendix 2: General Comparison of Programme Accreditation and Institutional Audit Process	113
Appendix 3: Provisional Accreditation Process Flow Chart	115
Appendix 4: Full Accreditation Process Flow Chart	117
Appendix 5: Compliance Evaluation Flow Chart	119

## FOREWORD

The Malaysian Qualifications Agency (MQA) was established under the Malaysian Qualifications Agency Act 2007 (Act 679) to quality assure higher education (HE) in Malaysia. To carry out this responsibility, the Malaysian Qualifications Framework (MQF) was developed to describe, systematise, unify and harmonise all qualifications in Malaysia.

To ensure quality in higher education, MQA has developed a series of guidelines, standards and codes of practice guided by MQF to assist higher education providers enhance their academic performance and institutional effectiveness. Key among these, is the Code of Practice for Programme Accreditation (COPPA) issued in 2008.

COPPA (2008) is a general standard for higher education providers, quality assurance auditors, officers of the MQA, policy makers, professional bodies and other stakeholders engaged in higher education. However, HE has witnessed rapid and disruptive changes in the last decade. The 11<sup>th</sup> Malaysia Plan, the Malaysia Education Blueprint 2015–2025 (Higher Education) and Malaysian Higher Education 4.0 (MyHE 4.0) have marked out the changes to be instituted in HE to produce competent and creative talent for the new economy.

In response and in recognition of these changes, MQA has revised the COPPA based on the feedback from HE providers, assessors, quality assurance experts, regulators as well as changes in accreditation guidelines, criteria and standards in and around the region. Following MQA's standards development protocol, a wide array of stakeholders was consulted to explain the proposed changes and seek feedback and support for the revised COPPA.

Unlike COPPA (2008), this revised COPPA has a single layer of 98 standards which are stated in seven areas of evaluation. The COPPA is now more streamlined, better rationalised, clearer and also includes some new requirements to strengthen it. The guidelines for application by HEPs for provisional and full accreditation has been appropriately amended to include information on the new standards. A new approach to self-review for full accreditation using an Excel instrument is also explained. These changes will ensure more effective guidance for programme development, accreditation, management and enhancement.

On behalf of the MQA, I wish to extend our sincere appreciation and gratitude to everyone who has contributed towards the preparation of the Code of Practice for Programme Accreditation, 2017. It is our hope that the COPPA, 2017 will continue to serve our common quest to achieve higher education of the highest quality.

Thank you.

**Dato' Dr. Rahmah Mohamed**  
**Chief Executive Officer**  
**April 2018**

## GLOSSARY

No.	Terms	Description
1.	Academic Staff	Personnel engaged by Higher Education Providers who are involved in teaching, training and supervision.
2.	Adequate	Satisfactory or acceptable in quality or quantity.
3.	Administrative Staff	Non-academic personnel engaged by Higher Education Providers.
4.	Alumni	Graduates of a Higher Education Provider.
5.	Approving Authority	Ministry/Organisation with legal authority to approve the conduct of a programme.
6.	Assessment	A systematic mechanism to measure a student's attainment of learning outcomes.
7.	Co-curricular Activities	Activities conducted outside the classroom that may or may not form part of the credits.
8.	Collaborative Programme	Programme offered by a Higher Education Provider but the curriculum is owned, and the award is conferred, by its partner.
9.	Community Services	Services volunteered by individuals or organisations to benefit a community.
10.	Competency	A student's knowledge, skills and abilities which enable the student to successfully and meaningfully complete a given task or role.
11.	Conducive	A favourable surrounding or condition or environment with a positive effect on the students – can determine how and what the person is learning.
12.	Continuous Assessment	Assessments conducted throughout the duration of a course/module for the purpose of determining student attainment.
13.	Coordinator	The person responsible for providing organisation of different groups to work together to achieve the goals of a programme.
14.	Courses	Components of a programme. The term courses are used interchangeably with subjects, units or modules.

No.	Terms	Description
15.	Department	The entity of Higher Education Providers responsible for the programme. Examples are college, faculty, school, institute, centre and unit.
16.	Education Experts	Specialised staff from various disciplines who have been trained or who have considerable experience in effective learning-teaching methodologies and related matters of higher education.
17.	e-Learning	Learning facilitated and supported through the use of information and communications technology.
18.	Enrolment	Registered and active students.
19.	External Advisor	An acknowledged expert in the relevant field of study external to the Higher Education Providers, tasked to assist in reviewing the programme.
20.	External Examiner	An acknowledged expert in the relevant field of study external to the Higher Education Providers, tasked to evaluate the programme's assessment system and the candidates.
21.	External Programme	Programme developed and/or qualification awarded by a certification body, e.g. ACCA, CIMA, external University of London.
22.	External Stakeholders	Parties external to the Higher Education Providers who have interest in the programme. Examples are alumni, industries, parents, collaborators, fund providers and professional associations.
23.	Formative Assessment	The assessment of student's progress throughout a course, in which the feedback from the learning activities are used to improve student attainment.
24.	Formative Guidance	Continuous guidance, which has an important influence on the development of an academic staff.
25.	Full-time Equivalent	A measure to convert part-time staff workload to full-time equivalent using a normal full-time staff workload. This is only used for the purpose of computing staff-student ratio.



No.	Terms	Description
26.	Full-time Staff	Staff with permanent appointment or contract appointment (minimum one year) who works exclusively for a Higher Education Provider.
27.	Good Practices	A set of internationally accepted norms which is expected to be fulfilled to maintain high quality.
28.	Governance	Describes the organisational structure used to ensure that its constituent parts follow established policies, processes and procedures.
29.	Higher Education Provider	A body corporate, organisation or other body of persons which conducts higher education or training programmes leading to the award of a higher education qualification.
30.	Home-grown Programme	Programme awarded by Malaysian Higher Education Provider.
31.	Industrial/Practical Training	An activity within the programme where students are required to be placed in the workplace to experience the real working environment.
32.	Institutional Audit	An external evaluation of an institution to determine whether it is achieving its mission and goals, to identify strengths and areas of concern, and to enhance quality.
33.	Internal Quality Audit	A self-review exercise conducted internally by a Higher Education Provider to determine whether it is achieving its goals, to identify strengths and areas of concern, and to enhance quality. The internal quality audit generates a self-review report.
34.	Learning Outcomes	Statements on what a student should know, understand and can do upon the completion of a period of study.
35.	Longitudinal Study	A study which involves repeated observations of the same variables or phenomena over a long period of time.
36.	Malaysian Qualifications Framework	An instrument that classifies qualifications based on a set of criteria that are approved nationally and benchmarked against international best practices.

No.	Terms	Description
37.	Malaysian Qualifications Framework Level	A qualification level described with generic learning outcomes and descriptors.
38.	Needs Analysis	An analysis carried out to identify needs. (e.g., the training needs of staff and the market demand of a programme).
39.	Part-time Staff	Staff with temporary or short-term appointment with less than normal hours of work and may not work exclusively for a Higher Education Provider.
40.	Professional Body	A body established under a written law (or any other body recognised by the Government) for purposes of regulating a profession and its qualifications.
41.	Programme	An arrangement of courses/ subjects/ modules that is structured for a specified duration and learning volume to achieve the stated learning outcomes, which usually leads to an award of a qualification.
42.	Programme Accreditation	<p>An assessment exercise to determine whether a programme has met the quality standards and is in compliance with the Malaysian Qualifications Framework. There are three stages of programme accreditation:</p> <p><b>Provisional Accreditation</b> is an accreditation exercise to determine whether a proposed programme meets the minimum quality standards prior to its launch.</p> <p><b>Full Accreditation</b> is an accreditation exercise to ascertain that the teaching, learning and all other related activities of a provisionally accredited programme meet the quality standards.</p> <p><b>Compliance Evaluation</b> is an exercise to monitor and ensure the maintenance and enhancement of accredited programmes.</p>
43.	Programme Educational Objectives	Broad statements that describe the career and professional accomplishments that the programme is preparing graduates to achieve after they graduated.

No.	Terms	Description
44.	Programme Learning Outcomes	Statements that describe the specific and general knowledge, skills, attitude and abilities that the programme graduates should demonstrate upon graduation. The graduates are expected to acquire the outcomes upon completion of all the courses in their programme.
45.	Programme Self-Review Report	A report submitted by a Higher Education Provider to demonstrate whether it has achieved the quality standards for purposes of a full accreditation exercise.
46.	Programme Standards	Refers to programme standards approved by Malaysian Qualifications Agency.
47.	Qualification	An affirmation of achievement which is awarded by a Higher Education Provider or any party that is authorised to confer it.
48.	Quality Assurance	A planned and systematic process to ensure that acceptable standards of education, scholarship and infrastructure are being met, maintained and enhanced.
49.	Quality Enhancement	A process where steps are taken to bring about continual improvement in quality.
50.	Quality Partners	Quality partners are usually better established universities which attest to the quality of a programme through the involvement or oversight of curriculum design, learning and teaching, or assessment.
51.	Relevant Stakeholders	The parties (individuals and organisations) involved in assisting and complementing the development and improvement of the programme. The key relevant stakeholders are students, alumni, academic staff, professional bodies, the industry, parents, support staff, the government and funding agencies, and civil society organisations.
52.	Scholarly Activities	Activities that apply systematic approaches to the development of knowledge through intellectual inquiry and scholarly communication (e.g., learning and teaching, research, publications, and creative and innovative products).

No.	Terms	Description
53.	Student Learning Experience	An experience which comprises the entire educational experience of a student whilst studying for a programme.
54.	Student Learning Time	The amount of time that a student is expected to spend on the learning-teaching activities, including assessment to achieve specified learning outcomes.
55.	Summative Assessment	The assessment of learning which summarises the student progress at a particular time and is used to assign the student a course grade.

## Abbreviations

1. **COPIA** Code of Practice for Institutional Audit
2. **COPPA** Code of Practice for Programme Accreditation
3. **HEP** Higher Education Provider
4. **MOE** Ministry of Education
5. **MQA** Malaysian Qualifications Agency
6. **MQF** Malaysian Qualifications Framework
7. **MQR** Malaysian Qualifications Register
8. **POA** Panel of Assessors
9. **PSR** Programme Self-Review
10. **PSRC** Programme Self-Review Committee
11. **PSRR** Programme Self-Review Report

## List of Tables

1.	Table 1:	Matrix of programme learning outcomes against the programme educational objectives	45
2.	Table 2:	Components of the programme and its credit value	46
3.	Table 3:	Brief description of courses offered in the programme	46
4.	Table 4:	Course information	47
5.	Table 5:	Summary information on academic staff involved in the programme	55
6.	Table 6:	Required for the programme	58
7.	Table 7:	Reference materials supporting the programme	59
8.	Table 8:	Administrative for the programme	62
9.	Table 9:	Typical timeline and process for Provisional Accreditation	76
10.	Table 10:	Typical timeline prior to evaluation visit	77
11.	Table 11:	Typical schedule for an evaluation visit	78
12.	Table 12:	Typical timeline for post evaluation visit	79

## Section 1

# Introduction to Programme Accreditation

---

Malaysia advocates the development of competent, knowledgeable, and competitive human capital as part of its plan to be a high income nation. The Ministry of Education (MOE) has this vision as one of its primary objectives, in line with the national agenda to make Malaysia as a preferred regional centre of higher education. Such an agenda cannot be achieved without universal confidence in the quality of the qualifications conferred by the Malaysian Higher Education Providers (HEPs). Such confidence is built upon, and sustained by, a robust and credible quality assurance system and the emphasis on the Outcome-Based Education (OBE). This will ensure the Malaysian graduates are of high quality and competitive to face globalisation.

## 1. THE MALAYSIAN QUALIFICATIONS AGENCY

External quality assurance in Malaysia began with the establishment of National Accreditation Board (Lembaga Akreditasi Negara, LAN) in 1997 to quality assure programmes offered by private HEPs.

In 2007, LAN was reorganised as the Malaysian Qualifications Agency (MQA) to implement the Malaysian Qualifications Framework (MQF) and to assure the quality of programmes and qualifications offered by both public and private HEPs. In implementing its responsibilities, MQA took a gradual approach in transforming the Malaysian higher education system from teacher centred to learner centred outcomes approach. Starting from 2011, MQA focused on ensuring programme compliance to the MQF as well as to assist HEPs in strengthening their internal quality assurance practices. In 2013, MQA embarked on its first series of programme compliance evaluation to assess the level of compliance to the MQF and the effectiveness of internal quality assurance of the HEPs.

## **2. THE MALAYSIAN QUALIFICATIONS FRAMEWORK**

The Malaysian Qualifications Framework (MQF) serves as a basis for quality assurance of higher education and as a national reference point for all qualifications conferred in the country. It is an instrument that classifies qualifications based on a set of criteria that is approved nationally and benchmarked against international good practices. These criteria are accepted and used for all qualifications awarded by a recognised Higher Education Provider. The Framework clarifies the qualification levels, learning outcomes and credit systems based on student learning load.

The MQF integrates all higher education qualifications. It also provides educational pathways through which it systematically links these qualifications. The pathways will enable the individual learner to progress in the context of lifelong learning, including credit transfers and accreditation of prior experiential learning.

## **3. QUALITY ASSURANCE DOCUMENTS**

The quality assurance evaluation process is primarily guided by:

- i. The Malaysian Qualifications Framework (MQF);
- ii. The Code of Practice for Institutional Audit (COPIA);
- iii. The Code of Practice for Programme Accreditation (COPPA);
- iv. The Code of Practice for Open and Distance Learning (COP-ODL);
- v. Qualifications Standards;
- vi. Programme Discipline Standards; and
- vii. Guidelines to Good Practices (GGP).

From time to time, MQA will develop new programme discipline standards, qualifications standards and guidelines to good practices to cover the whole range of disciplines and good practices. These documents will be reviewed periodically to ensure relevancy and currency.

MQA and HEPs will refer to the COPPA as the main document to conduct programme accreditation. The COPPA has been reviewed to reflect the current quality assurance implementation development and maturity in Malaysia. The review process was conducted through extensive consultation with the stakeholders, which resulted in the consolidation of the previous nine areas of evaluation into only seven areas.



The seven areas are:

- i. Programme Development and Delivery;
- ii. Assessment of Student Learning;
- iii. Student Selection and Support Services;
- iv. Academic Staff;
- v. Educational Resources;
- vi. Programme Management; and
- vii. Programme Monitoring, Review and Continual Quality Improvement.

Each of these seven areas contains quality standards and criteria. The degree of compliance with these seven areas of evaluation (and the criteria and standards accompanying them) expected of the HEPs depends on the types and levels of assessment.

## **4. PROGRAMME ACCREDITATION**

Programme accreditation is carried out in three stages, i.e., Provisional Accreditation, Full Accreditation and Compliance Evaluation.

### **4.1 Provisional Accreditation**

The purpose of Provisional Accreditation exercise is to ascertain that the minimum requirements are met in order to conduct a programme of study. The HEPs must meet the standards for the seven areas of evaluation, especially Area 1: Programme Development and Delivery, Area 4: Academic Staff and Area 5: Educational Resources. Where necessary, a visit may be conducted to confirm the availability and suitability of the facilities at the HEPs' premises. The evaluation involves an external and independent assessment conducted by MQA through its Panel of Assessors (POA). The findings of the POA are tabled to the respective Accreditation Committee for a decision. The HEPs use the decision to seek approval from the MOE to offer the programme.

### **4.2 Full Accreditation**

The purpose of a Full Accreditation is to reaffirm that the programme delivery has met the standards set by the COPPA, and is in compliance with the MQF.

The Full Accreditation exercise is usually carried out when the first cohort of students are in their final year. It involves an external and independent assessment conducted by MQA through its POA. The panel evaluates documents, including the Programme Self-Review Report (PSRR) submitted by the HEPs. An evaluation visit to the institution will be conducted by the POA to validate and verify the information furnished by the HEPs before the POA submits its recommendations to MQA's Accreditation Committee through a formal Final Accreditation Report.

In a Full Accreditation exercise, the feedback processes between the MQA and the HEPs are communicated through the panel's oral exit report and a written accreditation report presented in a spirit of transparency and accountability to reinforce continual quality improvement.

The accreditation report aims to be informative. It recognises context and allows comparison over time. It discerns strengths and areas of concern as well as provides specific recommendations for quality enhancement in the structure and performance of the HEPs based on peer experience and the consensus on quality as embodied in the standards.

If an HEP fails to achieve accreditation for the programme and it is unable to rectify the conditions for the rejection, MQA will inform the relevant authorities concerned for necessary action to be taken.

The MQA Act 2007 (Act 679) provides for the accreditation of professional programmes and qualifications to be conducted through the Joint Technical Committee of the relevant professional bodies. These include, among others, the medical programme by the Malaysian Medical Council, engineering programme by the Board of Engineers Malaysia, and architecture programme by the Board of Architects Malaysia. The Act also allows these bodies to develop and enforce their own standards and procedures for these programmes, albeit broadly in conformance with the MQF. However, MQA and the professional bodies maintain a functional relationship through a Joint Technical Committee as provided for by the MQA Act.

Accreditation gives significant value to programmes and qualifications. It enhances public confidence and can become a basis of recognition nationally and internationally. The Accreditation Report can be used for benchmarking

and for revising quality standards and practices. Benchmarking focuses on how to improve the educational process by exploiting the best practices adopted by institutions around the world.

### **4.3 Compliance Evaluation**

Compliance Evaluation is an exercise to monitor and ensure the maintenance and enhancement of programme that were accredited. The Compliance Evaluation is crucial given that the accreditation status of a programme is without an expiry provision. Compliance Evaluation, which applies to all accredited programmes, must be carried out at least once in five years. In the case where a Compliance Evaluation found that an HEP fails to maintain the quality of an accredited programme, the accredited status of the said programme may be revoked and a cessation date shall be recorded in the Malaysian Qualifications Register (MQR).

## **5. THE MALAYSIAN QUALIFICATIONS REGISTER**

The Malaysian Qualifications Register (MQR) is a registry of all higher education qualifications accredited by the MQA. The MQR contains, among others, information on programmes, providers, levels and validity periods or cessation dates of the accreditation status of these qualifications. It is meant to provide students, parents, employers, funding agencies and other related stakeholders, both domestic and international, with the necessary information about accredited qualifications in Malaysia. MQR is the national reference point for qualifications in Malaysia and is also referenced in UNESCO's portal of higher education. The MQR is accessible at [www.mqa.gov.my/mqr](http://www.mqa.gov.my/mqr).

## Section 2

# Criteria and Standards for Programme Accreditation

---

### INTRODUCTION

An Higher Education Provider (HEP) is responsible for designing and delivering programmes that are appropriate to its educational purpose.

This Code of Practice for Programme Accreditation (COPPA, 2<sup>nd</sup> Edition) which has seven areas of evaluation for quality assurance guides the HEPs and the MQA in assuring the quality of educational programmes. Unlike the Code of Practice for Institutional Audit (COPIA) that serves for evaluation of the institution as a whole, COPPA is dedicated to programme evaluation for the purpose of programme accreditation.

The seven areas of evaluation for quality assurance will be adjusted accordingly to fit their distinct purposes. For example, while the item on vision is crucial at the institutional level, its relevance at the programme level is more directed to see how a specific programme supports the larger institutional vision. Similarly, when COPIA talks about curriculum design, its perspective is largely about institutional policies, structures, processes and practices related to curriculum development across the institution. In COPPA, it refers specifically to the description, content and delivery of a particular programme.

This chapter discusses guidelines on criteria and standards for programme accreditation. It recommends practices that are in line with internationally recognised good practices. These guidelines on criteria and standards are aimed to assist HEPs achieve the standards in each of the seven areas of evaluation and stimulate the HEPs to continually improve the quality of their programmes. All these are in support of the aspiration to make Malaysia a centre of educational excellence.

COPPA and COPIA are designed to encourage diversity in approaches that are compatible with national and global human resource requirements. The documents define standards for higher education in broad terms, within which an individual HEP

can creatively design its programme of study and appropriately allocate resources in accordance with its stated educational purpose and learning outcomes.

The seven areas of evaluation for programme accreditation are:

- i. Programme Development and Delivery;
- ii. Assessment of Student Learning;
- iii. Student Selection and Support Services;
- iv. Academic Staff;
- v. Educational Resources;
- vi. Programme Management; and
- vii. Programme Monitoring, Review and Continual Quality Improvement.

The criteria and standards define the expected level of attainment of each criterion and serve as performance indicators.

These standards, which are benchmarked against international best practices, are the minimum requirements that must be met and compliance must be demonstrated during a programme accreditation exercise. In principle, an HEP must establish that it has met all the standards for its programme to be fully accredited, taking into account flexibility and recognition of diversity to facilitate the creative growth of education.

In the remaining pages of this chapter, standards are spelt out for each of the seven areas of evaluation. These serve, and are defined, as indicators of quality.

## AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY<sup>1</sup>

The vision, mission and goals of the HEP guide its academic planning and implementation as well as bring together its members to strive towards a tradition of excellence. The general goal of higher education is to produce broadly educated graduates ready for the world of work and active citizenship through the:

- i. provision of knowledge and practical skills based on scientific principles;
- ii. inculcation of attitudes, ethics, sense of professionalism and leadership skills for societal advancement within the framework of the national aspiration;
- iii. nurturing of the ability to analyse and solve problems as well as to evaluate and make decisions critically and creatively based on evidence and experience;
- iv. development of the quest for knowledge and lifelong learning skills that are essential for continuous upgrading of knowledge and skills that are parallel to the rapid advancement in global knowledge; and
- v. consideration of other imperatives that are needed by society and the marketplace as well as those relevant to the local, national and international context.

Academic programmes are the building blocks that support the larger institutional purpose of the HEP. Hence, it must take into consideration these larger goals when designing programmes to ensure that one complements the other.

Outcome-Based Education (OBE) specifies the desirable outcomes or abilities which students should be able to demonstrate upon completion of an educational programme. The quality of a programme is ultimately assessed by the ability of its graduates to carry out their expected roles and responsibilities in society. This requires a clear statement of the competencies, i.e., the practical, intellectual and soft skills that are expected to be achieved by the student at the end of the programme. The main domains of learning outcomes cover knowledge, practical and social skills, critical and analytical thinking, values, ethics and professionalism. The levels of competency of these learning outcomes are defined in the Malaysian Qualifications Framework (MQF).

---

<sup>1</sup> For the purpose of this Code of Practice, the term 'programme development and delivery' is used interchangeably with the term 'curriculum design and delivery'. This area is best read together with Guidelines to Good Practices: Curriculum Design and Delivery which is available on the MQA Portal: [www.mqa.gov.my](http://www.mqa.gov.my).

A programme is designed and delivered to facilitate the attainment of a set of desired learning outcomes. It starts with a clear definition of the intended outcomes that students are to achieve by the end of the programme and supported by appropriate instructional approaches and assessment mechanisms (constructive alignment).

Learning and teaching can only be effective when the curriculum content and the programme structure are kept abreast with the most current development in its field of study. Information on the programme has to be made up to date and available to all students. Input from stakeholders through continuous consultation and feedback must be considered for the betterment of the programme.

Transforming the curriculum of a programme requires not only academic expertise in the entire suite of courses that makes up a programme, but also education experts from various disciplines who have been trained or who have considerable experience in effective learning-teaching methodologies including associated technologies that make the classroom environment a very rich one. These experts would deal with the challenges of instruction and provide training as well as advice on learning-teaching processes and practices. Such expertise can be provided by a centralised educational technology unit or division at the HEP or can be acquired from external sources.

An HEP is expected to have sufficient autonomy, especially over academic matters. Such autonomy must be reflected at the departmental level where the programme is being designed and offered.

A programme has to be appropriately managed for its effective delivery. This is achievable through the allocation of adequate resources, within a conducive environment, and guided by an appropriate authority in the planning and monitoring of the programme. Linkages with stakeholders outside of the department, particularly at the operational level, are crucial to identify, clarify and improve key aspects of the programme and their interrelationships in the planning and implementation processes. The linkages should be developed and maintained at local, national, regional and global levels.

## **STANDARDS FOR AREA 1**

### **1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes**

1.1.1 The programme must be consistent with, and supportive of, the vision, mission and goals of the HEP.

1.1.2 The programme must be considered only after a needs assessment has indicated that there is a need for the programme to be offered.  
*(This standard must be read together with Standard 1.2.2 in Area 1 and 6.1.6 in Area 6)*

1.1.3 The department must state its programme educational objectives, learning outcomes, learning and teaching strategies, and assessment methods, and ensure constructive alignment between them.  
*(This standard must be read together with Standard 1.2.4 in Area 1)*

1.1.4 The programme learning outcomes must correspond to an MQF level descriptors and the eight MQF learning outcomes domains:

- i. Knowledge;
- ii. Practical skills;
- iii. Social skills and responsibilities;
- iv. Values, attitudes, professionalism;
- v. Communication, leadership and team skills;
- vi. Problem solving and scientific skills;
- vii. Information management and lifelong learning skills; and
- viii. Managerial and entrepreneurial skills.

1.1.5 Considering the stated learning outcomes, the programme must indicate the career and further studies options available to students upon programme completion.

### **1.2 Programme Development: Process, Content, Structure and Learning-Teaching Methods**

1.2.1 The department must have sufficient autonomy<sup>2</sup> to design the

---

<sup>2</sup> Sufficient autonomy relates to the freedom of the department to design (including the use of external



curriculum and to utilise<sup>3</sup> the allocated resources necessary for its implementation.

*(Where applicable, the above provision must also cover collaborative programmes and programmes conducted in collaboration with or from, other HEPs in accordance with national policies.)*

1.2.2 The department must have an appropriate process to develop the curriculum leading to the approval by the highest academic authority in the HEP.

*(This standard must be read together with Standard 1.1.2 in Area 1 and 6.1.6 in Area 6)*

1.2.3 The department must consult the stakeholders in the development of the curriculum, including education experts as appropriate.

*(This standard must be read together with Standard 7.1.4 in Area 7)*

1.2.4 The curriculum must fulfil the requirements of the discipline of study, taking into account the appropriate programme standards, professional and industry requirements as well as good practices in the field.

1.2.5 There must be appropriate learning and teaching methods relevant to the programme educational objectives and learning outcomes.

1.2.6 There must be co-curricular activities to enrich student experience, and to foster personal development and responsibility.

*(This standard may not be applicable to Open and Distance Learning [ODL] programmes and programmes designed for working adult learners.)*

### **1.3 Programme Delivery**

1.3.1 The department must take responsibility to ensure the effective delivery of programme learning outcomes.

1.3.2 Students must be provided with, and briefed on, current information

---

experts or national curriculum) and propose curriculum for approval.

<sup>3</sup> To utilise means the expenditures of allocated resources according to HEP's financial procedures. To be read together with Standard 5.3.2.

about (among others) the objectives, structure, outline, schedule, credit value, learning outcomes, and methods of assessment of the programme at the commencement of their studies.

- 1.3.3 The programme must have an appropriate full-time coordinator and a team of academic staff (e.g., a programme committee) with adequate authority for the effective delivery of the programme.

*(This standard must be read together with related Programme Standards and Guidelines to Good Practices, and with Standards 6.1.1 and 6.2.2 in Area 6)*

- 1.3.4 The department must provide students with a conducive learning environment.

*(This standard must be read together with Standard 5.1.1 in Area 5)*

- 1.3.5 The department must encourage innovations in teaching, learning and assessment.

- 1.3.6 The department must obtain feedback from stakeholders to improve the delivery of the programme outcomes.

## **AREA 2: ASSESSMENT OF STUDENT LEARNING<sup>4</sup>**

Assessment of student learning is a key aspect of quality assurance and it is one of the most important measures to show the achievement of learning outcomes. Hence, it is crucial that an appropriate assessment method and mechanism is in place. Qualifications are awarded based on the results of the assessment. The methods of student assessment must be clear, consistent, effective, reliable and in line with current practices. They must clearly measure the achievement of the intended learning outcomes.

The management of the assessment system is directly linked to the HEP's responsibility as a body that confers qualifications. The robustness and security of the processes and procedures related to student assessment as well as appropriate

---

<sup>4</sup> Standards in this area are best read together with Guidelines to Good Practices: Assessment of Students, which is available on the MQA Portal: [www.mqa.gov.my](http://www.mqa.gov.my).

documentation of learning achievement are important in inspiring confidence in the qualifications awarded by the HEP.

## **STANDARDS FOR AREA 2**

### **2.1 Relationship between Assessment and Learning Outcomes**

- 2.1.1 Assessment principles, methods and practices must be aligned to the learning outcomes of the programme, consistent with the levels defined in the MQF.
- 2.1.2 The alignment between assessment and the learning outcomes in the programme must be systematically and regularly reviewed to ensure its effectiveness.

### **2.2 Assessment Methods**

- 2.2.1 There must be a variety of methods and tools that are appropriate for the assessment of learning outcomes and competencies.
- 2.2.2 There must be mechanisms to ensure, and to periodically review, the validity, reliability, integrity, currency and fairness of the assessment methods.
- 2.2.3 The frequency, methods, and criteria of student assessment - including the grading system and appeal policies - must be documented and communicated to students on the commencement of the programme.
- 2.2.4 Changes to student assessment methods must follow established procedures and regulations, and be communicated to students prior to their implementation.

### **2.3 Management of Student Assessment**

- 2.3.1 The department and its academic staff must have adequate level of autonomy in the management of student assessment.  
*(This standard may not be applicable to certain programme*

*arrangements.)*

- 2.3.2 There must be mechanisms to ensure the security of assessment documents and records.
- 2.3.3 The assessment results must be communicated to students before the commencement of a new semester to facilitate progression decision.
- 2.3.4 The department must have appropriate guidelines and mechanisms for students to appeal their course results.
- 2.3.5 The department must periodically review the management of student assessment and act on the findings of the review.  
*(For MQF Level 6 and above, the review must involve external examiners.)*

### **AREA 3: STUDENT SELECTION AND SUPPORT SERVICES<sup>5</sup>**

In general, admission to a programme needs to comply with the prevailing policies of the Ministry of Education. There are varying views on the best method of student selection. Whatever the method used, the HEP must be able to defend the consistency of the method it utilises. The number of students to be admitted to a programme is determined by the capacity of the HEP and the number of qualified applicants. HEP's admission and retention policies must not be compromised for the sole purpose of maintaining a desired enrolment. If an HEP operates in geographically separated campuses or if the programme is a collaborative one, the selection and assignment of all students must be consistent with national policies.

The admission and selection of students have to be conducted based on up-to-date and accurate information, and according to published criteria and processes. The process has to be structured, objective and transparent with periodic monitoring and review. Consultations with national and international stakeholders are to be considered.

Articulation and transfer are two major components in the area of student selection.

---

<sup>5</sup> Standards in this area are best read together and must be aligned with related Programme Standards.

In this age of increased cross-border education and student mobility, nationally and globally, the transfer of students and credits and the articulation of accumulated learning have become very important aspects of higher education. Thus, sufficient attention must be given to ensure that transfer students are smoothly assimilated into the institution without undue disruption to their studies. Well-defined policies and methods aligned to the latest development are to be established to support student mobility, exchanges and progression, and to promote lifelong learning.

Student support services and co-curricular activities facilitate learning and wholesome personal development and contribute to the achievement of learning outcomes. Support services and co-curricular activities include physical amenities and services such as recreation, arts and culture, accommodation, counselling, transport, safety, food, health, finance and academic advice.

Students with special needs and those facing personal, relationship or identity problems can be assisted through special-purpose facilities and professional counselling. Career counselling can help students make more informed programme and career choices by examining students' approach to career planning and suggesting appropriate resources to guide them.

In most institutions, many of the student support services and co-curricular activities apply at the institutional level. However, it is expected that students at the departmental level have common access to these central services and facilities.

The participation of students in various departmental activities inculcates self-confidence and provides experience in organisational activities and related matters. By involving students, it will also be easier for the department to obtain their feedback. Student publications can also contribute to an atmosphere of responsible intellectual discourse.

The HEP is to establish a linkage with the alumni. The alumni can play a role to prepare and equip students towards their professional future. They extend their knowledge and experience to students and act as an important reference point for the improvement of the programme.

### **STANDARDS FOR AREA 3**

#### **3.1 Student Selection**

- 3.1.1 The programme must have clear criteria and processes for student selection (including that of transfer students) and these must be consistent with applicable requirements.
- 3.1.2 The criteria and processes of student selection must be transparent and objective.
- 3.1.3 Student enrolment must be related to the capacity of the department to effectively deliver the programme.
- 3.1.4 There must be a clear policy, and if applicable, appropriate mechanisms for appeal on student selection.
- 3.1.5 The department must offer appropriate developmental or remedial support to assist students, including incoming transfer students who are in need.

#### **3.2 Articulation and Transfer <sup>6</sup>**

- 3.2.1 The department must have well-defined policies and mechanisms to facilitate student mobility which may include student transfer within and between institutions as well as cross-border.
- 3.2.2 The department must ensure that the incoming transfer students have the capacity to successfully follow the programme.

#### **3.3 Student Support Services**

- 3.3.1 Students must have access to appropriate and adequate support services such as physical, social, financial, recreational and online facilities, academic and non-academic counselling, and health services.

---

<sup>6</sup> Standards in this area must be read together with policies by Ministry of Education (MOE).

- 3.3.2 There must be a designated administrative unit with a prominent organisational status in the HEP responsible for planning and implementing student support services and staffed by individuals who have appropriate experience.
- 3.3.3 An effective induction to the programme must be available to new students with special attention given to out-of-state and international students as well as students with special needs.
- 3.3.4 Academic, non-academic and career counselling must be provided by adequate and qualified staff.
- 3.3.5 There must be mechanisms that actively identify and assist students who are in need of academic, spiritual, psychological and social support.
- 3.3.6 The HEP must have clearly defined and documented processes and procedures in handling student disciplinary cases.
- 3.3.7 There must be an active mechanism for students to voice their grievances and seek resolution on academic and non-academic matters.
- 3.3.8 Student support services must be evaluated regularly to ensure their adequacy, effectiveness and safety.

#### **3.4 Student Representation and Participation**

- 3.4.1 There must be well-disseminated policies and processes for active student engagement especially in areas that affect their interest and welfare.
- 3.4.2 There must be adequate student representation and organisation at the institutional and departmental levels.
- 3.4.3 Students must be facilitated to develop linkages with external stakeholders and to participate in activities to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.

- 3.4.4 Student activities and organisations must be facilitated to encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship.

### **3.5 Alumni**

- 3.5.1 The department must foster active linkages with alumni to develop, review and continually improve the programme.

## **AREA 4: ACADEMIC STAFF<sup>7</sup>**

As the quality of the academic staff is one of the most important components in assuring the quality of higher education, an HEP is expected to search for and appoint the best-suited candidates to serve its programmes in an open, transparent and fair manner. To achieve this, HEPs are expected to design and implement an academic staff search and recruitment practice that is as efficient as it is effective to achieve the desired results. It is important that every programme is appropriately qualified and has sufficient number of academic staff working in a conducive environment that attracts talented individuals. The numbers recruited have to be adequate for, and appropriate to, the needs of the programmes. The role of the academic staff in various activities has to be clarified in order to reflect a fair distribution of responsibilities. It is important for the HEP to provide a continuous staff development programme for its academic staff, for them to be current in their knowledge and skills, both in their chosen discipline as well as in their pedagogical skills.

Teaching, research, consultancy services and community engagement are core interrelated academic activities. It is recognised that the degree of engagement of academics in these areas varies from institution to institution. However, what is important is for the HEP to ensure that there is a fair and equitable distribution of work and that there is a robust and open system of proper recognition and reward that acknowledges and appreciates excellence, especially for the purpose of

---

<sup>7</sup> Standards in this area are best read together with Guidelines to Good Practices: Academic Staff and Guidelines: Academic Staff Workload, which is available on the MQA Portal, [www.mqa.gov.my](http://www.mqa.gov.my).



promotion, salary determination and other incentives.

Professional services provide a window for the HEP and academic staff to share their expertise with the community to enhance national economic growth; there must be policies in the HEP to support such endeavours.

## **STANDARDS FOR AREA 4**

### **4.1 Recruitment and Management**

4.1.1 The department must have a clearly defined plan for its academic manpower needs that is consistent with institutional policies and programme requirements.

4.1.2 The department must have a clear and documented academic staff recruitment policy where the criteria for selection are based primarily on academic merit and/or relevant experience.

4.1.3 The staff–student ratio<sup>8</sup> for the programme must be appropriate to the learning-teaching methods and comply with the programme standards for the discipline.

*(This standard must be read together with Guidelines: Academic Staff Workload)*

4.1.4 The department must have adequate and qualified academic staff responsible for implementing the programme. The expected ratio of full-time and part-time academic staff is 60:40.

4.1.5 The policy of the department must reflect an equitable distribution of responsibilities among the academic staff.

4.1.6 The recruitment policy for a particular programme must seek diversity among the academic staff in terms of experience, approaches and backgrounds.

---

<sup>8</sup> In computing the staff-student ratio, the department must convert part-time staff to full-time equivalent using a normal full-time staff workload (hours per week). For example, two part-time staff, each with half the workload of a full-time staff will be equated to one full-time staff.

- 4.1.7 Policies and procedures for recognition through promotion, salary increment or other remuneration must be clear, transparent and based on merit.
- 4.1.8 The department must have national and international linkages to provide for the involvement of experienced academics, professionals and practitioners in order to enhance learning and teaching in the programme.

## **4.2 Service and Development**

- 4.2.1 The department must have policies addressing matters related to service, development and appraisal of the academic staff.
- 4.2.2 The department must provide opportunities for academic staff to focus on their respective areas of expertise.
- 4.2.3 The HEP must have clear policies on conflict of interest and professional conduct, including procedures for handling disciplinary cases among academic staff.
- 4.2.4 The HEP must have mechanisms and processes for periodic student evaluation of the academic staff for quality improvement.
- 4.2.5 The department must have a development programme for new academic staff and continuous professional enhancement for existing staff.
- 4.2.6 The HEP must provide opportunities for academic staff to participate in professional, academic and other relevant activities, at national and international levels to obtain professional qualifications to enhance learning-teaching experience.
- 4.2.7 The department must encourage and facilitate its academic staff to play an active role in community and industrial engagement activities.

## **AREA 5: EDUCATIONAL RESOURCES**

Adequate educational resources are necessary to support the learning and teaching activities of a programme. These include all the required physical facilities, information and communication technologies, research facilities, and finance.

The physical facilities of a programme are largely guided by the needs of the specific fields of study. These facilities include lecture halls, tutorial and seminar rooms, laboratories, workshop spaces, clinical facilities, moot courts, mock kitchens, dispensing labs and the like. It is highly desirable to maintain a well-stocked library of text and reference books, scholarly journals and periodicals. Increasingly, libraries are entering into contractual arrangements in large electronic databases of current journals and such arrangements help to mitigate the high cost of subscribing to very expensive science and technology journals.

The programme is to reflect the element of research in its curriculum to encourage the participation of students and academic staff. A research-active environment provides opportunities for students to observe and participate in research through elective and core courses. Exposure to an environment of curiosity and inquiry encourages students to develop lasting skills in searching for information; identifying problems; finding solutions; and gathering, collating and analysing data. All of these activities help in continuous updating of knowledge. A healthy research environment is an active breeding ground to develop interest in, and recruit future researchers. Besides, a research culture attracts high calibre academics that engender critical thinking and inquiring minds, hence contributing further to knowledge advancement. Active researchers are also best-suited to interpret and apply current knowledge for the benefit of academic programmes and the community. Where appropriate, research facilities must be included as part of educational resources because a research-active environment improves the quality of higher education. Sufficient and recent resources are to be allocated to support and sustain research.

Equally necessary are other ancillary facilities essential for supporting learning-teaching activities. These will include student dormitories, transport, security, recreation and counselling arrangements. A balanced and proportional increase in the direct and indirect educational resources supports effective learning-teaching.

The HEP must have appropriate, safe and adequate physical facilities that comply with relevant laws and regulations, including care for the needs of persons with

disabilities.

The HEP must demonstrate adequate availability of financial resources to ensure the sustainability of an educational programme.

Equally, if not more importantly, is the quality, relevance, accessibility, availability and delivery of such resources and services, and their actual utilisation by students. These considerations must be taken into account in evaluating the effectiveness of educational resources.

## **STANDARDS FOR AREA 5**

### **5.1 Physical Facilities**

- 5.1.1 The programme must have sufficient and appropriate physical facilities and educational resources to ensure its effective delivery, including facilities for practical-based programmes and for those with special needs.
- 5.1.2 The physical facilities must comply with the relevant laws and regulations.
- 5.1.3 The library or resource centre must have adequate and up-to-date reference materials and qualified staff that meet the needs of the programme and research amongst academic staff and students.
- 5.1.4 The educational resources, services and facilities must be maintained and periodically reviewed to improve quality and appropriateness.

### **5.2 Research and Development**

(Please note that the standards on Research and Development are largely directed to universities and university colleges.)

- 5.2.1 The department must have a research policy with adequate facilities and resources to sustain it.

5.2.2 The interaction between research and learning must be reflected in the curriculum, influence current teaching, and encourage and prepare students for engagement in research, scholarship and development.

5.2.3 The department must periodically review its research resources and facilities, and take appropriate action to enhance its research capabilities and to promote a conducive research environment.

### **5.3 Financial Resources**

5.3.1 The HEP must demonstrate financial viability and sustainability for the programme.

5.3.2 The department must have clear procedures to ensure that its financial resources are sufficient and efficiently managed.

5.3.3 The HEP must have a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the department.

## **AREA 6: PROGRAMME MANAGEMENT**

There are many ways of administering an educational institution and the methods of management differ between HEPs. Nevertheless, governance that reflects the collective leadership of an academic organisation must emphasise on excellence and scholarship. At the departmental level, it is crucial that the leadership provides clear guidelines and directions, builds relationships amongst the different constituents based on collegiality and transparency, manages finances and other resources with accountability, forges partnerships with significant stakeholders in educational delivery, research and consultancy, and dedicates itself to academic and scholarly endeavours. While formalised arrangements can protect these relationships, they are best developed by a culture of reciprocity, mutuality and open communication.

Sufficient autonomy is to be granted to the department for the purpose of policy making to incorporate feedback, consultation and analysis. The policies and

practices have to be made clear to all parties concerned.

An appropriate programme leader is necessary for the success and sustainability of a programme. The leader must have passion, determination, creativity and dynamism in managing the programme effectively. Criteria for the selection of programme leaders and their responsibilities have to be made clear and transparent. Appropriate and sufficient administrative staff are important to support the programme. Proper training should be provided to equip the programme leaders and staff with knowledge, skills and capabilities.

Systematic record management is required to ensure the right handling of privacy and confidentiality. It has to be in line with the general privacy and confidentiality policy of the HEP and the government.

## **STANDARDS FOR AREA 6**

### **6.1 Programme Management**

- 6.1.1 The department must clarify its management structure and function, and the relationships between them, and these must be communicated to all parties involved based on the principles of responsibility, accountability and transparency.
- 6.1.2 The department must provide accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.
- 6.1.3 The department must have policies, procedures and mechanisms for regular reviewing and updating of its structures, functions, strategies and core activities to ensure continual quality improvement.
- 6.1.4 The academic board of the department must be an effective decision-making body with an adequate degree of autonomy.
- 6.1.5 Mechanisms to ensure functional integration and comparability of educational quality must be established for programmes conducted in different campuses or partner institutions.

*(This standard must be read together with Standard 7.1.7 in Area 7)*

- 6.1.6 The department must conduct internal and external consultations, market needs and graduate employability analyses.

*(This standard must be read together with Standard 1.1.2, 1.2.2 in Area 1 and Standard 7.1.6 in Area 7)*

## **6.2 Programme Leadership**

- 6.2.1 The criteria for the appointment and the responsibilities of the programme leader must be clearly stated.

- 6.2.2 The programme leader must have appropriate qualification, knowledge and experiences related to the programme he/she is responsible for.

- 6.3.3 There must be mechanisms and processes for communication between the programme leader, department and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision making processes.

## **6.3 Administrative Staff**

- 6.3.1 The department must have a sufficient number of qualified administrative staff to support the implementation of the programme and related activities.

- 6.3.2 The HEP must conduct regular performance review of the programme administrative staff.

- 6.3.3 The department must have an appropriate training scheme for the advancement of the administrative staff as well as to fulfil the specific needs of the programme.

## **6.4 Academic Records**

- 6.4.1 The department must have appropriate policies and practices concerning the nature, content and security of student, academic staff and other academic records.

- 6.4.2 The department must maintain student records relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.
- 6.4.3 The department must implement policies on the rights of individual privacy and the confidentiality of records.
- 6.4.4 The department must continually review policies on the security of records, including the increased use of electronic technologies and safety systems.

## **AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT**

Increasingly, society demands greater accountability from HEPs. Expectations are constantly changing as globalisation imposes more pressures on economic development, as science and innovations in technology create more opportunities for individuals and business corporations, and as knowledge generally becomes more easily and quickly available to the public at large. In facing these challenges, HEPs have to become dynamic learning organisations that need to systematically monitor the various issues so as to meet the demands of a constantly changing environment.

In the final analysis, quality is the responsibility of the HEP. It must have in place an effective and strong internal quality assurance mechanism to ensure and sustain a quality culture. Quality enhancement calls for programmes to be regularly monitored, reviewed and evaluated. These include the responsibility of the department to monitor, review and evaluate the structures and processes, curriculum components as well as student progress, employability and performance.

Feedback from multiple sources -- students, alumni, academic staff, employers, professional bodies and informed citizens -- assists in enhancing the quality of the programme. Feedback can also be obtained from an analysis of student performance and from longitudinal studies.

Measures of student performance would include the average study duration, assessment scores, passing rate at examinations, success and dropout rates,



students' and alumni' reports about their learning experience, as well as time spent by students in areas of special interest. Evaluation of student performance in examinations can reveal very useful information. For example, if student selection has been correctly done, a high failure rate in a programme indicates something amiss in the curriculum content, learning-teaching activities or assessment system. The programme committees need to monitor the performance rate in each course and investigate if the rate is too high or too low.

Student feedback, for example through questionnaires and representation in programme committees, is useful for identifying specific problems and for continual improvement of the programme.

One method to evaluate programme effectiveness is longitudinal study of the graduates. The department should have mechanisms for monitoring the performance of its graduates and for obtaining the perceptions of society and employers on the strengths and weaknesses of the graduates, and to respond appropriately.

Comprehensive monitoring and review of the programme for its improvement is to be carried out with a proper mechanism, considering feedback from various parties. The committee responsible for this should be granted adequate autonomy to carry out its responsibility effectively. It is desirable that the departments work in association with the HEP's central Quality Assurance Unit to ensure objectivity.

The HEP must have strong linkages with its stakeholders to ensure that the programmes offered are relevant to the needs of the market, the industry and society as a whole. These stakeholders are the main players that will determine public acceptance of the graduates produced by the programme. Their views and feedback must be taken into account to improve the quality of the programme.

The HEP should have a policy and associated procedures to assure the quality of their programmes. They should also commit themselves explicitly to the development of a culture that recognises the importance of quality, and quality assurance, in their work. The department is then expected to embrace the spirit of continual quality improvement based on prospective studies and analyses that leads to the revision of its current policies and practices, taking into consideration past experiences, present conditions, and future possibilities.

## **STANDARDS FOR AREA 7**

### **7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement**

7.1.1 The department must have clear policies and appropriate mechanisms for regular programme monitoring and review.

7.1.2 The department must have a Quality Assurance (QA) unit for internal quality assurance of the department to work hand-in-hand with the QA unit of the HEP.

7.1.3 The department must have an internal programme monitoring and review committee with a designated head responsible for continual review of the programme to ensure its currency and relevancy.

7.1.4 The departmental review system must constructively engage stakeholders, including the alumni and employers as well as external experts whose views are taken into consideration.  
*(This standard must be read together with Standard 1.2.3 in Area 1)*

7.1.5 The department must make the programme review report accessible to stakeholders.

7.1.6 Various aspects of student performance, progression, attrition, graduation and employment must be analysed for the purpose of continual quality improvement.

7.1.7 In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review.  
*(This standard must be read together with Standard 6.1.4 in Area 6)*

7.1.8 The findings of a programme review must be presented to the HEP for its attention and further action.

7.1.9 There must be an integral link between the departmental quality assurance processes and the achievement of the institutional purpose.

## Section 3

# Submission for Programme Accreditation

---

## INTRODUCTION

This section is intended to assist the Higher Education Provider (HEP) in the preparation of its submission for Provisional and Full Accreditation, and Compliance Evaluation of a programme.

### 3.1 Provisional and Full Accreditation

The Provisional and Full Accreditation submission guidelines cover all the seven areas of evaluation with illustrative examples. The HEP is required to provide appropriate information with evidence that support and best illustrate their specific case. The HEP is also invited to furnish additional information that may not be specifically covered in these guidelines but useful in the evaluation.

The information provided by the HEP for its submission should be truthful and concise.

#### 3.1.1 The Documentation Required

HEPs are required to submit the documents listed below for consideration of Provisional or Full Accreditation.

For Provisional Accreditation, the HEP must submit the **MQA-01 (2017)** which asks for:

#### **Part A: General Information on the HEP**

This is an institutional profile of the HEP.

#### **Part B: Programme Description**

Part B of the MQA-01 (2017) requires the HEP to furnish information on the

programme. The information required includes the name of the programme, the Malaysian Qualifications Framework (MQF) level, the graduating credits, the duration of study, entry requirement, mode of delivery and the awarding body.

### **Part C: Programme Standards**

Part C of the MQA-01 (2017) requires the HEP to furnish information on all the standards in the seven areas of evaluation for quality assurance of the programme to be accredited.

For **Full Accreditation**, the HEP must submit the **MQA-02 (2017)**. This consists of updated information of Part A, B and C as above. However, Part C in MQA-02 (2017) requires a self-review exercise **using the evaluation instrument**. The Self-Review Report which is generated through the evaluation instrument should include the following **in each of the seven areas of evaluation**:

- i. Strength/Commendation;
- ii. Steps taken to maintain and enhance the strength/current practices;
- iii. Areas of Concern/Weakness/Condition; and
- iv. Steps taken to address the problem areas.

Submissions for both Provisional and Full Accreditation must be accompanied by relevant attachments, appendices and supporting documents as indicated in the submission template.

The latest template for MQA-01 (2017) and MQA-02 (2017) is available on the MQA portal at [www.mqa.gov.my](http://www.mqa.gov.my).

**PART A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER**

Part A of the MQA-01 (2017) and MQA-02 (2017) of this Code of Practice for Programme Accreditation (COPPA) seeks general information on the Higher Education Provider (HEP).

1. Name of the Higher Education Provider (HEP):
2. Date of establishment:
3. Date of registration (if applicable):
4. Reference no. of registration (if applicable):
5. Name of the chief executive officer (however designated):
6. Address:
  - i. Address:
  - ii. Correspondence (if different from above):
7. Tel.:
8. Fax:
9. Email:
10. Website:
  
11. Names and addresses of Faculties/Schools/Departments/Centres (if located outside the main campus):
  - i.
  - ii.
  - iii.
  
12. Names and addresses of branch campuses (if applicable):
  - i.
  - ii.
  - iii.
  
13. List of Faculties/Schools/Departments/Centres in the HEP (and its branch campuses) and no. of programmes offered:

No.	Name of Faculties/Schools/Departments/Centres	Location	No. of Programmes Offered

14. Details of all programmes\* currently conducted by the HEP (and its branch campuses, including any offshore arrangements):

No.	Name of Programme	MQF Level	Awarding Body	Location conducted	Type of Programme (collaboration/ own/ external programme/ joint award/ joint degree)	Approving Authority and Date of Approval	Date and Duration of Accreditation by MQA/ Professional Body	Student Enrolment	Programme Status

\* For public university, indicate status of each programme as follows: active, *jumud*, *beku*, *lupus* or *penawaran semula*.

\* For private HEP, indicate status of each programme as follows: active or inactive (approved but currently not conducted).

15. Total number of academic staff:

Status	Academic Qualification	Number of Staff		
		Malaysian	Non-Malaysian	Total
Full-time (all types of designation, including those on 1 year contract or more)	Doctorate (Level 8)			
	Masters (Level 7)			
	Bachelors (Level 6 - including professional qualification)			
	Diploma (Level 4)			
	Others			
	<b>Sub-total</b>			
Part-time	Doctorate (Level 8)			
	Masters (Level 7)			
	Bachelors (Level 6 - including professional qualification)			
	Diploma (Level 4)			
	Others			
	<b>Sub-total</b>			
	<b>Total</b>			

16. Total number of students:

	Number of students		Total	Disabled Student
	Local	International		
Male				
Female				
Total				

## 17. Student attrition:

	Year	Total students (A)	Number of students leaving the institution without graduating (B)	Attrition Rate (%) (B/A)*100	Main reasons for leaving
Past 1 year					
Past 2 years					
Past 3 years					

**Note:** The attrition rate should be provided for each individual year.

## 18. Total number of administrative and support staff:

No.	Classification by Function (e.g.: technical, counselling, financial, IT, human resource, etc.)	Number of Staff

## 19. Provide audited financial statement for the last three consecutive years:

Year	Financial statement (RM)	
	Profit/Surplus	Loss/Deficit
Past 1 year		
Past 2 years		
Past 3 years		

**Note:** Profit and loss reporting is based on after tax.

## 20. Provide the latest, dated and signed organisational chart of the HEP.

## 21. Contact person for the submission:

- i. Name and Title:
- ii. Designation:
- iii. Tel.:
- iv. Fax:
- v. Email:

**PART B: PROGRAMME DESCRIPTION**

1. Name of the programme (as in the scroll to be awarded):
2. MQF level:
3. Graduating credit:
4. Has this programme been accredited by MQA for other premises? If yes, please provide the following details:

No.	Name and Location of the Premises (main campus / branch campuses / regional centre)	Mode of Delivery	Accreditation Status	
			Provisional	Full
1.				
2.				
3.				

5. Type of award (e.g., single major, double major, etc.):
6. Field of study and National Education Code (NEC):
7. Language of instruction:
8. Type of programme (e.g., own, collaboration, external, joint award/joint degree, etc.):
9. Mode of study (e.g., full-time/part-time):
10. Mode of offer: (please (/) where appropriate)

Undergraduate Programme		Postgraduate Programme	
Coursework		Coursework	
Industry Mode (2u2i)		Mixed mode	
		Research	

11. Method of learning and teaching (e.g. lecture/tutorial/lab/field work/studio/blended learning/e-learning, etc.):
12. Mode of delivery (please (/) as appropriate):

Conventional (traditional, online and blended learning)	
Open and Distance learning (ODL)	

13. Duration of study:

	Full-time		Part-time	
	Long Semester	Short Semester	Long Semester	Short Semester
No. of Weeks				
No. of				



Semesters				
No. of Years				

Note: Number of weeks should include study and exam week.

14. Entry requirements:

15. Estimated date of first intake: month/year (applicable for provisional accreditation)

16. Projected intake and enrolment: (applicable for provisional accreditation)

Year	Intake	Enrolment
Year 1	e.g.: 100	e.g.: 100
Year 2	e.g.: 100	e.g.: 200
Year 3	e.g.: 100	e.g.: 300
Total	e.g.: 300	e.g.: 300

17. Total student enrolment (applicable for full accreditation):

Year	Intake	Enrolment
Year 1	e.g.: 60	e.g.: 60
Year 2	e.g.: 70	e.g.: 130
Year 3	e.g.: 90	e.g.: 220
Total	e.g.: 220	e.g.: 220

18. Estimated date of first graduation: month/year

19. Types of job or position for graduates (at least two types):

20. Awarding body:

- Own
- Others (Please name)

*(Please attach the relevant documents, where applicable)*

- i. Proof of collaboration between HEP and the collaborative partner such as copy of the Validation Report\* of the collaborative partner\*\* and the Memorandum of Agreement (MoA)
- ii. Approval letter from the Higher Education Department (Jabatan Pendidikan Tinggi, JPT) of the Ministry of Education for programmes in collaboration with Malaysian public universities
- iii. Proof of approval and supporting letter to conduct the programme from certification bodies/awarding bodies/examination bodies
- iv. A copy of the programme specification as conducted by the collaborative partner (eg. Handbook)
- v. Proof of collaboration with Quality Partners\*\*\* for the programme, where applicable
- vi. For programmes which require clinical training, please attach proof

- of approval from the relevant authority
- vii. Any other documents where necessary

21. A sample of scroll to be awarded should be attached.

22. Address(s) of the location where the programme is/to be conducted:

Note:

- \* Validation report is an evaluation by the collaborative partner on the readiness and capability of the institution to offer the programme.
- \*\* Collaborative partner is the institution who owns the curriculum of the programme and confers the award (franchisor) while the programme delivery is conducted by another institution (franchisee).
- \*\*\*Quality partners are usually better established universities which attest to the quality of a programme through the involvement or oversight of curriculum design, learning and teaching, or assessment.

## **PART C: PROGRAMME STANDARDS**

Part C of the MQA-01 (2017) and MQA-02 (2017) requires the HEP to furnish information on all the standards in the seven areas of evaluation for quality assurance on the programme to be accredited. The following pages provide a series of questions and statements that guide the HEP in furnishing such information.

In Area 1 (Programme Development and Delivery), there are 23 questions and statements related to the 17 standards.

In Area 2 (Assessment of Student Learning), there are 18 questions and statements related to the 11 standards.

In Area 3 (Student Selection and Support Services), there are 29 questions and statements related to the 20 standards.

In Area 4 (Academic Staff), there are 22 questions and statements related to the 15 standards.

In Area 5 (Educational Resources), there are 21 questions and statements related to the 10 standards.

In Area 6 (Programme Management), there are 21 questions and statements related to the 16 standards.

In Area 7 (Programme Monitoring, Review and Continual Quality Improvement), there are 12 questions and statements related to the nine standards.

## INFORMATION ON AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

### 1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes

#### Information on Standards

- 1.1.1 Explain how the programme is in line with, and supportive of, the vision, mission and goals of the HEP.
- 1.1.2 Provide evidence and explain how the department has considered market and societal demand for the programme. In what way is this proposed programme an enhancement of the others?
- 1.1.3 (a) State the educational objectives, learning outcomes, learning and teaching strategies, and assessment methods of the programme.  
 (b) Map the programme learning outcomes (PLO) against the programme educational objectives (Provide information in Table 1).

**Table 1.** Matrix of programme learning outcomes against the programme educational objectives

Programme Learning Outcomes (PLO)	Programme Educational Objectives (PEO)			
	PEO1	PEO2	PEO3	PEO4
PLO 1				
PLO 2				
PLO 3				
PLO 4				
PLO 5				

- (c) Describe the strategies for the attainment of PLOs in terms of learning and teaching strategies, and assessment methods.
- 1.1.4 Map the PLO to an MQF level descriptors and the eight MQF learning outcomes domains.
- 1.1.5 (a) How are the learning outcomes related to the career and further studies options of student upon programme completion?  
 (b) Do the learning outcomes relate to the existing and emergent needs of the profession, industry and discipline?

## 1.2 Programme Development: Process, Content, Structure and Learning-Teaching Methods

### Information on Standards

1.2.1 Describe the provisions and practices that indicate the autonomy of the department in the design of the curriculum and its utilisation of the allocated resources.

1.2.2 Describe the processes to develop and approve curriculum.

1.2.3 (a) Who and how are the stakeholders consulted in the development of the curriculum?

(b) Explain the involvement of education experts in this curriculum development.

1.2.4 (a) Describe how the curriculum fulfils the requirements of the discipline of study in line with the programme standards (if applicable) and good practices in the field.

(b) Provide the necessary information, where applicable, in Table 2.

**Table 2.** Components of the programme and its credit value

No.	Course Classification	Credit Value	Percentage (%)
1.	Compulsory courses/modules*		
2.	<b>Core**/Major***/Specialisation:</b>		
	<ul style="list-style-type: none"> <li>• Courses</li> <li>• Projects/thesis/dissertation</li> </ul>		
3.	Optional/Elective courses****		
4.	Minor courses (if applicable)		
5.	Industrial training/Practicum		
6.	Others (specify)		
<b>Total Credit Value</b>			<b>100</b>

Note:

\* Compulsory courses/modules refer to *Mata Pelajaran Umum* (MPU) and other courses required by the HEP.

\*\* Core courses also include common courses of faculty.

\*\*\* Provide information on major, including double major, if applicable.

\*\*\*\* Optional/elective courses refer to courses where students can exercise choice.

(c) Provide a brief description of each course offered in the

programme. Please arrange courses by year and semester as in Table 3.

**Table 3.** Brief description of courses offered in the programme

No.	Semester/ Year Offered	Name and Code of Course	Classification (Compulsory Major/Minor/ Elective)	Credit Value	Programme Learning Outcomes (PLO)					Pre- requisite/ Co- requisite	Name(s) of Academic Staff
					P L O 1	P L O 2	P L O 3	P L O 4	P L O 5		
1											
2											
3											
4											
5											

(d) Provide information for each course, where applicable in Table 4.

**Table 4.** Course information

1.	Name and Code of Course:
2.	Synopsis:
3.	Name(s) of academic staff:
4.	Semester and year offered:
5.	Credit value:
6.	Prerequisite/co-requisite (if any):
7.	Course learning outcomes (CLO): CLO 1 - .... CLO 2 - .... CLO 3 - ....

8.	Mapping of the Course Learning Outcomes to the Programme Learning Outcomes, Teaching Methods and Assessment Methods:											
	Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)								Teaching Methods	Assessment Methods	
		PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8			PLO9
	CLO 1											
	CLO 2											
	CLO 3											
	Indicate the primary causal link between the CLO and PLO by ticking "✓" the appropriate box. (This description must be read together with Standard 2.1.2, 2.2.1 and 2.2.2 in Area 2)											
9.	Transferable Skills (if applicable): (Skills learned in the course of study which can be useful and utilised in other settings.)											
10.	Distribution of Student Learning Time (SLT):											
	Course Content Outline	CLO*	Learning and Teaching Activities							Total SLT		
			Guided Learning (F2F)				Guided Learning (NF2F) e.g. e-Learning	Independent Learning (NF2F)				
			L	T	P	O						
	1.											
	2.											
	3.											
	4.											
	Continuous Assessment		Percentage (%)		F2F			NF2F	Total SLT			
	1.											
	2.											
	Final Assessment		Percentage (%)		F2F			NF2F	Total SLT			
	1.											
	2.											
	<b>GRAND TOTAL SLT</b>											
	L = Lecture, T = Tutorial, P = Practical, O = Others, F2F = Face to Face, NF2F = Non Face to Face *Indicate the CLO based on the CLO's numbering in Item 8.											
11.	Identify special requirement or resources to deliver the course (e.g., software, nursery, computer lab, simulation room):											
12.	References (include required and further readings, and should be the most current):											
13.	Other additional information:											

1.2.5 Explain the appropriateness of learning and teaching methods applied to achieve the objectives and learning outcomes of the programme.  
*(To be read together with information on Standard 1.1.3 in Area 1)*

1.2.6 What are the co-curricular activities made available to the students of this programme? How do these activities enrich student learning experience, and foster personal development and responsibility?

### **1.3 Programme Delivery**

#### Information on Standards

1.3.1 Provide evidence on how the department ensures the effectiveness of delivery in supporting the achievement of course and programme learning outcomes.

1.3.2 Show evidence that the students are provided with, and briefed on information about the programme, for example, Student Study Guide, Student Handbook and Student Project Handbook.

1.3.3 (a) Provide details of the coordinator of the programme and team members responsible for the programme. State the manner in which the academic team manages the programme. What are their authority and responsibility? What are the procedures that guide the planning, implementation, evaluation and improvement of the programme?

(b) Does the programme team have access to adequate resources? Provide evidence.

1.3.4 Show how the department provides favourable conditions for learning and teaching.

1.3.5 Describe the department's initiatives to encourage innovations in teaching, learning and assessment.

1.3.6 State how the department obtains feedback and use it to improve the delivery of the programme outcomes. Provide evidence.



## **INFORMATION ON AREA 2: ASSESSMENT OF STUDENT LEARNING**

### **2.1 Relationship between Assessment and Learning Outcomes**

#### Information on Standards

2.1.1 Explain how assessment principles, methods and practices are aligned to the learning outcomes achievement of the programme consistent with MQF level.

(The information given for this standard must be consistent with that of Standard 1.2.4 in Area 1)

2.1.2 Describe how the alignment between assessment and learning outcomes is regularly reviewed to ensure its effectiveness (please provide policy on the review, if any). Provide evidence.

### **2.2 Assessment Methods**

#### Information on Standards

2.2.1 Describe how a variety of assessment methods and tools are used in assessing learning outcomes and competencies. Show the utilisation of both summative and formative assessment methods within the programme.

*(The information given for this standard must be consistent with that of Standard 1.2.4 in Area 1.)*

2.2.2 (a) Explain how the department ensures the validity, reliability, integrity, currency and fairness of student assessment over time and across sites (if applicable).

(b) Indicate the authority and processes for verification and moderation of summative assessments.

(c) What guidelines and mechanisms are in place to address academic plagiarism among students?

(d) Are the assessment methods reviewed periodically? Describe the review of the assessment methods in the programme conducted (e.g., the existence of a permanent review committee on assessment, and consultation with external examiners, students, alumni and industry).

- 2.2.3 (a) Describe the student assessment methods in terms of its duration, diversity, weight, criteria, and coverage. Describe the grading system used. How are these documented and communicated to the students?
- (b) Explain how the department provides feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures.
- (c) How are results made available to the students for purposes of feedback on performance, review and corrective measures?
- (d) Specify whether students have the right to appeal. Provide information on the appeal policy and processes. How are appeals dealt with?
- (e) Explain the mechanism to review and implement new methods of assessment. Append a copy of the Regulations of Examination.
- 2.2.4 Explain the processes in making changes to the assessment method. How are the changes made known to the students?

### **2.3 Management of Student Assessment**

#### Information on Standards

- 2.3.1 Explain the roles, rights and power of the department and its academic staff in the management of student assessment.
- 2.3.2 Describe how the confidentiality and security of student assessment documents as well as academic records are ensured.
- 2.3.3 Explain how and when continuous and final assessments results are made available to students.
- 2.3.4 What are the guidelines and mechanisms in place for students' appeal against course results.
- 2.3.5 Explain how the department periodically reviews the management of student assessment and measures it takes to address the issues highlighted by the review.

## INFORMATION ON AREA 3: STUDENT SELECTION AND SUPPORT SERVICES

### 3.1 Student Selection

#### Information on Standards

- 3.1.1 (a) State the criteria and mechanisms for student selection, including that of transfer students and any other additional requirements including for example those in relation to students with special needs.
- (b) Provide evidence that the students selected fulfil the admission policies that are consistent with applicable requirements.
- (c) Describe the admission mechanisms and criteria for students with other equivalent qualifications (where applicable).
- 3.1.2 (a) Explain how the selection criteria are accessible to the public.
- (b) If other additional selection criteria are utilised, describe them.
- (c) Show evidence that the admission policy and mechanism are free from unfair discrimination and bias.
- 3.1.3 (a) Provide information on student intake for each session since commencement and the ratio of the applicants to intake.
- (b) Describe how the size of student intake is determined in relation to the capacity of the department and explain the mechanisms for adjustments, taking into account the admission of visiting, auditing, exchange and transfer students.
- 3.1.4 Describe the policies, mechanisms and practices for appeal on student selection, if applicable.
- 3.1.5 State the support provided for those who are selected but need additional developmental and remedial assistance.

## **3.2 Articulation and Transfer**

### Information on Standards

- 3.2.1 Describe how the department facilitates students in respect to mobility, exchanges and transfers, nationally and internationally.
- 3.2.2 Indicate how students accepted for transfer demonstrate comparable achievements in their previous programme of study.

## **3.3 Student Support Services**

### Information on Standards

- 3.3.1 What support services are available to students? Show evidence that those who provide these services are qualified. What other additional support arrangements provided by other organisations are accessible to students?
- 3.3.2
  - (a) Describe the roles and responsibilities of those responsible for student support services.
  - (b) Describe the organisation and management of the student support services and maintenance of related student records.
- 3.3.3 How are students orientated into the programme?
- 3.3.4
  - (a) Describe the provision of the academic, non-academic and career counselling services to students.
  - (b) How are the effectiveness of the academic, non-academic and career counselling services measured, and the progress of those who seek its services monitored? What plans are there to improve the services, including that of enhancing the skills and professionalism of the counsellors?
- 3.3.5 Describe the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.
- 3.3.6 Describe the processes and procedures in handling disciplinary cases involving the students.

- 3.3.7 What mechanism is available for students to complain and to appeal on academic and non-academic matters?
- 3.3.8 How are the adequacy, effectiveness and safety of student support services evaluated and ensured?

### **3.3 Student Representation and Participation**

#### Information on Standards

- 3.4.1 What policy and processes are in place for active student engagement, especially in areas that affect their interest and welfare?
- 3.4.2 Explain student representation and organisation at the institutional and departmental levels.
- 3.4.3 (a) What does the department do to facilitate students to develop linkages with external stakeholders?  
(b) How does the department facilitate students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace?
- 3.4.4 How does the department facilitates student activities and organisations that encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship?

### **3.4 Alumni**

#### Information on Standards

- 3.5.1 (a) Describe the linkages established by the department with the alumni.  
(b) Describe the role of alumni in the development, review and continual improvement of the programme.

## INFORMATION ON AREA 4: ACADEMIC STAFF<sup>9</sup>

### 4.1 Recruitment and Management

#### Information on Standards

- 4.1.1 Explain how the departmental academic staff plan is in consistent with HEP policies and programme requirements.
  
- 4.1.2
  - (a) State the policy, criteria, procedures, terms and conditions of service for the recruitment of academic staff.
  - (b) Explain the due diligence exercised by the department in ensuring that the qualifications of academic staff are from *bona fide* institutions.
  
- 4.1.3 Provide data on the staff-student ratio appropriate to the learning-teaching methods and consistent with the programme requirements.

#### **Academic Staff Listing and Responsibilities**

- 4.1.4
  - (a) Provide an information summary on every academic staff involved in conducting the programme in Table 5.

---

<sup>9</sup> Standards in this area are best read together with Guidelines to Good Practices: Academic Staff and Guidelines: Academic Staff Workload, which is available on the MQA Portal, [www.mqa.gov.my](http://www.mqa.gov.my).

**Table 5.** Summary information on academic staff involved in the programme

No.	Name and Designation of Academic Staff	Appointment Status (full-time, part-time, contract, etc.)	Nationality	Courses Taught in This Programme	Courses Taught in Other Programmes	Academic Qualifications		Research Focus Areas (Bachelor and above)	Past Work Experience		
						Qualifications, Field of Specialisation, Year of Award	Name of Awarding Institution and Country		Positions Held	Employer	Years of Service (start and end)
1											
2											
3											
4											
5											
6											

(b) Provide curriculum vitae of each academic staff teaching in this programme, which contains the following:

- i. Name
- ii. Academic Qualifications
- iii. Current Professional Membership
- iv. Current Teaching and Administrative Responsibilities
- v. Previous Employment
- vi. Conferences and Training
- vii. Research and Publications
- viii. Consultancy
- ix. Community Service
- x. Other Relevant Information

(c) Provide information on turnover of academic staff for the programme (for Full Accreditation only).

4.1.5 Describe how the department ensures equitable distribution of duties and responsibilities among the academic staff.

4.1.6 Describe how the recruitment policy for a particular programme seeks diversity among the academic staff such as balance between senior and junior academic staff, between academic and non-academic staff, between academic staff with different approaches to the subject, and academic staff with multi-disciplinary backgrounds and experiences.

- 4.1.7 (a) State the policies, procedures and criteria (including involvement in professional, academic and other relevant activities, at national and international levels) for appraising and recognising academic staff.
- (b) Explain the policies, procedures and criteria for promotion, salary increment or other remuneration of academic staff.
- (c) How are the above information made known to the academic staff?
- 4.1.8 Describe the nature and extent of the national and international linkages to enhance learning and teaching in the programme.

## 4.2 Service and Development

### Information on Standards

- 4.2.1 Provide information on the departmental policy on service, development and appraisal of the academic staff.
- 4.2.2 How does the department ensure that the academic staff are given opportunities to focus on their respective areas of expertise, such as curriculum development, curriculum delivery, academic supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically-related administrative duties?
- 4.2.3 (a) State the HEP policies on conflict of interest and professional conduct of academic staff.
- (b) State the HEP procedures for handling disciplinary cases.
- 4.2.4 Describe the mechanisms and processes for periodic student evaluation of the academic staff. Indicate the frequency of this evaluation exercise. Show how this evaluation is taken into account for quality improvement.
- 4.2.5 (a) State the policies for training, professional development and career advancement (e.g., study leave, sabbatical, advanced



training, specialised courses, re-tooling, etc.) of the academic staff.

- (b) Describe the mentoring system or formative guidance for new academic staff.

4.2.6 Describe the opportunities available to academic staff to obtain professional qualifications and to participate in professional, academic and other relevant activities at national and international levels. How does this participation enhance learning-teaching experience?

4.2.7 Describe how the department encourages and facilitates academic staff in community and industry engagement activities. Describe how such activities are rewarded.

## INFORMATION ON AREA 5: EDUCATIONAL RESOURCES

### 5.1 Physical Facilities

#### Information on Standards

5.1.1 (a) List the physical facilities required for the programme in Table 6.

**Table 6.** List of physical facilities required for the programme

No.	Facilities required	Provisional Accreditation						Full Accreditation	
		Available for Year 1		To be provided				No.	Capacity
		No.	Capacity	In Year 2		In Year 3			
No.	Capacity	No.	Capacity	No.	Capacity	No.	Capacity		
1	Lecture Halls								
2	Tutorial Rooms								
3	Discussion Rooms								
4	Laboratories and Workshops								
	- IT lab								
	- Science lab								
	- Engineering workshop								
	- Processing workshop								
	- Manufacturing workshop								
	- Studio								
	- Mock kitchen								
	- Moot court								

No.	Facilities required	Provisional Accreditation						Full Accreditation	
		Available for Year 1		To be provided				No.	Capacity
		No.	Capacity	In Year 2		In Year 3			
No.	Capacity			No.	Capacity	No.	Capacity		
	- Clinical lab								
	- Others								
5	Library and Information Centres								
	Learning Support Centres								
6	Learning Resources Support								
7	Student Social Spaces								
8	Other Facilities including ICT related facilities								

- (b) Describe and assess the adequacy of the physical facilities and equipment (e.g., workshop, studio and laboratories) as well as human resources (e.g., laboratory professionals and technicians).
- (c) Provide information on the clinical and practical facilities for programmes which require such facilities. State the location and provide agreements if facilities are provided by other parties.
- (d) Provide information on the arrangement for practical and industrial training.
- (e) How are these physical facilities user friendly to those with special needs? Provide a copy of any technical standards that have been deployed for students with special needs.
- 5.1.2 Show that the physical facilities comply with the relevant laws and regulations, including issues of licensing.
- 5.1.3
- Explain the database system used in the library and resource centre.
  - State the number of staff in the library and resource centre and their qualifications.
  - Describe resource sharing and access mechanisms that are available to extend the library's capabilities. Comment on the extent of use of these facilities by academic staff and students.

Comment on the adequacy of the library to support the programme.

- (d) State the number of reference materials related to the programme in Table 7.

**Table 7.** Reference materials supporting the programme

Resources supporting the programme (e.g., books, online resources, etc.)		Journals		State other facilities such as CD ROM, video and electronic reference material
Number of Title	Number of Collection	Number of Title	Number of Collection	

- 5.1.4 (a) Describe how the HEP maintains, reviews and improves the adequacy, currency and quality of its educational resources and the role of the department in these processes.
- (b) Provide information on, and provision for, the maintenance of the physical learning facilities.

## 5.2 Research and Development

*(Please note that the standards on Research and Development are largely directed to universities and university colleges.)*

### Information on Standards

- 5.2.1 (a) Describe the policies, facilities and budget allocation available to support research.
- (b) Describe the research activities of the department and the academic staff involved in them.
- 5.2.2 (a) Describe how the HEP encourages interaction between research and learning. Show the link between the HEP's policy on research and the learning-teaching activities in the department.
- (b) State any initiatives taken by the department to engage students in research.

- 5.2.3 Describe the processes by which the department reviews its research resources and facilities, and the steps taken to enhance its research capabilities and environment.

### **5.3 Financial Resources**

#### Information on Standards

- 5.3.1 Provide audited financial statements or certified supporting documents for the last three consecutive years. Explain the financial viability and sustainability based on the provided statements/documents.
- 5.3.2 Demonstrate that the department has clear procedures to ensure that its financial resources are sufficient and managed efficiently.
- 5.3.3 (a) Indicate the responsibilities and line of authority in terms of budgeting and resource allocation in the HEP with respect to the specific needs of the department.
- (b) Describe the HEP's financial planning for the programme in the next two years.

## **INFORMATION ON AREA 6: PROGRAMME MANAGEMENT**

### **6.1 Programme Management**

#### Information on Standards

- 6.1.1 (a) Describe the management structure and functions and the main decision-making components of the department as well as the relationships between them. How are these relationships made known to all parties involved?
- (b) Indicate the type and frequency of department meetings.
- 6.1.2 Describe the policies and procedures that ensure accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.

- 6.1.3 (a) Describe the departmental policies, procedures and mechanisms for regular review and updating of the departmental structures, functions, strategies and core activities to ensure continual quality improvement. Identify person(s) responsible for continual quality improvement within the department.
- (b) Highlight the improvement resulting from these policies, procedures and mechanisms.
- 6.1.4 Show evidence (e.g., terms of reference, minutes of meeting) that the academic board of the department is an effective decision-making body with adequate autonomy.
- 6.1.5 Describe the arrangements agreed upon by the HEP and its different campuses or partner institutions - for example, collaborative programmes, joint awards, collaborative research, student exchange arrangements - to assure functional integration and comparability of educational quality.
- 6.1.6 Show evidence of internal and external consultation, and market needs and graduate employability analyses.

## **6.2 Programme Leadership**

### Information on Standards

- 6.2.1 Explain the criteria for the appointment and job description of the programme leader.
- 6.2.2 Indicate the programme leader of this programme. Describe the qualifications, experiences, tenure and responsibilities of the programme leader.
- 6.2.3 Describe the relationship between the programme leader, department and the HEP leadership on matters such as recruitment and training, student admission, allocation of resources and decision-making processes.

### 6.3 Administrative Staff

#### Information on Standards

- 6.3.1 (a) Describe the structure of the administrative staff which supports the programme.
- (b) Explain how the number of the administrative staff is determined in accordance to the needs of the programme and other activities. Describe the recruitment processes and procedures. State the terms and conditions of service.
- (c) State the numbers required and that are available, job category and minimum qualification for administrative staff of the programme in Table 8.

**Table 8.** Administrative staff for the programme

No.	Job Category	Minimum qualification	Number of staff required	Current number
1.				
2.				
3.				

- 6.3.2 State the mechanisms and procedures for monitoring and appraising the performance of the administrative staff of the programme.
- 6.3.3 Describe the training scheme for the advancement of the administrative staff and show how this scheme fulfils the current and future needs of the programme.

### 6.4 Academic Records

#### Information on Standards

- 6.4.1 (a) State the policies and practices on the nature, content and security of student, academic staff and other academic records at the departmental level and show that these policies and practices are in line with those of the HEP.
- (b) Explain the policies and practices on retention, preservation and disposal of student, academic staff and other academic records.

- 6.4.2 Explain how the department maintains student records relating to their admission, performance, completion and graduation.
- 6.4.3 Describe how the department ensures the rights of individual privacy and the confidentiality of records.
- 6.4.4 Describe the departmental review policies on record security and safety systems and its improvement plans.

## **INFORMATION ON AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT**

### **7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement**

#### Information on Standards

- 7.1.1 Describe the policies and mechanisms for regular monitoring and review of the programme.
- 7.1.2 Describe the roles and the responsibilities of the Quality Assurance unit responsible for internal quality assurance of the department.
- 7.1.3
  - (a) Describe the structure and the workings of the internal programme monitoring and review committee.
  - (b) Describe the frequency and mechanisms for monitoring and reviewing the programme.
  - (c) Describe how the department utilises feedback from a programme monitoring and review exercise to further improve the programme.
  - (d) Explain how the monitoring and review processes help ensure that the programme keeps abreast with scientific, technological and knowledge development of the discipline, and with the needs of society.
- 7.1.4 Which stakeholders are involved in programme review? Describe their involvement and show how their views are taken into consideration.

- 7.1.5 Explain how the department informs the stakeholders the result of a programme assessment and how their views on the report are taken into consideration in the future development of the programme.
- 7.1.6 Explain how student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement. Provide evidence.
- 7.1.7 Describe the responsibilities of the parties involved in collaborative arrangements in programme monitoring and review.
- 7.1.8 Describe how the findings of the review are presented to the HEP and its further action therefrom.
- 7.1.9 Explain the integral link between the departmental quality assurance processes and achievement of the institutional purpose.

### **3.2 Compliance Evaluation of Full Accreditation Programme**

Compliance Evaluation is an exercise to monitor and to ensure the maintenance and enhancement of programmes that have been accredited. The Compliance Evaluation is crucial given that the accreditation status of a programme is continual. Compliance Evaluation, which applies to all accredited programmes, must be carried out at least once in five years. In the case where an HEP fails to maintain the quality of an accredited programme, the accreditation status of the programme may be revoked and a cessation date shall be recorded in the Malaysian Qualifications Register (MQR).

HEPs should conduct self-assessment to ensure all fully accredited programmes are in compliance with the MQF, Programme Standards, the condition of Full Accreditation for the purpose of continually improving programme quality.

#### **3.2.1 The Documentation Required**

HEPs are required to submit **MQA-04** for the Compliance Evaluation, which asks for:



### **Declaration**

HEP will verify that the information and evidence provided are correct and have been endorsed by its management.

### **Section A: HEP General Information**

This is an institutional profile of the HEP.

### **Section B: Programme Information**

This section will describe the information of the programme such as name of the programme, the MQF level, the graduating credit, the duration of study, entry requirement, mode of delivery and the awarding body.

### **Section C: The Compliance Status of Full Accreditation Conditions**

The HEP must provide feedback with evidence for each of the specific full accreditation conditions imposed by MQA. Failure to comply with these conditions may result in cancellation of accreditation status.

### **Section D: Self-Review Report**

This section requires HEP to provide Self-Review Report based on the identified items.

All evidence submitted must be reliable and endorsed by the HEP's management. In the case of having more than one evidence for a particular item, all the evidence must be appended together.

The template for MQA-04 is available on the MQA Portal: [www.mqa.gov.my](http://www.mqa.gov.my).

## Section 4

# Programme Accreditation

---

## INTRODUCTION

Programme accreditation is carried out through three stages of evaluation, namely Provisional Accreditation, Full Accreditation and Compliance Evaluation. Each stage has a different quality focus depending on the state of development, delivery and progression of the programme.

Provisional Accreditation emphasises on the design of curriculum and the preparatory arrangements for programme delivery. Full Accreditation verifies the delivery of the programme and the availability of support systems, while Compliance Evaluation examines the programme sustainability based on quality maintenance and enhancement.

### 4.1 The Programme Self-Review<sup>10</sup>

HEP must periodically conduct a Programme Self-Review (PSR) through its internal quality assurance system for individual programme or a group of programmes. The PSR is integral to the accreditation process as its findings form part of the submission for Full Accreditation. Following the conferment of the Full Accreditation of a programme, the department is required to carry out a PSR once within five years, or as specified in the conditions of the programme accreditation. This is for the purpose of continual quality improvement as well as for the Compliance Evaluation which is an audit conducted by the MQA to maintain the accredited status of the said programme. A copy of the Programme Self-Review Report (PSRR) must be submitted to the MQA as and when required.

The self-review must be widely understood and owned so that the results and implications of the review are followed through. The departmental head and other senior staff involved in the running of the programme must be totally committed to,

---

<sup>10</sup> This subsection is to be read together with Guidelines to Good Practices: Monitoring, Reviewing and Continually Improving Institutional Quality.

and supportive of, the self-review and its purposes.

A PSR is concerned with the objectives of the programme and with the success of the department in achieving the objectives and learning outcomes based on the requirements described in Section 2. The department should employ a variety of methods, and use the results for the improvement of the programme and its support activities. The PSR builds as much as possible on current relevant activities and materials.

The following questions should be considered in addressing the seven areas of evaluation:

- i. What actions are undertaken in relation to these quality areas? Why were these actions chosen? Are these actions appropriate?
- ii. How do we check their effectiveness? What performance indicators do we have? Are the indicators appropriate?
- iii. What do we do as a result of the review?
- iv. Can we measure the degree of achievements? What are the actual outcomes?
- v. Can we improve on the existing actions, even on those that are already effective?

#### **4.2 The Programme Self-Review Committee**

A Programme Self-Review Committee (PSRC) must be formed with a senior person with appropriate experience as the chairperson. Members of the PSRC should include people who are able to make objective assessments and give useful information on the programme. They may include external advisors and examiners, head of departments, programme coordinators, senior and junior academics, administrative staff, students and alumni, and others associated with the programme.

For each of the seven areas of evaluation, it is recommended that a person most familiar with the relevant area be appointed as the head of that area. The chairperson is responsible for coordinating the PSR exercise and writing the final report. The department and the HEP generally must ensure that the views of everyone concerned, especially that of the students, are appropriately included in the PSRR.

PSRC is responsible to:

- a. comply with the applicable audit requirements;
- b. plan and carry out assigned responsibilities effectively and efficiently;
- c. communicate and clarify audit requirements;
- d. document the observations;
- e. analyse and report the audit results;
- f. retain and safeguard documents pertaining to the audit;
- g. submit the report as required;
- h. ensure the report remains confidential and to treat privileged information with discretion; and
- i. liaise with the department for further information.

The PSRC should also:

- a. work within the audit scope;
- b. exercise objectivity;
- c. collect data that is relevant;
- d. analyse evidence that is relevant and sufficient to draw conclusions regarding the internal quality system;
- e. remain alert to any indications of evidence that can influence the audit results that may require further inquiry;
- f. act in an ethical manner at all times;
- g. constantly evaluate the observations and personal interactions during the audit;
- h. treat all personnel involved in a way that will best achieve the audit purpose; and
- i. arrive at objective conclusions based on the audit observations.

#### **4.2.1 The Programme Self-Review Process**

The PSR process involves two main activities, namely data collection and data analysis.

The PSRC should gather data that provide overall factual description and reflection of the programme, and should ensure the accuracy and consistency of data across the seven areas of evaluation. Wherever possible, references should be made to documents which could be attached or made available to the Panel of Assessors (POA) during the programme accreditation or compliance evaluation.

The PSRC should analyse the strengths, weaknesses, and opportunities of the programme and assess them against the quality standards.

#### **4.2.2 Guidelines to Writing the Programme Self-Review Report**

The PSRR outlines the findings of the PSRC that covers seven areas of evaluation and includes commendations, affirmations and recommendations. The PSRC comes to its conclusions through its interpretation of the evidence gathered. The extent and weight of the recommendations are determined by the observed facts.

The PSRR should contain objective and substantiated statements. It should focus on the policies, processes, documentation, strengths and weaknesses related to the programme.

The PSRR should address issues, identify the areas of concern, and determine the most appropriate activities that need to be undertaken. Areas for improvement should be prioritised and stated briefly and concisely. It will make constructive comments on aspects of the department's plans to achieve its programme objectives.

#### **4.3 The External Programme Evaluation**

All applications for programme accreditation will be subjected to an independent external evaluation coordinated by the MQA.

The MQA expects each programme provider to develop its own context and purpose within the larger quality framework of MQA, and to use the purpose statement as the foundation for planning and evaluation of the programme. The quality of the programme will be judged by how effectively the programme achieves its stated objectives. The POA will make judgments based on the evidence provided by the department as well as its own evaluations.

The following describes the role players, processes and stages involved in the conduct of a programme accreditation.

### **4.3.1 The Parties to the Accreditation Process**

There are typically five parties involved in the accreditation process, namely MQA officer, the liaison officer, the representatives of the HEP, the Chairperson and the panel members.

#### **4.3.1.1 MQA Officer**

MQA will assign an accreditation officer for every application received from the HEP. The MQA officer has the following responsibilities:

- i. To act as a resource person on policy matters;
- ii. To coordinate and liaise with the panel members;
- iii. To liaise with the department liaison officer;
- iv. To ensure that the panel conducts itself in accordance with its responsibilities;
- v. To ensure that the accreditation process is conducted effectively and in a timely manner;
- vi. To keep copies of handouts, evaluation reports, organisational charts, for incorporation, as appropriate, in the Final Report; and
- vii. To provide other relevant administrative services.

#### **4.3.1.2 The Liaison Officer**

The HEP should appoint a liaison officer to coordinate with MQA in the programme accreditation. The liaison officer has the following responsibilities:

- i. To act as a resource person on behalf of the HEP;
- ii. To coordinate and liaise with MQA officer;
- iii. To assist in arranging the tentative schedule for the visit and informing all the relevant people of the audit plan;
- iv. To provide the evaluation team with the necessary facilities;
- v. To provide copies of relevant documents and records; and
- vi. To provide other relevant administrative services.

#### **4.3.1.3 Representatives of the HEP**

The HEP will be advised as to the groups of people the panel will want to interview for the purpose of the evaluation visit. The POA may request to

meet the following people or categories of people:

- i. The Chief Executive Officer;
- ii. Senior management of the HEP, which may include the Registrar;
- iii. The head of Internal Quality Unit;
- iv. The head of department;
- v. The programme leader;
- vi. Members of the internal review committee;
- vii. Members of the board of the department;
- viii. Student leaders;
- ix. Academic staff and a cross-section of students in the programme;
- x. A selection of graduates, where appropriate;
- xi. Representatives of the industry and government relevant to the programme; and
- xii. Others as appropriate.

It is important for the POA to meet representatives of each of the above categories to obtain a cross-sectional perspective of the programme and its quality. Students and the academic staff are two key constituents in getting feedback on the effectiveness of learning-teaching and the attainment of learning outcomes.

Students' opinion will be sought regarding the quality and adequacy of the academic programme and the provision of student support services, as well as their role in providing feedback to the department on these matters. Students can also be requested to serve as guides in the visits to the library, classroom, laboratories and other learning-teaching facilities.

Academic staff's opinion is sought regarding staff development, promotion and tenure, workload distribution, teaching skills, understanding of the programme educational objectives and learning outcomes. In addition, POA will obtain their perception of the programme, students, the academic culture of the department, and the appropriateness and sufficiency of available facilities.

#### **4.3.1.4 The Chairperson**

MQA will appoint a chairperson for the POA who will be responsible for

the overall conduct of the external programme evaluation exercise. Further details on the roles and responsibilities of the chairperson are provided in Section 5.

#### **4.3.1.5 The Panel Members**

MQA will appoint the members of the POA. Further details on the roles and responsibilities of the panel members are provided in Section 5.

### **4.4 The Programme Evaluation Process**

Although all the three stages of evaluation share many common processes, there are nevertheless many differences. The following description of the process and timeline takes into consideration these differences.

When the HEP submits the relevant documents for purposes of evaluation, MQA will scrutinise the documents to ensure that they are complete. MQA will then appoint a POA and commence the evaluation exercise based on the stipulated timeline and process.

#### **4.4.1 Provisional Accreditation**

Upon receipt of a complete application for Provisional Accreditation of a programme from a HEP, MQA will commence the evaluation process. At the successful completion of the evaluation process, the MQA will grant the Provisional Accreditation to the programme. A flow chart for Provisional Accreditation process is provided in **Appendix 3**.



A typical timeline for a Provisional Accreditation process is shown in Table 9.

**Table 9.** Typical Timeline and Process for Provisional Accreditation

Week	Activities and Responsibilities
1	<ul style="list-style-type: none"> <li>• HEP submits a complete application to MQA</li> <li>• MQA:               <ul style="list-style-type: none"> <li>- records the application</li> <li>- assigns the application to the relevant officer</li> <li>- checks whether the information submitted is complete</li> <li>- notifies the HEP that the evaluation process will commence</li> </ul> </li> </ul>
2	<ul style="list-style-type: none"> <li>• MQA:               <ul style="list-style-type: none"> <li>- appoints members of panel of assessors (POA)</li> <li>- forwards the application to the POA</li> </ul> </li> </ul>
3–6	<ul style="list-style-type: none"> <li>• POA prepares the evaluation report (MQA, HEP and the POA agree on a date for a coordination meeting, if necessary)</li> <li>• POA sends the evaluation report to MQA</li> </ul>
7–8	<p>(If a site visit is necessary, the visit will be carried out at this point) (Coordination meeting between HEP, MQA and the POA, if necessary)</p> <ul style="list-style-type: none"> <li>• Chairman of the POA:               <ul style="list-style-type: none"> <li>- collates the reports of the panel members</li> <li>- sends the evaluation report to MQA</li> </ul> </li> <li>• MQA verifies the evaluation report and sends it to the HEP</li> </ul>
9–10	<ul style="list-style-type: none"> <li>• HEP sends feedback on the evaluation report to MQA</li> </ul>
11–14	<ul style="list-style-type: none"> <li>• MQA sends the feedback to Panel Chairman</li> <li>• Chairman evaluates the feedback</li> <li>• MQA Vetting Committee reviews the report for purposes of submission to the Accreditation Committee</li> <li>• MQA tables the report and the recommendation to the Accreditation Committee Meeting</li> </ul>
15	<ul style="list-style-type: none"> <li>• MQA:               <ul style="list-style-type: none"> <li>- notifies the HEP the decision of the Accreditation Committee to grant or deny Provisional Accreditation</li> </ul> </li> </ul>

#### 4.4.2 Full Accreditation and Compliance Evaluation

An application for Full Accreditation is made when the first cohort of students reaches final year. Full Accreditation requires a site visit by the POA. The Full Accreditation process can be divided into three main components: before, during and after the site evaluation visit. A flow chart for Full Accreditation process is provided in **Appendix 4**.

Compliance Evaluation applies a process similar to Full Accreditation. Its evaluation focuses on the relevancy and sustainability of accredited

programmes. The flow chart for Compliance Evaluation process is provided in **Appendix 5**.

#### 4.4.2.1 Before the Evaluation Visit

Table 10 describes the preparatory stage before the evaluation visit by POA.

**Table 10.** Typical Timeline prior to Evaluation Visit

<b>Weeks Before</b>	<b>Activities and Responsibilities</b>
8-7	<ul style="list-style-type: none"> <li>• HEP submits a complete Full Accreditation/ Compliance Evaluation application to MQA</li> <li>• MQA:               <ul style="list-style-type: none"> <li>- records the application</li> <li>- assigns the application to the relevant officer</li> <li>- checks whether the information submitted is complete</li> <li>- notifies the HEP that the evaluation process will commence</li> </ul> </li> </ul> <p><b>Note:</b> MQA will notify HEP to submit the application for Compliance Evaluation.</p>
6	<ul style="list-style-type: none"> <li>• MQA:               <ul style="list-style-type: none"> <li>- appoints the members of the POA</li> <li>- forwards the application to the POA</li> </ul> </li> </ul>
5-1	<ul style="list-style-type: none"> <li>• POA prepares the preliminary evaluation report</li> <li>• MQA, HEP and the POA agree on a date for evaluation visit to the HEP</li> <li>• POA preparatory meeting</li> <li>• POA sends the preliminary evaluation report to MQA</li> </ul>

#### The Panel of Assessors Preparatory Meeting

After receiving the preliminary report from each panel member, a Preparatory Meeting of the POA will be conducted ideally two weeks before the visit. In this meeting, the POA will:

- i. share each other's views of the HEP's submission;
- ii. determine the main issues for evaluation;
- iii. review the evaluation procedures;
- iv. identify any further information, clarification or documentation required from the HEP; and
- v. review schedule for the programme evaluation visit.

Following the Preparatory Meeting, the MQA will advise the HEP if there is any further information, clarification or documentation required from it.

#### 4.4.2.2 During the Evaluation Visit

The principal purpose of the site evaluation visit by the POA is to verify the statements, descriptions, conclusions and proposed improvement activities as presented in the PSRR and to acquire further insight into the programme's operations through first-hand investigation and personal interaction. A visit allows for a qualitative assessment of factors that cannot be easily documented in written form and may include facilities inspection.

Visits can be between two to three days' duration depending on the scope of the visit. Table 11 describes a typical 2-day visit schedule.

**Table 11.** Typical Schedule for an Evaluation Visit

Day	Time	Activity	Persons Involved
1	0900 – 0930	POA Coordination Meeting	<ul style="list-style-type: none"> <li>• POA</li> <li>• HEP Liaison Officer</li> </ul>
	0930 – 1100	<ul style="list-style-type: none"> <li>• Meeting of Key Players</li> <li>• Briefing by HEP</li> </ul>	<ul style="list-style-type: none"> <li>• POA</li> <li>• HEP Senior Management</li> <li>• Programme Staff</li> </ul>
	1100 - 1130	POA Meeting	<ul style="list-style-type: none"> <li>• POA</li> </ul>
	1130 - 1230	Inspection of the facilities	<ul style="list-style-type: none"> <li>• POA</li> <li>• Student Guide</li> </ul>
	1230 - 1400	Document Review	<ul style="list-style-type: none"> <li>• POA</li> </ul>
	1400 - 1600	Meeting with Key Programme Staff	<ul style="list-style-type: none"> <li>• POA</li> <li>• Programme Staff</li> </ul>
	1600 -1700	Document Review	<ul style="list-style-type: none"> <li>• POA</li> </ul>
2	0900 - 0930	POA Review Meeting	<ul style="list-style-type: none"> <li>• POA</li> <li>• HEP Liaison Officer</li> </ul>
	0930 - 1100	Meeting with Programme Team, Counsellors and Other Support Staff	<ul style="list-style-type: none"> <li>• POA</li> <li>• Counsellors</li> <li>• Support Staff</li> <li>• Programme Team</li> </ul>
	1100 - 1230	Class Observations	<ul style="list-style-type: none"> <li>• POA</li> </ul>
	1230 - 1430	Meeting with Students	<ul style="list-style-type: none"> <li>• POA</li> <li>• Students</li> </ul>
	1430 - 1530	POA Review Meeting	<ul style="list-style-type: none"> <li>• POA</li> </ul>

	1530 - 1600	Additional Meeting with the HEP Staff, if required. Review of Additional Documents	<ul style="list-style-type: none"> <li>• POA</li> <li>• Relevant HEP Staff</li> </ul>
	1600 - 1630	POA finalises findings	<ul style="list-style-type: none"> <li>• POA</li> </ul>
	1630 - 1700	Exit Meeting	<ul style="list-style-type: none"> <li>• POA</li> <li>• HEP Representatives</li> </ul>
<p>The schedule will be arranged in accordance to specific audit priorities, issues and availability of evidences as agreed by MQA, POA and HEP.</p> <p>In some cases, an evaluation visit can take as long as five days. Typically, this involves the medical sciences, especially in situations where facilities are spread over a large geographical area.</p>			

There will be an opening meeting in which the HEP provides background information regarding the institution and programme.

The panel conducts interviews with staff, students and other relevant stakeholders to clarify issues on the effectiveness of the programme in achieving its objectives.

The panel normally takes advantage of every appropriate opportunity to triangulate its finding through various sources. To this end, most meetings are not single-purpose meetings. Interviewees may, within reason, expect to be asked about anything within the scope of the programme evaluation. The POA, already equipped with the background information of the programme, reaches its final conclusions through interviews and observations, and through its consideration of the additional documentary evidence supplied.

To conclude the visit, the panel meets to formalise its preliminary findings which are then reported orally to the HEP.

### **The Oral Exit Report**

At the end of the visit, the chairperson delivers an oral report to the HEP on behalf of the panel. The oral report highlights the programme's areas of strengths, and emphasises the areas of concern and opportunities for improvement. All key elements must be covered at the oral exit report so that the final written report is

consistent with the oral report.

The chairperson provides opportunities for members of the department to seek clarifications on points raised in the oral report. The chairperson should advise the members of the HEP that the findings given in the oral report are not final. The findings will be presented in more detail in the written Final Evaluation Report.

#### 4.4.2.3 After the Evaluation Visit

Table 12 describes the activities undertaken after the evaluation visit.

**Table 12.** Typical Timeline for Post Evaluation Visit

<b>Weeks After</b>	<b>Activities and Responsibilities</b>
1–2	<ul style="list-style-type: none"> <li>Each assessor will produce an individual report. The report will be collated by the chairperson of the POA and submitted to MQA.</li> </ul>
3–4	<ul style="list-style-type: none"> <li>MQA sends the final report to the HEP for verification of facts</li> </ul>
5–6	<ul style="list-style-type: none"> <li>HEP sends feedback on the evaluation report to MQA</li> </ul>
7–10	<ul style="list-style-type: none"> <li>MQA sends the feedback to chairperson/assessor</li> <li>Chairperson/assessor evaluates the feedback</li> <li>MQA Vetting Committee reviews the report for submission to the Accreditation Committee</li> <li>MQA tables the report and the recommendation to the Accreditation Committee for its decision</li> </ul>
11–12	<ul style="list-style-type: none"> <li>MQA:               <ul style="list-style-type: none"> <li>- notifies the HEP the decision of the Accreditation Committee</li> </ul> </li> </ul>

**Note:** These timelines do not include any additional time required for visit arrangements, delay in obtaining feedback, etc.

#### The Draft Evaluation Report

The chairperson is responsible for drafting the report, in full consultation with, and cooperation of, the panel members, to ensure that it represents the consensus view of the POA. Before the report is finalised, the draft will be sent to the HEP for feedback. The HEP is expected to verify on the factual matters of the draft which must be returned to MQA within a specified time.

#### The Final Evaluation Report

The panel comes to its conclusions and recommendations through observed facts and through its interpretation of the specific evidences received from the various sources or that it has gathered itself. The panel report will generally focus on areas of concern (**recommendations**) and suggestions to improve the programme. However, the report may also include the **commendations** (aspects of the provision of the programme that are considered worthy of praise), and **affirmations** (proposed improvements by the department on aspects of the programme, which the panel believes to be significant and which it welcomes).

#### 4.5 Recommendations on the Programme Accreditation

Based on the findings contained in the final evaluation report, the panel may propose one of the following:

No.	Provisional	Full	Compliance
i	Grant the Provisional Accreditation with / without conditions	Grant the Accreditation with/without conditions	Continue Accreditation with/without conditions
ii.	Grant the Provisional Accreditation after conditions are fulfilled	Grant the Accreditation after conditions are fulfilled	
iii.	Denial of Provisional Accreditation (with reasons)	Denial of Accreditation (with reasons)	Withdrawal of Accreditation (with reasons)

The report on the evaluation findings, together with the recommendations, is vetted by the MQA Vetting Committee before it is presented to the MQA Accreditation Committee for its decision. For professional programmes, the application will be decided by the relevant professional bodies based on the recommendation of the Joint Technical Committee set up by the respective professional bodies of which MQA is a member.

All provisionally accredited programmes will be registered in the List of Provisionally Accredited Programmes, while all fully accredited programmes will be issued a certificate of accreditation and registered in the Malaysian Qualifications Register (MQR). Programmes which have successfully undergone the Compliance Evaluation

will continue its registration in the MQR, while others will have a cessation date recorded in the MQR.

#### **4.6 Appeal**

The HEP can appeal against the decision of the MQA Accreditation Committee or professional bodies. Generally, the appeal can be made in relation to the factual contents of the report, any substantive errors within the report or substantive inconsistencies between the oral exit report, the final evaluation report and the decision of the Accreditation Committee.

An Appeal against a decision of the MQA Accreditation Committee can be submitted to the Department of Higher Education, Ministry of Education for consideration by the Minister of Education. An Appeal against the decision of the professional body can be submitted to the professional body through MQA for consideration by the Appellate Body set up by the respective professional bodies.

#### **4.7 Follow Up**

The department will inform MQA as to the progress arising from the Evaluation Report. The purpose of the ongoing interaction is:

- i. to get feedback on the Evaluation Report and the evaluation process, and on the extent to which the department considers the Report to be authoritative, rigorous, fair and perceptive;
- ii. to ensure corrective actions are taken if so required; and
- iii. to have follow-up action as to how the recommendations will be integrated into the HEP and the department's continual quality improvement plan.

## Section 5

# The Panel of Assessors

---

### INTRODUCTION

Higher Education Providers (HEPs) make submissions to MQA for the purpose of either a Provisional Accreditation, Full Accreditation or Compliance Evaluation of programmes. Assessment for Provisional Accreditation, Full Accreditation and Compliance Evaluation will be based on the information provided in MQA-01 (2017), MQA-02 (2017) and MQA-04 respectively. These assessments will also be based on other documents submitted, and further supported by observation, written and oral evidence, and personal interaction during the evaluation visit by assessors appointed by MQA.

Programmes are assessed or evaluated for the purposes of accreditation or maintenance of accreditation. In this section, the terms assessment and evaluation are used interchangeably.

The HEP and relevant departments are expected to have mechanisms in place for verification and also at the same time, to be able to demonstrate to the Panel of Assessors (POA) that the procedures are effectively utilised and that there are plans to address any shortfalls.

The primary task of the POA is to verify the compliance to policies and standards, and that the processes, mechanisms and resources are appropriate for the effective delivery of the programme. Verification includes evaluation on the effectiveness of the quality assurance procedures. For this purpose, the assessors must investigate the application of these procedures, and the extent to which the programme achieves the expected learning outcomes.

#### 5.1 Appointing Members of the Panel of Assessors

The selection of members of the POA is guided by the type, level and discipline of the programme to be assessed, and by the availability, suitability, expertise, experience and neutrality of the prospective panel members.



### 5.1.1 Personal and General Attributes of Assessors

Assessors should be competent, ethical, open-minded and mature. They should be good speakers and good listeners. They should possess sound judgment, analytical skills and tenacity. They should have the ability to perceive situations in a realistic way, understand complex operations from a broad perspective, and understand the role of individual units within the overall organisation.

Equipped with the above attributes, the assessors should be able to:

- i. obtain and assess evidence objectively and fairly;
- ii. remain true to the purpose of the assessment exercise;
- iii. evaluate constantly the effects of observations and personal interactions during the visit;
- iv. treat personnel concerned in a way that will best achieve the purpose of the assessment;
- v. commit full attention and support to the evaluation process without being unduly distracted;
- vi. react effectively in stressful situations;
- vii. arrive at generally objective conclusions based on rational considerations; and
- viii. remain true to a conclusion despite pressure to change what is not based on evidence.

It is not expected that each panel member possesses all the competencies and experience required of an assessor, but as a group, the panel should possess qualities which may include some or all of the following:

**i. Higher education qualification or further education and training aspects:**

- a. Appropriate subject knowledge and teaching experience
- b. Knowledge of curriculum design and delivery
- c. Programme leadership or management experience
- d. Experience in research and scholarly activities
- e. Up-to-date with current developments in the field of study.

**ii. Quality evaluation aspects:**

- a. An understanding of the context and environment within which the

- department operates
  - b. Commitment to the principles of quality and quality assurance in higher education
  - c. Knowledge of quality assurance, methods and terminologies
  - d. Experience and skills in quality reviews and accreditation processes
  - e. Ability to relate processes to outputs and outcomes
  - f. Ability to communicate effectively
  - g. Ability to focus knowledge and experience to evaluate quality assurance procedures and techniques, and to suggest good practices and ways for improvements
  - h. Ability to produce quality reports in a timely manner
  - i. Familiar with MQA quality assurance documents, current policies and advisory notes
  - j. Ability to work in a team.
- iii. Personal aspects:
- a. Integrity
  - b. Discretion
  - c. Timeliness
  - d. Breadth and depth of perspective
  - e. Commitment and diligence.

### **5.1.2 Responsibilities of the Assessors**

Assessors are responsible for:

- i. complying with the evaluation requirements;
- ii. communicating and clarifying evaluation requirements;
- iii. planning and carrying out assigned responsibilities effectively and efficiently;
- iv. documenting observations;
- v. reporting the evaluation findings;
- vi. safeguarding documents pertaining to the accreditation exercise;
- vii. ensuring documents remain confidential;
- viii. treating privileged information with discretion;
- ix. cooperating with, and supporting, the chairperson;
- x. attending POA training from time to time to keep abreast with new development and to improve evaluation skills;

- xi. producing evaluation report within the time frame given; and
- xii. updating personal information in POA portal.

Assessors should:

- i. remain within the scope of the programme accreditation;
- ii. exercise objectivity;
- iii. collect and analyse evidence that is relevant and sufficient to draw conclusions regarding the quality system;
- iv. remain alert to any indications of evidence that can influence the results and possibly require further assessment; and
- v. act in an ethical manner at all times.

## 5.2 Conflict of Interest

Prospective assessors must declare their interest in the institution. If the prospective assessor has a direct interest, MQA may exclude him/her from consideration. In addition, the HEP can register its objections to their appointment. If an HEP disagrees with a prospective assessor, it is obliged to furnish reasons for its objection. However, the final decision whether to select a particular person as an assessor rests with the MQA.

Conflict of interest may be categorised as personal, professional or ideological.

- i. **Personal conflict** could include animosity or close relationship between an assessor and the Chief Executive Officer or other senior manager of the HEP, or being related to one, or being a graduate of the programme, or having close relative in the programme, or if an assessor is excessively biased for, or against, the HEP due to some previous events.
- ii. **Professional conflict** could occur if an assessor had been a failed applicant for a position in the HEP, is a current applicant or a candidate for a position in the HEP, is a senior advisor, examiner or consultant to the HEP, or is currently attached to an HEP that is competing with the one being evaluated.
- iii. **Ideological conflict** could be based on differing world views and value systems. An example of this type of conflict would be an assessor's lack of sympathy to the style, ethos, type or political inclination of the HEP.

### **5.3 Members of the Panel of Assessors**

Potential members for the POA are selected from the MQA's Register of Assessors. The selection of assessors depends on the type of the programme, the characteristics of the HEP, and the need to have a panel that is coherent and balanced in background and experience.

It is crucial that the members of the POA work together as an evaluation team, and not attempt to apply pre-conceived templates to their consideration of the programme being evaluated, nor appear to address inquiries from entirely within the perspective of their own specialty or the practices of their own HEP. All communications between the HEP and members of the panel must be via the MQA.

#### **5.3.1 The Chairperson**

The chairperson is the key person in an accreditation exercise and should have prior experience as an assessor. It is the Chair's responsibility to create an atmosphere in which critical professional discussions can take place, where opinions can be liberally and considerately exchanged, and in which integrity and transparency prevail. Much of the mode and accomplishment of the accreditation exercise depends on the chairperson's ability to facilitate the panel to do its work as a team rather than as individuals, and also to bring out the best in those whom the panel meets.

The chairperson is responsible to ensure that the oral exit report accurately summarises the outcomes of the visit and is consistent with the reporting framework. The chairperson presents the oral exit report that summarises the tentative findings of the team to the representatives of the HEP. The chairperson also has a major role in the preparation of the written report and in ensuring that the oral exit report is not materially different from the final report.

The chairperson is expected to collate the reports of the members of the panel and to work closely with them to complete the draft report within the specified time frame. He is responsible for organising the contributions from the other team members and to ensure that the overall report is evidence-based, standard-referenced, coherent, logical and internally consistent.

### **5.3.2 The Panel Members**

Panel members are selected so that the panel as a whole possesses the expertise and experience to enable the accreditation to be carried out effectively.

In evaluating the HEP's application for Provisional, Full Accreditation or Compliance Evaluation of a programme, the panel members will:

- i. assess the programme for compliance with the Malaysian Qualifications Framework (MQF), current policy, programme standards and the seven areas of evaluation, as well as against the educational goals of the HEP and the programme objectives and outcomes;
- ii. verify and assess all information about the programme submitted by the HEP, and the proposed improvement plans;
- iii. highlight aspects of the Programme Self-Review Report (if applicable) which require attention that would assist it in its effort towards continual quality improvement; and
- iv. reach a judgment.

## **5.4 The Roles and Responsibilities of the Panel of Assessors**

The relevant documents submitted by the HEP to MQA when applying for Provisional or Full Accreditation, or Compliance Evaluation of a programme will be distributed to the members of the POA. The roles and responsibilities of POA in evaluating a programme and producing a final report can be distinguished by application, i.e., Provisional or Full Accreditation, or Compliance Evaluation.

### **5.4.1 Provisional Accreditation**

POA is responsible to evaluate the proposed programme in terms of the MQF, Code of Practice for Programme Accreditation, programme standards, programme learning outcomes, programme educational objectives and compliance with existing policies.

The focus of the evaluation is on the soundness of the curriculum and the readiness of the HEP to offer it. A visit by POA to the HEP to inspect facilities may be necessary for professional programmes and where required by

programme standards. The evaluation report must outline the strengths and weaknesses of the proposed programme and provide recommendations for its approval or rejection.

#### **5.4.2 Full Accreditation or Compliance Evaluation**

The roles and responsibilities of POA in evaluating a programme and producing a final report can be divided into different stages – before evaluation visit, preparatory meeting, during evaluation visit and after evaluation visit.

##### **5.4.2.1 Before the Evaluation Visit**

Before the evaluation visit, panel members must read thoroughly the HEP's Programme Information and Programme Self-Review Report (PSRR) to familiarise themselves with the HEP and the department's policies, procedures and criteria for assuring the quality of the programme. Adequate exploration of the issues and thorough understanding of the PSRR by the POA will ensure the credibility of, and confidence in, the accreditation process.

The Programme Information and PSRR should be considered from two perspectives. At one level, the assessors read its contents for information on the HEP's quality management systems and the plan of the programme to achieve its objectives, and form preliminary views on them. At another level, the assessors construct an opinion on the quality and depth of the department's self-review of the programme.

The following are some of the questions which the assessors would want to consider in critically examining the PSRR:

- i. How thorough is the PSRR?
- ii. Does it show that the HEP and the department have a strong process of ongoing self-review?
- iii. How perceptive is the PSRR?
- iv. Does it clearly identify the strengths and weaknesses of the programme?
- v. Does it propose appropriate actions to enhance the strengths and remedy the weaknesses?

- vi. Does it clearly indicate the capability and capacity of the department to achieve the objectives of the programme?

An assessor's analysis of the Programme Information and the PSRR should result in:

- i. an understanding of the major characteristics of the HEP and department relevant to the programme evaluation;
- ii. the identification of broad topics for investigation that arise from these characteristics; and
- iii. the generation of other ideas about the strengths, concerns, quality system and proposed improvement to the programme.

The assessors may also find it helpful to record thoughts about the following:

- i. to request the department for further information before the site visit, to clarify the PSRR, to assist in planning the visit, and to save time during the visit;
- ii. to request the department to furnish further information to be made available during the evaluation visit, particularly when the information sought would be voluminous;
- iii. to alert the department before the evaluation visit of issues that may be raised during the visit; and
- iv. to identify relevant persons or groups to be interviewed during the evaluation visit.

Each assessor is expected to produce a preliminary evaluation report to be submitted to the MQA and circulated to other panel members at least a week before the Preparatory Meeting. These reports highlight the major topics or concerns identified by the assessors. This advance information saves time at the Preparatory Meeting, and assists the meeting to focus quickly on the issues.

#### **5.4.2.2 The Preparatory Meeting of the Panel of Assessors**

At the Preparatory Meeting, panel members consider each other's comments on issues of particular concern, and list out the further information that they may need to request from the department. These comments and requests guide the preparation of an initial report for

the evaluation visit. The Preparatory Meeting also provides an opportunity for the panel members to develop into a team with a common purpose rather than a group of individuals with divergent goals.

The purpose of the Preparatory Meeting is to:

- i. understand the purpose, context and parameters of the programme or department;
- ii. collate and clarify issues and concerns;
- iii. identify additional information or documentation needed before or during visit;
- iv. consider specific responsibilities of POA during the visit; and
- v. adjust the audit plan to the needs of the evaluation.

#### **5.4.2.3 During the Evaluation Visit**

At the Preparatory Meeting, issues may have been raised or have been resolved. However, if there are differences in views or issues, they can be resolved by the end of the evaluation visit. While this may require some debate among assessors, it is important that the assessors maintain their professionalism. This is to avoid a public presentation of the lack of unanimity and to avoid wasting the short time available for interaction with members of the department and the HEP.

In group discussions, panel members should work with and through the Chair without being excessively formal. Members should respect the agenda agreed by the panel for the various meetings, and support the chairperson as he matches the pace of the meeting to the size of its agenda.

During interviews with members of the department, the panel should clarify issues and seek explanations, justifications and further information. It is extremely important to create an atmosphere for genuine dialogue. Questioning should be rigorous but fair and consistent. In particular, panel members need to:

- i. explore discrepancies between what is written and what is said;
- ii. seek clarification and confirmation when required;



- iii. listen as well as ask;
- iv. concentrate on major rather than minor issues;
- v. participate in a collaborative manner;
- vi. be aware that the dynamics of the panel and its relation to the staff of the department will change and develop during the visit; and
- vii. put interviewees at ease to ensure their full and active contributions.

Panel members may also offer occasional suggestions where appropriate, but without slipping into the role of a consultant. The panel must do its utmost to unearth and consider all information that is relevant to the audit. The panel uses a variety of questioning styles to gather the information it requires, ranging from discursive to directive.

To pursue a particular issue, the panel might begin by seeking information through an open-ended question, and then investigate the issue further by probing through other questions based on the answer to the first question. This often leads to the use of closed questions, and finally checking to confirm the impression obtained.

The panel considers both quantitative and qualitative data, looks for specific strengths or areas for improvement and highlights examples of good practices. Within the scope of the evaluation, the work of the panel depends on well-chosen samples. The selection of samples occurs at two levels. The first arises from the assessors' analysis of the programme information and PSRR. At this stage, particular areas may be identified as significant or problematic and therefore selected for further investigation. This process is sometimes called scoping. At the second level, the panel decides what documentary or oral evidence is needed to sample within these areas. Some sampling may be done to check information already presented in the PSRR. If this verifies the information, the panel may use the rest of the report with confidence in its correctness and completeness, and avoid the repetition of collecting for itself information that is already available in the HEP's written documents.

Although a panel cannot cover all issues in-depth, it delves into some issues through a process known as tracking or trailing. This form of sampling focuses on a particular issue and pursues it in-depth through several layers of the organisation. For example, to check that procedures are being implemented, a selection of reports relating to a particular programme might be sought, and the way in which an issue arising in them had been dealt with would be tracked. Another instance would be the investigation of a system-wide issue, such as the way in which student evaluations of teaching are handled. A department may need to be informed in advance of the areas in which this approach is to be used so that the necessary documentation and personnel are available to the panel. Some of the materials may need to be supplied in advance of the visit.

Triangulation is a technique of investigating an issue by considering information on it from sources of different types such as testing the perceptions held about it by different individuals in the organisation. For example, selected policies and their implementation may be discussed with the senior management, with other staff and with students to see if the various opinions on, and experiences of, the policy and its workings are consistent.

Aspects of a programme may be checked through committee minutes, courses and teaching evaluations, programme reviews, reports of external accreditation, external examiners and external advisors. The panel must determine where inconsistencies are significant and are detracting from the achievement of the programme's objectives. The panel may also attempt to detect the reasons for such inconsistencies. If an interviewee makes a specific serious criticism, the panel should verify whether this is a general experience.

Panel members must plan and focus their questions. They should avoid:

- i. asking multiple questions;
- ii. using much preamble to questions;
- iii. telling anecdotes or making speeches;
- iv. detailing the situation in their own organisation; and
- v. offering advice (suggestions for improvement and examples of

good practice elsewhere can be included in the Evaluation Report).

The questioning and discussion must always be fair and polite. It must, however, be rigorous and incisive, as the Evaluation Report must reflect the panel's view of the programme in respect of both achievements and weaknesses, and not merely describe a well-constructed facade.

The panel must collect convincing evidence during the evaluation visit. The evidence-gathering process must be thorough.

The panel must reach clear and well-founded conclusions within the terms of reference of the programme accreditation.

**Note:** To assist POA during the evaluation visit, MQA officer usually accompanies POA throughout the visit.

#### **5.4.2.4 After the Evaluation Visit**

After the evaluation visit, panel members must contribute, read and comment on the draft or drafts of the Evaluation Report prepared by the chairperson. Panel members should be satisfied that the Evaluation Report is accurate and balanced. POA is encouraged to complete the Evaluation Report at the end of evaluation visit. On the submission of the Evaluation Report, MQA will conduct an evaluation of the effectiveness of the POA. The Report will be submitted to the MQA Accreditation Committee.

### **5.5 The Accreditation Report**

The Accreditation Report outlines the findings, commendations and areas of concern of the POA. The panel comes to its conclusions through its interpretation of the specific evidence it has gathered and the seriousness of the areas of concern is determined by the evidence.

The Accreditation Report should not contain vague or unsubstantiated statements. Firm views are categorically stated, avoiding excessive subtlety. The Report does not

comment on individuals nor appeal to irrelevant standards.

The findings of the panel include the identification of commendable practices observed in the HEP and the department, and the Report draws attention to these. The Report deals with all relevant areas but without excessive detail or trying to list all possible strengths. In writing the conclusions and areas of concern, the following factors are kept in mind:

- i. They should be short, brief and direct to the point.
- ii. They should address issues and not provide details of processes.
- iii. They should be prioritised to provide direction to the department.
- iv. They should take into account the department's own plans of improvement, make suggestions for improvement in aspects not covered by the PSRR, and make constructive comment on plans of improvement for the programme that will push the department and the HEP towards achieving its goals and objectives.

## Section 6

# Guidelines for Preparing the Programme Accreditation Report

---

## INTRODUCTION

The guidelines are applicable to Panel of Assessors Report for Provisional and Full Accreditation, and Compliance Evaluation. The focus of Provisional Accreditation is to evaluate the soundness of the proposed programme in terms of Code of Practice Programme Accreditation, applicable programme, industry or professional standards, and related policies, while Full Accreditation focuses on the delivery of an approved programme. In the case of Compliance Evaluation, the focus and emphasis is on the delivery and sustainability of the programme.

Therefore, the specific format of the evaluation report may be adjusted to the need of the type of accreditation carried out.

The generic content of the report are as follows:

### **1. Previous Quality Assessment of the Programme (if applicable)**

If the programme had gone through a quality assessment exercise, for example a provisional accreditation exercise, summarise the key area of concerns including any progress in addressing problems identified or conditions that need to be fulfilled. If there has been more than one exercise, consider only the most recent one. Give the dates of the previous assessments.

### **2. The Programme Self-Review Report (if applicable)**

Evaluate on the organisation, the completeness and the internal consistency of the Programme Self-Review Report (PSRR). Critically review the use of data and other evidence in analysing the curriculum, admission, delivery, assessment, programme management, monitoring and continual improvement.

Comment on the self-review in terms of the degree of participation by members of

the HEP (academic staff, administrators, students, etc.); the comprehensiveness and depth of analysis; and the organisation and quality of the conclusions and recommendations. Mention the degree to which the major conclusions of the POA reflect those of the self-review.

### **3. Report on the Programme in Relation to the Criteria and Standards for Programme Accreditation**

This section of the POA's Programme Accreditation Report should contain a summary of what has been found during the programme evaluation exercise. It should be structured around the seven areas of evaluation (programme quality standards) as in Section 2. All comments must be based on sound evidence submitted by the HEP or discovered by the panel during its evaluation visit.

At the end of each sub-area, the report should indicate the extent to which the Standards for that specific aspect of the quality of the Programme have been met. For accreditation to be granted, it would normally be expected that all the Standards in all the seven areas of evaluation are met or the panel will specify requirements or recommendations to ensure that they are met.

The following provides guidance on reporting the findings of the panel in relation to each of the seven areas of evaluation for quality assurance.

#### **3.1 Evaluation on Area 1: Programme Development and Delivery**

##### **3.1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes	<ul style="list-style-type: none"> <li>• Must be in consistent with, and supportive of, the vision, mission and goals of the HEP.</li> </ul>	3.1.1.1
	<ul style="list-style-type: none"> <li>• Must have needs analysis.</li> </ul>	3.1.1.2
	<ul style="list-style-type: none"> <li>• Must define its educational objectives, learning outcomes, learning and teaching strategies, and assessment.</li> </ul>	3.1.1.3
	<ul style="list-style-type: none"> <li>• Must correspond to the Malaysian Qualification Framework (MQF)</li> </ul>	3.1.1.4
	<ul style="list-style-type: none"> <li>• Must indicate the career and further</li> </ul>	3.1.1.5

	studies options available	
--	---------------------------	--

### Evaluation on Standards

- 3.1.1.1 How does the programme relate to, and be consistent with, the larger institutional goals of the HEP?
- 3.1.1.2 What are the evidences that show the demand for this programme?  
How was the needs assessment for the programme conducted?
- 3.1.1.3 Comment on the relevancy, clarity and specificity of programme educational objectives, programme learning outcomes, learning and teaching strategies, and assessment methods, and the constructive alignment between them.
- 3.1.1.4 Comment on the alignment of the programme learning outcomes to the Malaysian Qualifications Framework (MQF) level descriptors and the eight MQF learning outcomes domains.
- 3.1.1.5 Evaluate the link between the student competency expected at the end of the programme and those required by the market as well as for purposes of higher studies.

### **3.1.2 Programme Development: Process, Content, Structure and Learning-Teaching Methods**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.1.2 Programme Development: Process, Content, Structure and Learning-Teaching Methods	• Must have sufficient autonomy.	3.1.2.1
	• Must have an appropriate process.	3.1.2.2
	• Must consult the stakeholders, including education experts.	3.1.2.3
	• Must fulfil the requirements of the discipline of study.	3.1.2.4 (a)
	• Must have appropriate learning and teaching methods.	3.1.2.4 (b, c)
	• Must have co-curricular activities.	3.1.2.5

### Evaluation on Standards

- 3.1.2.1 Evaluate the level of autonomy given to the department in the design of the curriculum and in the utilisation of the allocated resources available to the department. How does the above vary with

collaborative programmes and joint programmes?

- 3.1.2.2 Comment on the appropriateness of the processes, procedures and mechanisms by which the curriculum is developed and approved.
- 3.1.2.3 (a) Evaluate the involvement of stakeholders in curriculum development.
- (b) Evaluate the effectiveness of education experts involvement in the development of curriculum.
- 3.1.2.4 (a) Does the curriculum fulfil the disciplinary requirements in line with good practices in the field?
- (b) Comment on the alignment of the course learning outcomes to the programme learning outcomes, as well as to the learning-teaching and assessment methods as presented in Table 4: Item 8. At the macro level, are the programme content, approach and learning-teaching methods appropriate, consistent and supportive of the achievement of the programme learning outcomes?
- (c) Evaluate the diverse learning-teaching methods that help to achieve the learning outcomes and ensure that students take responsibility for their own learning.
- 3.1.2.5 Evaluate the appropriateness of learning and teaching methods applied to achieve the objectives and learning outcomes of the programme.
- (This is to be read together with information in 1.1.3)*
- 3.1.2.6 Comment on the co-curricular activities available for students to enrich their experience, and to foster personal development and responsibility.

### 3.1.3 Programme Delivery

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.1.3 Programme Delivery	• Must ensure the effective delivery of programme learning outcomes.	3.1.3.1
	• Must provide current information of the programme.	3.1.3.2
	• Must have appropriate full-time coordinator and a team of academic staff.	3.1.3.3



	<ul style="list-style-type: none"> <li>• Must provide a conducive learning environment.</li> </ul>	3.1.3.4
	<ul style="list-style-type: none"> <li>• Must encourage innovations.</li> </ul>	3.1.3.5
	<ul style="list-style-type: none"> <li>• Must obtain feedback from stakeholders.</li> </ul>	3.1.3.6

### Evaluation on Standards

- 3.1.3.1 Evaluate the methods and approaches used by the department to ensure the effectiveness of delivery in supporting the achievement of course and programme learning outcomes.
- 3.1.3.2 Evaluate on their currency and appropriateness. Comment on how students are informed about the key elements of the programme.
- 3.1.3.3 (a) Comment on how the programme is managed. Who is responsible for the planning, implementation and improvement of the programme? Is he/she appropriate for the responsibility? How effective is the academic team in managing the programme?
- (b) Evaluate the adequacy of the resources provided to the programme team to implement learning-teaching activities, and to conduct programme evaluation for quality improvement?
- 3.1.3.4 Does the department provide students with favourable conditions for learning and teaching? How so?
- 3.1.3.5 Comment on the innovative efforts made by the department to improve teaching, learning and assessment.
- 3.1.3.6 Comment on how the department obtains feedback and uses it to improve the delivery of the programme outcomes.

## **3.2 Evaluation on Area 2: Assessment of Student Learning**

### **3.2.1 Relationship between Assessment and Learning**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.2.1 Relationship between Assessment and Learning	<ul style="list-style-type: none"> <li>• Must be aligned to, and consistent with, MQF.</li> </ul>	3.2.1.1
	<ul style="list-style-type: none"> <li>• Must be regularly reviewed to ensure effectiveness.</li> </ul>	3.2.1.2

Evaluation on Standards

- 3.2.1.1 Comment on the alignment between assessment, learning outcomes and MQF level.
- 3.2.1.2 Comment on the policy (if any) and effectiveness of regular review in aligning assessment and learning outcomes.

**3.2.2 Assessment Methods**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.2.2 Assessment Methods	<ul style="list-style-type: none"> <li>• Must have a variety of methods and tools.</li> </ul>	3.2.2.1
	<ul style="list-style-type: none"> <li>• Must have mechanisms to ensure and review validity, reliability, integrity, currency and fairness.</li> </ul>	3.2.2.2
	<ul style="list-style-type: none"> <li>• Must be documented and communicated to students.</li> </ul>	3.2.2.3
	<ul style="list-style-type: none"> <li>• Must follow established procedures and regulations for changes.</li> </ul>	3.2.2.4

Evaluation on Standards

- 3.2.2.1 Evaluate the effectiveness of the various methods and tools in assessing learning outcomes and competencies.
- 3.2.2.2 (a) Evaluate how the department ensures the validity, reliability, currency and fairness of the assessment methods.
- (b) Comment on the guidelines and mechanisms in addressing academic plagiarism among students.
- (c) How and how often is the method of assessment reviewed?
- 3.2.2.3 (a) How frequent and at what point are the assessment methods and appeal policies documented and communicated to students?
- (b) Are the grading and assessment practices publicised? If so, comment on the evidence provided on the publications. How widely is this carried out?
- (c) How does the department ensure due process as well as opportunities for fair and impartial hearing?
- (d) Are the grading, assessment and appeal policies published consistent with the actual practice?

3.2.2.4 How are changes to the student assessment methods made? How are they communicated to the students?

### 3.2.3 Management of Student Assessment

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.2.3 Management of Student Assessment	<ul style="list-style-type: none"> <li>• Must have adequate level of autonomy for department and staff.</li> </ul>	3.2.3.1
	<ul style="list-style-type: none"> <li>• Must have mechanisms to ensure and review validity, reliability, integrity, currency and fairness.</li> </ul>	3.2.3.2
	<ul style="list-style-type: none"> <li>• Must communicate to students before the commencement of a new semester.</li> </ul>	3.2.3.3
	<ul style="list-style-type: none"> <li>• Must have mechanisms for students to appeal.</li> </ul>	3.2.3.4
	<ul style="list-style-type: none"> <li>• Must be periodically reviewed.</li> </ul>	3.2.3.5

#### Evaluation on Standards

3.2.3.1 Comment on the roles, rights and power of the department and the academic staff in the management of student assessment.

3.2.3.2 Comment on the mechanisms to ensure the security of assessment documents and records.

3.2.3.3 How promptly do the students receive feedback on the assessment of their performance? Are the final results released before the commencement of a new semester?

3.2.3.4 Evaluate the guidelines and mechanisms on students' appeal against course results.

5.2.3.5 Evaluate the periodical review on the management of student assessment undertaken by the department, and actions taken to address the issues highlighted by the review.

### 3.3 Evaluation on Area 3: Student Selection and Support Services

#### 3.3.1 Student Selection

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.3.1 Student Selection	• Must have clear criteria and processes.	3.3.1.1 (a,b)
	• Must be transparent and objective.	3.3.1.2 (a,b,c)
	• Must relate enrolment to the capacity of the department.	3.3.1.3
	• Must have a clear policy and appropriate mechanisms for appeal (if applicable).	3.3.1.4
	• Must offer appropriate developmental or remedial support.	3.3.1.5

#### Evaluation on Standards

- 3.3.1.1 (a) Comment on the clarity and appropriateness of the HEP's policies on student selection and student transfer, including those in relation to students with special needs.
- (b) How does the HEP ensures that the selected students are capable and fulfil the admission policies that are consistent with applicable requirements?
- 3.3.1.2 (a) Comment on the public dissemination of the selection criteria and mechanisms for student selection.
- (b) Where other additional selection criteria are utilised, examine the structure, objectivity and fairness.
- (c) How does the department ensure that the student selection process is free from unfair discrimination and bias?
- 3.3.1.3 (a) Comment on the size of the past, present and forecasted (refer to Item 15, Part B) student intake in relation to the department's capacity to effectively deliver the programme. Comment also on the proportion of applicants to intake.
- (b) How does the HEP ensure the availability of adequate resources to admit the "non-conventional", i.e., visiting, auditing, exchange and transfer students?
- 3.3.1.4 Comment on the policies and practices (if applicable) for appeal on student selection.

3.3.1.5 Evaluate the developmental and remedial support available to the students who need them.

### 3.3.2 Articulation and Transfer

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.3.2 Articulation and Transfer	<ul style="list-style-type: none"> <li>• Must have well-defined policies and mechanisms to facilitate student mobility.</li> </ul>	3.3.2.1
	<ul style="list-style-type: none"> <li>• Must ensure that the incoming transfer students have the capacity to successfully follow the programme.</li> </ul>	3.3.2.2

#### Evaluation on Standards

3.3.2.1 Comment on how the department facilitates national and transnational student mobility.

3.3.2.2 Comment on the procedures to determine the comparability of achievement of incoming transfer students.

### 3.3.3 Student Support Services

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.3.3 Student Support Services	<ul style="list-style-type: none"> <li>• Must have access to appropriate and adequate support services.</li> </ul>	3.3.3.1
	<ul style="list-style-type: none"> <li>• Must have a designated administrative unit.</li> </ul>	3.3.3.2
	<ul style="list-style-type: none"> <li>• Must have an effective induction programme.</li> </ul>	3.3.3.3
	<ul style="list-style-type: none"> <li>• Must have academic, non-academic and career counselling services.</li> </ul>	3.3.3.4
	<ul style="list-style-type: none"> <li>• Must have mechanisms that actively identify and assist students.</li> </ul>	3.3.3.5
	<ul style="list-style-type: none"> <li>• Must have clear processes and procedures for disciplinary cases.</li> </ul>	3.3.3.6
	<ul style="list-style-type: none"> <li>• Must have an active mechanism for students to voice their grievances.</li> </ul>	3.3.3.7

	• Must be evaluated regularly.	3.3.3.8
--	--------------------------------	---------

### Evaluation on Standards

- 3.3.3.1 (a) Evaluate the adequacy and quality of student support services listed. How do they contribute to the quality of student life?
- (b) If there are programmes conducted in campuses that are geographically separated, how is student support provided at the branch campuses? How well do these mechanisms work?
- 3.3.3.2 (a) Comment on the unit responsible for planning and implementing student support services. How does it fit into the overall structure of the organisation in terms of hierarchy and authority? How qualified are the staff of this unit? Who does the head of this unit report to?
- (b) How prominent are the student support services compared to other major administrative areas within the HEP?
- 3.3.3.3 Appraise the orientation of incoming students.
- 3.3.3.4 (a) Comment on adequacy and qualifications of the academic, non-academic and career counsellors.
- (b) Evaluate the effectiveness of student counselling and support programmes, including plans for improvements in counselling staff and services.
- 3.3.3.5 Evaluate the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.
- 3.3.3.6 Comment on the processes and procedures in handling disciplinary cases involving students.
- 3.3.3.7 Appraise the mechanisms for complaints and appeals on academic and non-academic matters.
- 3.3.3.8 Comment on the effectiveness of the evaluation of student support services.

### **3.3.4 Student Representation and Participation**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.3.4 Student Representation and Participation	• Must have well-disseminated policies and processes for active student engagement.	3.3.4.1
	• Must have adequate student	3.3.4.2

	<p>representation and organisation.</p> <ul style="list-style-type: none"> <li>• Must facilitate student linkages with external stakeholders and participation in relevant activities.</li> <li>• Must facilitate students' character building.</li> </ul>	<p>3.3.4.3</p> <p>3.3.4.4</p>
--	--	-------------------------------

#### Evaluation on Standards

3.3.4.1 Evaluate the policy and processes that are in place for active student engagement, especially in areas that affect their interest and welfare.

3.3.4.2 Evaluate the adequacy of student representation and organisation at the institutional and departmental levels.

3.3.4.3 (a) Comment on students' linkages with external stakeholders.

(b) Evaluate the department's role in facilitating students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.

3.3.4.4 Evaluate how the department facilitates student activities and organisations that encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship.

#### **3.3.5 Alumni**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.3.5 Alumni	<ul style="list-style-type: none"> <li>• Must foster active linkages with alumni to develop, review and continually improve the programme.</li> </ul>	3.3.5.1

#### Evaluation on Standards

3.3.5.1 (a) Evaluate the linkages established by the department with the alumni.

(b) Evaluate the involvement of alumni in programme development, review and continual improvement.

### 3.4 Evaluation on Area 4: Academic Staff

#### 3.4.1 Recruitment and Management

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.4.1 Recruitment and Management	• Must have clearly defined plan for academic manpower needs.	3.4.1.1
	• Must have clear and documented recruitment policy.	3.4.1.2
	• Must maintain appropriate staff–student ratio.	3.4.1.3
	• Must have adequate and qualified academic staff.	3.4.1.4
	• Must have policy reflecting equitable distribution of responsibilities.	3.4.1.5
	• Must seek diversity among the academic staff.	3.4.1.6
	• Must have clear, transparent and merit-based policies and procedures for recognition.	3.4.1.7
	• Must have national and international linkages to enhance learning and teaching.	3.4.1.8

#### Evaluation on Standards

- 3.4.1.1 Evaluate the consistency of the department’s academic staff plan with HEP policies and programme requirements.
- 3.4.1.2 (a) Appraise the academic staff selection policy, criteria, procedures, terms and conditions of service in terms of getting adequately qualified and/or experienced staff.
- (b) Comment on the due diligence exercised by the department in ensuring that the qualifications of academic staff are from *bona fide* institutions.
- 3.4.1.3 Assess the appropriateness of staff-student ratio to the programme and the teaching methods used.
- 3.4.1.4 (a) Assess whether the department has adequate and qualified academic staff, including part-time academic staff necessary to implement the programme.
- (b) Comment on the turnover of the academic staff for the programme (for Full Accreditation only).
- 3.4.1.5 Assess the policies and procedures on work distribution. Is the



workload equitably distributed? (Refer to Table 5 for information on workload distribution).

- 3.4.1.6 How does the department ensure diversity among the academic staff in terms of experience, approaches and backgrounds?
- 3.4.1.7 (a) How does academic staff appraisal take into account their involvement in professional, academic and other relevant activities, at national and international levels?
- (b) Are the policies, procedures and criteria for recognition through promotion, salary increment or other remuneration of the academic staff clear, transparent and merit-based?
- 3.4.1.8 Evaluate the nature and extent of the national and international linkages and how these enhance learning and teaching in the programme.

### 3.4.2 Service and Development

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.4.2 Service and Development	• Must have policies addressing matters related to service, development and appraisal.	3.4.2.1
	• Must provide opportunities on areas of expertise.	3.4.2.2
	• Must have clear policies on conflict of interest and professional conduct.	3.4.2.3
	• Must have mechanisms and processes for periodic student evaluation.	3.4.2.4
	• Must have development programme for new staff and continuous professional enhancement.	3.4.2.5
	• Must provide opportunities to participate in professional, academic and other relevant activities at national and international levels.	3.4.2.6
	• Must encourage to play an active role in community and industrial engagements.	3.4.2.7

#### Evaluation on Standards

- 3.4.2.1 Comment on the departmental policy in service, development and appraisal of the academic staff.
- 3.4.2.2 Comment on the opportunities given to the academic staff in order to

focus on their areas of expertise such as curriculum development, curriculum delivery, supervision of student, research and writing, scholarly and consultancy activities, community engagement and academically-related administrative duties.

- 3.4.2.3 (a) Comment on the HEP's policies on conflict of interest and professional conduct.
- (b) Comment on the HEP's procedures for handling disciplinary cases.
- 3.4.2.4 Evaluate the mechanisms and processes for periodic student evaluation of the academic staff. Assess how this feedback is used for quality improvement.
- 3.4.2.5 (a) Evaluate the extent and effectiveness of the academic staff development scheme.
- (b) Assess the formative guidance and mentoring provided for new academic staff.
- (c) Comment on the organised support available to assist academic staff to enhance their teaching expertise in line with current trends in pedagogy, curriculum design, instructional materials and assessment.
- 3.4.2.6 (a) Evaluate the support provided by the HEP and/or department for academic staff to participate in national and international activities.
- (b) How useful is this participation for the enrichment of the teaching learning experience?
- 3.4.2.7 Comment on how the department encourages and facilitates academic staff in community and industry engagement activities.

### 3.5 Evaluation on Area 5: Educational Resources

#### 3.5.1 Physical Facilities

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.5.1 Physical Facilities	• Must have sufficient and appropriate physical facilities and educational resources.	3.5.1.1
	• Must comply with the relevant laws and regulations. • Must have adequate and up-to-	3.5.1.2

	date reference materials and qualified staff in the library or resource centre.	3.5.1.3
	<ul style="list-style-type: none"> <li>• Must maintain and periodically review.</li> </ul>	3.5.1.4

### Evaluation on Standards

- 3.5.1.1 (a) Evaluate the sufficiency and appropriateness of physical facilities for the effective delivery of the curriculum.
- (b) Evaluate the adequacy and appropriateness of equipment and facilities provided for practical-based programmes and for students with special needs.
- 3.5.1.2 Examine evidence of compliance of physical facilities to relevant laws and regulations, including issues of licensing.
- 3.5.1.3 (a) Evaluate the adequacy of the library services.
- (b) Evaluate the adequacy and suitability of the learning spaces in and around the library.
- (c) Comment on the quality of the library's databases and bibliographic search, computer and audio-visual capabilities in relation to the programme.
- 3.5.1.4 (a) Evaluate how the HEP maintains, reviews and improves the adequacy, currency and quality of educational resources and assess the role of the department in these processes.
- (b) Assess the condition and provision for the maintenance of the physical learning facilities.

### **3.5.2 Research and Development**

*(Please note that the standards on Research and Development are largely directed to universities and university colleges.)*

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.5.2 Research and Development	<ul style="list-style-type: none"> <li>• Must have research policy with adequate facilities and resources.</li> </ul>	3.5.2.1
	<ul style="list-style-type: none"> <li>• Must show interaction between research and learning in the curriculum.</li> </ul>	3.5.2.2
	<ul style="list-style-type: none"> <li>• Must periodically review research resources and facilities.</li> </ul>	3.5.2.3

Evaluation on Standards

- 3.5.2.1 (a) Appraise the research policy. How does the departmental policy foster the relationship amongst research and scholarly activity and education?
- (b) Comment on the research priorities, allocation of budget and facilities provided.
- (b) Comment on the extent of research activities in the department by looking into the number of academic staff members who are principal investigators, the value of research grants, and the priority areas for research.
- 3.5.2.2 Evaluate the interaction between research and education reflected in the curriculum. How does it influence current teaching, and prepare students for engagement in research, scholarship and development?
- 3.5.2.3 Comment on the effectiveness of the department's review of its research resources and facilities. Comment on the steps taken to enhance its research capabilities and environment.

**3.5.3 Financial Resources**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.5.3 Financial Resources	• Must demonstrate financial viability and sustainability.	3.5.3.1
	• Must have a clear line of responsibility and authority for budgeting and resource allocation.	3.5.3.2
	• Must have clear procedures to ensure that financial resources are sufficient.	3.5.3.3

Evaluation on Standards

- 3.5.3.1 Comment on the financial viability and sustainability of the HEP to support the programme.
- 3.5.3.2 (a) Evaluate the department's procedures to ensure that its financial resources are sufficient and managed efficiently.
- (b) Are there indications that the quality of the programme is being compromised by budgetary constraints? If there is a current or potential financial imbalance in this regard, does the HEP have a credible plan to address it?
- 3.5.3.3 Comment on the responsibilities and lines of authority of the HEP with respect to budgeting and resource allocation for the department.

### 3.6 Evaluation on Area 6: Programme Management

#### 3.6.1 Programme Management

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.6.1 Programme Management	<ul style="list-style-type: none"> <li>• Must clarify the structure and function, and the relationships between them.</li> <li>• Must provide accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.</li> <li>• Must have policies, procedures and mechanisms for regular review and updating.</li> <li>• Must have an effective decision-making body with an adequate degree of autonomy.</li> <li>• Must establish mechanisms to ensure functional integration and comparability of educational quality for programmes.</li> <li>• Must conduct internal and external consultations, market needs and graduate employability analyses.</li> </ul>	3.6.1.1
		3.6.1.2
		3.6.1.3
		3.6.1.4
		3.6.1.5
		3.6.1.6

#### Evaluation on Standards

- 3.6.1.1 (a) Comment on the management structures and functions of the department and how their relationship within the department is defined. How are these being communicated to all stakeholders involved based on principles of transparency, accountability and authority?
- (b) Comment on the structure and composition of the committee system in the department.
- (c) What effect do these relationships have on the programme?
- 3.6.1.2 Comment on the policies and procedures to ensure accurate, relevant, timely, and easily and publicly accessible information about the programme, especially to prospective students.
- 3.6.1.3 (a) Comment on the policies, procedures and mechanisms for regular reviewing and updating of the department's structures, functions, strategies and core activities.
- (b) Comment on the continuous quality improvement resulting from these policies, procedures and mechanisms.
- 3.6.1.4 Comment on the Academic Board of the department as an effective

decision-making body and its degree of autonomy.

3.6.1.5 Comment on the arrangement between the main campus and the branch campuses or partner institutions. Evaluate the mechanisms that exist to assure functional integration and comparability of educational quality.

3.6.1.6 Comment on the evidence of internal and external consultation, and market needs and graduate employability analyses.

### 3.6.2 Programme Leadership

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.6.2 Programme Leadership	<ul style="list-style-type: none"> <li>• Must clearly state the criteria for the appointment and the responsibilities of the programme leader.</li> <li>• Must have appropriate qualification, knowledge and experiences related to the programme.</li> <li>• Must have mechanisms and processes for communication between the programme leader, department and HEP.</li> </ul>	3.6.2.1
		3.6.2.2
		3.6.2.3

#### Evaluation on Standards

3.6.2.1 Comment on the criteria for the appointment and the responsibilities of the programme leader.

3.6.2.2 (a) Comment on appropriateness and suitability of the programme leader.

(b) Evaluate the effectiveness of programme leader's relationship with the academic staff and students.

3.6.2.3 Comment on the mechanisms and processes of communication between the programme leader, department and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.

### 3.6.3 Administrative Staff

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.6.3 Administrative Staff	<ul style="list-style-type: none"> <li>• Must have sufficient number of qualified administrative staff.</li> <li>• Must conduct regular performance review.</li> </ul>	3.6.3.1
		3.6.3.2

	<ul style="list-style-type: none"> <li>• Must have appropriate training scheme for career advancement and to fulfil programme needs.</li> </ul>	3.6.3.3
--	---	---------

#### Evaluation on Standards

3.6.3.1 Comment on the appropriateness and sufficiency of the administrative staff who supports the implementation of the programme.

3.6.3.2 Evaluate how the department reviews the performance of the administrative staff of the programme.

3.6.3.3 Evaluate the effectiveness of the training scheme for the advancement of the administrative staff and how it fulfils the current and future needs of the programme.

#### **3.6.4 Academic Records**

<b>Criteria and Standards</b>	<b>Keys Element/Relevant Information</b>	<b>Evaluation on Standards</b>
3.6.4 Academic Records	<ul style="list-style-type: none"> <li>• Must have appropriate policies and practices concerning the nature, content and security of academic records.</li> </ul>	3.6.4.1
	<ul style="list-style-type: none"> <li>• Must maintain student records in such form as is practical and preserve these records for future reference.</li> </ul>	3.6.4.2
	<ul style="list-style-type: none"> <li>• Must implement policies on the rights of individual privacy and the confidentiality of records.</li> </ul>	3.6.4.3
	<ul style="list-style-type: none"> <li>• Must continually review policies on the security of records.</li> </ul>	3.6.4.4

#### Evaluation on Standards

3.6.4.1 (a) Comment on the policies and practices of the nature, content and security of student, academic staff and other academic records.

(b) Evaluate the policies and practices on retention, preservation and disposal of these records.

3.6.4.2 Evaluate the maintenance of student records by the department relating to admission, performance, completion and graduation.

3.6.4.3 Evaluate the implementation of the policy on privacy and the confidentiality of records.

3.6.4.4 Comment on the effectiveness of the department's review of its policies on security of records and safety systems.

### 3.7 Evaluation on Area 7: Programme Monitoring, Review and Continual Quality Improvement

#### 3.7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement

Criteria and Standards	Keys Element/Relevant Information	Evaluation on Standards
3.7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement	• Must have clear policies and appropriate mechanisms.	3.7.1.1
	• Must have a Quality Assurance unit.	3.7.1.2
	• Must have an internal monitoring and review committee.	3.7.1.3
	• Must engage stakeholders in programme review.	3.7.1.4
	• Must make the programme review report accessible to stakeholders.	3.7.1.5
	• Must analyse student performance for the purpose of continual quality improvement.	3.7.1.6
	• Must share the responsibilities of programme monitoring and review with partner in collaborative arrangements.	3.7.1.7
	• Must present the findings of programme review to the HEP.	3.7.1.8
	• Must have an integral link between the departmental quality assurance processes and the achievement of the institutional purpose.	3.7.1.9

#### Evaluation on Standards

3.7.1.1 Comment on the policies and mechanisms for regular monitoring and review of the programme.

3.7.1.2 Assess the role and responsibilities of the Quality Assurance unit responsible for the internal quality assurance of the department.

3.7.1.3 (a) Comment on the structure and workings of the programme monitoring and review committees.

(b) Evaluate the frequency and effectiveness of the mechanisms for monitoring and reviewing the programme in identifying strengths and weaknesses to ensure the achievement of programme learning outcomes.

(c) How are the findings from the review utilised to improve the programme?

(d) How current are the contents and how are these updated to



keep abreast with the advances in the discipline and to meet the current needs of the society?

- 3.7.1.4 (a) How does the department ensure the involvement of stakeholders in programme review?
- (b) Comment on the nature of their involvement and how their views are taken into consideration.
- 3.7.1.5 Evaluate how the programme review report is made accessible to stakeholders and how their views are used for future programme development.
- 3.7.1.6 (a) Evaluate how the various aspects of student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement.
- (b) Comment on the rate of attrition and the reasons for it.
- 3.7.1.7 In collaborative arrangements, evaluate the relationship between the parties involved in programme monitoring and review.
- 3.7.1.8 Evaluate how the findings of the review are disseminated to the HEP. Comment on the action taken therefrom.
- 3.7.1.9 Evaluate the integral link between the departmental quality assurance processes and the achievement of the institutional purpose.

#### 4. Conclusion of the Report

The panel of assessors comes to its conclusions and recommendations through observed facts and through its interpretation of the specific evidences received from the various sources or that it has gathered itself. The panel of assessors' report will generally include **commendations** (aspects of the provision of the programme that are considered worthy of praise), **affirmations** (proposed improvements by the department on aspects of the programme, which the panel believes significant and which it welcomes) and **areas of concern** to improve the programme.

##### 4.1 Full Accreditation

With respect to status of the application for Full Accreditation of the programme, the panel will propose one of the following:

- i. **Grant the Accreditation without conditions**
- ii. **Grant the Accreditation with conditions**  
Conditions specified by the evaluation panel which do not prevent or delay accreditation but completion of which must be confirmed to the MQA by a date to be agreed between the HEP and the MQA.
- iii. **Denial of Accreditation**  
Denial is where the evaluation panel recommends accreditation is not granted. The panel will provide reasons for the denial.

The report on the evaluation findings, together with the recommendations, is presented to the MQA Accreditation Committee for its decision.

In general, the report should adhere to the points presented orally in the exit meeting with the HEP and best follow the sequence in which the items were listed in the oral exit report. For the areas of concerns (or problems), the panel should indicate their relative urgency and seriousness, express recommendations in generic or alternative terms, and avoid giving prescriptive solutions.

#### **4.2 Provisional Accreditation**

The types of recommendations in the conclusion of the report of the evaluation for Provisional Accreditation will be largely similar to that of the Full Accreditation as outlined above. However, suitable to its provisional status and as an interim phase before Full Accreditation, there will be differences in emphasis and the degree of compliance in the seven areas of evaluation.

#### **4.3 Compliance Evaluation**

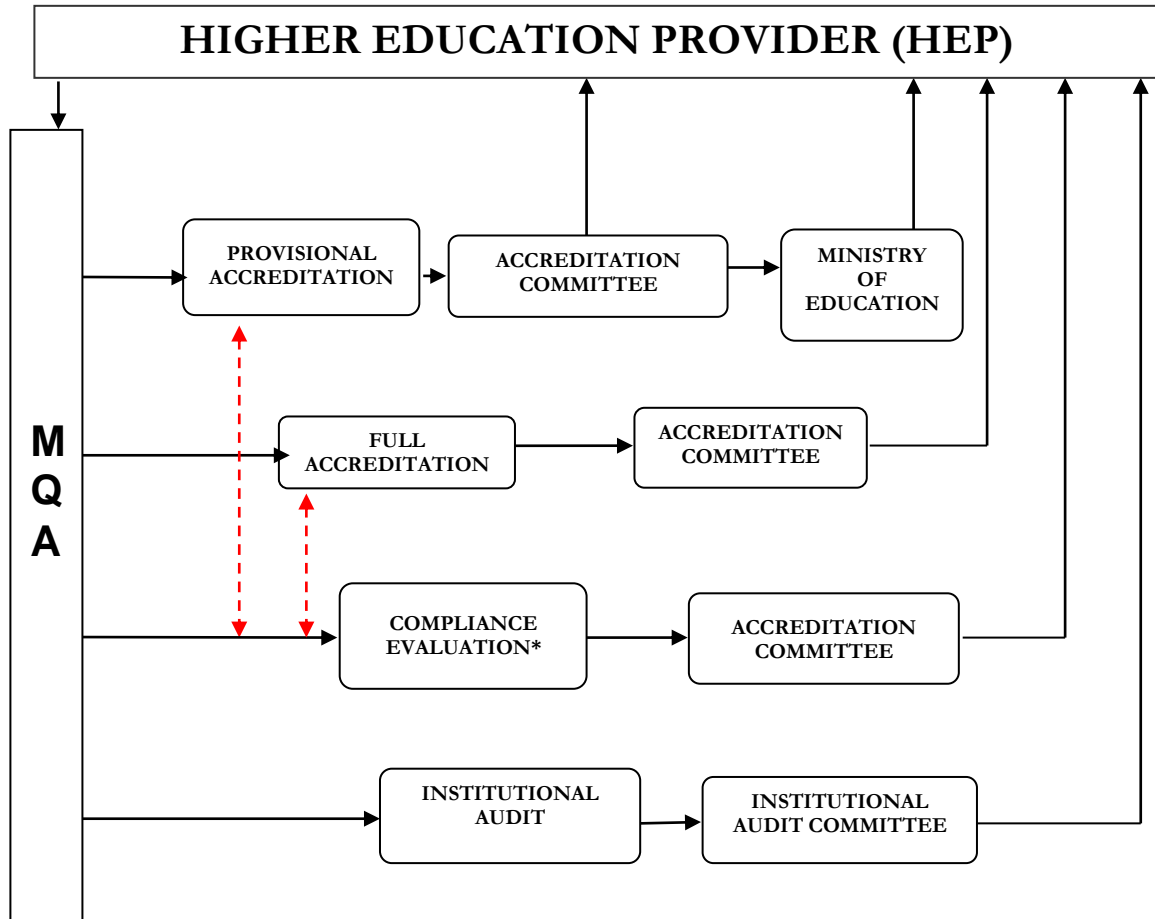
Based on the compliance evaluation conducted on the programme, the panel of assessors may propose one of the following:

- i. **the programme accreditation be continued with or without condition; or**
- ii. **the programme accreditation be withdrawn, in which case a list of reasons must be provided.**

# **Appendices**

# Appendix 1

### The Quality Assurance Process: An Overview

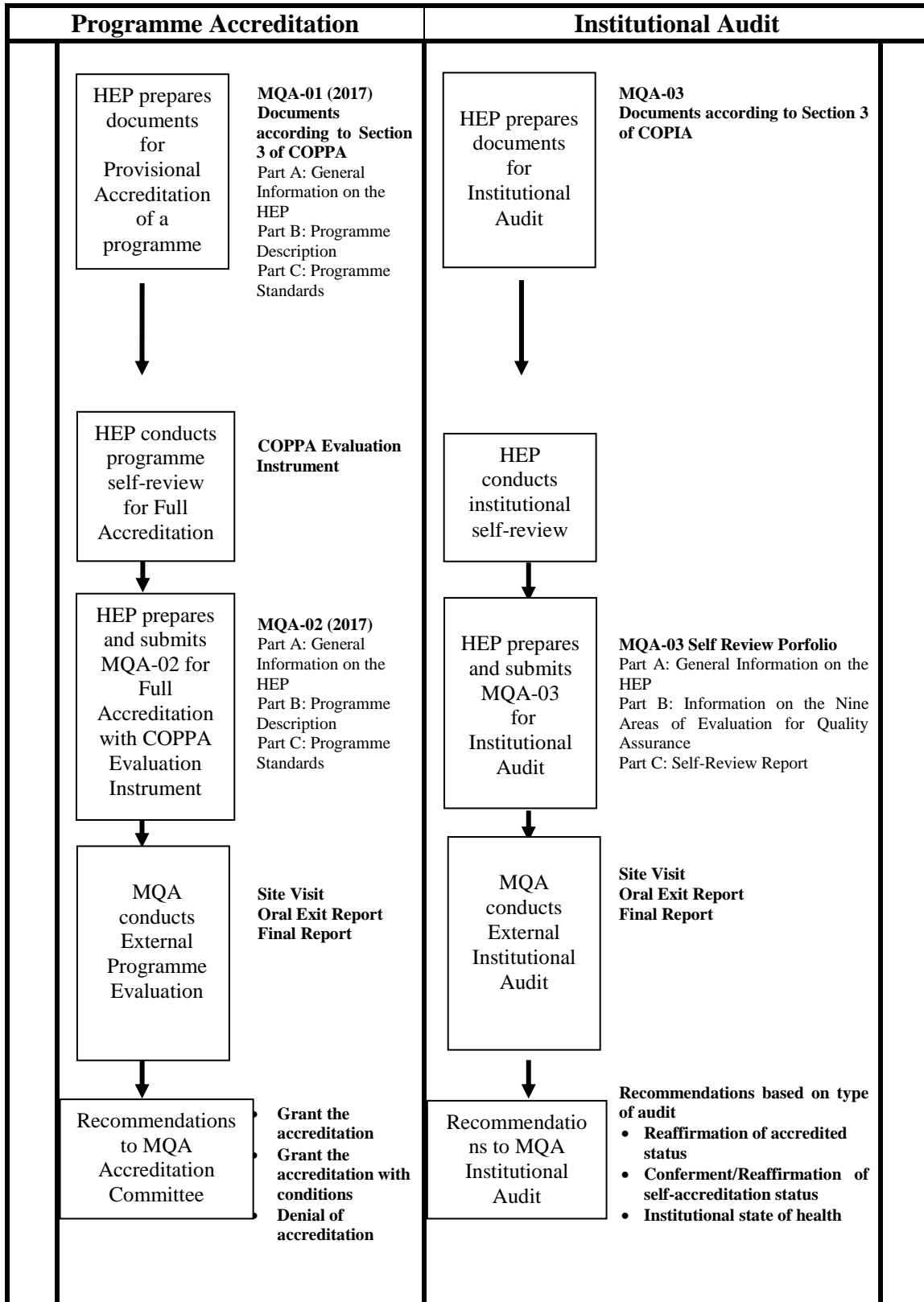


\* Monitoring shall be triggered by one or more of the following:

1. Set duration for monitoring;
2. Request by stakeholder;
3. As part of Provisional or Full Accreditation, where required; and
4. Any other factors that necessitate monitoring.

# Appendix 2

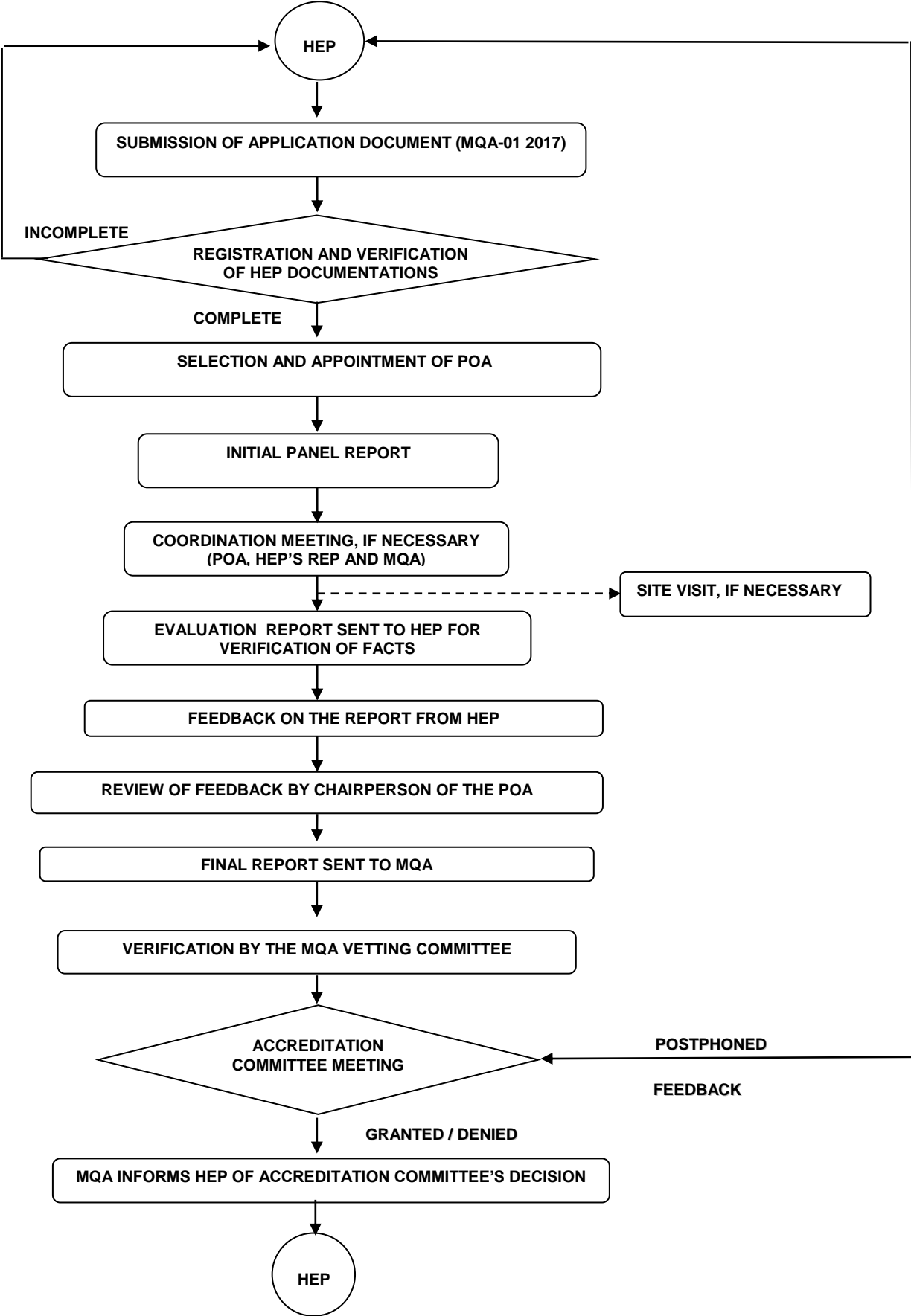
**General Comparison of Programme Accreditation and Institutional Audit Processes**



# Appendix 3

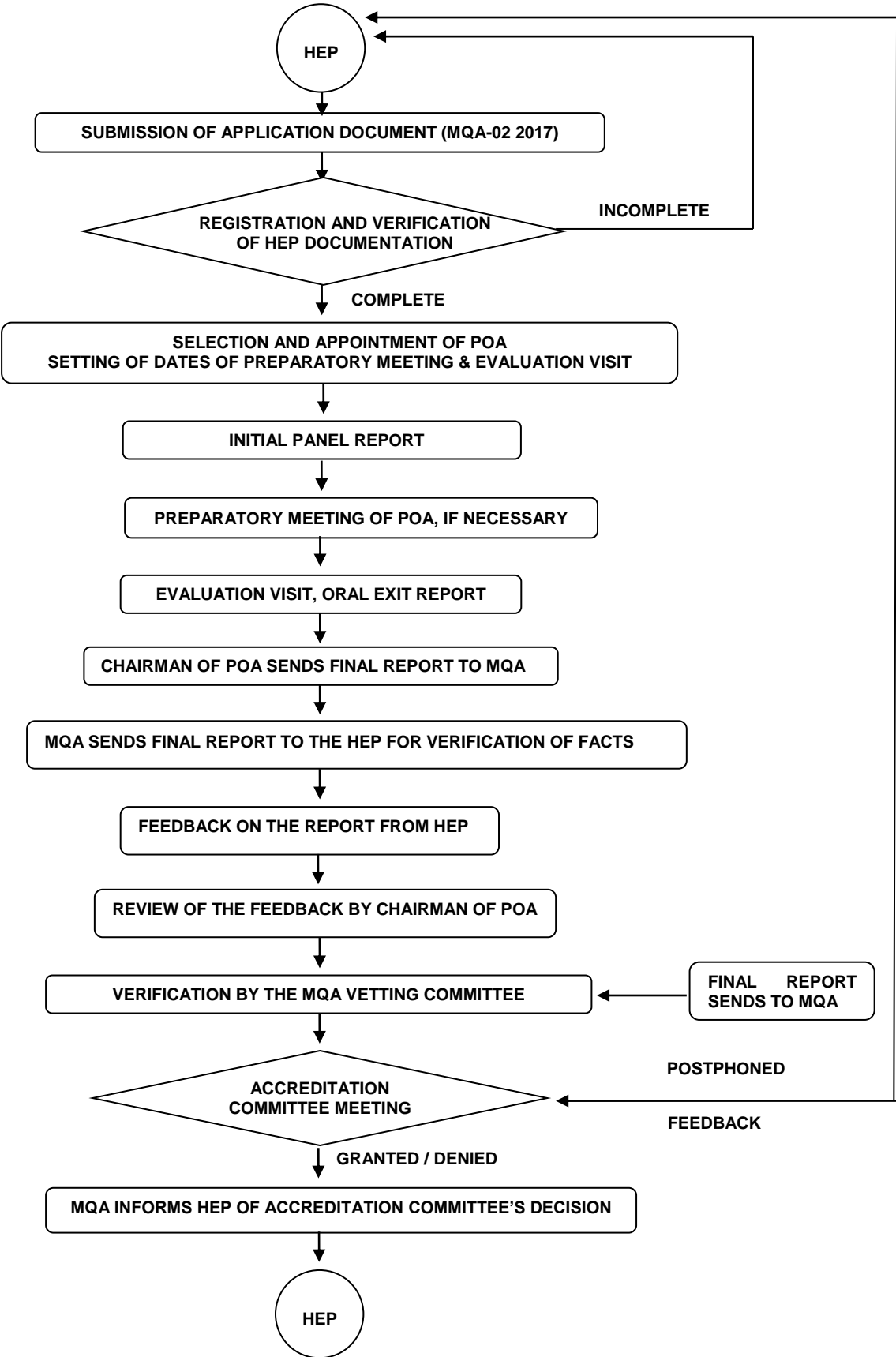


**FLOW CHART FOR PROVISIONAL ACCREDITATION PROCESS**



# Appendix 4

**FLOW CHART FOR FULL ACCREDITATION PROCESS**



# Appendix 5

**FLOW CHART FOR COMPLIANCE EVALUATION PROCESS**

