Universiti

MARA

Quality Assurance and Enhancement Policy

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LIST OF ACRONYMS

AA	Academic Affairs
AKNC	Anugerah Kualiti Naib Cancelor
AR	Assistant Registrar
CEO	Chief Executive Officer
COPIA	Code of Practice for Institutional Audit
COPPA	Code of Practice for Programme Accreditation
DD (AA)	Deputy Dean of Academic Affairs
DR (AA)	Deputy Rector of Academic Affairs
ER	External Review
ERR	External Review Report
HIA	Head of Internal Audit
HEA	Hal Ehwal Akademik
HODs	Head of Department
HQU	Head of Quality Unit
ILEAD	Institute for Leadership, Assessment and Development
InQKA	Institute for Quality and Knowledge Advancement
IQA	Internal Quality Audit
JAF	Jawatankuasa Akademik Fakulti
JAN	Jawatankuasa Akademik Negeri
JKE	Jawatankuasa Eksekutif
JKKAPS	Jawatankuasa Kecil Akademik Pengajian Siswazah
KIK	Kumpulan Inovasi dan Kreativiti
KP	Koordinator Program
KPP	Ketua Pusat Pengajian
KSA	Ketua Sistem Audit
MK	Majlis Kualiti
MOE	Ministry of Education
MR	Management Representative
MQA	Malaysian Qualifications Agency
OBE	Outcome-based Education
PNC	Penolong Naib Cancelor
PTJ	*Pusat Tanggung Jawab*
QA	Quality Assurance
QMS	Quality Management System
QU	Quality Unit
RC	Responsibility Centres
SRP	Self Review Portfolio
SRR	Self Review Report
VC	Vice Chancellor

EXECUTIVE SUMMARY

This policy is an attempt to collect and collate all circulars, decisions and practices of the university over the years in the quality management space. In view of recent changes within higher education, there is a need for the university to review, refine and reaffirm quality policies and practices. The key policy statements are listed below for discussion and decision.

General

1. Quality Assurance (QA) is local and central within UiTM. All Responsibility Centres (RCs) or *Pusat Tanggung Jawab* (PTJ) must have a Quality Unit (QU).
2. QA is the job of the CEO of the RC and assisted by Head of Quality Unit (HQU).
3. HQU must be a senior staff member - experienced and important (making explicit an expectation).
4. QA capacity must be maintained and adequately resourced (making explicit an expectation).
5. HQU sits in key decision making units within the RC - proactive and preventative – consistent with UiTM's new academic governance practice.

Quality Management System (QMS)

6. QA requires a quality system. A Quality Management System (QMS) must be established, operated and improved at the RC, which will be tested and attested by InQKA – following through with decision made in 2004 to develop a Quality Manual describing the QMS.
7. The Management Representative (MR) is the Deputy Dean (DD) / Deputy Rector (DR) of Academic Affairs (AA) and the Document Controller is the Assistant Registrar (Administration).

Audits, External Review and Self –Review

8. QA requires a robust Self Review thus this must be prepared regularly and annually.
9. HQU annually coordinates the preparation of Self Review Report (SRR) of all programmes at the RC.
10. InQKA carries out regular institutional review, the External Review (ER) (following COPIA requirements) at the RCs.
11. InQKA carries out periodic programme reviews (following COPPA & Programme Standards) at the RCs – New Policy.
12. HQU manages, monitors and follows up on all forms of external reviews and audits, external examiners, accreditation visits, etc.) at the RCs.

Circulars and Instructions (External documents)

13. All documents issued by central units e.g. Bursar, Registrar, HEA, HEP, ICAN, Corporate Communications, IRMI, etc. are to list the relevant set of pre-existing documents which are superseded or amended (if any) as a good practice.

Maintaining Conformance to HE Standards

All RCs must;

14. Organise and develop knowledge of all MQA standards relevant to the RCs programme offerings.
15. Maintain and regularly refresh evidence in relation to COPIA standards (ever-readiness).
16. Maintain softcopies of all quality-related documents for review purposes.

Quest for Excellence

17. All RCs must participate in the annual AKNC award organised by InQKA.

1. INTRODUCTION

The Quality Assurance and Enhancement Policy (QAEP) describes UiTM's requirements for quality assurance in all its faculties, campuses and departments. Through this function, all RCs **shall** ascertain the compliance with applicable standards and expectations, the effectiveness of activities carried out aimed at meeting the said standards, monitor and confirm corrective actions and continual improvements of the operations for better outcome.

The commitment of the HOD/Dean/Rector to QA shows unhealthy level of variance. A policy will formally and explicitly demand commitment of all Heads to the internal and external standards.

2. SCOPE

The terms of this policy **APPLIES** to all faculties, campuses, departments, and academic centres as well as Centres of Excellence with academic programmes and partners e.g. Affiliated Colleges (to the extent that this is included in the Memorandum of Agreement)[2].

It applies to all RCs and should cover our partners (KKB) to the extent that it is provided for in the MOA.

3. PURPOSE

The Policy or QAEP is intended to provide confidence in UiTM stakeholders that the academic standards are regularly maintained despite greater autonomy accorded to the campuses and faculties. It is not the intention of the policy to standardise the quality assurance structures and operations in all units. QAEP is a mechanism to ensure that the decentralised faculties and campuses continue to maintain the same level of rigour in their quality assurance operations by keeping in view the new expectations of MOE and MQA.

As the campuses are granted more autonomy, there is understandable anxiety about quality. This policy demonstrates InQKA's commitment to ensure that autonomy does not impair quality and quality assurance.

QAEP is intended to clarify the requirements and expectations of the University and to provide basic and common baseline standards for quality assurance activities in all its RCs. The policy sets the baseline requirements in terms of the structure, responsibilities, resources and operation. This will ensure that all units have

While no one disagrees with the importance of QA, the commitment to and the articulation of QA varies among RCs. UiTM needs to have a minimum or baseline standards for all RCs.

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[1] Responsibility Centres or PTJs are units which are formally invested with responsibility, authority and accountability for management of resources and staff to achieve stated objectives.

[2] The Affiliated Colleges running UiTM programmes must have equivalent practices that follow the terms and also the spirit of this code.

minimum quality assurance capability and capacity to evaluate the RC's operation and draw the attention of the management team at regular intervals for taking timely corrective, preventative and developmental actions.

4. DEFINITION OF TERMS

4.1 **Quality**: Quality is defined as "fitness for purpose". The structures, systems and processes established, maintained and improved must ensure graduates, researches and services are suitable to and meet the internal and external stakeholders' expectations as articulated in the various UiTM policies, regulations, standard operating manuals, guidelines and procedures.

4.2 **Quality Management System (QMS)**: QMS refers to the structures, policies, processes, procedures, instructions and records which are established, operated, and improved on to achieve the quality policies and objectives of the RCs involved.

4.3 **Quality Assurance (QA)**: Activities planned and implemented to provide confidence in the institutional arrangements to produce graduates, research, and services that meet all requirements of the University and stakeholders.

4.4 **External Review (ER)**: Audit planned and implemented by InQKA, a party external to the RCs but internal to UiTM, to examine the QMS by which the RCs seek to meet all the requirements of COPIA (2009), COPPA (2008), and the ISO9001-based existing QMS.

4.5 **Head of Quality Unit (HQU)**: The individual who heads the Quality Unit, however so he or she is called within the RC.

4.6 **Internal Quality Audit (IQA)**: A planned self-assessment of all processes related to the delivery of higher education services as outlined in the Quality Systems Manual to ensure compliance with all requirements, corrections and preventions.

4.7 **Self Review**: Institutional or programme-based evaluation of an RC's performance in meeting all internal and external requirements at regular intervals to identify and rectify weaknesses in the system.

5. RESPONSIBILITY FOR INTERNAL QUALITY ASSURANCE (IQA)

The quality assurance is inescapably vested in the VC. Operationally, this role is customarily devolved to specific QA units to undertake QA activities on behalf of the Chief Executive Officer. Within the University, two levels of QA activities can be identified. InQKA plays a university-wide role while the QA units at the faculties, campuses and departments and other academic centres form the second level of QA.

In everyday reference, there is an intended but unhealthy confusion – QA is the responsibility of the head of QA unit. It is NOT. In a university, it is the responsibility of the VC, Deans and Rectors at their respective levels. The QA unit at each level helps and assists the CEO in the discharge of their QA responsibilities. This policy seeks to disabuse all of the misconceptions.

Mandate received from JKE in 2010.

5.1 The University-level QA - Role of InQKA

5.1.1 InQKA is the overall QA unit for the university. It is invested with the responsibility for setting directions and quality policies that brings the University into compliance with national standards and expectations, and promotes good practices towards academic excellence.

The InQKA External Review and the Self Review Reports are intended for this purpose.

5.1.2 InQKA **SHALL**, through its regular audits, evaluate the robustness of the QA arrangements in faculties, campuses and departments to ensure that standards are met and to assure the University's top management that all standards are being met and when not met, action(s) are taken to improve them.

This is an inherent expectation in all policies. They must be revisited at appropriate intervals.

5.1.3 InQKA **SHALL** regularly review the policy of practice to ensure the creation, maintenance and improvement of a system of quality

assurance that is appropriate to the needs of the university and stakeholders.

5.1.4 InQKA **SHALL** liaise with external bodies and agencies on behalf of UiTM and communicate their requirements to and within UiTM.

Liaison will involve MQA, KPT, JPT, MPQ, etc.

5.1.5 InQKA **SHALL** manage the bi-annual institutional and discipline-specific SETARA rating, periodic institutional audits and any other quality audits carried out by the regulators from time to time.

The next SETARA is set for 2014 and institutional audits are on a 5-year cycle.

5.1.6 InQKA **SHALL** develop awareness of and capacity in quality, quality management, quality management system, standards, audits and reviews through training and development.

Create or inculcate awareness among staff, administrators and students.

5.1.7 InQKA **SHALL** create awareness about quality, quality assurance, standards and quality risks among Deans, Deputy Deans, Rectors, Deputy Rectors, programme Managers and Administrators.

There is a dire need for this to be monitored as many External Examiners reports are not fully attended to.

5.1.8 InQKA **SHALL** follow through on all external reviews and accreditation reports of programmes.

5.1.9 InQKA **SHALL** develop awareness of and provide mechanism to harness the innovative spirit of the staff in finding solutions to everyday problems.

This part of the Policy merely reiterates a still valid DVC (HEA) circular requiring all faculties and campuses to establish a Quality Unit.

5.2 The Faculty, Campus and Department level QA - Role of Faculties, Campuses And Departments

Within this large and decentralised university, quality assurance (QA) cannot, and should not, be centralised under a single centre.

A Quality Unit at each RC is necessary to organise quality assurance work in a serious and systematic manner.

5.2.1 Every unit must be responsible for its QA. In line with this understanding, every faculty, campus and department **MUST** establish a Quality Unit[3] which will assume the responsibility for assuring the quality of institutional arrangements within the organisation on behalf of the Deans, Rectors, Directors or Heads of Department.

Quality Management policies must be approved by the top management. This is a requirement under ISO9001:2008 (Corporate Management) certification by LRQA.

5.2.2 The basic functional structure of the QU is provided by InQKA (see Appendix 1) but the specific structure is left to the wisdom of each HOD, subject to the terms of this policy.

5.2.3 The RC **SHALL** appoint an HQU from amongst its staff, a senior officer (at least DM52 grade) with specific responsibilities and duties as outlined in Appendix 2.

[3] 2007 DVC (HEA) circular directed the establishment of Quality Units in all Faculties, Campuses and Departments. This Code is merely reminding and restating the same messag

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5.3 Role of Senate, *Jawatankuasa Eksekutif, Majlis Kualiti UiTM*

5.3.1 The Senate is the key organ within the university that approves requirements for all the awards and ensures that all academic requirements and standards are met at all times. All quality reports **SHALL** be duly submitted to the Senate for information, reflection and action.

5.3.2 The Executive Committee (EXCO) is the top management meeting which deliberates and decides on all management matters including those which are related to or have quality implications. All policy changes to quality management in UiTM **SHALL** be approved by EXCO before implementation.

5.3.3 Lembaga Kualiti, UiTM was established in 2010 to be the apex platform to discuss the quality management issues in UiTM. It comprises the UiTM EXCO members and other representatives of RCs including 2 students representatives. This body **SHALL** deliberate on issues related to quality, quality assurance, quality management and make suggestions to UiTM EXCO[4].

The Majlis Kualiti (earlier called Lembaga Kualiti) was referred to in several quality documents before 2010 but was only established in 2010.

6. QUALITY MANAGEMENT SYSTEM (QMS)

All faculties and campuses have developed a documented QMS in the quest to obtain external certification of the QMS to ISO 9001:2004 and later ISO9001:2008. The documented QMS is a strength UiTM must continue to build on, irrespective of certification. Both RCs and the central units must continue to facilitate the maintenance of the system. To this end, the RCs must do the following:

Dato Sri VC's circular in 2010 mandated this as we resolved to terminate external certification.

6.1 Every responsibility centre (RC) **SHALL** develop, maintain and improve a quality management system which comprises a Quality Manual which sets out the overall structure of the QMS and

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[4] Details of the Lembaga Kualiti UiTM establishment paper

processes by which the requirements by all stakeholders are met or achieved.

6.2   RCs that have not developed a written quality management system **MUST** organise to develop one within a reasonable time frame.

6.3   The QMS **MUST** encompass all activities entrusted to and carried out by the unit covering all levels of programmes and modes of delivery. The RCs can develop a separate (but a subset of the main QMS) quality plan.

6.4   Such a QMS **MUST** be based on the requirements of ISO9001:2008 standards and later versions and is consistent with all the policies and regulations of the university.

6.5   The management of the RC **SHALL** appoint the Deputy Dean (AA) or Deputy Rector (AA) as Management Representative (MR) and the Registrar (Administration) as the Document Controller to maintain the integrity of the QMS. The MR **MUST** be a member of the senior management team of the RC.

6.6   The Central or Corporate departments in issuing any guidelines, circular, instructions or policies must do the following:

6.6.1   All such communications must clearly state the scope of the guidelines, circulars, instructions or policies (what or who does it apply to).

6.6.2   It must refer to all previous guidelines, circulars, instructions or policies that are superseded in whole or in part by the latest issue.

6.6.3   All guidelines, circular, instructions or policies shall state the date the policies become effective.

Newer faculties that do not have one must develop or adapt one from other faculties.

QMS scope must be comprehensive – all programmes and all levels

It is the RCs responsibility to ensure that the documented QMS is consistent with ISO9001:2008 and all university policies and requirements and TD (HEA) or TR (HEA) as the management team is appointed Management Representative.

The Document Controller SHALL be the Asst. Registrar who shall manage the flow of documents within the RC system; between the faculty and the University. Maintaining a good control of documents ensures university communications is received, addressed and acted upon.

7. STRUCTURE FOR QUALITY ASSURANCE (QA)

7.1   The organisational structure transmits the HOD's commitment to quality management and quality assurance. It is imperative that the

structure, operation and personnel's decisions demonstrate to the staff the HOD's commitment to quality in carrying out the mission of the University.

7.2   RCs are free to design their own structure within the framework provided in the policy. Appendix 1 provides a minimal structure for a QU. HODs of RCs can and should design a structure that is appropriate for their size, scale and complexity. In developing the quality structure, HODs **MUST** not disregard the terms of this policy.

Structure and the reporting demonstrate the commitment to and the importance of quality in the RC to internal and external stakeholders.

7.3   QU **MUST** maintain a degree of separation from the operational units within a faculty, campus and department for it to discharge its role effectively. This separation or distance is necessary to ensure the unit objectively evaluates the quality of work of others.

7.4   QU **MUST** be placed under the direct purview of the Dean, Rector   or   HODs   who   are   the   C E O   of   their organisation/division/sections. In fact, COPIA expects that the QA unit has stature and prominence within the organisation - faculty, campus and department (Area 9, enhanced standard, COPIA: 2009, MQA).

8. BROADER ADVISORY ROLE OF HEAD QUALITY UNIT (HQU)

Denotes the importance attached to quality related factors. This principle is reflected in the changes to academic governance.

8.1   Quality should not only be inspected but expected, respected and considered in all decisions of the RCs. HQU should be in a position to inform and be informed of decisions of the faculties, campuses and departments which has implications of quality. The presence of HQU in key decision mechanisms show the importance attached to quality and quality assurance. To enable this proactive role;

8.2   Assistant Vice Chancellor (AVC) for Quality **SHALL** be included at least as an ex-officio in the Senate, Post Graduate Council, Examination Council and other appropriate fora and committees.

8.3   HQU **SHALL** be included at least as an ex-officio in JAF, JAN, JKKAPS, management committee, curriculum committee at the faculty and campus level, OBE Committee, programme accreditation committee.

9. INTERNAL QUALITY AUDITS (IQA)

9.1   **Internal Quality Audit (IQA)** or audit is a key mechanism to ensure all requirements are being met. IQA is a planned and a systematic assessment exercise intended to establish the extent to which policies and procedures governing all processes of a QMS are, in fact, complied with and corrective actions taken when and where there are deviations. The following sections state the specific responsibilities and requirements for an IQA:

Good quality requires cyclical review or audit process that examines for compliance and effectiveness to cause learning to stay competitive

9.2   Responsibility for IQA: The responsibility for IQA **SHALL** be vested in writing in the Head of Internal Audit (HIA) and HQU of RCs, as appropriate. To discharge the internal audit responsibilities, a trained HIA or KSA must be appointed by the Head of the RC.

This must be a key responsibility of all HQUs. A trained IQA Head shall assist the HQU to plan, conduct, report and follow up on the audit findings.

9.3   **Effectiveness of IQA**: The purpose of IQA is to ensure that the QMS is maintained and improved. As an important and integral tool within any QMS, IQA must possess two attributes:

Typically, quality audits tend to check for compliance. This is necessary but not sufficient.

9.3.1   First, although IQA is overtly intended to check for compliance, it must always maintain a critical eye on the efficacy of the processes and procedures. Compliance is important but effectiveness must be the *raison d'etre* of any audit.

IQA must also examine the effectiveness of planned arrangements – policies, practices etc. and provide feedback to policy owners for improvements.

9.3.2   Second, the role of IQA in helping the management to improve the system must be evaluated periodically to ensure i t adds value to the organisation. This should be done by seeking the perceptions of the auditees at appropriate intervals and the data carefully analysed for improvement opportunities.

*Trained auditors are a **sine quo non** for effective QA. RCs must provide plan for and provide resources (time (ATP) and funds) for the training.*

9.4   **Training for IQA**: RCs **MUST** plan for and maintain an adequate pool of trained auditors.

9.4.1 HQU, in collaboration with the HIA, **MUST** plan for audit resource needs recognising the turnover that is likely with auditors/academic staff assuming different roles from time to time at RCs.

9.4.2 HQU **MUST** plan for and the RC provide adequate funds for the training of auditors. InQKA organises periodic IQA training programmes through ILEAD. InQKA's help can also be obtained in conducting in-house auditor training programmes.

9.5 **Planning for IQA**: The HIA responsible for IQA **MUST** plan the audit before the commencement of the semester and accord appropriate work credit to internal auditors for purposes of computing the workload for the semester.

9.5.1 In planning the audit, special attention should be given to the areas that are important (e.g. assessment, teaching, external examination etc, part time lecturers) and have attracted significant attention or complaints in previous period/s. Audit resources should be deployed thoughtfully to secure maximum impact for the RC.

9.5.2 Ideally, the audit schedule should be spread over the semester rather than at only a particular period of the semester. The grouping of audits removes the opportunity to observe acts or behaviours directly rather than just via records and documentation. For example, auditing the question vetting session when it is in progress rather than through records at end of the semester is a case in point. Where audit resources are limited, rolling audits should be considered to extend the audit schedule over two semesters with different areas being targeted in each period.

9.6 **Reporting the Audits – SePADU:** Quality Board (Lembaga Kualiti) has in 2011 endorsed the university-wide use of the online IQA system called SePADU.

9.6.1 All IQA planning, scheduling, reporting, monitoring and follow up action **MUST** utilise the online SePADU system created and managed by InQKA.

9.6.2 All HQU and HIA **MUST** liaise with InQKA to ensure all auditors are registered and trained to use SePADU.

9.7 **Management Commitment to IQA:** IQA, as an important tool in ensuring that the QMS is maintained and improved,

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*Trained auditor is a **sine quo non** for effective QA. RCs must plan for and provide resources (time (ATP) and funds) for the training.*

ATP for auditors must be calculated on the basis of estimated man hours – planning, conducting, reporting and follow up.

The frequency of audits must consider the importance of processes and complaints of stakeholders.

Too often audits are done at the last minute to fulfill a requirement. This is never optimal. It should be spread over the semester allowing time for reflection and action.

Embed this requirement into the policy.

IQA reports must be tabled in JKE and RC management meetings for information and action.

IQA reports must be viewed as a means to be informed of compliance and effectiveness of "planned arrangement" to achieve success/excellence.

Indicators of IQA must be developed to monitor and manage this resource.

9.7.1 **MUST** be fully supported by the management of the RC.

9.7.2 This commitment **MUST** be demonstrated through, RC management's interest in allocating time to review the IQA reports and taking or requiring follow up actions on audit findings.

9.8 **Analytics for IQA:** It is important that the IQA process, like all processes, is monitored through suitable measures. These measures should provide important insights into the management of IQA at the RC. The following measures can be developed for this purpose:
- planned vs. actual audits (deviation measure),
- number of findings (volume measure),
- type of findings (category measure),
- severity of findings (importance measure),
- resolved vs. outstanding (action measure), and
- man days used (resource measure)

9.9 **Liaise with InQKA:** As the central unit for quality in UiTM, InQKA acts as the conduit through which quality matters can be reported to or brought to the attention of the top management. For this to take place, all HQUs **MUST** keep InQKA apprised of the plans, progress of their audits and any issues arising. A softcopy of the audit report **MUST** be provided to InQKA for monitoring purposes as soon as a report is submitted to the RC's top management.

IQA reports must be tabled in JKE and RC management meetings for information and action.

IQA reports must be viewed as a means to be informed of compliance and effectiveness of "planned arrangement" to achieve success/excellence.

Indicators of IQA must be developed to monitor and manage this resource.

Necessary for InQKA to stay informed about the IQA activities within the university system.

10. SELF REVIEW REPORTS (SRR) AND EXTERNAL REVIEWS (ER)

Programme level SRR must be developed to support the overall RC based report. This is the responsibility of KPPs of various centres of studies.

10.1. **Overall Self Reviews Reports (SRR)**: All RCs **MUST** produce an annual SRR based on the guidelines issued by InQKA. These reports **MUST** be a concise review of the progress, achievements and challenges over the stated period. The SRR and the review will address the standards contained in COPIA and the processes within the QMS that define its operations.

10.2 **Programme Review Reports**: RCs **MUST** establish similar reviews at the programme level (by the KP) which are consolidated at the centres (by the KPP). The SRR team should also seek similar reviews by other units and departments which can be consolidated into a comprehensive SRR for the RC. This review should consolidate from Closing the Loop (CDL), Student Feedback Online (SuFO), Profesionalisma Pensyarah (PROPENS) and other surveys and make <u>critical commentary</u> of the programme delivery for the period under review.

Consolidate all existing reviews at the RC level.

10.3 The annual SRR **MUST** be submitted to the top management of the RC for the attention of the top management; for discussion and resolution on the actions to be taken to address areas of concern or problems. Every SRR **MUST** involve a review of the previous SRR and the progress before examining the new issues.

10.4 **Institutional and Programme Reviews**: InQKA **MUST** carry out <u>regular</u> institutional (COPIA-based) and <u>periodic</u> programme reviews (COPPA-based) with the aid of the SRR of the RC concerned. InQKA <u>can exclude</u> professional programmes which are periodically audited and accredited by respective professional bodies from the programme reviews. InQKA, working with the RCs, **MUST** organise the review visits to all RCs. These visits should ideally be carried out when the students are in campus. InQKA **MUST** provide a detailed audit plan to facilitate the review visit.

InQKA only conducts institutional reviews using COPIA. This policy calls for programme reviews to be carried out as well. This is a major commitment and very necessary considering MQA accreditations are perpetual and there will not be further programme reviews. It incumbent upon the institutions to carry out programme reviews at suitable intervals.

10.5 **Oral and written report**: The review visits **SHALL** conclude with an oral exit report highlighting the areas of concern. Within a stipulated period, InQKA **SHALL** produce a written report for the RC to comment and after adjustments (if any) submit these reports to the Senate and/or MK.

10.6 **Following up on audit reports**: All External Review Reports (ERR) **SHALL** be carefully examined by the related RC HODs and prepare plans or follow up actions aimed at addressing the concerns raised in the review or raising it with appropriate central units which may control the policies and practices which are at issue.

10.7 **Producing Follow up Reports**: The follow up actions **SHALL** be reported through the PeeRs online system managed by InQKA within <u>1 month</u> of the final report.

10.8 **Report Areas of Concern to Relevant Central Units**: Recognising that areas of concerns may be within the purview of units outside the RCs, InQKA **SHALL,** as soon as practical, discuss these concerns with such units for action. These units **SHALL** provide

written actions to be taken including reasons for not taking action to InQKA.

10.9 **Submission of Reports to Senate**: The finalised reports shall be submitted to the Senate as soon as may be practical to do so including information on any actions that the RC has taken since the review and the oral exit report.

A summary of the findings and actions to be taken MUST be tabled in Senate as the primary custodian of academic quality.

11. EXTERNAL EXAMINERS

11.1 **External Examiners (EE) Requirement**: External examiner plays a key role in evaluating the academic standards of a programme or groups of programmes. MQF requires external examiners for all programmes at or above level 6 of the framework. The HQU in collaboration with the Academic Affairs unit of the faculties **SHALL** organize or take part in the external examiners visit and review. External examiners' review scope **SHALL** inlcude all campuses and partner colleges (franchisees) which offer the same programme at least on a rolling basis.

External Examiners (EE) are an important quality assurance and benchmarking mechanism which is required under MQF. This process is not effectively managed with little follow on the recommendations of the EE.

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11.2 **Follow up Action**: External examiners' reports **MUST** be examined and follow up actions planned in consultation with the relevant operational units. External examiner's observations and actions taken **SHALL** be reported within the semester or sooner to Faculty academic committee and management committee. The external examiners' reports and the follow up actions planned or taken **MUST** be tabled in the Senate for information, reflection and action.

11.3 Faculty HQU **SHALL** provide the campus HQU offering the same programme a copy of the external examiners' report for any follow up actions that involve campuses.

This responsibility for the EE visit and also the follow up on the reports should be vested in the HQU.

The report and the follow actions must be tabled in the Senate.

Campuses running the same programme are often times not kept in the loop on the EE reports.

12. ACCREDITATION VISITS AND REPORTS

12.1 Organising Programme Accreditation: The HQU liaising with the academic affairs unit and the programme managers **SHALL** ensure all arrangements are made for the visits. HQU should ideally carry out a pre-visit audit to test the readiness in facing an external review of the programme.

12.2 Plan Action on Findings: Based on the comments of the auditors during the exit, HQU can formulate action plans for submission to the RC management. A copy of the accreditation report **SHALL** be provided to the HQU to review the progress by the RC in addressing the changes suggested in the report.

12.3 Report to be tabled in Senate or relevant subcommittees: An executive summary of the accreditation report and the proposed actions **MUST** be submitted to the Senate for information and action as appropriate.

QU be responsible for organising the accreditation visits by MQA or professional body panels in collaboration with HEA. This is to rationalise the QA roles at RC levels.

It is necessary to assign this responsibility to QA units and to receive a copy of the accreditation report.

Senate does not have any information about the findings and actions proposed by RCs. This is not healthy or augurs well for Senate as the ultimate body for academic quality.

13. MANAGING QUALITY RATING EXERCISE

Based on current KPM policy, SETARA rating is here to stay. For now campuses are not part of the MQA SETARA or D'SETARA exercise.

UiTM has undergone 2 SETARA rating exercises. This rating is expected to continue into the future with greater reliance of the rating results in higher education policies and decisions. Indeed, more discipline-based SETARA ratings are in the pipeline. Therefore, this quality rating must be taken serious notice of and the responsibility clearly identified. Since SETARA is the rating of quality of teaching and learning, QU will be the ideal location of this responsibility.

13.1 Collect Data and Documentation: The QU shall liaise with InQKA to collect and validate required documentations and data within the stipulated time frame.

13.2 Carrying out SETARA Rating: QU shall also organise and carry out self assessment using the SETARA instruments when so instructed by InQKA.

13.3 Continuous Quality Improvement for SETARA: QU shall inform and also propose to the faculty or campus steps to strengthen policies, practices and standards to ensure continuous improvements in ratings.

The JKE has mandated that the Setara instrument will be used to rate the campuses as an internal measure to check on Teaching and Learning Quality.

Through this we will create a system-wide awareness of and preparedness in meeting the data and information needs.

14. SELF REVIEW PORTFOLIO (SRP)

The RC must maintain a SRP which is accurate description of the processes by which the RC meets with the various requirements of MQA as stated in COPIA/COPPA.

14.1 Self Review Portfolio (SRP): RCs **SHALL** maintain a Self Review Portfolio or SRP (akin to MQA 03) – institutional data and description of practices relevant to MQA COPIA standards. This SRP **MUST** be regularly updated to ensure currency of the practices. This report shall describe the RC's practices that meet the COPIA standards within UiTM's overall framework or policies.

14.2 Knowledge of Quality Standards: All Heads of RCs and their senior managers **MUST** develop knowledge of all applicable programme and institutional standards – COPPA (2008), COPIA (2009), COPPA for Postgraduate (research), 2012, COPPA for Postgraduate (Coursework & Mixed Mode), 2012, standards of professional bodies and programmes standards from MQA. Please refer to www.mqa.gov.my for the applicable programme and institutional standards and other good practice guidelines.

Academic programmes and management are guided by MQA and professional standards. Academic managers must be knowledgeable about these requirements appropriate to their responsibility.

InQKA and ILQAM must include these standards as part of the training for academic managers.

14.3 Awareness Programmes for all KKP/KP: Every faculty, campus and department Heads **MUST** be knowledgeable about the relevant professional and MQA standards. To this end, all academic managers **MUST** attend such a programme organized in collaboration with the local ILEAD immediately after appointment.

15.   BENCHMARKING

15.1   Participation in Anugerah Kualiti Naib Canselor (AKNC): An effective QMS requires continual improvement to raise the capacity of the QMS to meet the rising expectations of the stakeholders. The Malcolm Baldridge framework which is the basis of AKNC enjoins all RCs to streamline and rationalize their activities toward fulfilling their strategic goals. To be excellent, RC must continuously test itself against the best in the class and place itself on a growth path which will bring it closer to the best.

The annual AKNC provides a platform for all RCs to subject themselves to a excellence rating.

Benchmarking is a key value within this rating.

To motivate all RCs to seek and achieve excellence in their respective operations, all RCs **MUST** participate in the annual AKNC exercise organized by InQKA. An RC **MAY** only be excused by the VC if the exercise is likely to interfere with major events that the RC is involved.

15.2   Pathway to Excellence: Excellence requires not just good execution and continuous improvement; it requires the RC to be the best in the field. This mandates comparison with relevant others in the field. For this reason faculty, campus and department **SHALL** benchmark with selected local and foreign units in the education industry. Performance against the benchmark **SHALL** be compared and reported in the SRR.

All RCs must participate in the AKNC to test their fitness.

16. ENHANCEMENT AND IMPROVEMENTS

A dynamic quality assurance system must seek enhancement to assure stakeholders of its efficacy. In fact this policy is intentionally labeled as such to highlight the inherent and inseparable element of enhancement in QA.

16.1   Quality Enhancement: QA is not only about assuring all stakeholders that all present requirements are being met. Increasingly, it demands creativity and innovation to enhance the capacity to exceed the requirements.

16.2   Innovation and Creativity: HQU **SHALL** with, the aid of a KIK Coordinator, encourage and manage the Creativity and Innovation Groups (Kumpulan Inovatif & Kreatif - KIK) in accordance

KIK is already an important platform for innovation. This must be intensified and expanded. QU must also continually research and test the validity of instruments the RC relies on to monitor quality.

with the guidelines issued by InQKA to ensure continual innovation and improvements in all institutional practices.

16.3 **Innovation Reporting**: HQU, working in concert with other units within the RCs, should encourage and also report on the effect of the innovations on the quality processes, quality objectives and quality system in general to their HODs.

16.4 **Research on Quality Systems**: It is imperative that quality units carry out institutional research to validate the instruments and data collected, collated and reported on performance of their organisation (Area 9: COPIA expectation of studies).

17. STUDENTS IN QUALITY ASSURANCE

17.1 **Student's role**: The primary beneficiary of the quality assurance activities is the students who expect the university to deliver on its promises of an engaging learning experience on a consistent basis. Student's role should not be limited to providing feedback through student evaluation of teaching (SuFO). They should be appropriately involved in committees on quality assurance, teaching and learning, and research.

Students should not be just passive providers of feedback. They can be tapped for more active engagement in quality assurance.

17.2 **Engage Student Bodies and Groups**: All RCs **SHALL** endeavour to include students or their representatives in appropriate committees. Their participation and voice should provide a new perspective on the quality plans and also to create a broader input and develop sense of ownership of quality among students.

Provide direct voice in quality related matters.

17.3 **Engage Students in Reviews and Audits**: RCs SHALL involve the student representatives in quality surveys and in assessing validity of various instruments used by the university to gather data from the students.

Allow and engage students in quality reviews. Student bodies should be enjoined to expand their scope of interest.

18. MONITORING OF QUALITY

18.1 Quality Metrics: Collecting, collating and reporting key quality metrics (employers' feedback, students' feedback – SuFO, KPT Tracer study, PRO-PENS, staff feedback, climate survey, process indicators, etc).

The QU MUST be involved in or become the custodian of key quality related data. All forms of surveys used to gather data about RC, its operations or staff MUST be collated, analysed and reported to the top management with appropriate actions as the analysis indicates, by the QU either on its own or in partnership within other units. These data MUST be tracked and trends noted or monitored and reported to top management at suitable intervals as a measure of quality of RCs activities.

Even though there may be different interested units within the RC for the data collected, the QU shall become the ultimate repository and holder of SuFO, ProPens Tracer Study, Staff feedback, employer's survey, etc.

An economical set of metrics **MUST** be identified for regular data collection and reporting to management. These metrics shall include the following;

Even though the university generates many indicators of quality, these data are not collated, analysed and monitored over time by any one unit in a consolidated manner.
As such the comparative value is lost. QU should be tasked with this responsibility.
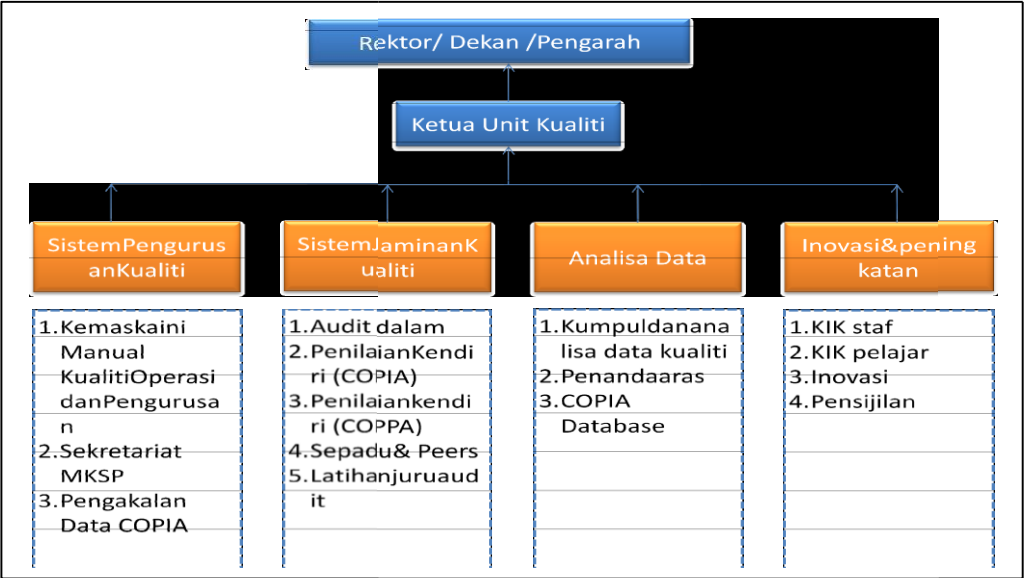
19. DOCUMENTATION AND DATA

HQU **MUST**, as matter of policy, maintain in good order, soft copies of all its reports and evidence which should be appropriately indexed to COPIA standards for easy reference and retrieval. INQKA and HQU will cause documentation and data policies to require softcopies to be maintained in good order for use.

QU must maintain records and evidence appropriately indexed to COPIA. QU must also work to ensure soft copies of important reports and records are always maintained for use in reviews.

20. DOCUMENT CONTROL AND CHANGE

Subject	Records
Policy Owner	InQKA
Policy Implementation	May 2014
Policy Revision	May 2015
Policy Approval	JKE (Details to be added)
Related Policies	1. COPIA, (2009), MQA 2. COPPA (2008), MQA 3. Assessment Policy 4. HQU Jobs Specification 5. QA Structure
Filename	Quality Assurance and Enhancement Policy 2014 Version 1.doc

Appendix 1: Functional Structure of Quality Unit

The diagram shows a hierarchical functional structure:

Rektor/ Dekan /Pengarah
→ **Ketua Unit Kualiti**

Four branches below:

SistemPengurusanKualiti	SistemJaminanKualiti	Analisa Data	Inovasi&peningkatan
1. Kemaskaini Manual KualitiOperasi danPengurusan	1. Audit dalam	1. Kumpuldananalisa data kualiti	1. KIK staf
2. Sekretariat MKSP	2. PenilaianKendiri (COPIA)	2. Penandaaras	2. KIK pelajar
3. Pengakalan Data COPIA	3. Penilaiankendiri (COPPA)	3. COPIA Database	3. Inovasi
	4. Sepadu& Peers		4. Pensijilan
	5. Latihanjuruaudit		

Appendix 2: List of Responsibilities of the HQU

TANGGUNGJAWAB KETUA UNIT PENGURUSAN KUALITI (KUPK):

KUPK bertanggungjawab mentadbir Pelan Kualiti dan mempunyai kuasa untuk menguruskan semua kerja yang memberi kesan kepada kualiti. KUPK akan memimpin di dalam pembangunan, pelaksanaan, komunikasi dan penyelenggaraan dasar-dasar dan prosedur sistem kualiti yang telah dilulus dan sedang berkuatkuasa.

Tanggungjawab

1. Bertanggungjawab kepada Ketua PTJ untuk merangka, merancang dan mengurus pembangunan dan pelaksanaan matlamat, objektif, dasar, prosedur dan sistem yang berkaitan dengan kualiti dan jaminan kualiti.

2. Membangun, melaksana, berkomunikasi dan mengekalkan pelankualiti bagi memastikan kepatuhan kepada semua keperluan peraturan dan perundangan.

3. Menyediakan perancangantahunanlatihandanaktiviti kualiti PTJ.

4. Merancang, menyelaras dan memantau pergerakan/aktiviti/infrastruktur kualiti PTJ dan UiTM (seperti 5S,KIK,Bulan&HariInovasi,perlaksanaandan penyelenggaraanSPK,PenilaianKendiri,Audit,AKNC).

5. Mengukurpencapaianproses-prosesutama dan sokongan sistem pengurusan kualiti PTJ.

6. Mengurus analisis data pencapaian dan penyediaan laporan penambahbaikan.

7. Menyediakan permohonan peruntukan belanjawan tahunan aktiviti kualiti PTJ.

8. Menggerakkan pembudayaan kualiti di kalangan semua warga PTJ.

9. Mengemaskini maklumat berkaitan kualiti di PTJ dan menyampaikan kepada semua warga.

10. Bertindak sebagai pakarrujuk perlaksanaan kualiti PTJ.

11. Menjadi pengantara InQKA bagi menggerakkan kualiti selari dengan matlamat UiTM.

12. Menghadiri mesyuarat penyelarasan kualiti dan seumpamanya di peringkat UiTM.

13. Menjadi TimbalanPengerusiJawatankuasaJaminanKualitiPTJ dengan terma rujukan yang telah ditetapkan oleh InQKA seperti berikut:

    • Menyelaras perlaksanaan aktiviti jaminan kualiti PTJ mengikut keperluan COPPA dan COPIA dan Sistem Pengurusan Kualiti (SPK).

- Mengurus dan melaksana <u>PenilaianKendiriPTJsecaraberkala</u> dengan mengambil kira isu-isu Laporan Audit Kualiti / Penilaian Kendiri (dalaman atau luaran) atau maklumbalas pihak berkepentingan dan mencadangkan tindakan susulan.
- Melaporkan hasil Penilaian Kendiri kepada pengurusan dan warga PTJ
- Membantu PTJ di dalam persediaan lawatan penilaian luaran.
- Menyediakan log penemuan Penilaian Kendiri PTJ dan cadangan penambahbaikan (jika ada).
- Membantu InQKA melaksana Penilaian Luaran (External Review) di PTJ lain dan membuat laporan.
- Membuat analisa keseluruhan perlaksanaan jaminan kualiti UiTM.
- Membantu InQKA menyediakan Laporan Penilaian Kendiri dan Cadangan Penambahbaikan jaminan kualiti UiTM kepada Lembaga Kualiti UiTM.