



CAPITAL UNIVERSITY OF SCIENCE AND TECHNOLOGY ISLAMABAD



CUST Policy on Review of Institutional Performance and Enhancement (RIPE)

Contents

Guidelines for Self-Review of Institutional Performance and Enhancement (RIPE for IQA)	5
1. Introduction	5
2. RIPE Objectives:	5
3. RIPE Process:	6
3.1 Initiation of the RIPE Process	6
3.1.1 Office of Institutional Quality Assessment and Effectiveness (IQAE)	6
3.1.1.1 IQAE Terms of Reference (TORs)	6
3.1.2 Constitution of Institutional Quality Circle (IQC)	7
3.1.2.1 IQC Terms of References (TORs)	8
3.1.2.2 Composition of IQC	8
3.2 Constitution of IPR Preparation Committee	9
3.3 Constitution of Follow-Up Committee	9
3.4 Preparation of Institutional Performance Report	9
3.5 Follow-Up Committee Monitoring and Assistance	9
3.6 Submission of IPR Draft to IQAE	9
3.6.1 Constitution of Institutional Performance Report (IPR) Preparation/Updating and follow up Committee	9
3.7 IQAE Review of Follow-Up Report	10
3.8 Referral or Advancement Decision	10
3.9 Constitution of RIPE Review Committee	10
3.10 Step 10: Orientation of RIPE Committee	11
3.10.1 Roles and Composition of RIPE Committee	11
3.11 Sharing of IPR and Follow-Up Report with RIPE Committee	11
3.12 Schedule Finalization	11
3.13 Document Review and Validation by RIPE Committee	11
3.14 Stakeholder Meetings During Review Visit	11
3.15 Infrastructure and Facilities Review	12
3.16 Finalization of Findings	12

3.16.1	Role of Lead Student Representative (LSR)	12
3.17	Preparation of RIPE Report	12
3.18	Report Signing and Conflict Resolution	12
3.19	Submission of Report to IQC for Approval	12
3.20	Dissemination and Implementation Monitoring	13
3.21	RIPE Internal Quality Assurance Process:	13
3.21.1	Step Wise Actions:	13
Step Wise Actions		13
3.22	Institutional self-assessment criteria and source of information	16
Institutional self-assessment criteria and source of information		16
3.22.1	Strategic Development	16
3.22.2	Academic Development	17
3.22.3	Institutional Development	17
4.	A suggested structure of the institutional self-assessment document	18
A suggested structure of the institutional self-assessment document		18
4.1	Brief description	18
Brief description		18
4.2	The track record in managing quality and standards	19
The track record in managing quality and standards		19
4.3	Standards	19
Standards		19
Guidelines for External Review of Institutional Performance and Enhancement (RIPE for EQA)		21
1.	Introduction	21
2.	Objective	21
3.	Features of RIPE for EQA	21
4.	Scope and coverage	23
5.	Review criteria	23
6.	Review outcomes	24
7.	Key roles and responsibilities	25
7.1	Facilitators	25
7.2	Student engagement in RIPE for EQA	25

7.3	Reviewers and review panels	25
7.4	QAA Officer	25
8.	Before and up to the on-site visit	26
8.1	First contact with QAA	27
8.2	QAA briefings for institutions	27
8.3	On-site visit duration and review panel composition	28
8.4	Institutional submission - Institutional self-assessment document and IPER with supporting evidence	28
8.5	Student submission	28
8.6	Review panel desk-based analysis	29
8.7	Use of data in the RIPE for EQA	29
8.8	First review panel meeting	30
9.	The on-site visit	30
9.1	On-site visit arrangements	30
9.2	Making judgements	31
10.	After the on-site visit	31
10.1	Review report	31
10.2	Action planning and sign-off	32

Guidelines for Self-Review of Institutional Performance and Enhancement (RIPE for IQA)

1. Introduction

- (a) RIPE- Stands for Review of Institutional Performance Enhancement.
- (b) Institutional internal quality assurance is overseen by the institutional internal review and accreditation of programs and the Institutional Quality Assessment and Effectiveness offices (IQAEs).

2. RIPE Objectives:

- (a) The focus of RIPE extends beyond academic achievements to encompass areas such as governance, research, community engagement, and infrastructure.
- (b) Aiming to foster a culture of continuous quality improvement and adapt to contemporary educational approaches, RIPE contributes to the overall enhancement of institutional performance.
- (c) As part of internal quality assurance, institutions are required to conduct a routine Self Review of Institutional Performance and Enhancement (RIPE for IQA) in alignment with the RIPE Standards outlined in the Quality Assurance Framework.
- (d) This self-assessment process evaluates the institution's performance in the previous academic year, taking into consideration program self-assessments and, where applicable, departmental self-assessments. By adhering to the RIPE Standards and engaging in self-assessment activities, institutions can effectively monitor and enhance their performance, ultimately contributing to the ongoing improvement of academic quality and institutional effectiveness.

3. RIPE Process:

In this part, the procedure to conduct Review of Institutional Performance Enhancement is described in detail. This activity will undergo every year to review the previous year academic performance of an institution. The responsibility to initiate this activity has been assigned to the Internal Quality Circle (IQC) which in close coordination with the office of Institutional Quality Assurance and Effectiveness (IQAE) organize, plan, coordinate and follow up on the conduct of RIPE at the HEIs. The steps of the procedure for RIPE are as follow:

3.1 Initiation of the RIPE Process

The IQC office will initiate RIPE process through close coordination with the IQAE office every year before June 30th.

3.1.1 Office of Institutional Quality Assessment and Effectiveness (IQAE)

In this QA framework it has been suggested to rename the QEC office as to the office of Institutional Quality Assessment and Effectiveness (IQAE) in the University. The IQAE office are the focal point within the HEIs for all quality assurance policies and practices and play an important role in facilitating the development and delivery of internal and external quality assurance. One of their main functions is the management of internal quality assurance processes, at both program and institutional level. They also have a key responsibility in liaising with external quality assurance bodies, including the HEC, QAA and accreditation councils.

The composition of the IQAE office, it is led by a senior manager (equivalent to the status of Dean/Administrative Head) who directly reports to the head of institution (Vice Chancellor/Rector or equivalent), and who has quality assurance within his ambit. IQAEs include staff aligned to each faculty or department, to help ensure effective and consistent operation across the institution. The QA framework expects that IQAEs will promote ways to engage students in quality assurance, including in the Office's own operation. The role of the IQAE is crucial in enabling the university to develop an organizational quality culture oriented to enhancing the quality of its programs.

3.1.1.1 IQAE Terms of Reference (TORs)

The IQAE office is responsible for the following assignments in HEIs:

- (a) Actively participating in meetings of all statutory bodies.
- (b) Capacity building of all internal stakeholders on QA-related activities.

- (c) Ensuring institutional alignment with the National Qualifications Framework of Pakistan at associate degree program, bachelor, master's, and doctoral level.
- (d) Developing and enhancing QA processes to affirm that the quality of provision
- (e) and the standard of awards are being maintained.
- (f) Fostering curriculum, subject and faculty/staff development, together with
- (g) research and other scholarly activities.
- (h) Developing and enhancing procedures for student partnership in QA activities.
- (i) Developing, managing and enhancing procedures for the following:
 - (i) Approval of new programs.
 - (ii) Monitoring and evaluation, including at program and faculty level, as well as of stakeholder evaluation.
 - (iii) Departmental review.
 - (iv) Student feedback.
 - (v) Employer and alumni feedback.
 - (vi) Faculty feedback.
 - (vii) Employer participation in relevant QA activities.
 - (viii) Program review and self-assessment.
 - (ix) Institutional review and self-assessment.
 - (x) Regulatory frameworks for qualifications.

As noted above, IQAEs also manage the quality assessment mechanisms of institutions as well as academic programs, through a self-assessment process. The self-assessment process results in a report which is directed to securing high academic standards and enhancing the quality of the student learning experience. Program areas are then required to initiate an action plan for the sharing of good practice and improvement.

3.1.2 Constitution of Institutional Quality Circle (IQC)

The quality culture should be facilitated by the Institutional Quality Circle (IQC) headed by the university Vice Chancellor/Rector as part of the institutionalization of quality in the institutions of higher learning. The institutional governance and quality framework encompass the Institutional Quality Circle (IQC). The IQC is a key tool for the IQAE in establishing a quality culture within an institution. It is chaired by the Vice Chancellor and facilitated by the IQAE. Aside from

ratifying the institutional self-evaluation, the IQC meets four times a year in its role as the ultimate delegated authority for the management of quality assurance at the university.

3.1.2.1 IQC Terms of References (TORs)

- (a) To monitor all relevant external guidance and requirements related to quality assurance, initiating and coordinating action as appropriate.
- (b) To develop and keep under review the university's Academic Policy and Quality Framework, that is, the systems, policies and guidance for assuring and enhancing the quality of students' learning experience and maintaining academic standards, and to consider and manage the outcomes of these processes.
- (c) To have oversight of the university's approach to assuring the completeness, accuracy, reliability and fitness for purpose of information provided for applicants and students.
- (d) To maintain operational oversight of academic and student-related policy and legislation, considering proposals for minor and operational legislative changes, consulting with legal services as appropriate.
- (e) To consider proposals for the addition, withdrawal, suspension, and exceptional amendment of programs of study of the university. This will normally be undertaken by chair's action for regular reporting to a subsequent meeting of the committee.
- (f) During these discussions the IQAE will ensure that the IQC is informed by, and considers, the key questions under each element of the university/institutional performance report. In this way the discussions of the IQC are rooted in the student life cycle epitomized by the IPR and the data that is generated by student activity. A key output of the discussions of the IQC are the identification of opportunities for enhancement across the institution.

3.1.2.2 Composition of IQC

- (a) Constitution of Institutional Quality Circle (IQC) headed with the VC-Notification
- (b) IQC should be headed by the Vice Chancellor/ Rector/ Head of the Institution.
- (c) All the Deans should be Members of IQC along with senior HODs where required.
- (d) Head of Non-Academic Departments E.g. Registrar, Controller Exam, Directors, Students Council Representatives etc.
- (e) The Director QEC will be the Secretary IQC.

- (f) The IQC as per the composition described shall be notified from the office of Registrar duly approved by the Vice Chancellor. It should mention venue, date and time of 1st IQC.

3.2 Constitution of IPR Preparation Committee

IQC office will notify the Institutional Performance Report (IPR) preparing committee consisting two senior faculty members to the rank of professor and three junior faculty members to the rank of assistant professors.

3.3 Constitution of Follow-Up Committee

At parallel, the IQC office will notify an updating/follow up committee consisting two professors and one representative from IQAE office.

3.4 Preparation of Institutional Performance Report

IPR committee will prepare a detailed report covering RIPE 16 standards with gathering relevant documents as evidences against each standard to meet the expected outcomes of each standard.

3.5 Follow-Up Committee Monitoring and Assistance

IPR updating/follow up Committee will keep close watch on the activities of the RIPE committee working and also provide the necessary assistance to the preparation committee. Additionally, the follow up committee will prepare a report on the working of IPR committee following the instructions of the IQC office.

3.6 Submission of IPR Draft to IQAE

The IPR committee will submit IPR final draft to the IQAE office for initial review to check that all the standards and questions are addressed, and proper documentary evidence provided. If not, report will be sent back to the committee.

3.6.1 Constitution of Institutional Performance Report (IPR) Preparation/Updating and follow up Committee

The IQC will establish an IPR preparation/updating and follow-up committee for the preparation of IPR. This committee will be tasked with ensuring that the IPR is prepared in accordance with the RIPE 16 Standards. The committee will address each question in alignment with the Expected Outcome Indicators (EOIs) of the standard and gather relevant evidence to support each

standard requirement. The following steps need to be taken in order to conduct self-assessment under RIPE standards:

Institutional Performance Report Preparation Committee (IPR). IPR committee has to prepare/complies Institutional Self-Assessment document against 16 well-defined RIPE standards along with their documentary evidences. IPR document would prepare under three structural sections (Brief Description, Track Record in Managing Quality and Standards) as described in HEC QAA PSG 2023, Quality Assurance Framework. Institutional Quality Circle (IQC) has to nominate RIPE follow-up committee in parallel to Institutional Performance Report committee (IPR) with a mandate to prepare follow up report based on the compliance of previous self-review, current progress status against each finding/recommendation, and observance of time line for recommended corrective action. The compliance report of last year self-RIPE duly prepared by follow-up committee would be shared with RIPE committee for the purpose of review.

3.7 IQAE Review of Follow-Up Report

IQAE reviews follow-up report to check status of all observations and whether they all are addressed or not:

- (a) current progress status against each finding/recommendation
- (b) timelines defined for each corrective action is being followed
- (c) if not, then proper justification and revised timelines provided
- (d) constraints affecting the progress are properly documented.

3.8 Referral or Advancement Decision

If anything is missing, the report will be referred back to the concerned committee. If not, move to step.

3.9 Constitution of RIPE Review Committee

On finalization of the IPR, the IQC office will constitute a RIPE committee by meeting the conditions below:

- (a) review committee shall consist of five to seven members (internal and external)
- (b) at least one external member shall be included from HEC's pool of experts
- (c) the internal members should preferably comprise seasoned and senior academics and administrative heads.

3.10 Step 10: Orientation of RIPE Committee

IQAE office will organize an orientation session for the RIPE committee briefing covering RIPE standards, Expectations of HEC and Review process.

3.10.1 Roles and Composition of RIPE Committee

RIPE Committee shall consist of five to seven members (Internal and External) and one member from HEC pool of expert. The committee review the documentary evidences provided against the claims made in IPR and record observations related to different stakeholders. Hold separate meetings with students, faculty, academic heads and administrative staff. RIPE Committee also visit different facilities of university. Institutional Internal Self- Performance Review process steps and activities has been defined under three phases, Pre-Visit Activities, On-Site Activities and Post-Visit Activities.

3.11 Sharing of IPR and Follow-Up Report with RIPE Committee

The finalized IPR and follow up report will be shared with all RIPE committee members.

3.12 Schedule Finalization

IQAE office will coordinate with the RIPE committee for finalization of their schedule to review IPR report.

3.13 Document Review and Validation by RIPE Committee

The RIPE committee will review IPR with provided evidences against the claims made in IPR for validation and list questions/probing questions to be asked from different stakeholders.

3.14 Stakeholder Meetings During Review Visit

RIPE committee during the review visit will conduct meetings with various stakeholders i.e. Students, faculty, HoDs, Administrative staff, Sr. Management. to have an insight on the institutional performance in accordance with their respective domains and to get feedback about any issues that may be inhibiting progress.

3.15 Infrastructure and Facilities Review

The review committee will also have an insight about the HEI infrastructure i.e. class room, libraries, sports grounds, auditorium, transport and cafeteria etc. in order to get a clear picture of all the facilities.

3.16 Finalization of Findings

After detailed visits of facilities and meeting with faculty & staff the RIPE committee will have a separate space for finalization of findings before the visit ends.

3.16.1 Role of Lead Student Representative (LSR)

RIPE Review also requires a meeting with the Lead Student Representative (LSR) heading the Student body the Student Council for Academic Learning & Enhancement (SCALE) - a student body to be constituted by the HEIs for getting students' feedback into improving quality assurance mechanisms - the institution and QAA. The university and LSR will also select the students that the review panel will meet, based on advice from QAA. LSR will be the facilitator throughout the RIPE process and will be responsible for organizing and overseeing the preparation of Student Submission (An evidence-based document describing their academic experience and their experiences of quality assurance at the institution, which is key evidence for the desk-based analysis) and will work with the institution to develop and deliver its action plan, where there is an unsatisfactory judgement.

3.17 Preparation of RIPE Report

RIPE committee prepares a detailed report reflecting all the findings/suggestions/ recommendations as per QAA guidelines.

3.18 Report Signing and Conflict Resolution

Finalized report will be shared with the IQAE office which ensures that report is signed by all members of the RIPE Committee. In case of any conflict, IQAE moderates to resolve the conflict and finalizes report with mutual agreement of all members.

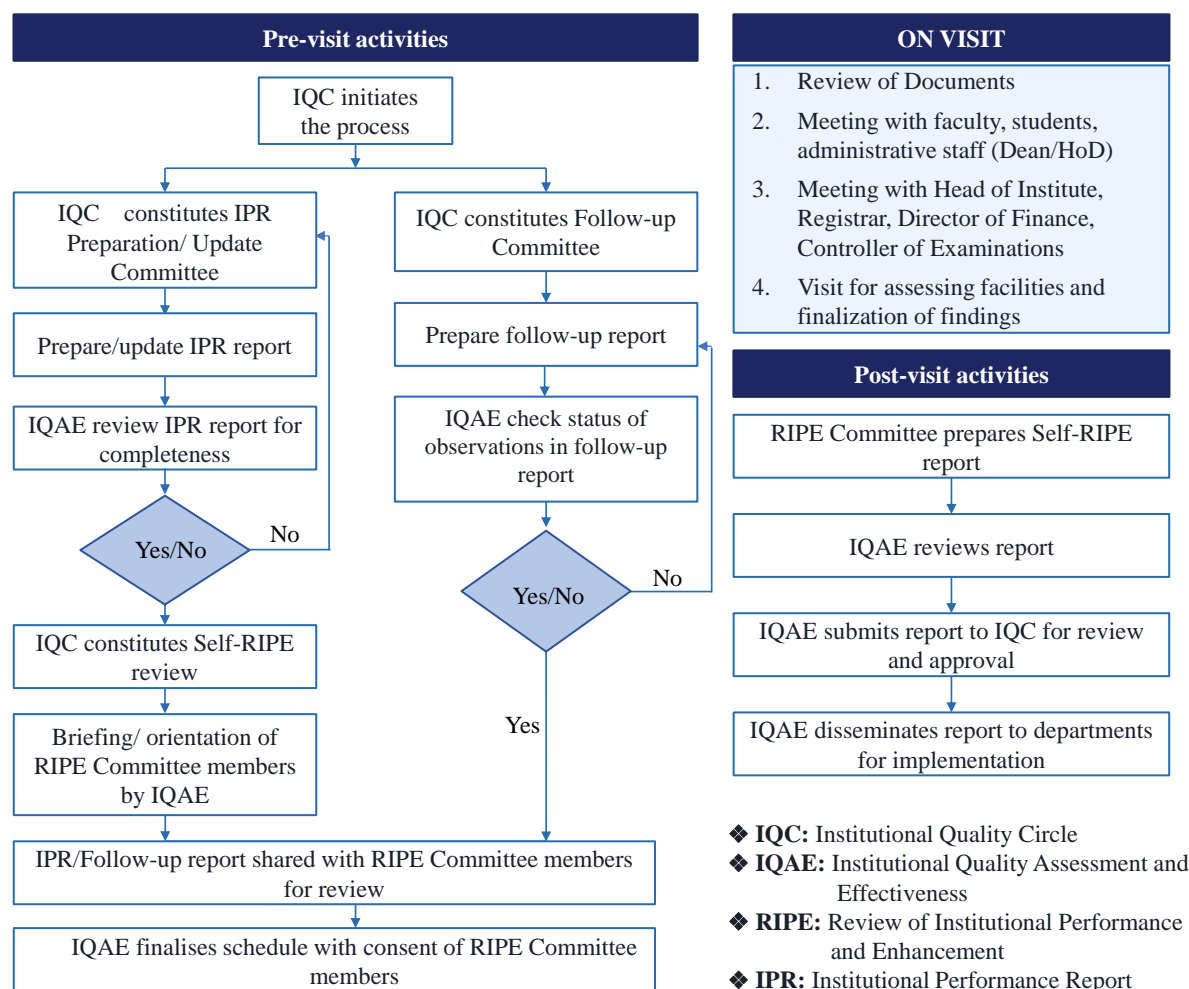
3.19 Submission of Report to IQC for Approval

Finalized report, IQAE office submits to the IQC for signing off/review and approval.

3.20 Dissemination and Implementation Monitoring

At the end IQAE office disseminates report to the departments for implementation and IQAE will monitor the implementation through IQC as per institutional CQI policy.

3.21 RIPE Internal Quality Assurance Process:



3.21.1 Step Wise Actions:

Table 1: Post on-site visit activity timeline

Pre-visit activities	
Step 1	Institutional Quality Circle (IQC) initiates the process for self-assessment and constitutes Institutional Performance Report (IPR) preparation/ updating and a follow-up committee.

Step 2	IPR committee prepares/compiles IPR for current assessment year as per instruction of IQC.	Follow-up committee prepares follow-up report as per instruction of IQC.
Step 3	IQAE reviews IPR report to check that all the Standards and questions are addressed, and proper documentary evidence provided. If not, report will be sent back to Committee.	<p>IQAE reviews follow-up report to check status of all observations and whether they all are addressed or not:</p> <ul style="list-style-type: none"> (a) current progress status against each finding/recommendation (b) timelines defined for each corrective action is being followed (c) if not, then proper justification and revised timelines provided (d) constraints affecting the progress are properly documented. (e) If anything is missing, the report will be referred back to the concerned committee. If not, move to step 6.
Step 4	<p>IQC constitutes RIPE committee by meeting the conditions below:</p> <ul style="list-style-type: none"> (a) review committee shall consist of five to seven members (internal and external) (b) at least one external member shall be included from HEC’s pool of experts (c) the internal members should preferably comprise seasoned and senior academics and administrative heads. 	
Step 5	<p>An orientation session will be organized by IQAE to brief the RIPE committee members, that include:</p> <ul style="list-style-type: none"> (a) RIPE Standards (b) Expectations of HEC (c) review process. 	
Step 6	Finalized IPR and follow-up report will be shared with all RIPE committee members.	

Step 7	IQAE finalizes the schedule for RIPE after consent by RIPE committee and university's administration.
On-visit activities	
<p>Review the documentary evidence against the claims made in IPR for validation and list the questions/probing questions to be asked of different stakeholders.</p> <p>Hold separate meetings with:</p> <ul style="list-style-type: none"> (a) students (bachelor's, master's, PhD) (b) faculty (senior & junior faculty members) (c) academic heads (Deans/HoDs/Principals, and so on) (d) administrative staff (Registrar, Controller of Examinations, Treasurer, Director of ORIC, Director of Research, and so on) (e) Directors of Campuses (in case of sub-campuses), Heads of selected affiliated colleges (in case of affiliated colleges) (f) to have an insight on institutional performance in accordance with their respective domains and to get feedback about any issues that may be inhibiting progress. <p>Visit to assess classrooms, libraries, laboratories, studios, cafeteria, student accommodation, sports, auditoriums, transport, and so on, in order to get a clear picture of all the facilities.</p> <p>Meeting of the RIPE committee members in a separate space for finalization of findings before the visit ends.</p>	
Post-visit activities	
Step 1	Based on observations finalized during visit, RIPE Committee prepares the report reflecting all the findings/suggestion/recommendations as per QAA guidelines.
Step 2	<ul style="list-style-type: none"> (a) RIPE Committee submit reports to IQAE. (b) IQAE ensures that report is signed by all RIPE Committee members. (c) In case of any conflict, IQAE moderates to resolve the conflict and finalizes report with mutual agreement of all members.
Step 3	IQAE submits report to IQC for signing off/review and approval.
Step 4	IQAE disseminates report to departments for implementation and IQAE will monitor the implementation through IQC as per institutional CQI policy.

3.22 Institutional self-assessment criteria and source of information

The Quality Assurance Framework below is divided into four parts. Part 4 of the Quality Assurance Framework is concerned with internal quality assurance and is subdivided into **program-level quality assurance** and **institutional level quality assurance**, as shown in Figure 1.

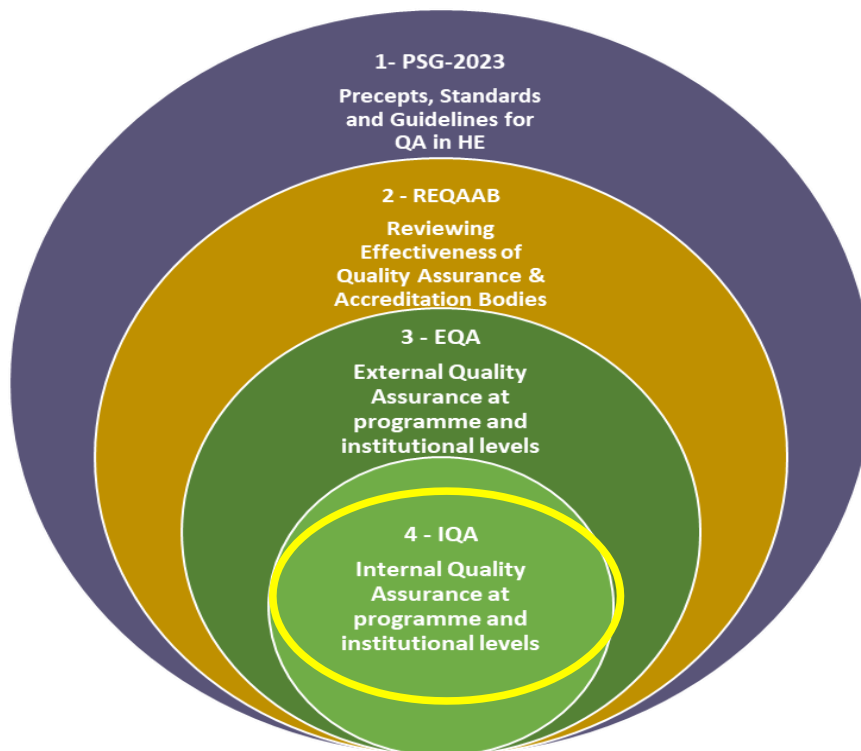


Figure 1: The Quality Assurance Framework

Institutional level quality assurance is concerned with the RIPE Standards set out in the Quality Assurance Framework, against which each institution is required to align.

The RIPE Standards as set out in the Quality Assurance Framework are as follows. Higher education institutions are expected to use all RIPE Standards in framing the institutional approach to quality assurance. Annex 01

3.22.1 Strategic Development

Standard 1: Vision, mission, goals and strategic planning

Standard 2: Governance, leadership and organization

Standard 3: Institutional resources and planning

Standard 4: Audit and finance

Standard 5: Standard 5: Affiliated colleges/institutions

Standard 6: Internationalization of higher education and global engagement

3.22.2 Academic Development

Standard 7: Faculty recruitment, development and support services

Standard 8: Academic programs and curricula

Standard 9: Admission, progression, assessment and certification

Standard 10: Student support services

Standard 11: Impactful teaching and learning and community engagement

Standard 12: Research, innovation, entrepreneurship and industrial linkage

3.22.3 Institutional Development

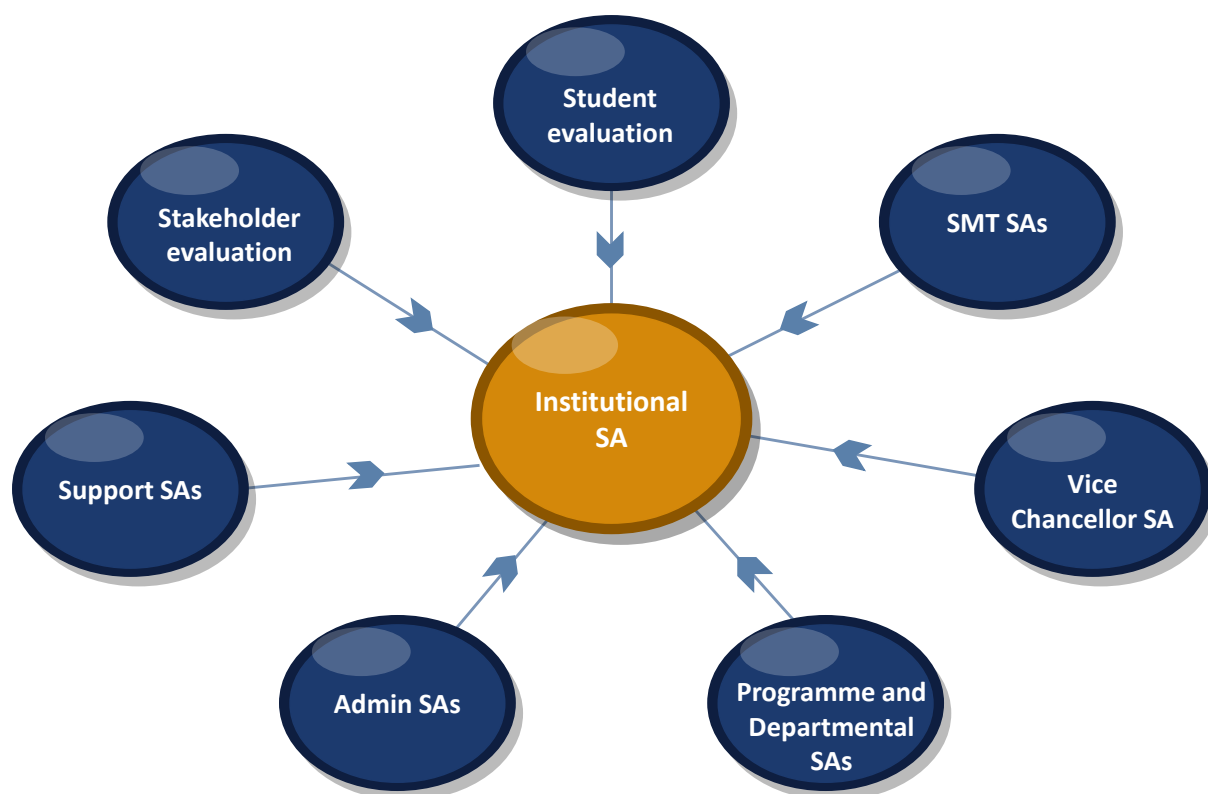
Standard 13: Fairness and integrity

Standard 14: Public information and transparency

Standard 15: Institutional effectiveness, quality assurance and enhancement

Standard 16: CQI and cyclical external quality assurance

A wide range of information should be considered in the **institutional self-assessment**. The IQAE draws on the program and departmental self-assessments, alongside the self-assessments from support, administration and managerial areas, as well as evaluations from students and stakeholders, in writing an institutional self-assessment that clearly represents the accumulation and distillation of institutional reflection and evaluation and involves all stakeholders from the Vice Chancellor and senior managers through faculty and administration staff to external stakeholders and students. In summary, all information included in the Figure below should be consider in developing the institutional SA document.



4. A suggested structure of the institutional self-assessment document

The institutional self-assessment document should first set out the context in which the institution is operating, briefly describe the provision under review, and make the team aware of any recent (major) changes and their implications for safeguarding academic standards and the student academic experience. The institutional self-assessment document should then go on to outline how the institution meets each of the RIPE Standards in the Quality Assurance Framework.

4.1 Brief description

The description should cover:

- (a) the institution's mission and ethos
- (b) recent major changes since the last QAA review
- (c) implications of changes, challenges, strategic aims or priorities for safeguarding academic standards and the quality of students' learning opportunities

- (d) details of the external reference points, other than the Qualifications Framework, which the institution is required to consider (for example, the requirements of accreditation councils and other professional bodies)
- (e) where applicable, details of any affiliated colleges' responsibilities for the institution's higher education provision.

4.2 The track record in managing quality and standards

Briefly describe the institution and program team's background and experience in managing quality and standards, including reference to the outcomes of previous external and internal review activities and the institution's responses. Where relevant, describe how the recommendations from the last external and internal reviews have been addressed, and how good practice identified has been built on. Refer to any action plans that have been produced as a result of reviews.

4.3 Standards

The RIPE Standards in the Quality Assurance Framework apply to this area. Please refer to Annex 3 for the detailed description of each Standard and the expectations that underpin it. An institution under review should comment on each Standard separately, focusing on:

- (a) what you do
- (b) how you do it
- (c) why you do it that way
- (d) how well you do it
- (e) how you know how well you do it.

The university should reference the evidence that is used to give assurance that these Standards are being met and that the area is managed effectively, as well as any relevant data that can be used for benchmarking. The evidence for this section should include a representative sample of program and periodic accreditations, as well as the university's response to those accreditation reports, where applicable.

It is vital that the self-assessment identifies the evidence that illustrates or substantiates the evaluation. The same key pieces of evidence can be used in several different parts of the self-assessment. It will be difficult to complete the review without including the following sets of information:

- (a) policy, procedures and guidance on quality assurance and enhancement

- (b) a diagram of the structure of the main committees which are responsible for the assurance of quality and standards; this should indicate both central and local (what department or similar) committees
- (c) minutes of central quality assurance committees for the two academic years prior to the review
- (d) overview reports (for example, periodic accreditation report) where these have a bearing on the assurance of quality and standards for the two years prior to the review.

Guidelines for External Review of Institutional Performance and Enhancement (RIPE for EQA)

1. Introduction

The External Review of Institutional Performance and Enhancement (RIPE for EQA) is the Quality Assurance Agency's (QAA's) primary method for assessing the quality of universities and affiliated colleges in Pakistan. It aims to determine if institutions maintain academic standards and effectively plan to enhance the quality of higher education. RIPE provides accountability to students, employers, and other stakeholders, while also promoting continuous improvement in higher education provision.

2. Objective

The purpose of this section of the handbook is to:

1. state the scope of RIPE for EQA
2. set out the approach to be used
3. give guidance to institutions preparing for, and taking part in, RIPE for EQA.

This section of the handbook is intended primarily for universities going through RIPE for EQA. It is also intended for QAA teams conducting RIPE for EQA.

3. Features of RIPE for EQA

QAA considers the following principles in the design and development of the review method:

- (a) the autonomy of an institution for its academic activities is honored
- (b) reviews should be concerned with how institutions maintain academic standards
- (c) reviews focus on how institutions assure the quality of academic provision
- (d) reviews should promote continuous improvement, enhancement and innovation
- (e) through effective feedback, reviews should provide opportunities for institutions to learn from the process
- (f) quality reviews assess the operation of quality assurance processes as well as outcomes for students and staff
- (g) review panels are composed of peers with the expertise to comment based on their experience in other institutions
- (h) reviews are evidence-based
- (i) through participation in the review process, the quality culture within institutions should be strengthened
- (j) quality is everyone's responsibility – that includes Heads of Institution, Deans, HODs, academic and professional support leaders, academic staff and students reviews should reflect the needs of students, society and the labor market.
- (k) QAA conducts a review of each university. However, QAA should ensure the effective implementation of the Standards by reviewing implementation arrangement. For the purpose, a few random colleges may be sampled as part of the review.
- (l) Each review is conducted by a team of peers, made up of academics, QA professionals, students and other relevant stakeholders.
- (m) Reviews are evidenced-based. Both the self-assessment and the judgements will refer to existing evidence.
- (n) Reviews look at how well an institution aligns with the RIPE Standards set out in the Quality Assurance Framework.
- (o) Reviews are face-to-face unless the review panel, on the basis of a risk analysis, specifies that a virtual visit could take place.
- (p) Reviews result in a set of judgements about the institution's performance against the RIPE Standards set out in the Quality Assurance Framework, and may identify features of good practice and recommendations for further improvement.

- (q) Reviews result in an action plan which outlines how and when the institution will address the review outcomes.
- (r) The review outcomes will be submitted to the Board for Assessment of Quality Assurance (BAQA).

4. Scope and coverage

RIPE for EQA is concerned with institutions that deliver programs of study leading to awards at Levels 5-8 within the National Qualifications Framework of Pakistan.

5. Review criteria

As shown in Figure 2, the Quality Assurance Framework below is divided into four parts. Part 3 of the Quality Assurance Framework is concerned with external quality assurance and is subdivided into **Program-level quality assurance** and **Institutional level quality assurance**.

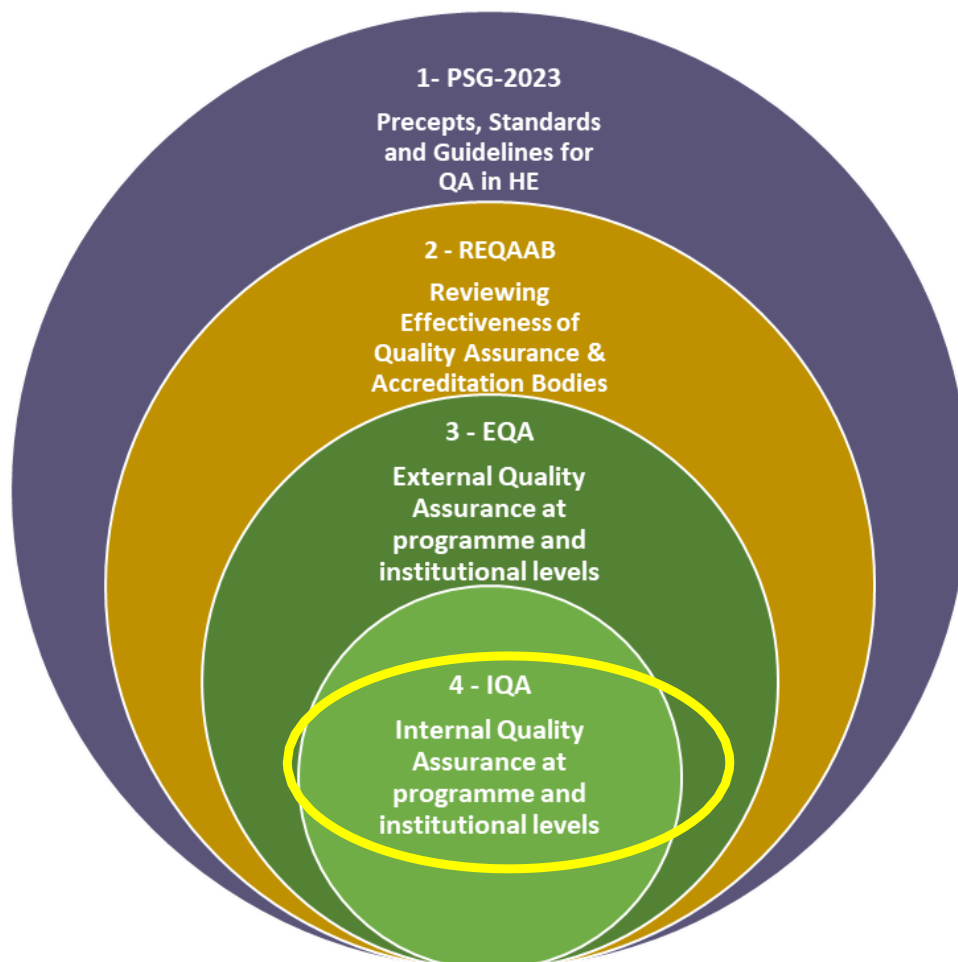


Figure 2: The Quality Assurance Framework

Institutional level quality assurance is concerned with the RIPE Standards set out in the Quality Assurance Framework, against which each institution is required to align. External Review of Institutional Performance and Enhancement uses the RIPE Standards as review criteria.

Detailed information about the Standards, including what a higher education institution should do to meet each of the Standards and how to do so, as well as a contextual statement to explain the reasoning behind each Standard, are provided in Annex 1

6. Review outcomes

The outcomes of RIPE for EQA will be judgements expressed as:

- (a) effective strategies are implemented successfully across the institutions
- (b) some effective strategies are in place, but some further work is needed
- (c) many strategies have not yet been effectively implemented but some significant work is being done across the institution to address the deficit
- (d) effective strategies are not developed.

Judgements will be supported by features of good practice and level of improvement required in the institution, identified by the review panel through a well-structured mechanism of review - Quality Evaluation and Enhancement (QEE) Matrix Annex 2

Good practice in higher education institutions is identified by QAA review panels as processes or ways of working that positively contribute to the institution's educational provision. Recommendations are made by review panels for changes in processes or procedures to align with RIPE Standards, with the urgency of each recommendation indicated in the wording. Institutions consider these recommendations when creating action plans through bodies like the Institutional Quality Circle (IQC).

Review panels assess institutions based on published RIPE Standards in the Quality Assurance Framework. Judgements are determined by the level of improvement needed to meet a Standard, with better judgements given when less improvement is required. How review panels determine their judgements can be found in Annex 2

The judgements and review report guide the initial decision by the review panel. In case of disputes, QAA may escalate the case to the Board for Assessment of Quality Assurance (BAQA), which can classify institutions as Effective, Progressive, Average, or Unclassified. Institutions will undergo review every one to five years based on their classification, as outlined in the Judgement Framework in Annex 2. HEIs classified as Unclassified or Average will participate in the Institutional Mentoring Program (IMP) detailed in Annex 3 The terms of reference for the Board for Assessment of Quality Assurance (BAQA) are described in Annex 4

7. Key roles and responsibilities

7.1 Facilitators

The Director of IQAE/QEC or a nominated individual coordinates the review process, liaises with the QAA Officer, provides guidance to the review panel during on-site visits, and meets with relevant parties for clarifications. Further details about the role of the facilitator can be found in Annex 5

7.2 Student engagement in RIPE for EQA

Students play a critical role in the quality assessment of higher education by nominating a Lead Student Representative, contributing views through a student submission, participating in meetings, and collaborating on the action plan post-assessment. The Lead Student Representative liaises with the facilitator, provides feedback to the student body, organizes the student submission, assists in selecting students for meetings, ensures continuity of activities, facilitates student comments on the report, and works on the action plan if needed.

Further details about student engagement in the review can be found in Annex 6

7.3 Reviewers and review panels

The size of the review panel is correlated to the scale and complexity of the provision under review. Usually, the three measures below should be taken into consideration:

- (a) the total number of higher education students (headcount)
- (b) the diversity of provision (course types, modes of attendance, course levels)

Each review panel will normally **consist of three to six reviewers**, including at least one member or former member of academic staff from another institution in Pakistan and may include one student reviewer. Larger teams may include a reviewer or reviewers with expertise in specific curriculum areas, or from an international background, or a current employer or vocational expert.

Further information about reviewer appointment, training and management is provided in Annex7

7.4 QAA Officer

The role of the QAA Officer is to guide the team and the institution through all stages of the Review of Institutional Performance and Enhancement, ensuring that approved procedures are followed. The principal responsibilities of the QAA Officer are to:

- (a) ensure compliance with the process set out in this handbook
- (b) liaise with the facilitator about the schedule for the review program
- (c) confirm arrangements for the first review panel meeting and review visit(s)
- (d) keep a record of all meetings relating to the review
- (e) edit the review report and oversee its production
- (f) present the review report and the review panel findings to the Board for Assessment of Quality Assurance (BAQA) when required.

8. Before and up to the on-site visit

This part of the handbook explains the activities that need to be carried out to prepare for the on-site visit.

Table 5: Timeline for activity before the on-site visit

Working weeks	Activity	Detail
At least 15 weeks before the on-site visit	Initial contact for Review of Institutional Performance and Enhancement activity	QAA will write to the institution about arrangements for the Review of Institutional Performance and Enhancement. Institution to confirm the facilitator and Lead Student Representative.
At least 11 weeks before the on-site visit	Institution briefings Confirmation of on-site visit dates and review panel composition	QAA will identify, for each individual institution, the most appropriate approach to the Review of Institutional Performance and Enhancement. QAA arranges an institution briefing that would normally be virtual, but for some institutions will be face-to-face. QAA will write to the institution to confirm the length of the on-site visit, the membership of the review panel, and the deadline for the institution submission, supporting evidence and student submission.

7 weeks before the on-site visit	Institution submission	Institution uploads institution and student submissions and supporting evidence. Submissions demonstrate whether the institution has the capacity to meet all review criteria.
4 weeks before the on-site visit	Desk-based analysis	Reviewers, through a desk-based process, analyze the submissions and supporting evidence and identify: main areas for clarification/verification for the on-site visit, which will inform the program for the visit pre-visit questions for the institution to respond to with a statement and/or supporting evidence at the beginning of the on-site visit.
3 weeks before the on-site visit	Virtual review panel meeting	The review panel has a virtual meeting to discuss the conclusions of the desk-based analysis, confirm agendas and finalize logistics in preparation for the visit. The QAA Officer confirms with the institution the program for the visit and the pre-visit questions for the institution's response by the morning of the on-site visit.

8.1 First contact with QAA

When one institution's RIPE for EQA is due, QAA will contact the institution with regard to the scheduling of the RIPE for EQA. At this stage QAA will also ask institutions to nominate their facilitator and Lead Student Representative. QAA will confirm the date of the institution's RIPE for EQA, practical arrangements and the relevant deadlines. Once the institution knows the on-site visit date, QAA expects the institution to disseminate that information to its students and tell them how they can engage with the process.

8.2 QAA briefings for institutions

All institutions will receive a briefing before their on-site visit. At the briefing, QAA will discuss the structure of the RIPE for EQA as a whole. The briefing will include a discussion about preparing the institution submission, including the institutional self-assessment document, Institutional Performance Enhancement Report (IPER) and supporting evidence. Further guidance about the structure and content of the institution submission is given in Annex 8

The briefing will also provide an important opportunity for QAA to liaise with the Lead Student

Representative (LSR) about the student submission and how students will be selected to meet the team. Further guidance on the role of the LSR is given in Annex 6

8.3 On-site visit duration and review panel composition

Following the briefing sessions, QAA will write to the institution to confirm the necessary arrangement and schedule if required. Generally, the duration of the review will be three days Annex 9 unless the provisions of the university is either too small or too big; where necessary, modifications in duration and schedule may be made by QAA. The visit TORs will be shared with the review panel.

8.4 Institutional submission - Institutional self-assessment document and IPER with supporting evidence

The institutional submission, including an institutional self-assessment document, Institutional Performance Enhancement Report (IPER) and supported by documentary evidence for the review, which should be tailored to match the nature of the institution and its higher education provision, has three main functions:

- (a) to give the review panel an overview of the institution, including its approach to managing quality and standards, and details of any relationships with degree-awarding bodies or awarding organizations and any other external reference points that the institution is required to consider
- (b) to describe to the review panel the institution's approach to assuring the academic standards and quality of that provision
- (c) to explain to the review panel how the institution knows that its approach is effective in meeting the review criteria (and other external reference points, where applicable), and how it could be further enhanced and improved.

The institutional self-assessment document and IPER are intended to be reflective, evaluative and focused on the areas of review and as per guidelines issued by the QAA from time to time. Guidance on how to structure the institutional self-assessment document is provided in Annex 8

8.5 Student submission

The function of the student submission is to help the review panel understand what it is like to be a student at that institution, and how students' views are considered in the institution's

decision-making and quality assurance processes. The student submission is, therefore, an extremely important piece of evidence. For guidance about the content and use of the student submission, see Annex 6

8.6 Review panel desk-based analysis

The review panel will begin its desk-based analysis of all the information as soon as the institutional submission and student submission are uploaded. The purpose of the desk-based analysis is to enable reviewers to:

- (a) identify which areas are sufficiently covered by the institutional submission and which areas require further clarification/verification during the on-site visit
- (b) identify additional evidence to be made available at the beginning of the on-site visit
- (c) develop questions for the on-site visit
- (d) identify people (roles) to meet during the visit.

To undertake the analysis, reviewers will:

- (a) evaluate evidence relating to the institution's provision against the review criteria
- (b) analyses data relating to the institution's students' outcomes, completion rates and satisfaction where available, and information about the institution's policies and practices.

Should the team identify any gaps in the information or require further evidence about the issues they are pursuing, they will inform the QAA Officer.

8.7 Use of data in the RIPE for EQA

Key metrics will be provided by QAA and used by the review panel throughout the RIPE for EQA. This data set will be shared with the institution to aid discussions during the RIPE for EQA.

Institutions that do not have sufficient data should include in the submission their own data relating to student recruitment, retention, progression and achievement for the higher education provision under review. It is helpful to provide this data covering three to five years in order to demonstrate trends over time. QAA encourages institutions to consider their achievements and shortfalls against relevant nationally or internationally benchmarked data sets. Where such data sets exist, the institutional submission should report against, reflect upon, and contextualize their results.

8.8 First review panel meeting

The review panel will conduct its meeting for onsite visit before two weeks for visit preparation. The purpose to conduct this meeting is as following:

- (a) discuss its analysis of the documentary evidence
- (b) identify which areas have been sufficiently addressed
- (c) confirm issues for further exploration at the on-site visit
- (d) decide the programme of the visit and who to meet (only if change is necessary in the existing standard schedule).

The review panel members will discuss findings individually based on the track record of the HEIs managing quality standards and extent to which it meets the applicable standards and expectations. In case the provided evidences need more clarification, the panel will contact the HEIs for further evidences.

After the first review meeting, the review panel will coordinate with the QAA officer to intimate the institution about the visit and share the list of pre-visit questions with the HEIs and in response to that the institutions provide further evidence and supporting documents. This information should be made available at the beginning of the on-site visit. Requests for additional information will be strictly limited to what the review panel requires to complete its scrutiny, and the institution is entitled to ask for clarification on the purpose of any additional information requests so the most relevant information can be provided.

9. The on-site visit

The visit will comprise on three days span and some case it cases may extend for one more day. The standard schedule given, where the first day is dedicated for the documentation review, the second day for the detailed interactive sessions with all the stakeholders, and the third day is for the physical review and inspection of infrastructure, labs, library and other necessary facilities, and also report draft compilation. The details of on-site visit given in Annex 9

9.1 On-site visit arrangements

The review panel will conduct on site visit following the schedule already shared with HEIs and the HEIs will make the visit arrangements as prescribed in detailed schedule. Annex 10

9.2 Making judgements

The review panel will make its judgments after conduct of detailed visit of HEIs. Details about judgement criteria given in annex-5.

10. After the on-site visit

Detail of activities after the on-site visit will be discussed in the below table.

Table 6: Post on-site visit activity timeline

Working weeks	Activity
Week 0	Review visit.
Week +3	Moderation of findings, if required.
Week +4	Draft report is sent to institution and Lead Student Representative for comments on factual accuracy, if required. Relevant partner degree-awarding bodies or awarding organisations are copied in, if required.
Week +6	Institution and Lead Student Representative provide comments on factual accuracy (incorporating any comments from awarding bodies or organisations) to QAA, if required.
Week +8	QAA Officer considers corrections and produces final report. Confirmed judgements and final report sent to BAQA, if required.
Week +10	RIPE for EQA report published on QAA's website and asks the institution to place the same on its website as well.

10.1 Review report

The RIPE for EQA findings (judgements, areas for development and features of good practice) will be decided by the review panel as peer reviewers. The review panel will ensure that the findings are backed by adequate and identifiable evidence, and that the RIPE for EQA report provides information in a succinct and readily accessible form. For the purpose of if the QAA Officer deems intervention is necessary, the same will be discussed with the review panel.

The report will be written as concisely as possible, while including enough detail along with a root cause analysis (RCA) of the issues and challenges identified during the review and recommendations for a remedial action plan to address the findings, to be of maximum use to the institution. The report format should be in line with the direction or format given by the QAA. The report will contain an executive summary including a brief explanation about how the

judgement was reached and explaining the findings to a lay audience. The structure of the report will follow the structure recommended for the institution's self-assessment document and the student submission as per QAA guidelines. The QAA Officer will coordinate the production of the review report.

QAA will retain editorial responsibility for the final report and will moderate findings to promote consistency. If required, the moderation process will be undertaken by an independent panel of QAA Officers who were not involved in the review of the institution. The purpose of this moderation process is to ensure that the judgements across a range of institutions are clearly articulated, evidence-based and consistent, and that areas for development and features of good practice are proportionate.

Four weeks after the end of the on-site visit, the institution will receive the moderated draft report, which will be copied to the relevant degree-awarding bodies or other awarding organizations. QAA will also copy in the Lead Student Representative and invite his or her comments, if required.

The institution should respond within two weeks, informing QAA of any errors of fact or interpretation in the report, including any comments by the Lead Student Representative. These errors must relate to the period before or at the on-site visit; the review panel will not amend the report to reflect changes or developments made by the institution after the on-site visit ended. Nine weeks after the on-site visit, the QAA Officer will finalize the report. This report will be provided to BAQA to inform its decision about an institution's accreditation status.

The RIPE for EQA report will then be published on the QAA's website and the university will be requested to place it on its website as well.

The aforementioned report submission and moderation process can only be exercised when there is a separate wing with QAA looking after follow-up activity of the RIPE visit. Until then QAA may prescribe instructions for report writing and finalization processes to be followed as a stop-gap arrangement.

10.2 Action planning and sign-off

Based on review panel findings, compliance action plan will be devised by the HEIs through their IQC body and internal CQI policy as per QAA guidelines in response of the review report and publish the compliance action plan on their website with four weeks after the receiving the final report. QAA publishes a link to the compliance action plan on the institution's website alongside the RIPE report. The action plan should be signed off by the head of the institution, responding to the recommendations and setting out any plans to capitalize on any good practice identified. Institutions should either produce this jointly with student representatives, or representatives should be able to post their own commentary on the action plan. Further guidance on how to produce an action plan can be found in Annex 11 and Annex 12

Institutions will be expected to update the action plan annually, again in conjunction with student representatives, until actions have been completed, and post the updated plan to their website. QAA will support institutions to complete an action plan, monitoring their progress within agreed timescales and confirming that the actions taken have had a positive impact. The institution will have the possibility to have its judgements revised after one year. QAA will work with the institution to determine the level of intensity of any follow-up action required in view of having the judgements revised.

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