Agensi Kelayakan Malaysia
Malaysian Qualifications Agency

INSTITUTIONAL QUALITY AUDIT FRAMEWORK

2025 EDITION

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Foreword

The Malaysian Qualifications Agency (MQA) remains steadfast in its commitment to upholding and enhancing the quality of higher education in Malaysia. Over the years, the MQA has developed key reference documents such as the Code of Practice for Programme Accreditation (COPPA) and the Code of Practice for Institutional Audit (COPIA), which have guided higher education providers, the panel of auditors, policymakers, and other stakeholders in ensuring consistent, transparent, and credible quality assurance practices across the higher education sector.

Building upon this strong foundation, the Institutional Quality Audit Framework (IQAF) marks a significant milestone in the evolution of Malaysia's higher education quality assurance system. The transition from COPIA (2009) to IQAF consolidates the previous nine areas of evaluation into five comprehensive and integrated areas, offering a more cohesive, efficient, and outcomes-oriented framework. Aligned with the Malaysian Qualifications Framework (MQF) and other MQA quality assurance documents, IQAF enhances coherence within the national quality assurance ecosystem while maintaining alignment with international best practices.

This development reflects MQA's ongoing commitment to continuous improvement and to empowering higher education institutions to strengthen their internal quality assurance systems. Through IQAF, institutions are encouraged to cultivate a culture of continuous enhancement in teaching, learning, research, and governance, thereby ensuring sustained institutional effectiveness and excellence. This integrated approach supports Malaysia's aspiration to position its higher education system as globally competitive, innovative, and responsive to future challenges.

Quality assurance is a shared responsibility that demands collaboration and collective commitment. The MQA remains dedicated to reviewing and refining its practices to ensure continued relevance, adaptability, and effectiveness in a rapidly evolving higher education landscape. On behalf of the MQA, I extend my sincere appreciation and gratitude to all contributors, including higher education providers, the panel of auditors, and our valued partners, for their dedication and contributions to the development of this document. Together, we will continue to advance the quality, integrity, and global standing of Malaysian higher education.

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Chief Executive Officer

Malaysian Qualifications Agency (MQA)

2025

Glossary

No.	Term	Description
1.	Academic leader	Personnel engaged by a higher education provider who are responsible for academic programmes and the management of an academic department. Academic staff holding management positions at faculty or institutional levels can be referred to as academic leaders, e.g., deans, deputy vice-chancellors.
2.	Academic staff	Personnel engaged by a higher education provider who are involved in teaching, training and supervision.
3.	Adequate	Satisfactory or acceptable in quality or quantity.
4.	Alumni	Graduates of a higher education provider.
5.	Articulation	A process whereby a student or a group of students progresses from one qualification to the study of a higher-level qualification. Usually, this process involves credit transfer from the initial study to the new, higher-level qualification.
6.	Autonomy	The ability and authority to make decisions that are in line with institutional goals at the decision-maker's level, e.g., deans at the faculty level and deputy vice-chancellors at the institutional level.
7.	Assessment	A systematic mechanism to measure a student's attainment of learning outcomes.
8.	Benchmarking	A tool used to identify good practices and opportunities for improvement through comparison of performance and practices with those of purposefully selected higher education providers.
9.	Co-curricular activity	An activity conducted outside the classroom that may or may not form part of the credits.

No.	Term	Description
10.	Collaborative partner	An external entity or organisation that works in partnership with the primary institution to deliver a programme. This partner shares specific responsibilities, such as those related to programme management, monitoring, review and evaluation, as outlined in formal agreements. The collaboration involves clear arrangements regarding the division of roles and responsibilities to ensure the programme's effective delivery and continual quality improvement.
11.	Competency	A person's knowledge, skills and abilities which enable the person to successfully and meaningfully complete a given task or role.
12.	Competent person	A person with the right knowledge, skills and abilities which enable the person to successfully and meaningfully complete a given task or role.
13.	Conducive	A favourable surrounding or condition, or an environment with a positive effect on students, which can determine how and what the person is learning.
14.	Constructive alignment	An approach to curriculum design in which the teaching and learning activities are designed to maximise learning by requiring students to engage and activate the verbs specified in the learning outcomes, and for them to activate the same verb in the assessment tasks. The term construct refers to students constructing and structuring their own understanding and personally making meaning of what is to be learned. Alignment refers to a learning environment set up by the teacher that allows students to meaningfully engage with the action verb of the learning outcomes and to engage with the same action verb again in the assessment task, in order to determine how well the outcomes are learned.
15.	Continual improvement	See Continual quality improvement.

No.	Term	Description
16.	Continual quality improvement	A systematic, ongoing process aimed at enhancing the overall quality of education, research, administrative processes and student support services. The purpose of continual quality improvement in an institution's setting is to foster an environment of excellence by continually evaluating and improving academic programmes, institutional processes and student outcomes to ensure they meet the evolving needs of students, staff and the broader community.
17.	Course	A component of a programme. The term course is used interchangeably with subject, unit or module.
18.	Credit	A quantitative measurement that represents the learning volume or the academic load to achieve the respective learning outcomes.
19.	Credit transfer	A process of transferring credits for a course that has been taken in a programme to a new programme. This process allows credit for these courses to be counted as part of the graduating credits of the new programme. Credit transfer can occur in two forms, i.e.: **i. Credit Transfer with Grade** Applicable to horizontal credit transfer for students within the system (current students) — the credits earned will contribute to the graduating credits, and the grades earned can be considered in the grade point average and cumulative grade point average. Example: mobility programme or a student pursuing a diploma programme and transferring to another diploma programme.

No.	Term	Description
		ii. Credit Transfer without Grade Applicable mainly to vertical credit transfer for students outside the system (graduates) or students who have attained the desired competency level for the course — the credits earned will contribute to the graduating credits, but the grades earned will not be considered in the grade point average and cumulative grade point average. Example: credit transfer from certificate to diploma, diploma to bachelor's degree, diploma to diploma, bachelor's degree to bachelor's degree and Accreditation of Prior Experiential Learning for Credit Award.
20.	Curriculum	A structured set of courses, content and educational experiences provided by an educational institution to its students. It outlines the knowledge, skills and competencies that students are expected to learn and achieve during their academic journey. The curriculum is designed to guide the teaching and learning process, ensuring that educational goals and learning outcomes are met.
21.	Department	An entity of a higher education provider responsible for the programme. Examples include college, faculty, school, institute, centre and unit.
22.	Educational expert	Specialised staff from various disciplines who have been trained, or who have considerable experience, in effective learning and teaching methodologies and related matters of higher education.
23.	Educational goal	A statement defining the generic graduate attributes of an institution. This statement forms the basis of the academic strategic plan of the institution in addition to other institutional goals.
24.	Educational objective	See Programme educational objective.

No.	Term	Description
25.	Educational resource	Resource that supports teaching and learning activities. These resources include physical facilities, equipment, finance, expertise, library equipment, information and communication technology facilities, and research and development facilities.
26.	e-Learning	Learning facilitated and supported through the use of information and communication technology.
27.	Extracurricular activity	An activity performed by students that is outside of their regular academic curriculum.
28.	External advisor	An acknowledged expert in the relevant field of study external to the higher education provider, tasked to assist in reviewing the programme.
29.	External examiner	An acknowledged expert in the relevant field of study external to the higher education provider, tasked to evaluate the programme's assessment system and the candidates.
30.	External expertise	An acknowledged expertise in the relevant field of study external to the higher education provider, where the expert is tasked to assist in reviewing the programme (advisor) or to evaluate the programme's assessment system and the candidates (examiner).
31.	Feedback	Information, advice or criticism about how good or useful something or someone's work is.
32.	Good practice	A set of internationally accepted norms that are expected to be fulfilled to maintain high quality.
33.	Governance	A description of the organisational structure used to ensure that its constituent parts follow established policies, processes and procedures.
34.	Governing board	A policy-making body established by law or statute, or by regulations from the Ministry of Higher Education, that oversees the operations of a higher education provider.
35.	Head of department	The commanding officer in a department with operational and decision-making jurisdictions. He/she may be referred to as dean, director, head of school, etc.

No.	Term	Description
36.	Head of institution	The highest commanding officer in the institution with executive jurisdiction. He/she may be referred to as chief executive officer, vice-chancellor, president, rector, etc.
37.	Higher education provider	A body corporate, organisation or other body of persons which conducts higher education or training programmes leading to the award of a higher education qualification.
38.	Holistic student development	An educational approach that emphasises nurturing all aspects of a student's growth and well-being, rather than focusing solely on academic achievement. This approach considers the interconnected development of intellectual, emotional, physical, social and ethical dimensions to create well-rounded individuals prepared for personal and professional success.
39.	Information and communication technology	A broad term for all various media employed in communicating information. For example, in an educational context, such technology may include computers, the internet, television broadcasts, and even printed or handwritten notes.
40.	Institutional audit	An external evaluation of an institution to determine whether it is achieving its mission and goals, to identify strengths and areas of concern, and to enhance quality.
41.	Institutional quality audit	A systematic, independent evaluation of the quality assurance mechanisms and practices within a higher education provider. The goal of an institutional quality audit is to assess how effectively the higher education provider manages and improves the quality of its academic programmes, support services, governance and its overall performance.
42.	Institutional goal	A statement defining the institution’s purposes upon which the strategic plans are developed and implemented.
43.	Institutional leader	A person appointed to carry out the executive powers within a higher education provider.

No.	Term	Description
44.	Institutional sustainability	The ability of an organisation, institution or entity to maintain its operations, fulfil its mission and adapt to changes over time, while ensuring long-term social, economic and environmental viability.
45.	Internal quality assurance	A planned and systematic internal monitoring and self-review process of an institution or a programme to determine that acceptable standards of education, scholarship, research, facilities and infrastructure, as well as students' total learning experience, are being maintained and enhanced.
46.	Internal quality audit	A self-review exercise conducted internally by a higher education provider to determine whether it is achieving its goals, to identify strengths and areas of concern, and to enhance quality. The internal quality audit generates a self-review report.
47.	Job description	A list of the responsibilities, duties and requirements for a job position.
48.	Learning experience	An experience that comprises the entire educational experience of a student while studying for a programme.
49.	Learning outcome	A statement describing what a student should know, understand and can do upon completion of a period of study. It serves as the basis for assessing the achievement of learning.
50.	Malaysian Qualifications Framework	An instrument that classifies qualifications based on a set of criteria that are approved nationally and benchmarked against.
51.	Malaysian Qualifications Framework level	A qualification level described with generic learning outcomes and descriptors.
52.	Mission	A statement that defines the institution's activities or the business, its objectives and its approach to reach those objectives.
53.	Mobility	A programme that facilitates the exchange of students between two institutions for a short duration of study, which may allow credit transfer to the existing degree programme at the student's home institution.

No.	Term	Description
54.	Needs assessment	An analysis carried out to identify needs, e.g., training needs of staff and the market demands for programmes.
55.	Non-academic staff	Non-academic personnel engaged by the higher education provider, including administrative, management and technical staff.
56.	Person with special needs	An individual who requires additional support due to physical, sensory, cognitive or mental health conditions to access and participate in activities and learning environments.
57.	Physical resources	Buildings, infrastructure, facilities and equipment that support teaching and learning activities and other institutional needs.
58.	Policy	A deliberate system of principles to guide decision-making and achieve intended outcomes. A policy is a statement of intent and is implemented as a procedure or protocol.
59.	Procedure	A set of established, systematic steps or actions designed to achieve a specific outcome or perform a particular task. It provides a clear, organised sequence of operations to ensure consistency, efficiency and quality in carrying out a process.
60.	Professional body	A body established under a written law, or any other body recognised by the Government, for the purposes of regulating a profession and its qualifications.
61.	Programme	An arrangement of courses, subjects or modules that is structured for a specified duration and learning volume to achieve the stated learning outcomes, usually leading to an award of a qualification.

No.	Term	Description
62.	Programme accreditation	An assessment exercise to determine whether a programme has met the quality standards and is in compliance with the Malaysian Qualifications Framework. There are three stages of programme accreditation: i. **Provisional Accreditation**: An accreditation exercise to determine whether a proposed programme meets the minimum quality standards prior to its launch. ii. **Full Accreditation**: An accreditation exercise to ascertain that teaching, learning and all other related activities of a provisionally accredited programme meet the quality standards. iii. **Compliance Evaluation**: An evaluation exercise to monitor and ensure maintenance and enhancement of an accredited programme.
63.	Programme educational objective	A broad statement describing the career and professional accomplishments that the programme prepares graduates to achieve after graduation.
64.	Programme evaluation	The process whereby a qualification or accreditation unit collects data, information and evidence about a programme within an institution in order to make a statement on the quality of programme learning outcomes attainment. Programme evaluation is normally carried out by a team of internal or external experts, peers or evaluators, and usually requires three distinct operations, i.e., analysis of the self-review portfolio/report, a site visit, and the drafting of an evaluation report.
65.	Programme leader	The person responsible for organising and coordinating different groups to work together to achieve the goals of a programme.
66.	Programme learning outcome	A statement that describes the specific and general knowledge, skills, attitudes and abilities that graduates should demonstrate upon graduation. The graduates are expected to acquire the outcomes through completion of all courses within their programme.

No.	Term	Description
67.	Programme monitoring	A regular and systematic process of collecting and analysing information to track the quality of a programme against set plans, and to identify risks as they arise. Monitoring allows adaptation of the programme as needed to ensure that the set programme objectives are achieved.
68.	Programme review	A two-phased process where: i. the programme team provides a report that reviews facts and includes self-reflections on the current status of an academic programme in relation to its goals and to established markers of academic quality; and ii. the external panel reviews the report, undertakes a site visit to evaluate the status of the programme, and makes recommendations for improvement.
69.	Programme standard	A quality assurance document outlining sets of characteristics that describe and represent the minimum levels of acceptable practices covering all seven quality assurance areas.
70.	Qualification	An affirmation of achievement that is awarded by a higher education provider or by any party authorised to confer it.
71.	Quality assurance	A planned and systematic process to ensure that acceptable standards of education, scholarship and infrastructure are being met, maintained and enhanced.
72.	Quality culture	A mindset within an institution characterised by shared beliefs, values, attitudes and behaviour patterns among its members, which is integrated throughout the institution.
73.	Quality enhancement	A process through which steps are taken to bring about continual improvement in quality.
74.	Self-review coordinator	A person appointed to lead a self-review task force and responsible for coordinating the internal quality audit process in preparing the higher education provider for an institutional quality audit.

No.	Term	Description
75.	Self-review portfolio	A collection of documents submitted by a higher education provider comprising the institution's organisational profiles and information for fulfilment of the stipulated quality standards, as well as a self-review report to demonstrate whether it has achieved the standards for a specific purpose, such as an institutional or a thematic audit.
76.	Self-review report	A report submitted by a higher education provider to demonstrate whether it has achieved the quality standards for a specific purpose, such as an institutional or a thematic audit.
77.	Self-review task force	A team comprising members appointed from within and external to a higher education provider tasked to carry out an internal quality audit, as well as prepare and write the self-review report.
78.	Stakeholder	Any individual, group or organisation that has an interest in, is affected by or can influence a particular decision, project, policy or activity. These stakeholders are considered important because their involvement, concerns or actions can directly or indirectly impact the success, outcomes or execution of the initiative in question.
79.	Strategic plan	A plan that outlines a higher education provider's direction, priorities and goals that guide the allocation of resources as the strategic plan is implemented.
80.	Student support service	Support service that includes physical amenities and services, such as recreation, arts and culture, accommodation, transport, safety, food, health, finance, academic advice and counselling.
81.	Technological resources	Infostructure and information and communication technology facilities and systems that support teaching and learning activities, as well as other institutional needs.
82.	Total learning experience	A comprehensive educational experience that includes all aspects of a student's learning journey, such as academic instruction, support services, extracurricular activities and personal development opportunities, aimed at enhancing overall student success and well-being.

No.	Term	Description
83.	Vision	A statement that describes the desired future position of the institution.

Abbreviations

1.	AQAF	ASEAN Quality Assurance Framework
2.	ASEAN	Association of Southeast Asian Nations
3.	COPIA	Code of Practice for Institutional Audit
4.	COPPA	Code of Practice for Programme Accreditation
5.	COPTPA	Code of Practice for TVET Programme Accreditation
6.	HEP	Higher education provider
7.	HR	Human resource
8.	ICT	Information and communication technology
9.	IQA	Internal quality assurance
10.	IQAF	Institutional Quality Audit Framework
11.	MOHE	Ministry of Higher Education
12.	MQA	Malaysian Qualifications Agency
13.	MQF	Malaysian Qualifications Framework
14.	MQR	Malaysian Qualifications Register
15.	ODL	Open and distance learning
16.	POA	Panel of auditors
17.	TVET	Technical and Vocational Education and Training

List of Tables

Section 1

Introduction to Institutional Audit for Malaysian Higher Education

Introduction

Malaysia advocates the development of competent, knowledgeable and competitive human capital as part of its plan to become a nation of talented individuals who support the national and social development agenda through sustainable economic growth. The Ministry of Higher Education (MOHE) has adopted this vision as one of its primary objectives, in line with the national agenda to make Malaysia a preferred regional centre for higher education. Such an agenda cannot be achieved without universal confidence in the quality of the qualifications conferred by the Malaysian higher education providers (HEPs). This confidence is built upon and sustained by a robust and credible quality assurance system, with an emphasis on outcome-based education. This approach ensures that graduates are of high quality and competitive in facing globalisation.

1.1 Principles of Institutional Quality Assurance

The ASEAN Quality Assurance Framework (AQAF) serves as a regional reference framework for ensuring the quality and consistency of higher education within ASEAN member states, including Malaysia. The Malaysian higher education system integrates the principles of AQAF within this code of practice to enhance institutional governance, quality assurance and continual quality improvement.

The AQAF was developed and endorsed by consensus in 2014 by ASEAN national external quality assurance agencies as a reference for enhancing quality assurance. It is a set of principles covering four quadrants of the national quality assurance system: external quality assurance agencies; external quality assurance standards and guidelines; HEPs; and national qualification frameworks.

The role of HEPs in developing, sustaining, enhancing and assuring the quality of higher education for their stakeholders is defined under Quadrant 3, which outlines ten principles of institutional quality assurance as follows:

1. The institution has a primary responsibility for quality.
2. Quality assurance promotes the balance between institutional autonomy and public accountability.
3. Quality assurance is a participatory and cooperative process across all levels incorporating involvement of academic staff, students, and other stakeholders.
4. A quality culture underpins all institutional activities including teaching, learning, research, services and management.
5. A structured and functional internal quality assurance system with clearly defined responsibilities is established.
6. The quality system is promulgated and supported by the top management to ensure effective implementation and sustainability.
7. Sufficient resources for establishing and maintaining an effective quality system within the institution should be provided.
8. The institution should have formal mechanisms for approval, periodic review and monitoring of programmes and awards.
9. Quality is regularly monitored and reviewed for purposes of continuous improvement at all levels.
10. Relevant and current information about the institution, its programmes, achievements, and quality processes is accessible to public.

Hence, this document outlines the principles of AQAF in the Malaysian context and their application through the Malaysian Qualifications Agency (MQA), as well as by Malaysian HEPs.

(a) Transparency and Accountability

Transparency and accountability form the backbone of governance under the AQAF. In Malaysia, this principle comes to life through MQA, where the agency ensures processes are transparent, accreditation results are accessible, and graduate outcomes are openly shared. By mandating public reporting, MQA provides assurance that every decision and outcome is both reliable and timely.

(b) Comparability

To ensure that Malaysia's education standards align with global benchmarks, comparability plays a pivotal role. The Malaysian Qualifications Framework (MQF) serves as the cornerstone of this effort, offering a unified structure for qualification levels and learning outcomes. Whether through ASEAN frameworks or international collaborations, Malaysia's commitment to comparability ensures that its graduates stand shoulder to shoulder with their global peers.

(c) Flexibility and Responsiveness

Flexibility and responsiveness drive Malaysia's approach to fostering innovation within its education system. HEPs are encouraged to adapt their internal quality assurance mechanisms to embrace innovation. For example, HEPs explore diverse teaching and learning methods, ensuring graduates are well prepared to meet the ever-changing demands of the workforce.

(d) Balance and Integration

Striking a balance between strict standards and the need for innovation can be challenging. By integrating stakeholder perspectives — including industries, professional bodies and students — governance becomes more inclusive. This integration ensures that academic offerings remain both relevant and forward-thinking.

(e) Continuity and Consistency

Malaysia's quality assurance system allows HEPs to continuously review and refine their academic and operational frameworks, guided by the systematic guidelines outlined in this code of practice. These efforts instil confidence among stakeholders, knowing that consistency in quality is always a priority.

(f) Minimum Standard

At the heart of Malaysia's education system lies an unwavering commitment to expected baseline standards. The MQF defines the essential competencies and attributes expected of graduates, creating references for academic excellence. HEPs rigorously adhere to these references, ensuring that the quality of education delivered is never compromised.

(g) Assurance and Improvement

Quality assurance in Malaysia is not just about meeting standards; it is about exceeding them. HEPs continuously evaluate and enhance their policies and processes to improve their programme quality and outcomes. Academics and teaching staff are supported in their professional development, fostering a culture where excellence is not the exception but the norm.

(h) Independence

Independence underpins the integrity of Malaysia's quality assurance system. MQA safeguards this principle by ensuring accreditation decisions are made free from conflicts of interest. External audits, conducted with impartiality, further solidify public trust and transparency within the system.

(i) Subsidiarity

Decentralisation is a hallmark of Malaysia's quality assurance framework. HEPs are empowered to manage their own quality assurance activities, allowing for localised and contextually relevant decision-making. This principle of subsidiarity ensures that quality assurance remains dynamic and adaptive to local needs.

Malaysia's higher education system embodies the principles of AQAF through a narrative of resilience, adaptability and continual quality improvement. By prioritising transparency, fostering collaboration and aligning with international standards, Malaysia ensures that its education system not only meets but exceeds expectations, contributing meaningfully to the ASEAN and global academic landscapes.

1.2 The Malaysian Qualifications Agency

External quality assurance in Malaysia began with the establishment of the National Accreditation Board (*Lembaga Akreditasi Negara*) in 1997 to quality assure programmes offered by private HEPs. Meanwhile, the Quality Assurance Division was established in April 2002 as a division under the MOHE to manage and coordinate the quality assurance system in public universities.

In December 2005, the Malaysian Cabinet decided to merge the National Accreditation Board and the Quality Assurance Division to create MQA, which became the country's sole quality assurance agency overseeing both public and private HEPs. The new entity, MQA, was established on 1 November 2007 with the coming into force of the Malaysian Qualifications Agency Act 2007 [Act 679].

The main role of MQA is to implement the MQF and to assure the quality of programmes and qualifications offered by both public and private HEPs. In fulfilling its responsibilities, MQA adopted a gradual approach to transforming the Malaysian higher education system from a teacher-centred to a learner-centred, outcomes-based approach. Starting in 2011, MQA focused on ensuring that programmes complied with the Malaysian Qualifications Framework (MQF) while assisting HEPs in strengthening their internal quality assurance practices. In 2013, MQA embarked on its first series of programme compliance evaluations to assess the level of compliance with the MQF and the effectiveness of internal quality assurance at the HEPs.

1.3 The Malaysian Qualifications Framework

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

The MQF integrates all higher education qualifications and provides educational pathways that systematically link these qualifications. These pathways enable individual learners to progress within the context of lifelong learning, including credit transfer and the accreditation of prior experiential learning.

1.4 Approaches to Quality Assurance

The work of MQA revolves around two major approaches to quality assuring higher education in Malaysia. The first approach is to accredit programmes and qualifications. The second is to audit institutions or their components. While distinct, these two approaches are highly interrelated.

There are three levels in programme accreditation. The first level is Provisional Accreditation, which indicates that the programme has fulfilled the minimum requirements for it to be offered. This level is connected to seeking approval from the MOHE to conduct a new programme. The second level is Full Accreditation, i.e., when a programme has met all the criteria and standards set for that purpose and is in compliance with the MQF. The third level is Compliance Evaluation, i.e., when an accredited programme is evaluated based on the criteria and standards for the purpose of monitoring compliance with the MQF and ensuring the maintenance and enhancement of the programme to meet all applicable standards.

Institutional audit takes many forms. It may be comprehensive or thematic, and may cover a department or faculty or extend across departments or faculties. It may take the form of an institutional quality audit for the purpose of quality assurance at the institutional level, a periodic academic performance audit of institutions of higher learning, or an assessment to determine the continuation or maintenance of programme accreditation status. It may also take the form of an exercise to verify data, provide public policy input or support the rating and ranking of institutions and programmes.

The highest form of the institutional quality audit is the self-accreditation audit, which can lead to the conferment of self-accreditation status on the audited institution, allowing it to accredit its own programmes. Sometimes called a “system audit”, the institutional quality audit for self-accreditation purposes focuses on the capacity and capability of the internal quality assurance system of an institution to evaluate the academic programmes it offers. In essence, a self-accreditation audit is an exercise in accrediting the internal quality assurance system of the institution.

The various approaches to quality assurance processes include periodic monitoring to ensure that quality is maintained and continually enhanced.

1.5 The Malaysian Qualifications Register

All accredited qualifications are registered in the Malaysian Qualifications Register (MQR). Basic information about the qualifications, programmes and awarding institutions is recorded in the MQR to assist students and other parties, both locally and abroad, in obtaining key information about a programme.

1.6 Quality Assurance Guidelines

1.6.1 Quality Assurance Documents

The quality assurance evaluation process is primarily guided by the following:

i. Malaysian Qualifications Framework (MQF), Second Edition (2024);
ii. Code of Practice for Institutional Audit (COPIA), Second Edition, 2009;
iii. Code of Practice for Programme Accreditation (COPPA), Second Edition, 2017;
iv. Code of Practice for Programme Accreditation: Open and Distance Learning (COPPA: ODL), Second Edition, 2019;
v. Code of Practice for TVET* Programme Accreditation (COPTPA), Second Edition, 2020;
vi. Qualification Standards;
vii. Programme Standards; and
viii. Guidelines to Good Practices.

*(*Note: TVET – Technical and Vocational Education and Training)*

From time to time, MQA develops new programme standards, qualification standards and guidelines to good practices to cover the entire range of disciplines and good practices in quality assurance. These documents are reviewed periodically to ensure their relevance and currency.

COPIA was adapted from the Code of Practice for Quality Assurance in Public Universities of Malaysia (2002), published by the Quality Assurance Department of the MOHE. In addition, the National Accreditation Board — the predecessor to MQA — produced a series of guidelines for programme accreditation and good practices, which MQA continued to utilise to complement COPIA.

COPIA guides HEPs and MQA in auditing higher education institutions. Unlike COPPA, COPIA is dedicated to reviewing institutions of higher learning or HEPs for specific purposes through comprehensive institutional and thematic audits. In 2025, COPIA was reviewed, revised and aligned with the principles of AQAF Quadrant 3, and was subsequently renamed the Institutional Quality Audit Framework (IQAF). The IQAF focuses on driving a systematic, independent self-review and evaluation of the quality assurance mechanisms and practices within an HEP. It embodies five areas of evaluation for quality assurance and is designed to complement COPPA, which employs seven areas of evaluation for programme-level quality assurance.

1.6.2 Areas of Evaluation

The institutional quality evaluation process covers the following five areas:

i. Institutional Governance and Sustainability;
ii. Academic Development and Management;
iii. Student Experience and Support;
iv. Talent and Resources; and
v. Quality Assurance and Enhancement.

Each of these five areas contains quality standards and criteria. The degree of compliance with these areas of evaluation (and the accompanying standards) expected of an HEP depends on the type and level of assessment.

Generally, MQA subscribes to the shift from fitness of purpose to fitness for a specified purpose. However, at the current stage of the development of Malaysian higher education and its quality assurance processes, there remains a need to ensure that HEPs fulfil all the standards. Nevertheless, the diversity of HEPs and their programmes calls for flexibility wherever appropriate. Where necessary, when preparing documents for submission to MQA, HEPs may need to provide additional information to explain why certain standards are not applicable to their case.

1.7 Programme Accreditation

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

1.7.1 Provisional Accreditation

The purpose of the Provisional Accreditation exercise is to ascertain that the minimum requirements are met in order to conduct a programme of study. HEPs must meet the standards for the seven areas of evaluation in COPPA, especially Area 1: Programme Development and Delivery, Area 4: Academic Staff and Area 5: Educational Resources. Where necessary, a visit may be conducted to confirm the availability and suitability of facilities at the HEP's premises.

The evaluation involves an external and independent assessment conducted by MQA through its panel of assessors. The findings of the panel of assessors are tabled before the respective Accreditation Committee for a decision. Subsequently, HEPs use the decision to seek approval from the MOHE to offer the programme.

1.7.2 Full Accreditation

The purpose of Full Accreditation is to reaffirm that programme delivery has met the standards set by the COPPA and is in compliance with the MQF. The Full Accreditation exercise is usually carried out when the first cohort of students is in their final year. It involves an external and independent assessment conducted by MQA through its panel of assessors. The panel evaluates documents, including the Programme Self-Review Report submitted by HEPs. An evaluation visit to the institution is conducted by the panel of assessors to validate and verify the information furnished by HEPs before the panel submits its recommendations to MQA's Accreditation Committee through a formal Final Accreditation Report.

In a Full Accreditation exercise, the feedback processes between MQA and HEPs are communicated through the panel's oral exit report and a written accreditation report, presented in a spirit of transparency and accountability to reinforce continual quality improvement. The accreditation report aims to be informative. It recognises context and allows comparison over time. It identifies strengths and areas of concern and provides specific recommendations for quality enhancement in the structure and performance of HEPs, based on peer experience and consensus on quality as embodied in the standards.

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

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

Accreditation gives significant value to programmes and qualifications. It enhances public confidence and can become a basis for recognition nationally and internationally. Furthermore, the Accreditation Report can be used for benchmarking and for revising quality standards and practices. Benchmarking focuses on improving the educational process by adopting best practices implemented by institutions around the world.

1.7.3 Compliance Evaluation

Compliance Evaluation is an exercise to monitor and ensure the maintenance and enhancement of accredited programmes. It is crucial, given that the accreditation status of a programme does not have an expiry provision. Compliance Evaluation, which applies to all accredited programmes, must be carried out at least once every five years. Where a Compliance Evaluation finds that an HEP has failed to maintain the quality of an accredited programme, the accredited status of the said programme may be revoked, and a cessation date shall be recorded in the MQR.

1.8 Institutional Quality Audit

There are two main components of an institutional quality audit: the HEP Self-Review (internal quality audit) and the MQA Institutional Quality Audit (external quality audit).

The self-review is conducted by the institution and forms the key component of the document submitted to MQA for evaluation by the Audit Panel.

The MQA Institutional Quality Audit is an external and independent peer audit conducted by MQA through a panel of auditors, who evaluate the self-review, visit the institution to validate and verify the information provided by the HEP, and submit the final report to MQA.

1.8.1 Report to the Higher Education Provider: Continual Quality Improvement

The primary purpose of the Institutional Quality Audit Report is the continual quality improvement of the HEP. The feedback process, in the form of oral exit reports and written reports, promotes accountability and reinforces the continual quality improvement process by validating the HEP's strengths and areas of concern.

The written report is narrative in nature and aims to be informative. It is contextual, allowing for comparison over time. It highlights strengths and concerns and provides recommendations for quality improvement.

1.8.2 Report to the Ministry of Higher Education

The Institutional Quality Audit Report is made available to the MOHE, where it may be used for policy decisions to assist HEPs in improving their quality and, in the case of self-accreditation applications, for granting self-accreditation status.

Section 2

Criteria and Standards for Higher Education Providers

Introduction

The criteria and standards for higher education recommend practices that align with internationally recognised good practices. These criteria and standards set baseline quality requirements for each aspect of an HEP and drive the institution to continuously improve. All of these support the national aspiration of making Malaysia a centre for educational excellence.

The criteria and standards are designed to encourage diversity of approaches that are compatible with national and global talent requirements. They define standards for higher education in broad terms, within which HEPs can creatively design their programmes of study and appropriately allocate resources in accordance with their stated vision, mission and educational goals.

The IQAF contains five areas of evaluation, namely:

1. Institutional Governance and Sustainability;
2. Academic Development and Management;
3. Student Experience and Support;
4. Talent and Resources; and
5. Quality Assurance and Enhancement

These five areas are designed to fulfil the purpose of the IQAF. Within each area of evaluation, criteria are defined under which one or more statements of standards are formulated to represent the requirements for the purpose of an Institutional Quality Audit.

The standards in each of these five areas define the expected level of attainment for each criterion and serve as performance indicators. Standards are statements that must be met, and compliance with them must be demonstrated during an Institutional Quality Audit. Therefore, standards are expressed as a **"must"**. These standards serve as quality indicators for an HEP in an Institutional Quality Audit, including for consideration of the award of self-accrediting status and for renewal of the status.

Criteria and Standards for Institutional Quality Audit

Area 1: Institutional Governance and Sustainability

1.1 Vision, Mission and Educational Goals

1.1.1 The HEP **must** formulate educational goals consistent with its vision and mission, in line with national and global developments.

1.1.2 The vision, mission and educational goals **must** be approved by the governing board or other appropriate body for implementation.

1.1.3 The HEP **must** disseminate the vision, mission and educational goals accordingly to relevant stakeholders.

1.2 Strategic Plans

1.2.1 The HEP **must** develop strategic plans together with its institutional goals in line with its vision and mission, and in consultation with relevant stakeholders.

1.2.2 The strategic plans **must** be disseminated, deployed, implemented and monitored accordingly.

1.3 Institutional and Academic Leadership

1.3.1 The HEP **must** establish, document and disseminate selection criteria, including job descriptions, qualification and experience requirements, and selection mechanisms for institutional and academic leaders at the department and programme levels.

1.3.2 The selection process for institutional and academic leaders **must** lead to the appointment of a qualified candidate for each position.

1.3.3 The HEP **must** have a plan for leadership training and development, and implement it to enhance the capabilities of current and future institutional and academic leaders.

1.3.4 The HEP **must** evaluate institutional and academic leaders at specified intervals based on their performance as stipulated in their job descriptions and in relation to the achievement of the vision, mission and institutional goals.

1.4 Governance Functions and Mechanisms

1.4.1 The HEP **must** define and publish its governance structure and functions, which **must** be communicated to all relevant stakeholders based on the principles of authority, accountability and transparency.

1.4.2 The HEP **must** establish mechanisms that drive functional integration and maintain consistency of educational quality across all campuses.

1.4.3 The governing board and the senate **must** operate based on the principles of non-conflict, transparency, accountability and authority, with an adequate degree of autonomy.

1.5 Management of Information and Records

1.5.1 The HEP **must** have information management policies and systems that align with current technology.

1.5.2 The HEP **must** implement the information management policies and systems to ensure accessibility, privacy, confidentiality and security of all records.

1.6 Institutional Sustainability

1.6.1 The HEP **must** institutionalise strategies for sustainability encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources.

Area 2: Academic Development and Management

2.1 Learning Outcomes

2.1.1 The HEP **must** have mechanisms to align the learning outcomes of its programmes with the Malaysian Qualifications Framework (MQF), which **must** be implemented in curriculum design and delivery.

2.1.2 The HEP **must** specify the link between the educational objectives of its programmes and the graduates' competencies and attributes required for career undertakings, further study opportunities and good citizenship.

2.2 Programme Development

2.2.1 The HEP **must** have processes for curriculum design and review involving academic staff, programme management and relevant units or bodies at both departmental and institutional levels, incorporating needs assessments and the availability of resources.

2.2.2 The curricula **must** be analysed through comprehensive needs assessments, incorporating feedback from internal and external sources, including market demands, stakeholder input and aspects of the Global Sustainability Agenda, to ensure currency and relevance.

2.2.3 The programmes **must** be aligned with and support the HEP's vision and mission, covering topics relevant to industry or stakeholder needs, as well as matters of national and international importance, and **must** comply with all relevant standards.

2.2.4 The programmes **must** include essential disciplinary core content that supports the programme learning outcomes and reflects current concepts, principles and methods.

2.3 Programme Delivery

2.3.1 The HEP **must** employ a variety of teaching and learning methods and activities in the delivery of its curricula to cover all the learning outcome clusters, where these methods and activities **must** be aligned to support the attainment of programme learning outcomes, promote student-centred learning and nurture holistic student development.

2.3.2 The HEP **must** offer co-curricular activities to enrich student experiences, fostering personal development and responsibility. *(Note: This standard is not applicable to Open and Distance Learning (ODL) programmes and postgraduate programmes, where relevant.)*

2.4 Learning Assessment

2.4.1 The HEP **must** establish policies and mechanisms to address validity, reliability, transparency and fairness of student assessments, consistent with relevant educational standards.

2.4.2 The HEP **must** provide sufficient autonomy to relevant departments to develop and review assessment criteria and methodologies, comprising formative and summative components and incorporating good practices.

2.4.3 The methods of student assessment, plagiarism policies, grading criteria and assessment results **must** be documented and communicated to students at appropriate schedules.

2.5 Programme Management

2.5.1 The HEP **must** have policies to provide students with current and comprehensive information about the programme learning outcomes, curriculum structure and content, assessment methods and results, as well as the appeal process and any other changes related to the programme.

2.5.2 The HEP **must** provide mechanisms to allocate the necessary support and resources for implementing teaching, learning and assessment activities.

2.5.3 Each programme **must** have an appropriate full-time programme leader and a team of academic staff who have the authority and responsibility for programme planning, implementation, monitoring, self-review and continual quality improvement.

2.5.4 Programmes **must** undergo regular review, incorporating feedback from academic staff, students and educational experts, which may include programme advisors and examiners, for quality assurance and continual quality improvement.

Area 3: Student Experience and Support

3.1 Student Admission

(A) Student Admission Policies

3.1.1 The HEP **must** have policies and processes for student admission, including admission criteria, appeal mechanisms and processes for transfer and exchange students, which **must** be publicly accessible and updated according to regulatory requirements and relevant standards.

3.1.2 Student intake numbers, including visiting, exchange and transfer students, **must** reflect the HEP's resource capacity to deliver the programmes effectively.

(B) Student Admission Processes

3.1.3 The HEP **must** specify and communicate the entry prerequisites to prospective students, including selection interviews and other rigorous assessments, where necessary.

3.1.4 Student selection **must** adhere to the principles of fairness and transparency throughout the process, including the selection of students with special needs.

3.1.5 The HEP **must** have provisions to offer necessary developmental or remedial support for students requiring additional assistance, which **must** be reviewed regularly for continual improvement.

3.2 Mobility and Credit Transfer

3.2.1 The HEP **must** have policies and mechanisms to support mobility and transfer students, including articulation arrangements and credit transfer, to enable students to integrate and progress in their programmes, where these policies and mechanisms **must** be updated regularly.

3.3 Student Support Services

3.3.1 The HEP **must** have policies for providing and managing student support services for a total learning experience, which **must** be regularly monitored, reviewed and continually improved.

3.3.2 The HEP **must** provide access to appropriate and adequate student support services, including physical, social, financial and recreational facilities, as well as counselling and health services, with mechanisms for student feedback and grievances.

3.4 Student Development

3.4.1 The HEP **must** have policies on student development to provide a total learning experience and to prepare students for the workplace.

3.4.2 The HEP **must** implement student development and other extracurricular activities to inculcate character building, a sense of belonging and responsibility, active citizenship and an entrepreneurial mindset.

3.4.3 The policies and activities for student development **must** be regularly monitored, reviewed and continually improved.

3.5 Student Representation and Empowerment

3.5.1 The HEP **must** have policies on adequate student representation and participation in institutional and departmental governance, with appropriate rights and responsibilities, and avenues for engagement in academic, non-academic and welfare-related matters.

3.5.2 The HEP **must** promote student empowerment to engage in community, national and global agendas, guided by an appropriate code of conduct.

3.6 Alumni

3.6.1 The HEP **must** foster active and continuous engagement with its alumni, leveraging their network for student professional growth and linkages with stakeholders.

3.6.2 The HEP **must** provide platforms and avenues for alumni to give back to the institution, thereby enhancing the HEP's reputation nationally and globally.

Area 4: Talent and Resources

4.1 Academic Staff

(A) Human Resource Policies

4.1.1 The HEP **must** have a merit-based human resource policy to plan, recruit, develop, assess, reward and promote academic staff in line with its vision, mission and institutional goals.

4.1.2 The HEP **must** ensure an adequate number of academic staff, with an appropriate staff-to-student ratio, to teach, supervise and assess learning outcomes for each programme according to relevant standards.

(B) Talent Management

4.1.3 The HEP **must** provide academic staff with sufficient autonomy to focus on areas of their expertise related to education, research and service.

4.1.4 The HEP **must** implement transparent policies for performance review, recognition and reward based on meritorious academic roles and equitable work distribution, to foster a conducive work environment.

4.1.5 The HEP **must** provide adequate and appropriate training and development programmes for academic staff, including leadership skills through participation in professional activities, research and industry linkages, as well as other relevant activities.

4.2 Non-Academic Staff

4.2.1 The HEP **must** ensure sufficient and qualified non-academic staff to support institutional activities and agendas.

4.2.2 The HEP **must** implement transparent policies for performance review, recognition and reward for non-academic staff to support institutional operations.

4.2.3 The HEP **must** provide adequate and appropriate training and career advancement opportunities for non-academic staff to support institutional activities and agendas.

4.3 Physical Resources

4.3.1 The HEP **must** have clear policies to provide, manage and maintain its physical resources, including physical facilities, equipment and library or resource centres, to support the attainment of programme learning outcomes, the achievement of institutional goals, and other educational and institutional needs.

4.3.2 The HEP **must** ensure its physical resources fully comply with relevant laws and health and safety regulations, maintaining a safe and conducive learning environment.

4.3.3 The physical resources **must** be accessible to staff and students, including persons with special needs.

4.3.4 The HEP **must** regularly review its policies and improve its physical resources according to educational and institutional needs.

4.4 Technological Resources

4.4.1 The HEP **must** have policies to provide access to appropriate technological resources, including information and communication technology (ICT) facilities and e-learning platforms, to support programme implementation and other educational and institutional needs.

4.4.2 The HEP **must** ensure its technological resources fully comply with relevant laws and regulations, and promote secure, ethical and responsible ICT use, while maintaining a safe and supportive learning and working environment.

4.4.3 The technological resources **must** be accessible to staff and students, including persons with special needs.

4.4.4 The HEP **must** regularly review its policies and improve its technological resources according to educational and institutional needs.

4.5 Research Resources

4.5.1 The HEP must have policies on research and innovation, which **must** be regularly reviewed, to provide sufficient resources and a conducive research environment for achieving related institutional goals.

4.5.2 The HEP **must** provide research resources to support programmes with research components in attaining their learning outcomes.

4.6 Financial Resources

4.6.1 The HEP **must** establish and maintain budgetary and procurement procedures to ensure efficient resource utilisation, align with institutional goals and demonstrate financial sustainability.

4.6.2 The HEP **must** establish transparent mechanisms for managing budgets and allocating resources to departments based on their needs, with clear lines of duty and authority.

4.6.3 The HEP **must** provide the department responsible for a programme with sufficient autonomy to allocate resources appropriately in order to attain the programme learning outcomes and maintain high educational standards.

Area 5: Quality Assurance and Enhancement

5.1 Internal Quality Assurance System

5.1.1 The HEP **must** have an independent department or equivalent unit dedicated to, and responsible for, the internal quality assurance system, led by a competent person with a direct line of reporting to the head of institution or the governing board.

5.1.2 The HEP **must** establish policies and procedures for the regular review of its internal quality assurance system and processes to keep abreast of current developments in quality assurance and to maintain continual quality improvement within the institution.

5.2 Mechanisms for Programme Monitoring, Review and Evaluation

(A) Policies and Procedures

5.2.1 The HEP **must** have policies and procedures for the periodical monitoring, review and evaluation of its programmes, covering needs assessments and benchmarking analyses, teaching and learning activities, student assessment, administration and related educational and support services.

5.2.2 The policies and procedures for the programme monitoring, review and evaluation **must** be regularly reviewed and updated.

5.2.3 The HEP **must** share responsibility with all collaborative partners in the programme management, monitoring, review and evaluation processes for programmes offered through collaborative arrangements. (*Note: Applicable only to programmes offered with collaborative partners.*)

(B) Implementation of Programme Review and Evaluation

5.2.4 The implementation of programme review and evaluation **must** be timely and coordinated by designated committees.

5.2.5 Programme review and evaluation **must** be conducted to verify and validate the curriculum and its constructive alignment in order to ascertain the attainment of programme learning outcomes and the achievement of the HEP's educational goals.

5.2.6 Programme review and evaluation **must** include analyses of student progression and performance, covering passing, graduation, attrition and employment rates, for the purpose of continual quality improvement.

5.2.7 The results of the programme review and evaluation, including areas of concern, **must** be brought to the attention of the highest relevant authorities within the HEP.

5.3 Involvement of Stakeholders and Educational Experts

5.3.1 The implementation of the programme review and evaluation **must** involve relevant stakeholders, including alumni and employers, to maintain the currency and relevance of the HEP's programmes.

5.3.2 Programme review and evaluation **must** take into account feedback and recommendations from educational experts, including programme assessors, for the purpose of quality assurance and continual quality improvement.

5.3.3 The results of programme review and evaluation arising from stakeholder feedback **must** be systematically analysed and documented, with the resulting changes disseminated to stakeholders.

5.4 Quality Improvement and Enhancement

5.4.1 The HEP **must** promote a quality culture through participatory and cooperative processes across all levels to assure quality in education, research, service and management within the institution.

5.4.2 The HEP **must** have mechanisms to implement recommendations for quality improvement and enhancement plans, which **must** be linked with institutional goals and strategic objectives.

Section 3

Submission for Institutional Quality Audit

Introduction

This section provides guidance and references to assist HEPs in preparing their submissions for an Institutional Quality Audit. It serves as a general manual to help institutions understand and interpret the necessary information rather than as a rigid, prescriptive tool.

The HEPs must follow the requirements outlined in the following subsection on the documentation required for the Self-Review Portfolio and should consult MQA for clarification when necessary. While the guidelines are comprehensive, not all items apply equally to every submission; some may be more relevant than others. HEPs should adapt the guidelines to suit their specific institutional needs and clearly indicate and explain any items that are not applicable.

The guidelines cover key dimensions within the five areas of evaluation and include illustrative examples. HEPs are expected to provide relevant information and supporting evidence that effectively demonstrate their institutional practices. Additional information beyond the scope of the guidelines is also encouraged if it strengthens the submission.

All information provided in the submission should be clear, concise and well organised.

The Required Documentation

The HEP is required to submit the Self-Review Portfolio, also referred to as MQA-03, in the following format:

- **Part A: General Information about the HEP**

  This section provides a concise institutional profile of the HEP.

- **Part B: Information on the Areas of Evaluation**

  This section provides detailed information relating to the five areas of evaluation and is linked to the corresponding standards in each area.

- **Part C: Self-Review Report**

  This section presents the HEP's self-assessment of its fulfilment of the standards across all areas of evaluation carried out within the institution, such as through an internal quality audit (see **Section 4.1**). Relevant supporting documents may be appended to strengthen the information provided.

Submissions of the IQAF Self-Review Portfolio must be accompanied by relevant attachments, appendices and supporting documents, as indicated in the submission template. The HEP may be asked to provide additional information before or during the Institutional Quality Audit Visit. It may also be required to grant the auditors access to confidential information for verification purposes.

Once the Self-Review Portfolio is submitted, MQA will review the document to ensure it is complete. If any sections are incomplete, MQA will request that the HEP provide the missing information. After verification, the Self-Review Portfolio will be forwarded to the Panel of Auditors for further review.

The remaining pages of this section provide detailed descriptions of Part A and Part B, along with guidelines for preparing the Self-Review Report (i.e., Part C).

The template for Part A of MQA-03 is available on the MQA portal at www.mqa.gov.my.

Part A: General Information about the Higher Education Provider

Part A of the IQAF Self-Review Portfolio seeks general information on the HEP. It serves as an institutional profile of the HEP.

1. Name of HEP:
2. Date of establishment:
3. Date of registration:
4. Reference number of registration:
5. Name, title and designation of the Vice-Chancellor/President/Chief Executive Officer:
6. Address (headquarters/main campus):
7. Correspondence address (if different from the address above):
8. Telephone number:
9. Email address:
10. Website:

11. Names and addresses of branch campuses (if applicable):

No.	Name of branch campus	Address (*as approved by the relevant authority*)
1.		
2.		
3.		
⋮		

12. Names and addresses of Faculties/Schools/Departments/Centres (if located outside the main campus):

No.	Name of faculty / school / department / centre	Address (*as approved by the relevant authority*)
1.		
2.		
3.		
⋮		

13. List of Faculties/Schools/Departments/Centres in the HEP (and its branch campuses), and the number of programmes offered:

No.	Name of faculty / school / department / centre	Location and address	Number of programmes offered
1.			
2.			
3.			
⋮			

14. Details of all programmes currently conducted by the HEP (and its branch campuses):

No.	Name of programme, MQA reference no. and National Education Code (NEC)	Location	MQF level	Mode of offer (research / mixed mode / course-work / ***WBL / ****2u2i / TVET)	Method of delivery (conven-tional / open and distance learning)	Type of programme (collabora-tion / **home-grown) if collaboration, please specify whether franchise, joint award, dual degree or double degree	*Name of collaborative partners through Memorandum of Agreement / Memorandum of Understanding (if applicable)	Current number of students
	e.g., Doctor of Philosophy (MQA/ FA12345) NEC: 0400	e.g., Faculty of Econo-mics, Main Campus	e.g., Doctoral, Level 8	e.g., Research	e.g., Conventio nal	e.g., Collabora-tion – dual degree		10
1.								
2.								
3.								
⋮								

*Including any type of programme offered in partnership with the HEP through a Memorandum of Agreement or Memorandum of Understanding with other parties such as colleges, subsidiaries or agents.
**Homegrown programmes also refer to mirrored or undifferentiated programmes offered by international branch campuses.
***WBL – Work-based learning
****2u2i – Two years at a university; two years in the industry
*****TVET – Technical and Vocational Education and Training

15. Total number of academic staff:

Status	Academic qualification	Number of academic staff		
		Malaysian	Non-Malaysian	**Total**
Full-time	Doctoral (Level 8)			
	Master's (Level 7)			
	*Bachelor (Level 6)			
	Diploma (Level 4)			
	Certificate (Level 3)			
	Others			
	Sub Total			
Part-time	Doctoral (Level 8)			
	Master's (Level 7)			
	*Bachelor (Level 6)			
	Diploma (Level 4)			
	Certificate (Level 3)			
	Others			
	Sub Total			
Total				

*Including professional qualifications, e.g., Association of Chartered Certified Accountants (ACCA).

16. Designations of academic staff:

Designation	Number				**Total**
	Malaysian		Non-Malaysian		
	Full-time	Part-time	Full-time	Part-time	
Professor					
Associate professor					
Senior lecturer					
*Lecturer					
*Junior lecturer, including tutor and teaching assistant					
Total					

*As designated by the HEP.

17. List others who are involved in teaching and learning, e.g., adjunct professors, visiting professors, exchange professors, fellows, etc.:

Designation	Local		Expatriate		Permanent Resident		**Total**
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	
Adjunct Professor							
Visiting Professor							
Exchange Professor							
Fellow							
Total							

18. Total number of current students:

	Number of students		**Total**	Number of students with special needs
	Local	Foreign		
Male				
Female				
Total				

19. Total number of students who graduated in the past five years:

Year	Total number of students

20. Student attrition for the past five years:

Year	Student enrolment (A)	Number of students who left the institution without graduating (B)	Attrition rate (%) (B/A) × 100%	Main reason for leaving

21. Total number of non-academic staff (management, administrative and technical staff):

No.	*Designation	Number of non-academic staff (current year)
1.	e.g., Executive	
2.		
3.		
⋮		

*As designated by the HEP.

22. Audited financial statements for the last three consecutive years:

Year	Financial Statement	
	Profit/Surplus (RM)	Loss/Deficit (RM)

23. Latest organisational chart of the HEP.
    - The chart must be approved and signed by the higher authority.
    - The chart must clearly show the line of reporting and authority.

24. Details of liaison officer (Quality Assurance Unit of the HEP):

Name and title:	
Designation:	
Telephone number:	
Email address:	

Part B: Information on Areas of Evaluation

An audit of an institution covers standards across five areas of evaluation. Each standard is expressed using the word **"must"**, indicating that the HEP is required to conform to these standards.

Part B of the Self-Review Portfolio requires the HEP to provide information on all standards within the areas of evaluation for quality assurance of the institution being audited. The following pages contain a series of questions and statements designed to guide the HEP in furnishing the required information.

- Area 1 focuses on Institutional Governance and Leadership. It consists of **30** questions and the required information across **15** standards, grouped under **6** criteria.
- Area 2 focuses on Academic Development and Management. It consists of **33** questions and the required information across **15** standards, grouped under **5** criteria.
- Area 3 focuses on Student Experience and Support. It consists of **27** questions and the required information across **15** standards, grouped under **7** criteria.
- Area 4 focuses on Talent and Resources. It consists of **43** questions and the required information across **21** standards, grouped under **7** criteria.
- Area 5 focuses on Quality Assurance and Sustainability. It consists of **25** questions and the required information across **14** standards, grouped under **5** criteria.

The statements below serve as guidelines for compiling required information and data for the purpose of preparing the Self-Review Report (Part C), based on the five areas of evaluation. The mapping between these statements and the related standards is provided in **Appendix B**.

Information on Area 1: Institutional Governance and Sustainability

1.1 Vision, Mission and Educational Goals

Information on Standards

1.1.1 Provide the HEP's vision and mission statements, and describe how the institution's educational goals (or the specific academic outcomes the HEP aims for students to achieve) are directly linked to the vision and mission. Demonstrate consistency and coherence with national development goals and global trends in higher education to foster academic excellence and societal impact.

1.1.2 (a) Provide an overview of the HEP's governance structure, and describe the governing board or appropriate body, including its membership, responsible for approving the vision, mission and educational goals, and overseeing their implementation.

(b) Provide official minutes or other documents from the governing board or relevant body meetings that record the discussion and formal approval of the vision, mission and educational goals, in accordance with the HEP's constitution.

1.1.3 Describe how the vision, mission and educational goals are communicated to relevant stakeholders through effective dissemination approaches.

1.2 Strategic Plans

Information on Standards

1.2.1 (a) Provide the HEP's official strategic plan and include excerpts showing how the HEP's vision and mission serve as guiding principles in developing the institutional goals (or objectives set to fulfil its mission) and strategies.

(b) Provide documents (e.g., meeting minutes, consultation reports and survey results) that outline the stakeholder consultation process and demonstrate active engagement and input from stakeholders (e.g., staff, students, industry partners and alumni) during the development of the strategic plans.

1.2.2 (a) Provide details on how the strategic plan is made accessible through various channels (e.g., the HEP's website, internal newsletters, town hall meetings, social media and institutional reports).

(b) Present action plans or implementation schedules with performance indicators that outline how the strategic goals are to be executed (e.g., timelines, responsibilities and resource allocation), monitored and reviewed by oversight committees.

1.3 Institutional and Academic Leadership

Information on Standards

1.3.1 (a) Provide the official job descriptions for all key institutional and academic leadership roles (e.g., Vice-Chancellor, Deputy Vice-Chancellor, Dean, Head of Department and Programme Leader), outlining the roles, responsibilities, required qualifications, experience, skills and competencies for each position.

(b) Describe the selection mechanisms for institutional and academic leaders, including the process from vacancy announcement to final appointment, with relevant examples and records. Provide the composition and roles of the selection committees.

1.3.2 (a) Provide documents and evidence (e.g., rubrics or evaluation forms, structured interview questions, presentations or case study exercises) designed to assess candidates' leadership potential and strategic vision for the institution.

(b) Provide documentation of past appointments, including candidate evaluation forms, interview reports and reference checks (peer reviews and external expert assessments). Describe how these appointments align with the institution's goals and values, including the HEP's equal opportunity and anti-discrimination policies.

1.3.3 (a) Present the documented plan outlining the HEP's leadership training and development programmes for targeted groups. Differentiate between immediate training needs and long-term leadership development (e.g., succession planning) for future leaders.

(b) Provide records of leadership training sessions held (e.g., attendance records, programme schedules, completion acknowledgements and participant feedback) and details of the HEP's financial allocation for these activities.

1.3.4 (a) Present the formal policy that outlines the HEP's process for evaluating the performance of institutional and academic leaders, including the specific criteria, frequency and tools used (e.g., templates, rubrics, self-evaluation forms, 360-degree feedback and performance appraisal forms) in the evaluation.

(b) Provide documents linking leadership performance targets with institutional goals aligned with the HEP's vision, mission and strategic objectives (e.g., performance evaluation reports, performance tracking and career advancement reports), along with evidence of follow-up actions on evaluation outcomes and improvement plans addressing areas identified during evaluation.

1.4 Governance Functions and Mechanisms

Information on Standards

1.4.1 (a) Provide a detailed organisational chart showing the governance structure of the HEP, clearly defining the hierarchical relationships between governing bodies such as the Board of Governors/Directors, Senate/Academic Board/Academic Council and the Executive Management/ University Council, as well as management entities including academic faculties/departments and service/support units.

Outline how the principles of authority, accountability and transparency are embedded in the governance structure.

(b) Provide governance documents such as the HEP's constitution, statutes, by-laws or charters that formally define the governance framework, powers and responsibilities of the institution's leadership bodies. Describe the lines of authority and decision-making, demonstrating how responsibilities are distributed across different governance levels.

(c) Provide examples of how the governance structure and functions are published and communicated to internal and external stakeholders (e.g., the HEP's website in the form of screenshots or links, governance handbook and annual reports). Submit sample meeting minutes from key governance meetings to demonstrate how decisions are made, recorded and shared with relevant stakeholders.

1.4.2 (a) Provide a detailed organisational chart showing the governance and management structure across all campuses, highlighting the integration of decision-making, lines of communication and oversight mechanisms to ensure coordination and consistency in policy implementation and governance.

(b) Provide reports from periodic cross-campus quality reviews assessing whether academic programmes, departments and student services meet the same standards across all locations.

1.4.3 (a) Provide a formal documentation outlining how authority is delegated within the institution, ensuring that the governing board and the senate maintain sufficient autonomy.

(b) Present evidence of independent or external audits of the Governing Board's and the senate's operations to ensure compliance with governance principles, along with examples of conflict-of-interest declaration documents.

1.5 Management of Information and Records

Information on Standards

1.5.1 Provide the official policy document that outlines the HEP's approach to managing information, including data retention, disposal, security and privacy, and the process for updating its systems in line with current practices and technology.

1.5.2 (a) Provide documentation detailing how the HEP has implemented its information management policies across all departments and campuses, including evidence of training programmes or workshops conducted to educate staff and students on policy implementation.

(b) Provide copies of confidentiality agreements, or their equivalent, for staff and administrators who handle sensitive information, and documentation of the records management system in place, ensuring that all records (e.g., student data, financial records and departmental documents) are readily accessible to authorised users.

(c) Provide audit logs showing how access to records is tracked and monitored, as well as recent reports from internal or external audits assessing the security of the HEP's information systems.

(d) Provide documentation of the HEP's data backup protocols to ensure that records are preserved and recoverable in the event of system failures, cyber-attacks or natural disasters, along with documentation of any system improvements or policy updates made in response to feedback or new security challenges, demonstrating continuous enhancement of the information management system.

1.6 Institutional Sustainability

Information on Standards

1.6.1 (a) Describe the strategies for sustainability institutionalised and implemented by the HEP, encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources.

(b) Explain the agendas and activities implemented by the HEP that demonstrate adherence to sustainable principles and practices, and how these have resulted in direct and indirect benefits to the HEP, such as enhanced reputation and branding.

Information on Area 2: Academic Development and Management

2.1 Learning Outcomes

Information on Standards

2.1.1 (a) Describe the process of formulating programme learning outcomes and explain how these statements support the educational goals of the HEP.

(b) Describe the process of aligning the programme learning outcomes with the Malaysian Qualifications Framework (MQF) clusters of learning outcomes. Explain how this alignment is implemented in curriculum design and delivery.

2.1.2 (a) Describe the process of formulating programme educational objectives and explain how these statements are linked to the programme learning outcomes and the HEP's educational goals.

(b) Specify the competencies and attributes expected of students upon completion of their studies and explain how these competencies and attributes relate to those required for graduates' career undertakings, further study opportunities and good citizenship.

2.2 Programme Development

Information on Standards

2.2.1 (a) Describe the policies and processes for developing new curricula and reviewing existing curricula.

(b) Describe the involvement of all relevant parties, including academic staff, programme management and related units at departmental and institutional levels.

(c) Provide evidence that needs assessments are conducted, including the evaluation of resources required to offer the programme.

2.2.2 (a) Identify all parties, both internal and external, involved and engaged in preparing the needs assessments.

(b) Provide the results and analyses of the needs assessments for individual programmes, incorporating feedback from internal and external sources — including market demands, stakeholders and aspects of the Global Sustainability Agenda — and explain how these analyses were used to determine the introduction of new programmes and continuation of existing ones.

2.2.3 (a) Describe how the programmes are aligned with the HEP's vision and mission, addressing industry and stakeholder needs, as well as topics of national and international importance.

(b) Describe how the academic programmes fulfil stakeholder requirements and take into account relevant standards.

2.2.4 Describe how the academic programmes incorporate the core content of the discipline that is essential to support the programme learning outcomes and reflect current concepts, principles and methods.

2.3 Programme Delivery

Information on Standards

2.3.1 (a) Provide evidence that the alignment process in curriculum delivery is embedded within the policy for programme development.

(b) Describe how the teaching and learning methods and activities are selected, and how these methods, activities and curriculum delivery cover all clusters of learning outcomes and are aligned to support their attainment.

(c) Describe how the teaching and learning methods promote student-centred learning and nurture holistic student development.

(d) Describe how the teaching and learning activities incorporate a variety of approaches and continuous innovation to promote student-centred learning and holistic student development.

2.3.2 (a) Specify the co-curricular activities offered to students on campus and their participation rates.

(b) Describe how the co-curricular activities enrich student experiences and foster personal development and responsibility.

Note: Standard 2.3.2 is not applicable to Open and Distance Learning programmes and postgraduate programmes, where relevant.

2.4 Learning Assessment

Information on Standards

2.4.1 (a) Describe the policies and mechanisms established by the HEP to address validity, reliability, transparency and fairness of student assessments.

(b) Explain how the HEP monitors the reliability and validity of assessments over time and across sites.

(c) Explain how the HEP ensures that student assessments are consistent with relevant educational standards.

2.4.2 (a) Describe the practices employed by departments in exercising their autonomy to develop and review student assessments, including assessment methodologies and criteria.

(b) Describe how the HEP monitors the implementation of student assessments across departments, comprising formative and summative components and incorporating of good practices.

2.4.3 (a) Explain how the HEP ensures that student assessment methods, plagiarism policies, grading criteria and assessment results are documented and communicated to students at appropriate schedules.

(b) Provide the examination regulations and other documents regulating student assessments.

2.5 Programme Management

Information on Standards

2.5.1 (a) Describe the policies established by the HEP to provide students with current and comprehensive information on:

- programme educational objectives;
- programme learning outcomes;
- curriculum structure and content;
- assessment methods and results;
- appeal processes; and
- other programme-related changes.

(b) Provide samples of the student study guide, student handbook and student project handbook, where applicable.

2.5.2 (a) Elaborate on the mechanisms for allocating the necessary support and resources for teaching, learning and assessment activities.

(b) Explain how resources are allocated to programmes based on their specific requirements in implementing teaching, learning and assessment activities.

2.5.3 (a) Provide the designation, responsibilities and authority of the programme leader and committees responsible for the programme.

(b) Provide the terms of reference of the programme committees.

(c) Explain how the HEP ensures that adequate resources are allocated and provided for implementing teaching, learning and assessment activities, as well as for managing programme planning, implementation, monitoring, self-review and continual quality improvement.

2.5.4 Describe the review and evaluation processes for programmes, incorporating feedback from academic staff, students and educational experts, which may include programme advisors and examiners, regardless of department or qualification level.

Information on Area 3: Student Experience and Support

3.1 Student Admission

(A) Student Admission Policies

Information on Standards

3.1.1 (a) Describe the HEP's policies and processes for student admission, including admission criteria, appeal mechanisms and processes for transfer and exchange students.

(b) Explain how the admission policies and processes are made publicly accessible and regularly updated in accordance with regulatory requirements and relevant standards.

3.1.2 Based on the data on student intake numbers provided in Part B of the HEP's documentation (including visiting, exchange and transfer students), provide evidence that these numbers are determined based on the HEP's resource capacity to deliver programmes effectively.

(B) Student Admission Processes

Information on Standards

3.1.3 (a) Describe the mechanisms for communicating entry prerequisites to prospective, transfer and exchange students, including academic qualifications, language proficiency levels and other relevant experience.

(b) Provide evidence of how the HEP communicates entry prerequisites to prospective students.

3.1.4 Describe the student admission process and explain how the HEP maintains the principles of fairness and transparency throughout, including in the selection of students with special needs.

3.1.5 (a) Describe the provisions made to offer necessary developmental or remedial support for students requiring additional assistance.

(b) Explain the mechanisms in place to review and continually improve these provisions.

3.2 Mobility and Credit Transfer

Information on Standards

3.2.1 (a) Describe the policies and mechanisms that support mobility and transfer students, including articulation and credit transfer arrangements, to enable students to integrate and progress in their programmes.

(b) Provide evidence on how the policies and mechanisms supporting mobility and transfer students are regularly updated.

3.3 Student Support Services

Information on Standards

3.3.1 (a) Provide the policies for student support and experience, outlining how these policies contribute to a total learning experience.

(b) Explain how the HEP manages and delivers these support services effectively.

(c) Describe the mechanisms for monitoring and reviewing the policies on student support services, and explain how these are continually improved.

3.3.2 (a) Describe the range and adequacy of student support services, including physical, social, financial, recreational, counselling and health facilities available to students.

(b) Provide evidence of the mechanisms for collecting and addressing student feedback and grievances regarding support services.

3.4 Student Development

Information on Standards

3.4.1 Provide the policies on student development, including activities that contribute to a total learning experience and prepare students for the workplace.

3.4.2 Provide details of student development activities and other extracurricular activities that promote character building, a sense of belonging and responsibility, active citizenship and an entrepreneurial mindset.

3.4.3 Describe the mechanisms for monitoring and reviewing the policies and activities for student development, and explain how these are continually improved.

3.5 Student Representation and Empowerment

Information on Standards

3.5.1 (a) Describe the policies in place to ensure adequate student representation and participation in institutional and departmental governance.

(b) Explain how these policies define students' rights and responsibilities within their representative roles.

(c) Describe the avenues available for student engagement in academic, non-academic and welfare-related matters.

3.5.2 (a) Provide the code of conduct governing student engagement in community, national and global activities.

(b) Describe the HEP's initiatives to promote student empowerment for engagement in community, national and global activities.

3.6 Alumni

Information on Standards

3.6.1 (a) Describe the HEP's strategies and initiatives to foster active and continuous engagement with its alumni.

(b) Explain how engagement with alumni supports student professional growth and strengthens linkages with relevant stakeholders.

3.6.2 (a) Describe the platforms and avenues available for alumni to contribute back to the institution.

(b) Explain how alumni contributions help enhance the HEP's national and global reputation.

Information on Area 4: Talent and Resources

4.1 Academic Staff

(A) Human Resource Policies

Information on Standards

4.1.1 (a) Describe the HEP's human resource (HR) policies on academic staff planning, recruitment, development, assessment, rewards and promotion.

(b) Describe the mentoring and guidance system for new academic staff.

(c) Provide the HR or staff handbook, or equivalent documents, that details the HR policies, practices and related matters.

4.1.2 (a) Describe the HR plans in place to ensure an adequate number of academic staff with an appropriate staff-to-student ratio to teach, supervise and assess learning outcomes for each programme in accordance with relevant standards.

(b) Provide relevant standards related to academic staff requirements, where applicable (e.g., MQA documents or those issued by national or international professional bodies).

(B) Talent Management

Information on Standards

4.1.3 (a) Provide staff profile documents describing their responsibilities in teaching, research and service.

(b) Describe the autonomy granted to academic staff to focus on areas of expertise related to education, research and service.

4.1.4 (a) Describe the HEP's policy to ensure transparency in evaluating performance, recognising and rewarding academic staff (e.g., promotions and salary increments) to foster a conducive work environment.

(b) Provide information regarding meritorious academic roles and equitable workload distribution among academic staff.

4.1.5 (a) Explain the training and development programmes for academic staff, including leadership skills development through participation in professional activities, research, industry linkages and other relevant activities.

(b) Provide evidence of the adequacy, appropriateness and effectiveness of the training and development programmes for academic staff.

4.2 Non-Academic Staff

Information on Standards

4.2.1 (a) Describe the HEP's HR policies on non-academic staff planning, recruitment, development, assessment, rewards and promotion.

(b) Describe the mentoring and guidance system for new non-academic staff.

(c) Provide the HR or staff handbook or equivalent document that details the HR policies, practices and related matters.

4.2.2 Describe the mechanisms for conducting regular performance reviews for non-academic staff, including recognition and reward systems that support institutional operations.

4.2.3 Explain the mechanisms for providing adequate and appropriate training and career advancement opportunities for non-academic staff to support institutional activities and agendas.

4.3 Physical Resources

Information on Standards

4.3.1 (a) Describe the policies related to the provision, management, and maintenance of the HEP's physical resources, ensuring their availability, quality and relevance to programme's delivery, the achievement of institutional goals, and other educational and institutional needs.

(b) Provide a list of all physical resources, including physical facilities, equipment, and library or resource centres, relevant to supporting the attainment of programme learning outcomes, achieving institutional goals and meeting other educational and institutional needs.

(c) Provide evidence of resource utilisation, such as library borrowing data, digital resource access logs and laboratory usage rates.

4.3.2 (a) Provide evidence of compliance with relevant laws and health and safety regulations, including inspection certificates, safety audit reports, fire safety records and environmental health assessments related to physical resources.

(b) Provide emergency preparedness plans, risk assessments, records of health and safety incidents, and corrective actions taken to address safety concerns in the learning environment.

4.3.3 (a) Provide information on the availability of physical resources accessible to staff and students, including persons with special needs.

(b) Provide evidence of feedback received from staff and students, including persons with special needs (e.g., surveys, interviews or focus group discussions), on the accessibility of physical resources.

4.3.4 (a) Provide data from reviews of relevant policies and physical facilities, such as maintenance logs, facility inspection reports, condition assessments and stakeholder feedback, aligned with the HEP's educational and institutional needs.

(b) Provide evidence of ongoing improvement efforts, such as renovation plans, equipment upgrades, resource acquisitions and action plans to address gaps or deficiencies identified through reviews.

(c) Provide data on user feedback and utilisation of physical resources, such as surveys, usage statistics and suggestions for enhancement, to inform continual improvement efforts.

4.4 Technological Resources

Information on Standards

4.4.1 (a) Provide the policies outlining the provision and management of technological resources, including information and communication technology (ICT) facilities and e-learning platforms, to support programme implementation and other educational and institutional needs.

(b) Provide a list of all technological resources, including hardware, software, network infrastructure and e-learning platforms, that support programme implementation and other educational and institutional needs.

4.4.2 Provide the policies and evidence of compliance with laws and regulations on cybersecurity, data protection and digital accessibility, including regular audits, updates and measures that promote secure, ethical and responsible ICT use, while maintaining a safe and supportive learning and working environment.

4.4.3 (a) Provide information on the availability of technological resources accessible to staff and students, including persons with special needs.

(b) Provide evidence of feedback received from staff and students, including persons with special needs (e.g., surveys, interviews and focus group discussions), on the accessibility of technological resources.

4.4.4 (a) Provide data from reviews of technological resources in supporting programme implementation and meeting other educational and institutional needs.

(b) Provide evidence of policy reviews and ongoing improvement efforts, such as system upgrade plans, equipment upgrades, new software acquisitions, ICT service expansion and action plans to address gaps or deficiencies identified through reviews.

(c) Provide data on user feedback and utilisation of technological resources, such as surveys, usage statistics and suggestions for enhancement, for continual improvement.

4.5 Research Resources

Information on Standards

4.5.1 (a) Provide the policies on research and innovation that specify the institutional approaches to creating a conducive research environment.

(b) Provide evidence of ongoing reviews of research policies and resources, including improvements made to meet changing institutional goals and researcher needs.

4.5.2 (a) Provide a list of all research resources available to students, such as laboratories, databases, specialised equipment and funding sources.

(b) Provide information on research support mechanisms, such as mentoring programmes, research training, funding and access to research facilities, which enable programmes with research components to attain their learning outcomes.

4.6 Financial Resources

Information on Standards

4.6.1 (a) Describe budgetary and procurement procedures and their review processes. Elaborate on how resources are efficiently utilised in accordance with institutional goals.

(b) Provide evidence of financial sustainability and efficient resource management, such as annual budgets, audits and expenditure records.

4.6.2 (a) Describe the budget allocation processes and provide supporting records (e.g., approval documents, allocation frameworks and meeting minutes) indicating the distribution of resources to departments.

(b) Provide information on the lines of duty and authority in budget management and resource allocation.

4.6.3 Provide the policies, guidelines and records that enable departments to manage resources to attain programme learning outcomes and maintain high educational standards.

Information on Area 5: Quality Assurance and Enhancement

5.1 Internal Quality Assurance System

Information on Standards

5.1.1 (a) Based on an organisation chart or equivalent diagram showing lines of authority and reporting, explain the structure and position of the department (or equivalent unit) within the HEP that is responsible for the internal quality assurance (IQA) system, as well as the qualifications and competencies of its head.

(b) Describe the terms of reference and resource capacity (including HR) of the department or unit responsible for the HEP's IQA system and its reporting lines. Explain how independent and prominent it is in implementing the system within the HEP. (*Note: An IQA system may form part of the HEP's overall Quality Management System or operate in coordination with it.*)

5.1.2 (a) Describe the policies and procedures for the regular review of the IQA system and processes to maintain quality assurance and continual quality improvement within the institution.

(b) Explain the mechanisms through which the current IQA system keeps abreast of national and global developments in quality assurance, and how good and best practices are incorporated to promote continual quality improvement.

5.2 Mechanisms for Programme Monitoring, Review and Evaluation

(A) Policies and Procedures

Information on Standards

5.2.1 (a) Describe the policies and procedures for monitoring, reviewing and evaluating the HEP's curricula and programmes, covering needs assessment and benchmarking analysis, as well as aspects of teaching and learning activities, student assessment, administration and related educational and support services.

(b) Explain the mechanisms in place for periodical programme monitoring, review and evaluation, and their implementation to cover all programmes within the institution.

5.2.2 Explain the mechanisms and processes through which the policies and procedures for programme monitoring, review and evaluation are regularly reviewed, updated and continually improved.

5.2.3 If there is any programme offered together with one or more collaborative partners, describe all general and specific arrangements of responsibilities with the collaborative partners in the aspects of programme management, including programme design and delivery, as well as programme monitoring, review and evaluation processes.

Note: Standard 5.2.3 is applicable only to programmes offered in collaboration with partners.

(B) Implementation of Programme Review and Evaluation

Information on Standards

5.2.4 Describe the structure and functioning of the designated committees responsible for planning, managing and coordinating the programme review and evaluation process implemented by the HEP. Include details of the implementation timeframe, specific interactions between departmental-level and institutional-level units, and any special provisions made to manage particular programmes or unconventional situations.

5.2.5 (a) Describe the mechanisms and processes used by the HEP, at either the programme level or institutional level, to verify and validate the curriculum and its constructive alignment in order to ascertain the attainment of programme learning outcomes based on students' academic performance.

(b) Describe the mechanisms and explain how the HEP determines the achievement of its educational goals, whether through students' academic performance or by other means.

5.2.6 (a) Describe the factors considered when analysing student progression and performance for the purpose of programme review and evaluation, including but not limited to passing, graduation, attrition and employment rates.

(b) Explain how these analyses are discussed and deliberated during the programme review and evaluation processes, and how they are used to support continual quality improvement.

5.2.7 (a) Describe the mechanisms for presenting the results of the programme review and evaluation, including areas of concern and areas for improvement, to the highest relevant authorities in the HEP.

(b) Explain the types of decisions that may be made by these authorities for the purpose of maintaining continual quality improvement of the programmes under review and assuring the overall quality of the HEP's programmes.

(c) If a programme falls under the purview of a statutory professional body that regulates a separate accreditation process, explain how continual quality improvement and other IQA processes are managed and maintained within the HEP to complement the accreditation process conducted by the relevant professional body.

5.3 Involvement of Stakeholders and Educational Experts

Information on Standards

5.3.1 (a) Describe the platforms and processes provided by the HEP to engage with relevant stakeholders, such as alumni, employers and professional bodies and other related associations, in order to maintain the currency and relevance of its programmes.

(b) State the existing mechanisms utilised at the programme level to obtain feedback from stakeholders, including alumni and employers, for use in programme improvement.

5.3.2 (a) Describe the platforms and processes provided by the HEP to engage with educational experts, which may include programme assessors, to gather their feedback and recommendations for programme improvement.

(b) Explain how this feedback and these recommendations are considered for the purpose of quality assurance and continual quality improvement of the programmes.

5.3.3 Describe the mechanisms for systematically analysing and documenting stakeholder feedback during the programme review and evaluation processes, and explain how the resulting changes to the programmes are disseminated to stakeholders.

5.4 Quality Improvement and Enhancement

Information on Standards

5.4.1 (a) Describe how the HEP, through the department or unit responsible for the IQA system, promotes a quality culture to assure quality in education, research, service and institutional management.

(b) Explain the extent to which this quality culture promotion involves participatory and cooperative processes across all levels within the HEP.

5.4.2 (a) Describe the mechanisms used by the HEP to implement recommendations for quality improvement and to formulate plans for quality enhancement.

(b) Explain how these recommendations and plans are linked to the HEP’s institutional goals and strategic objectives.

Part C: Self-Review Report

A Self-Review Report is a comprehensive document prepared by an HEP as part of the institutional evaluation process. It serves as a reflective analysis of the HEP's practices, policies and outcomes, demonstrating how these align with established quality standards and criteria.

The report presents evidence-based assessments of strengths, areas for improvement and compliance with relevant standards, providing a clear narrative of the HEP's quality assurance efforts. The Self-Review Report is a critical tool for both internal evaluation and external audit processes, supporting continuous improvement and accountability.

In writing the Self-Review Report, **Section 6.2: Guidance on the Evaluation of Standards in Preparation of Institutional Quality Audit Report** may be used together with the information gathered in Part B of the Self-Review Portfolio to identify strengths and the strategies to maintain or enhance them, as well as to highlight areas of concern and the steps taken to address them.

Section 4

Institutional Quality Audit

Introduction

An Institutional Quality Audit evaluates a Higher Education Provider's (HEP) compliance with quality standards and the effectiveness of its internal quality assurance systems, ensuring accountability and continual quality improvement in educational delivery. Conducted by MQA, this external audit assesses the HEP's governance, operations and educational outcomes.

Before the external audit, the HEP conducts an internal quality audit, or self-review, as part of its quality assurance process. This self-review serves as a reflection of the institution's practices and compliance, providing the foundation for the external evaluation.

4.1 The Internal Quality Audit

An internal quality audit, also known as a self-review, is conducted by the HEP as an essential part of the quality assurance process. The Vice-Chancellor or Chief Executive Officer, and other senior staff of the HEP, must be fully committed to, and supportive of, the internal quality audit and its purposes. A senior person with appropriate expertise should lead the internal quality audit process, supported by the HEP's quality committee.

The internal quality audit should, as much as possible, build upon current evaluative activities and existing relevant materials.

The HEP brings together representatives of the administration, academic staff, students and other constituents to:

- collect and review data on the HEP and its educational programmes;
- analyse the data to identify institutional strengths, areas of concern and opportunities;
- develop strategies to ensure that strengths are maintained and areas for improvement are addressed; and
- make specific recommendations for further quality enhancement.

An internal quality audit focuses on the HEP's own objectives and evaluates the extent to which the institution achieves these objectives, based on the guidelines to good practices and the general requirements in the five areas of quality assurance. The areas are:

i. Institutional Governance and Sustainability;
ii. Academic Development and Management;
iii. Student Experience and Support;
iv. Talent and Resources; and
v. Quality Assurance and Enhancement.

An internal quality audit offers several merits, including:

- encouraging the institution to take responsibility for its quality processes;
- promoting ongoing self-reflection and development;
- demonstrating commitment to quality for its students and stakeholders;
- identifying gaps before the external quality audit; and
- creating a focus on excellence and best practices.

For effective quality assurance within the HEP and to facilitate the internal quality audit process, the HEP's policies and procedures should be thoroughly documented, formally approved, clearly communicated through accessible institutional documents, and consistently implemented. This ensures that institutional practices align with established quality assurance standards, fostering accountability and continuous improvement.

4.1.1 The Self-Review Task Force

An internal quality audit requires time and effort. To carry out this task, a Self-Review Task Force should be formed, led by a Self-Review Coordinator appointed by the head of institution or equivalent. Members of the task force should include individuals capable of making objective assessments and providing valuable insights about the HEP, as well as verifying the contents of the HEP's Self-Review Portfolio (SRP). Members may be appointed from among academic and non-academic staff, as well as individuals external to the HEP (where necessary), who are competent and have experience in programme or Institutional Quality Audit and evaluation exercises.

As part of the process of verifying and validating information, discussion sessions may be organised with specific individuals selected for interviews. These may include heads of departments and programmes, the registrar, the bursar, academic and non-academic staff, students, alumni and external stakeholders. For each section of the Self-Review Report (SRR), it is recommended that the person most familiar with the relevant processes be appointed as the section head.

The Self-Review Coordinator is responsible for coordinating the internal quality audit process, which includes verifying and validating the information reported in the institutional database (Part B of the SRP), preparing the final unified version of the database, coordinating the self-analysis report, and writing the final consolidated the Self-Review Report (SRR, or Part C of the SRP). The main deliverable of this process is the finalised SRP.

4.1.2 Data Collection

The self-review process requires data to be accurately and consistently compiled by knowledgeable individuals well-versed in the specific areas they are documenting. Wherever feasible, references should be made to existing published documents to enhance credibility and transparency.

The HEP must present a detailed and factual narrative that includes its history, policies, procedures and structures supporting its educational, training and research activities. This should extend beyond brief responses to specific questions, offering a clear explanation of decision-making processes and their underlying rationale.

The institutional self-review should be grounded in the HEP's ongoing quality improvement initiatives. It should draw upon information and conclusions from a variety of sources to ensure a comprehensive evaluation of institutional practices and outcomes. This approach supports meaningful insights and fosters continuous improvement across the HEP.

4.1.3 The Self-Review Portfolio

The self-review process involves asking critical questions about the institution's processes and outcomes, as well as its structures and their impact. This reflective exercise enables the HEP to conduct an objective and constructive critique, fostering meaningful self-development.

The HEP is encouraged to undertake a thorough analysis of its strengths, weaknesses and opportunities, and to evaluate itself against established quality assurance standards. The internal quality audit focuses on the institution's goals and the extent to which they have been achieved. For the process to be effective, the internal quality audit must be widely understood and embraced across the institution, ensuring that the findings and their implications are acted upon and integrated into future improvements.

Each department or section head submits their analysis to the Self-Review Coordinator, who consolidates these findings, aligns them with the five quality assurance areas, and prepares the Self-Review Portfolio or the SRP. This portfolio serves as the foundation for the Institutional Quality Audit, providing a comprehensive and reflective overview of the HEP's quality assurance practices and outcomes.

4.2 The External Audit

An Institutional Quality Audit is an external, independent evaluation conducted after the internal quality audit for self-review. While there is no single definitive interpretation of institutional effectiveness, an HEP is expected to establish a comprehensive system tailored to its specific context and purpose. This system should use the HEP's mission as the foundation for planning, implementation and evaluation.

The HEP is also expected to employ diverse assessment methods and demonstrate how the results of planning, implementation and evaluation processes are used to improve educational programmes and support activities. Ultimately, the quality of education is judged by how effectively the HEP achieves its established goals.

4.2.1 The Role Players

(a) The Liaison Officer

The HEP is responsible for appointing a liaison officer to serve as the primary point of contact between the HEP and MQA for coordinating the Institutional Quality Audit. The name of the appointed liaison officer must be communicated to MQA, as this officer will be the main contact for managing the logistical arrangements of the audit.

The liaison officer is tasked with preparing a tentative agenda for the Audit Visit. After reaching a mutual agreement with the MQA Institutional Quality Audit Team, the liaison officer will ensure that all relevant personnel are informed of the final audit schedule.

Additionally, the liaison officer may be invited to attend meetings with the Panel of Auditors (POA) if clarification on specific issues is required. This ensures effective communication and smooth coordination throughout the audit process.

(b) Representatives of the HEP

The POA conducts meetings with various groups and representatives within the HEP to gather and verify information from multiple sources. After reviewing and discussing the SRP, the POA will inform the HEP of the groups they intend to interview. These meetings aim to provide a comprehensive perspective on the institution's academic and non-academic programmes, as well as their quality.

The POA may request to meet the following stakeholders:

- The Chief Executive Officer (CEO), either alone or with senior management. The first and last formal meetings should ideally involve the CEO, Vice-Chancellor, President or equivalent, along with other invitees at their discretion;

- Members of key committees responsible for the development and supervision of quality assurance policies in the main audit areas;
- Individuals managing and operating quality systems, such as deans, heads of departments and quality managers;
- Representatives of the governing board or its equivalent;
- A cross-section of students from different levels and categories, including student representatives;
- Selected graduates who can provide insights into their educational experiences and career relevance;
- Academic staff from selected departments and programmes; and
- Leaders from industry, government and the community who have worked with the HEP and its graduates.

It is essential for the POA to meet representatives from as many of the identified stakeholder categories as possible to gain a comprehensive perspective on the quality of the HEP's academic programmes and related non-academic activities. Each group offers valuable insights from their unique perspectives, particularly regarding the effectiveness of teaching and learning activities and the attainment of programme learning outcomes.

Students should be carefully selected and briefed on their role in the audit process to ensure they provide accurate and representative input. Their feedback should focus on the quality and adequacy of academic programmes, the provision of student support services, and their role in providing feedback to the HEP. Additionally, students may be asked to assist as guides during site visits to facilities such as libraries, classrooms, laboratories and other teaching and learning spaces.

Academic staff representatives should also be briefed to ensure they provide meaningful input. Their opinions are particularly valuable regarding staff development, promotion and tenure processes, workload distribution, teaching skills, alignment with educational and institutional goals, roles in governance at institutional and departmental levels, perceptions of the curriculum, interactions with students, the academic culture within the HEP, and the adequacy of facilities and resources.

(c) The Panel Chairperson

The Chairperson of the POA, appointed by MQA, is responsible for overseeing and managing the Institutional Quality Audit process. For detailed information on the roles and responsibilities of the Chairperson, refer to **Section 5.3.1**.

(d) The Panel Secretary

The Secretary of the POA, appointed by MQA from among its members, plays a key role in the audit process. For a detailed explanation of the Secretary's roles and responsibilities, refer to **Section 5.3.2**.

(e) The Panel Members

The members of the POA, also referred to as the Auditors, will be appointed by MQA. For detailed information on the roles and responsibilities of the panel members, refer to **Section 5.3.3**.

(f) The MQA Officer

An MQA Officer is tasked with providing support and guidance to the POA on matters pertaining to the Institutional Quality Audit process. The officer's roles and responsibilities are outlined in **Section 5.3.4**.

4.2.2 Support Facilities

The HEP must ensure that the audit team — comprising the Auditors and the MQA Officer — is provided with the necessary facilities to carry out their tasks effectively. This includes a designated base room and suitable meeting rooms.

(a) Base Room

The base room serves as a private workspace exclusively for the audit team and the liaison officer. It should be equipped with essential office equipment and provide access to all necessary information and documents for the audit. This is where the team will:

- work collaboratively;
- share and examine evidence;
- analyse findings and review judgments; and
- triangulate evidence and draft reports.

The base room is a critical space for discussion and analysis. Due to the confidential nature of the information and deliberations, access to the base room must be strictly limited to authorised personnel.

Before the formal Audit Visit, the Chairperson and the MQA Secretariat will inspect the base room during the planning visit to ensure it meets the required standards.

(b) Meeting Rooms

While some individual or one-to-one meetings with the HEP representatives may take place in the base room, it is generally preferable to use separate meeting rooms. These provide a more private

environment, helping to reduce anxiety and pressure on interviewees or meeting participants during discussions.

By ensuring these facilities are properly arranged, the HEP facilitates a smooth and efficient audit process.

4.2.3 The Audit Process

The audit process is jointly determined by the HEP and the MQA Secretariat. Upon submission of the required documents by the HEP, MQA will review them to ensure completeness. Once verified, MQA will form the POA and initiate preparations for the audit exercise.

The schedule is divided into three main phases (see also **Appendix A**):

i. **Before the Audit Visit** (refer to Table 1);
ii. **During the Audit Visit** (refer to Table 2); and
iii. **After the Audit Visit** (refer to Table 3).

BEFORE THE AUDIT VISIT

Table 1: A typical process prior to the Audit Visit

Activity and Responsibility
• The HEP submits a complete application to MQA.
• MQA: - records the submission of the documents; - forwards the assignment to the relevant officer; - checks whether the documents and information submitted are complete; and - notifies the HEP that the evaluation process will commence.
• MQA identifies members of the POA and submits the list to the HEP.
• The HEP sends its response to MQA regarding the proposed list of the POA.
• MQA: - appoints members of the POA, including the Chairperson and the Secretary; - forwards the application to the POA; - coordinates with the HEP and the POA to agree on the date for the Audit Visit; - confirms the dates for the Preparatory Meeting of the POA and MQA.
• POA: - prepares the preliminary evaluation report; and - sends the preliminary evaluation report to the Chairperson and MQA.
• During the Preparatory Meeting, the POA identifies key issues for the audit exercise, determines any further documentation required, drafts the timetable for the Audit Visit, and allocates tasks among panel members.
• MQA: - collates panel comments and requests for additional information; - sends requests to the HEP; - sends proposed audit timetable to the HEP; and - makes arrangements for the Audit Visit.
• A planning visit is conducted by the Chairperson, the Secretary and MQA to the HEP to seek additional information, inspect facilities and confirm the audit timetable.
• MQA: - sends any further documentation received from the HEP to the Auditors. - finalises and sends the audit timetable to the HEP.

DURING THE AUDIT VISIT

The timetable for the Audit Visit is determined by the specific purpose and scope of the audit. The duration typically ranges from three to five days, as agreed upon by MQA and the HEP. **Table 2** outlines the typical activities conducted during the evaluation visit and the personnel involved in each activity.

Table 2: A typical process during the Audit Visit

Activity	Persons Involved
• POA coordination meeting	- POA - HEP Liaison Officer
• Opening briefing by the HEP	- POA - HEP Senior Management
• Meeting with members of the Board of Directors, Vice-Chancellor, Deputy Vice-Chancellors, HEP senior management and Senate members	- POA - Board of Directors - Vice-Chancellor - Deputy Vice-Chancellors - HEP Senior Management - Senate Members
• Meeting with deans, deputy deans and programme leaders	- POA - Deans - Deputy Deans - Programme Coordinators
• Meeting with academic and non-academic staff	- POA - Academic Staff - Non-Academic Staff
• Meeting with students and student representatives	- POA - Students - Student Representatives
• Inspection of facilities	- POA - Student Guide - HEP Liaison Officer
• Review of documents	- POA
• Demonstration of systems	- POA - HEP Representatives
• POA finalises findings	- POA
• Exit meeting	- POA - HEP Senior Management
The activities of the visit will be arranged according to specific audit priorities, key issues and the availability of evidence, as agreed upon by MQA, the POA and the HEP.	

AFTER THE AUDIT VISIT

Table 3: A typical process after the Audit Visit

Activity and Responsibility
• The Secretary collates all findings and inputs from the Auditors, prepares the draft Institutional Quality Audit Report, and sends it to the Auditors.
• The Auditors review the draft and send their comments to the Secretary.
• The Secretary revises the report and sends the updated draft to the Chairperson, who then forwards it to MQA.
• MQA sends the draft Institutional Quality Audit Report to the HEP for verification of facts.
• The HEP submits its response to MQA.
• MQA forwards the HEP's response to the Chairperson and the Secretary.
• The Chairperson, assisted by the Secretary, finalises the Institutional Quality Audit Report and submits it to MQA.
• The final Institutional Quality Audit Report is presented to the Institutional Quality Audit Committee for deliberation.
• MQA notifies the HEP of the decision of the Institutional Quality Audit Committee.

4.2.4 The Audit Management Meeting

In this meeting, representatives of the HEP responsible for quality assurance collaborate with MQA to discuss and finalise the audit's purpose, scope and timeline.

4.2.5 The Preparatory Meeting

Once the SRP has been submitted by the HEP, the POA convenes a Preparatory Meeting to:

- identify key issues to be addressed during the audit;
- review the audit procedures;
- share initial impressions of the SRP;
- determine any additional information, clarification or documentation required from the HEP; and
- draft a preliminary timetable for the Audit Visit.

Following the meeting, MQA will notify the HEP of any additional requirements to ensure that all necessary preparations are in place for a smooth audit process.

4.2.6 The Planning Visit

Approximately three weeks after the Preparatory Meeting, the Chairperson and the MQA Secretariat will conduct a Planning Visit to the HEP. The primary objectives of this visit are to:

- clarify the roles and responsibilities of all parties involved in the audit process;
- discuss practical steps for the HEP to provide any additional information to the POA through MQA;
- address key issues through direct, in-person meetings wherever possible;
- identify individuals within the HEP who can assist the panel in verifying specific matters;
- inform the HEP about the departments, areas, or systems to be included in the audit sample;
- finalise the audit timetable, including site visits and key personnel to be interviewed;
- review logistical arrangements to ensure relevant information and personnel will be available during the audit; and
- inspect the base room to confirm its suitability for the audit team's work.

During the Planning Visit, the POA's requirements are communicated to the HEP. The timetable of the Audit Visit is designed with flexibility, allowing the HEP to provide additional information where necessary and enabling the panel to schedule further interviews or re-interviews if required.

For HEPs with multi-campus operations, offshore campuses or transnational programmes, MQA shall determine the appropriate mode and scope of the Audit Visit to accommodate their specific structures and needs.

4.2.7 The Audit Visit

The Audit Visit is conducted to verify the contents of the HEP's SRP and to gain deeper insights into the HEP's operations through direct observation and personal interaction. It allows for a qualitative assessment of aspects that may not be easily captured in written documentation and includes an inspection of the HEP's facilities.

The visit begins with an opening meeting, during which the HEP presents background information. This meeting typically involves key HEP personnel who will be interviewed during the visit. Its purpose is to introduce the Auditors and establish a collaborative and professional environment.

During the visit, the POA conducts interviews to clarify issues and assess the effectiveness of the HEP's quality assurance and enhancement systems. These interviews also evaluate how well these systems support the HEP in achieving its goals and objectives. The POA reaches its conclusions by triangulating findings from interviews, documentation reviews and direct observations.

Meetings during the Audit Visit are generally multi-purpose, enabling the POA to cross-verify findings with different groups of interviewees. Interviewees should be prepared to discuss any topic relevant to the audit scope.

After the interviews are completed, the POA convenes to formalise its preliminary findings, which are then presented orally to the HEP. This oral summary provides the HEP with initial feedback from the audit process.

4.2.8 The Oral Exit Report

At the conclusion of the Audit Visit, the Chairperson, representing the POA, delivers an Oral Exit Report to the HEP. This report highlights:

- **Areas of Strength**

  Practices that demonstrate commendable compliance with quality standards.

- **Areas of Concern**

  Issues indicating non-compliance with quality standards that require corrective action.

- **Opportunities for Improvement**

  Areas where enhancements can be made to strengthen institutional performance and support future development.

The Oral Exit Report must cover all key elements to ensure alignment with the final written report, maintaining consistency and transparency in the audit findings.

4.2.9 The Draft Institutional Quality Audit Report

The POA, led by the Chairperson, is responsible for drafting the Institutional Quality Audit Report in consultation with all panel members to ensure it reflects the consensus view of the Auditors.

Approximately one month after the Audit Visit, the Chairperson submits the draft report to MQA. MQA then provides the HEP with a copy of the report for verification of factual accuracy.

4.2.10 The Institutional Quality Audit Report

The Chairperson reviews the HEP's factual verification and finalises the Institutional Quality Audit Report, ensuring accuracy, consistency and coherence. The primary purpose of the report is to support the HEP in its continuous quality improvement efforts.

The Auditors' conclusions and recommendations are based on verified facts and their interpretation of specific evidence, whether provided by the HEP or gathered independently during the audit. This approach ensures that the report is comprehensive, evidence-based and focused on fostering meaningful and sustained improvement.

4.2.11 Findings and Judgments

The Institutional Quality Audit Report concludes with **Commendations**, **Affirmations** and **Areas of Concern**, defined as follows:

- **Commendation**

  An aspect of the HEP's provisions considered worthy of praise.

- **Affirmation**

  An improvement or ongoing action by the HEP to address the standards.

- **Area of Concern**

  An identified concern or weakness arising from non-compliance with the standards, where the area of concern may influence the audit outcome.

4.2.12 Application of the Audit Findings

Depending on the type of audit undertaken, the findings and judgments may be used for one or more of the following purposes:

1. **Performance Audit**

   An Institutional Quality Audit Report for a performance audit highlights commendations, affirmations and areas of concern, providing a comprehensive assessment of the institution's performance across the five areas of evaluation. The evaluation is based on the standards but does not result in specific accreditation decisions. The report is shared with the Ministry of Higher Education (MOHE) and the HEP for their attention and follow-up actions.

2. **Self-Accreditation Status**

   To be eligible for self-accreditation status, an HEP must receive an invitation from the MOHE based on predefined eligibility criteria. Upon invitation, MQA conducts an Institutional Quality Audit to determine whether the HEP surpasses the baseline standards required for self-accreditation.

3. **Other Purposes**

   The Institutional Quality Audit can be adapted for various purposes, such as evaluating specific areas of institutional operations comprising student admissions, assessment practices or programme quality. The findings and judgments from these audits can be used for institutional improvement, programme ratings or other targeted evaluations.

This flexibility allows an Institutional Quality Audit to address a range of needs while maintaining a consistent focus on quality assurance and continuous improvement.

4.3 Final Recommendation on the Institutional Quality Audit

Based on the findings contained in the Institutional Quality Audit Report, the POA may propose one of the final recommendations listed in **Table 4**.

Table 4: Final Recommendations for Institutional Quality Audit decisions

No.	Consideration for Self-Accreditation Status	Maintenance of Self-Accreditation Status
1.	Grant Self-Accreditation Status without conditions	Maintain Self-Accreditation Status without conditions
2.	Grant Self-Accreditation Status after conditions are fulfilled	Maintain Self-Accreditation Status after conditions are fulfilled
3.	Refuse to grant Self-Accreditation Status (with reasons)	Revoke Self-Accreditation Status (with reasons)

The report on the evaluation findings, together with the final recommendation, will be presented to the Institutional Quality Audit Committee for its decision.

4.4 Appeal

Appeals regarding the decisions and judgments of the Institutional Quality Audit may be made based on the following grounds:

- Factual inaccuracies in the panel's report.
- Substantive errors within the report.
- Significant inconsistencies between the Oral Exit Report and the final audit report.
- Other valid grounds as determined by the MOHE.

The final authority for all appeals rests with the MOHE.

4.5 Follow-Up

The HEP is required to provide MQA with regular updates on the progress made in response to the Institutional Quality Audit Report. The objectives of this ongoing interaction are to:

- obtain feedback on the audit report, the audit process and the extent to which the HEP views the report as authoritative, rigorous, fair and insightful;
- ensure that corrective actions are implemented where necessary;
- engage in dialogue with those responsible for follow-up actions to incorporate the findings on the areas of concern into the HEP's continual quality improvement plans; and
- periodically monitor (annually or biennially) the HEP's progress in strengthening internal quality assurance systems and sustaining improvements.

This ongoing collaboration reinforces the HEP's commitment to continuous enhancement and accountability in quality assurance.

Section 5

Panel of Auditors

Introduction

Assessments by the Panel of Auditors (POA) for an Institutional Quality Audit are primarily based on the Self-Review Portfolio (SRP) submitted by the HEP. These assessments are further supported by observations, written and oral evidence, and personal interactions during the Audit Visit.

The primary task of the POA is to verify that the HEP's processes, mechanisms and resources are aligned with its statement of purpose or mission. To support this verification, the HEP must have robust internal checking mechanisms and demonstrate to the auditors that these procedures are effectively implemented. Furthermore, the HEP must provide evidence of its ability to address identified areas of concern and show how its quality assurance system ensures the achievement of its educational and institutional goals, as well as its mission.

5.1 Appointment of Members of Audit Panel

The selection of members of an audit panel is guided by the characteristics of the HEP to be audited, the type of audit, the availability and suitability of prospective panel members, and their expertise and experience in quality audit and higher education.

Auditors are identified and appointed based on their professional competence and personal attributes. They should be competent, open-minded and judicious, as well as good listeners and communicators. They must possess sound judgment, analytical skills and tenacity. In addition, they should have the ability to perceive situations realistically, understand complex operations from a broad perspective, and recognise the role of individual units within the overall organisation.

5.2 Conflict of Interest

As members of the POA are being selected, prospective auditors must declare any interest related to the assignment. If a prospective auditor has a direct interest, MQA shall exclude him or her from consideration.

MQA will send the list of prospective auditors to the HEP concerned to allow it to register any objections. Should an HEP disagree with a prospective auditor, it is obliged to provide justification for its objection. However, the final decision on the selection of auditors rests with MQA.

Conflicts of interest may be categorised as personal, professional or ideological, as described below:

- **Personal conflict**

  This type of conflict may arise if there is animosity or close friendship between an auditor and the Chief Executive Officer or another senior manager of the HEP, or if they are related; if the auditor is a graduate of the HEP; or if the auditor is biased for or against the HEP due to previous experience.

- **Professional conflict**

  This may occur if an auditor has been a failed applicant for a position in the HEP; is a current applicant or candidate for a position in the HEP; has served as a senior advisor, examiner or consultant to the HEP; or is currently attached to an HEP competing with the one being audited.

- **Ideological conflict**

  This may arise from differing world views and value systems. For example, an auditor's lack of sympathy towards the style, ethos, type or political inclination of the HEP may create an ideological conflict.

5.3 The Panel of Auditors

Potential members for an audit panel are selected from MQA's Registry of Auditors. The selection of auditors depends on the type of audit, the characteristics of the HEP, and the need to have a panel that is coherent and balanced in terms of background and experience. The appointed Auditors collectively form the POA, which includes a Chairperson and a Secretary.

The Auditors must work collaboratively as a team and avoid relying on preconceived templates when evaluating the HEP under review. They should ensure that their inquiries are limited to their personal areas of expertise or influenced by the practices of their own institutions. Unless otherwise specified, all communication between the HEP and the POA must be channelled through MQA.

5.3.1 The Chairperson

The Chairperson plays a pivotal role in the audit process and must have substantial experience as an auditor. Together with the Auditors, the Chairperson is responsible for fostering an environment where professional discussions can take place openly and respectfully, allowing the free exchange of opinions while maintaining integrity and transparency.

The success of the audit largely depends on the Chairperson's ability to guide the POA to function cohesively as a team rather than as individuals, and to encourage constructive engagement with the HEP representatives.

The Chairperson is responsible for presenting the Oral Exit Report, which summarises the panel's preliminary findings, to the HEP representatives. He or she also plays a critical role in preparing the final written report, ensuring consistency between the Oral Exit Report and the final document. This alignment reinforces the credibility and integrity of the audit process.

5.3.2 The Secretary

The Secretary plays a critical role in the audit process by compiling the audit report during the visit and working closely with the Chairperson to finalise the draft Institutional Quality Audit Report shortly after the visit. This involves coordinating and integrating the contributions of all auditors to ensure the report is coherent, logical and internally consistent.

If any important aspects are missing from a member's contribution, the Secretary is responsible for obtaining clarification from the member or, where appropriate, completing the missing sections.

To ensure completeness, the Secretary must cross-check the draft report against the strengths, concerns and areas for improvement identified by the panel members, ensuring all relevant matters are properly documented. Comments in the report must align with the quality assurance standards outlined in this Code of Practice.

Specific responsibilities of the Secretary include:

- Ensuring the exit report accurately reflects the outcomes of the visit and conforms to the prescribed reporting framework.
- Coordinating and liaising with Auditors to facilitate the preparation of the final Institutional Quality Audit Report.

By fulfilling these responsibilities, the Secretary ensures that the audit report is accurate, comprehensive and consistent with the evaluated standards.

5.3.3 The Auditors

The auditors are responsible for:

- fairly obtaining and assessing objective evidence;
- staying true to the purpose of the audit;
- evaluating audit observations and interactions;
- treating the HEP's staff with respect;
- conducting the audit without undue distraction;
- devoting full attention and commitment to the audit process;

- acting ethically and professionally in stressful and challenging situations;
- forming conclusions based on rational, evidence-based considerations;
- maintaining integrity when under pressure to modify conclusions without sufficient evidence; and
- cooperating with and supporting the Chairperson and other members of the POA.

The auditors must carry out their responsibilities in accordance with the stipulated code of conduct. Hence, they should:

- remain within the defined scope of the audit;
- collect and analyse sufficient and relevant evidence to draw conclusions about the quality system;
- stay alert to any evidence that may influence audit results and require further investigation;
- act ethically at all times and exercise objectivity in all judgments; and
- assess whether:
    - the procedures, documents and other information supporting the quality system are known, available, understood and effectively used by the HEP's personnel; and
    - the documentation and information describing the quality system are adequate to meet the required quality objectives.

By fulfilling these responsibilities, the Auditors ensure that the audit process is conducted with fairness, integrity and professionalism.

5.3.4 The MQA Officer

The MQA Officer plays a vital role in supporting the audit process and ensuring its smooth execution. Their responsibilities include:

- maintaining copies of key documents, such as handouts, database pages, evaluation reports and organisational charts, for incorporation into the final report, where appropriate;
- acting as a resource person, providing guidance on policy matters to both the POA and the HEP;
- ensuring that the auditors adhere to their ethical responsibilities throughout the audit process;
- liaising with the HEP's designated liaison officer to facilitate effective communication and coordination;
- coordinating and collaborating with the auditors to ensure the audit runs efficiently;

- overseeing the processing of the audit report, to ensure its completion within the required timeframe; and
- providing administrative and logistical support as required.

By carrying out these responsibilities, the MQA Officer ensures that the audit process remains organised, ethical and aligned with established procedures.

5.4 The Audit Trail

Once the SRP is submitted to MQA, it is distributed to the members of the POA for examination. The panel reviews the portfolio to ensure that the documentation is complete and to assess the reliability and effectiveness of the HEP's quality assurance system.

During the evaluation of the SRP, the POA will:

- respect the HEP's objectives and values;
- validate the HEP's conclusions and proposed improvement initiatives;
- support the HEP's self-review process by identifying areas that require attention; and
- reach a judgment on the HEP's performance based on the scope and purpose of the audit.

Members of the POA are selected to ensure that the panel collectively possesses the necessary expertise and experience to conduct a thorough and effective audit. While each member may bring different perspectives and areas of emphasis, their collective insights contribute to a comprehensive evaluation of the SRP.

5.4.1 Before the Audit Visit

Before the Audit Visit, each auditor must thoroughly review the HEP's SRP to familiarise themselves with the HEP's policies, procedures and quality assurance criteria, as well as the purpose and expected outcomes of the audit. A comprehensive understanding of the SRP is essential for the POA to explore relevant issues effectively.

The SRP should be reviewed at two levels:

i. **Information level**

The Auditor gathers information on the HEP's quality assurance systems and its plan for achieving its mission and vision, forming preliminary views on these elements.

ii. **Evaluation level**

The Auditor forms an opinion on the quality of the HEP's self-review, including the depth and thoroughness of its analysis.

When reviewing the SRP at the information level, the Auditor may focus on (but not be limited to) the following key questions:

- How comprehensive is the SRP?
- Does it demonstrate a robust, ongoing self-review process?
- How insightful and perceptive is the SRP?
- Does it clearly identify strengths and weaknesses?
- Are the proposed actions appropriate for enhancing strengths and addressing weaknesses?
- Does it reflect the HEP's capability and capacity to achieve its objectives?

When reviewing for evaluation of the document, the auditor may analyse the information gathered from the SRP. The expected outcomes at this stage include:

- an understanding of the major characteristics of the HEP relevant to the audit;
- identification of broad topics for investigation arising from the SRP; and
- generation of ideas about the HEP's strengths, areas of concern, quality systems and proposed improvement plans.

In addition to reviewing and evaluating the SRP, the auditor may also request or propose, through the MQA Secretariat, that the HEP:

- provide further information prior to the Audit Visit to clarify the SRP, assist in planning, and save time during the visit;
- make additional information to be made available during the Audit Visit, particularly when the information is extensive;
- provide comments in advance of the Audit Visit, indicating potential issues that may be raised later; and
- identify possible individuals or groups to be interviewed during the Audit Visit.

After completing their review of the SRP, each auditor is expected to produce a preliminary report (approximately 4–6 pages) summarising their initial impressions of the SRP. This report should be submitted to MQA and shared with the other members of the POA at least one week before the Preparatory Meeting. These preliminary reports help identify key topics or concerns, saving time and enabling the meeting to focus on substantive issues during discussion.

5.4.2 Preparatory Meeting

The Preparatory Meeting is a critical step in the audit process, during which the auditors review and discuss comments and concerns raised during their analyses of the SRP. The panel may request additional information or clarification from the HEP to guide the development of an initial programme for the Audit Visit. This meeting helps transform the auditors from a group of individuals with varied perspectives into a cohesive team with a unified purpose.

The aims of the Preparatory Meeting are to ensure that all auditors:

- understand the audit framework:
    - Comprehend the purpose, context, scope and limitations of the audit;
    - Recognise the nature of the judgments and recommendations expected of them;
- are familiar with audit procedures and key issues:
    - Become acquainted with MQA's procedures for conducting an Institutional Quality Audit;
    - Review and understand the major issues identified in the preliminary reports on the SRP;
- apply open-minded and evidence-based judgment:
    - Recognise that any preliminary views formed during the review of the SRP may change after the Audit Visit, with conclusions based solely on explicit and reliable evidence;
    - Avoid comparing the HEP's practices with those of their own institutions, focusing instead on the HEP's unique context and objectives; and
- promote team and collaboration:
    - Share ideas, exchange knowledge, and establish effective communication among members;
    - Respect and value each other's expertise and contributions while fostering a collaborative and professional working environment.

By the end of the Preparatory Meeting, the POA should be well prepared to conduct a cohesive, fair and evidence-based audit, that aligns with the objectives and standards set by MQA.

5.4.3 During the Audit Visit

During the Audit Visit, the POA discusses and verifies issues identified during the Preparatory Meeting. While some concerns may have been resolved beforehand, significant differences may remain. These must be addressed and settled by the end of the visit, through appropriate questioning, discussion and verification.

Professionalism must be maintained at all times to avoid any display of disunity or inefficiency during interactions with HEP staff. The auditors are expected to work collaboratively under the guidance of the Chairperson, respecting the agreed agenda and supporting the effective management of discussions to ensure that all key topics are adequately covered.

The POA conducts interviews and discussions to clarify issues, seek explanations and gather further information. To foster genuine dialogue, questioning should be rigorous yet fair and respectful. The Auditors must:

- explore discrepancies between written submissions and verbal responses;
- seek clarification and confirmations when necessary;
- listen actively, and attentively;
- focus on major issues rather than minor details;
- engage collaboratively and constructively;
- adapt flexibly to changes in dynamics during the visit; and
- create a comfortable environment that encourages openness and participation among interviewees.

The panel may use effective questioning techniques, that combine both open-ended and closed questions, beginning with broad inquiries and narrowing down to confirm specific impressions. The auditors should avoid:

- asking multiple questions at once;
- providing long preambles before questions;
- sharing personal anecdotes or making lengthy comments;
- detailing their own institutional experiences; and
- offering advice (suggestions for improvement and good practices should be recorded for inclusion in the final report, not presented during interviews).

When verifying information and conducting sampling, the auditors may use various methods, including:

- Triangulation:

  Cross-checking information by gathering perspectives from multiple sources, such as senior management, staff and students.

- Document Review:

  Examining reports, meeting minutes, external review findings and evaluations to validate claims.

- Tracking or Trailing:

  Following an issue in depth through multiple institutional levels (for example, tracing the use of student evaluations of teaching from collection to action).

Some topics may require advance notification to the HEP to ensure that relevant documents and personnel are available during the visit.

The POA must determine whether inconsistencies in information are significant and whether they affect the achievement of the HEP's objectives. The reasons behind these inconsistencies should also be explored. If serious concerns or criticisms arise during interviews, the POA should confirm whether these reflect broader issues within the institution and take appropriate follow-up actions.

Furthermore, the POA must focus on collecting clear, verifiable and convincing evidence that reflects both the strengths and weaknesses of the HEP. The audit report must provide an accurate, balanced and substantive evaluation of the HEP — not merely a descriptive account of its system and processes.

Finally, the panel's conclusions must be well-founded and consistent with the audit's terms of reference. These conclusions should take into account the nature of the HEP, the scope of the audit and recognised good practices in both academic and professional contexts.

5.4.4 After the Audit Visit

After the Audit Visit, the Auditors review, provide feedback and contribute to the draft version of the Institutional Quality Audit Report. It is essential that the auditors agree that the report is accurate, balanced and representative of the panel's consensus. Once finalised, the report is submitted to MQA.

Following submission, MQA will evaluate the overall effectiveness of the audit process. The MQA Secretariat will prepare a comprehensive report on the entire audit exercise to ensure transparency and continual quality improvement in the Institutional Quality Audit.

5.5 The Institutional Quality Audit Report

The Institutional Quality Audit Report presents the findings, commendations, affirmations and areas of concern recorded by the POA. These conclusions are based on the panel's interpretation of verified evidence gathered during the audit, with the

scope and weight of the areas of concern determined by the facts and observations substantiating them.

The report must avoid vague or unsubstantiated statements. Findings should be expressed clearly and confidently, without unnecessary qualification. The report must not include comments on individuals or refer to irrelevant standards. The key findings — namely commendations, affirmations and areas of concern (see also **Section 4.2.11**) — should be highlighted succinctly. Furthermore, the report should cover all relevant areas without excessive detail or an attempt to document every minor strength or developmental point.

In formulating the conclusions and the final recommendation, the following principles should be observed:

- Conclusions should:
    - be concise, direct and clearly articulated;
    - address key issues without detailing procedural steps; and
    - be prioritised in a logical order to effectively guide the HEP's subsequent actions.
- Considerations for the final recommendation (see also **Section 4.3** and **Table 4**):
    - Align with the HEP's existing improvement and development plans.
    - Address areas for improvement not fully covered in the SRP.
    - Provide constructive and actionable comments to strengthen the HEP's progress towards achieving its goals and objectives.

This approach ensures the Institutional Quality Audit Report remains focused, evidence-based and practical, serving as an effective tool to support the HEP's continuous quality improvement and institutional development.

Section 6

Guidelines for Preparing Institutional Quality Audit Report

Introduction

In preparing the final audit report, the auditors are guided by the format outlined in **Section 6.1**. Unless otherwise specified, the auditors should adhere to this prescribed format.

6.1 The Institutional Quality Audit Report

1. THE COVER PAGE

Title : Report of an Audit on (*name of HEP*)

Date of visit :

Prepared by : The Panel of Auditors for the Malaysian Qualifications Agency

Footnote : This privileged communication is the property of the Malaysian Qualifications Agency.

2. TABLE OF CONTENTS

…

3. MEMORANDUM

This should include a signed statement from the Panel of Auditors composed as follows:

To : Malaysian Qualifications Agency

From : The Panel of Auditors that visited (*name of HEP*) on (*date*)

The Panel of Auditors that visited (*name of HEP*) on (*date*) is pleased to provide the following report of its findings and conclusions.

Respectfully,

_____
Name, Chairperson

_____
Name, Secretary

_____
Name, Member

_____
Name, Member

_____
Name, Member

4. INTRODUCTION AND COMPOSITION OF THE PANEL OF AUDITORS

A typical example:

An assessment of (*name of HEP*) was conducted on (*date*) by a Panel of Auditors representing the Malaysian Qualifications Agency. The panel expresses its appreciation to the Vice-Chancellor (*name*), the university staff and students for their participation and support during the Audit Visit. The team also expresses special thanks to (*name*), who acted efficiently as the liaison officer and attended to all the needs of the team.

After the introductory paragraph, list the members of the Panel of Auditors, giving their names, titles and institutions, as well as their roles in the panel as Chairperson, Secretary or Member. For example:

Chairperson	:	Name Designation Affiliation
Secretary	:	Name Designation Affiliation
Member	:	Name Designation Affiliation
Member	:	Name Designation Affiliation
Member	:	Name Designation Affiliation
Secretariat	:	Name Designation Affiliation

5. ABSTRACT

Provide an abstract of the audit report.

6. SUMMARY OF THE PANEL OF AUDITORS' FINDINGS

The summary of the audit findings depends on the nature and type of the audit. The panel shall include commendations, affirmations and areas of concern based on the categories outlined in **Section 4.2.11**. The definitions of these three categories of findings are as follows:

1. **Commendation:** Aspects of the HEP's provision that are considered worthy of praise.
2. **Affirmation:** Improvements or ongoing actions by the HEP to address the standards.
3. **Area of Concern:** concerns or weaknesses due to non-compliance with the standards, where such areas of concern may affect the audit decision.

In general, the audit report should adhere to the points presented orally in the exit meeting with the HEP. For concerns or issues, the panel should indicate their relative urgency and seriousness, and express any area of concern in general or alternative terms. All items cited here should be supported by documentation in the body of the report.

6.1 For Performance Audit

The summary of the Institutional Quality Audit Report for a performance audit highlights the commendations, affirmations and areas of concern, and also indicates the performance of the institution across the five areas of evaluation without stating any specific decision, as in the case of accreditation. The report will be sent to the relevant authorities and the HEP for attention and further action.

6.2 For Self-Accreditation Status

If the Institutional Quality Audit is conducted to evaluate the HEP for the purpose of granting or maintaining Self-Accreditation Status, the summary of the Institutional Quality Audit Report includes the audit decision. For initial consideration, the report outlines the final recommendation for the decision to award the Self-Accreditation Status. For maintaining the status, it assesses the HEP's ongoing compliance and performance to support the final recommendation on the decision to maintain the status. The types of decisions that can be recommended by the Panel of Auditors are outlined in **Table 4** in **Section 4**.

6.3 For Other Purposes

The Panel of Auditors shall summarise their commendations, affirmations and areas of concern based on the purpose of the Institutional Quality Audit, which may range from audits conducted for purposes such as admission and student assessment to institutional rating, programme rating, and others.

7. PREVIOUS QUALITY ASSURANCE OR ACCREDITATION ASSESSMENTS AND PROGRESS REPORTS

Where applicable, the panel shall summarise the key findings and recommendations of the most recent assessment of the HEP or its academic programmes, including progress reports addressing any problems identified previously.

Give the dates of previous assessments and reports. Conclude this section by summarising the areas of concern in the assessment that have been corrected and problems that remain.

8. THE SELF-REVIEW PORTFOLIO

The panel shall comment on the organisation, completeness, reliability and consistency of the data in the Self-Review Portfolio submitted by the HEP. The panel may ask questions such as:

- Were the numerical data (e.g., applicant, admissions and financial) updated to the current year?

The panel may comment on the comprehensiveness and depth of analysis of the HEP's self-review, as well as the organisation and quality of its conclusions and final recommendation. The panel may also comment on the self-review in terms of the degree of participation by the HEP's academic staff, administrators and students.

9. BACKGROUND OF THE HIGHER EDUCATION PROVIDER

The panel shall briefly summarise the history of the HEP. Briefly describe its setting, mission and goals, as well as its role within the state and local community. Also describe the relationship of the HEP with other centres and, if relevant, geographically separated campuses, programmes and sites.

10. REPORT ON THE HIGHER EDUCATION PROVIDER IN RELATION TO THE FIVE AREAS OF EVALUATION

This section of the report shall contain a summary narrative of what has been found during the Institutional Quality Audit. It is structured around the five areas of evaluation for quality assurance stated in **Section 2**. All comments shall be based on sound evidence submitted by the HEP or discovered by the panel during its Audit Visit.

Depending on the nature of the audit, the narrative of the report shall address each of the five areas of evaluation, along with the questions and comments listed in **Section 6.2**.

At the end of each subsection, the narrative shall indicate the extent to which the standards for specific aspects of the five areas of evaluation have been met at their respective attainment levels.

6.2 Guidance on the Evaluation of Standards in Preparation of Institutional Quality Audit Report

The following provides guidance statements on the evaluation of standards and the reporting of findings by the panel in relation to the assessment of each of the five areas of evaluation. The mapping between these statements and the related standards is provided in **Appendix B**.

Area 1: Institutional Governance and Sustainability

1.1 Vision, Mission and Educational Goals

Evaluation of Standards

1.1.1 Analyse the alignment of the HEP's educational goals with its stated vision and mission, and verify that the educational goals are in harmony with national educational policies and frameworks (e.g., MQF and regulatory requirements) and global trends in higher education (e.g., sustainability, digital transformation and inclusivity).

1.1.2 Verify that the vision, mission and educational goals were formally approved by the governing board or another appropriate body, and comment on the governing body and its membership responsible for the approval according to the HEP's constitution.

1.1.3 Evaluate the methods used for disseminating the vision, mission and educational goals (e.g., website, official publications, orientation programmes, workshops and newsletters) to key stakeholders (e.g., staff, students, governing bodies, industry partners, alumni and the public).

1.2 Strategic Plans

Evaluation of Standards

1.2.1 (a) Assess the process used to develop the strategic plans and analyse how these plans translate the vision and mission into actionable objectives.

(b) Evaluate how stakeholder input (evidence of stakeholder consultations, such as meeting minutes, surveys, focus groups or feedback sessions) was considered and integrated into the strategic plans.

1.2.2 (a) Evaluate how the strategic plans are communicated to all relevant stakeholders and translated into action plans, initiatives or projects, confirming how they are operationalised at different levels (e.g., departments and administrative units).

(b) Assess the mechanisms in place to monitor the progress of strategic plan implementation, supported by progress reports, performance indicators, performance reviews or regular audits. Evaluate how the HEP adjusts or updates the strategic plans based on monitoring results or changing circumstances.

1.3 Institutional and Academic Leadership

Evaluation of Standards

1.3.1 Confirm that the HEP has clearly defined selection criteria for institutional and academic leadership roles (e.g., job descriptions, required qualifications and experience). Evaluate how these selection criteria and job descriptions are communicated to relevant stakeholders (e.g., staff and external candidates).

1.3.2 (a) Assess whether the selection mechanisms for institutional leaders are formally documented, and whether the selection process is structured and transparent, follows a fair, merit-based approach, aligning with institutional goals.

(b) Review the composition and role of selection committees to ensure they have the expertise to assess candidates fairly and objectively. Evaluate how the committee considers factors beyond their qualifications, such as leadership potential, strategic vision and alignment with institutional values.

1.3.3 Review the range of leadership training programmes offered by the HEP, such as workshops, mentoring, coaching, executive education or specialised leadership courses, for both current and future institutional and academic leaders. Assess whether the HEP integrates leadership development with its succession planning efforts to prepare future leaders.

1.3.4 Verify that the HEP has a formal framework for evaluating the performance of institutional and academic leaders periodically. Assess the methods used for performance evaluation, such as self-assessments, peer reviews, feedback from subordinates and performance metrics, fostering accountability and alignment with institutional goals.

1.4 Governance Functions and Mechanisms

Evaluation of Standards

1.4.1 (a) Assess how the governance structure and functions are published and made accessible to stakeholders (e.g., institutional website, official publications and handbooks). Ensure that organisational charts accurately represent the governance framework in line with the HEP's constitution.

(b) Review how the HEP promotes the principles of authority, accountability and transparency through its governance practices, including mechanisms for reporting, feedback and stakeholder involvement.

1.4.2 Review documentation that outlines mechanisms for functional integration across all campuses (e.g., standardised policies, shared resources and coordinated academic programmes). Assess the quality assurance framework in place to maintain consistency in educational quality across campuses.

1.4.3 (a) Confirm that the governing board and the senate have documented procedures and bylaws, charters, statutes or constitution that outline their operational principles, including non-conflict, transparency, accountability and authority.

(b) Review the structure and composition of these bodies to ensure they reflect diverse perspectives and expertise. Assess the degree of autonomy the governing board and the senate have in making decisions that align with the HEP's vision, mission and strategic objectives.

1.5 Management of Information and Records

Evaluation of Standards

1.5.1 Assess how the HEP’s information management systems utilise current technology to address data collection, storage, security, sharing and retention. Review how the HEP monitors the effectiveness and efficiency of its information management policies and systems.

1.5.2 (a) Confirm that the HEP has effectively implemented its information management policies across all departments and campuses.

(b) Evaluate how the HEP ensures that records are accessible to authorised stakeholders (e.g., staff and students) while maintaining appropriate security measures. Assess the measures in place to protect the privacy and confidentiality of sensitive records (e.g., student data and staff information).

(c) Review evidence of regular assessments or audits conducted to evaluate system performance, user satisfaction and areas for improvement.

1.6 Institutional Sustainability

Evaluation of Standards

1.6.1 (a) Assess the strategies for sustainability institutionalised and implemented by the HEP, encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources.

(b) Evaluate the HEP's agendas and activities linked to sustainable principles and practices. Review how these efforts have contributed to enhancing the HEP's reputation and branding, nationally and internationally.

Area 2: Academic Development and Management

2.1 Learning Outcomes

Evaluation of Standards

2.1.1 (a) Assess the process of formulating programme learning outcomes and how these statements support the educational goals of the HEP.

(b) Evaluate the process of aligning programme learning outcomes with the Malaysian Qualifications Framework (MQF) clusters of learning outcomes in curriculum design and delivery. Verification of the alignment may also include the learning outcomes stipulated in the relevant qualification and programme standards.

2.1.2 (a) Assess the process of formulating programme educational objectives. Evaluate how they are linked to the programme learning outcomes and to the HEP's educational goals.

(b) Evaluate how the competencies and attributes expected of students upon completion of study relate to graduates' career undertakings, further study opportunities and good citizenship.

2.2 Programme Development

Evaluation of Standards

2.2.1 (a) Evaluate the adequacy of the policies and processes for developing new curricula and reviewing existing curricula.

(b) Assess the involvement of relevant parties in providing feedback to the programme, the conduct of needs analyses and the assessment of resource availability during the curriculum design or review process.

2.2.2 (a) Assess the needs assessment reports and the effectiveness of stakeholder involvement in providing feedback on the programmes, taking into account market demands and aspects of the Global Sustainability Agenda to ensure currency and relevance.

(b) Evaluate the feedback provided by stakeholders regarding how the analyses were discussed and incorporated into new or revised curricula.

2.2.3 (a) Evaluate the appropriateness of the alignment between the programmes and the HEP's vision and mission. Assess how the programmes fulfil the requirements of relevant industries.

(b) Assess whether the HEP has identified relevant standards in developing or reviewing the programmes. Evaluate whether those standards were used effectively in the development or review processes.

2.2.4 Evaluate how each programme incorporates its core disciplinary components to ensure the attainment of its learning outcomes. Assess whether how the concepts, principles and methods central to the discipline are adequately addressed.

2.3 Programme Delivery

Evaluation of Standards

2.3.1 (a) With reference to relevant procedures, guidelines and evidence of implementation, evaluate how the curriculum is aligned to support the attainment of the programme learning outcomes, and how its delivery facilitates their achievement.

(b) Evaluate the teaching and learning methods to ensure that they address all clusters of learning outcomes. Assess how these methods promote student-centred learning and nurture holistic student development.

(c) Evaluate how teaching and learning activities are appropriately selected and aligned to deliver the curriculum content, utilising a variety of approaches that foster student-centred learning and holistic student development.

2.3.2 Evaluate the list of co-curricular activities offered to students by assessing the level of student participation and the extent to which these activities enrich the student experience, foster personal development and responsibility, and support holistic growth. Examine how their impact is measured to enhance overall learning outcomes.

Note: Standard 2.3.2 is not applicable to Open and Distance Learning programmes and postgraduate programmes, where relevant.

2.4 Learning Assessment

Evaluation of Standards

2.4.1 (a) Examine whether the HEP has formal, documented policies governing student assessments based on the principles of validity, reliability, transparency and fairness.

(b) Evaluate how these policies are implemented at different levels (e.g., departmental, programme and course levels). Assess whether they are aligned with relevant national or international educational standards and frameworks.

2.4.2 (a) Examine whether the HEP has policies that explicitly grant departments the autonomy to develop their own assessment criteria and methods. Evaluate how this autonomy is exercised in accordance with discipline-specific needs.

(b) Evaluate how departments incorporate good practices in student assessment, including the use of formative and summative assessment methods and appropriate technologies (e.g., learning management systems and online assessments) to enhance assessment practices and improve students' attainment of learning outcomes.

2.4.3 (a) Review whether the HEP has a well-defined plagiarism policy that clearly explains what constitutes academic dishonesty and the consequences of violations, and how this policy is communicated to students to ensure awareness prior to undertaking any assignments or assessments. Evaluate the use of plagiarism detection tools (e.g., Turnitin).

(b) Evaluate how effectively the HEP communicates assessment methods, processes and expectations to students, ensuring that clear and accessible guidelines are provided before assessments.

2.5 Programme Management

Evaluation of Standards

2.5.1 Assess whether the HEP has clear policies covering all key areas, including learning outcomes, curriculum structure and content, assessment methods and results, appeal processes and other programme-related changes.

2.5.2 (a) Examine whether the HEP has documented policies outlining how resources are allocated for teaching, learning and assessment activities.

(b) Verify that the HEP provides appropriate and sufficient resources for teaching and learning, ensuring that they are functional, relevant and up to date.

2.5.3 (a) Confirm that a programme leader has been formally appointed for each academic programme. Evaluate the adequacy of their roles and responsibilities, including programme planning, implementation, evaluation and continual quality improvement.

(b) Review the qualifications and experience of the programme leader to ensure suitability for effective leadership. Verify that he or she has the authority to make decisions related to the programme, including curriculum changes, assessment methods and resource allocation.

2.5.4 Evaluate whether the HEP conducts regular programme reviews according to an established schedule (e.g., annually or biennially). Examine whether all programmes, regardless of department or qualification level, are included in the review and evaluation processes.

Area 3: Student Experience and Support

3.1 Student Admission

(A) Student Admission Policies

Evaluation of Standards

3.1.1 (a) Review whether the HEP has clearly defined and publicly available criteria for student admission, covering academic qualifications, language proficiency and any other specific requirements for different programmes, including appeal mechanisms and processes for transfer and exchange students.

(b) Assess whether the admission criteria align with national and international higher education standards and regulatory frameworks. Examine whether the processes are accessible through both online and offline channels, ensuring convenience for students from various geographical locations and backgrounds.

3.1.2 Examine whether student intake numbers are consistent with the HEP's resource capacity, thereby providing adequate support for effective programme delivery.

(B) Student Admission Processes

Evaluation of Standards

3.1.3 (a) Verify that the HEP's admission policies, including criteria for admission, appeals, and transfer or exchange students, are publicly accessible through the institution's website, brochures or other official communication channels.

(b) Examine how the HEP communicates entry prerequisites to prospective students.

3.1.4 Confirm that the HEP provides a transparent and accessible process for admission and appeals, ensuring fairness for all applicants, including students with special needs.

3.1.5 (a) Review the range of developmental or remedial support services provided by the HEP, such as tutoring, academic counselling, writing centres, language support, workshops and specialised assistance for students with learning difficulties or special needs.

(b) Evaluate whether the HEP has effective mechanisms for identifying students who require developmental support, such as diagnostic assessments, departmental referrals or student self-identification systems.

3.2 Mobility and Credit Transfer

Evaluation of Standards

3.2.1 (a) Examine whether the HEP's policies on student mobility and credit transfer cover a wide range of transfer types, including internal transfers between programmes, inter-institutional transfers and international student mobility.

(b) Evaluate how regularly the HEP reviews and updates its policies to align with evolving educational standards and practices, including responses to emerging trends such as online learning and international collaborations.

3.3 Student Support Services

Evaluation of Standards

3.3.1 (a) Verify that the HEP has clear and documented policies governing the provision and management of student support services, ensuring that they address students' needs and enhance their learning experience.

(b) Evaluate the management and delivery mechanisms for student support services to ensure alignment with the objectives of the policies.

(c) Assess the HEP's mechanisms for regularly monitoring, reviewing and updating policies on student support services, ensuring continual improvement based on feedback and identified needs.

3.3.2 (a) Verify that the HEP provides adequate and accessible student support services across key areas, ensuring these services meet diverse student needs.

(b) Evaluate the effectiveness of feedback and grievance mechanisms to ensure they are accessible and responsive.

3.4 Student Development

Evaluation of Standards

3.4.1 Evaluate the adequacy, appropriateness and effectiveness of the HEP's policies on student development activities in providing a total learning experience and preparing students for the workplace.

3.4.2 Verify that the HEP has established policies supporting student development through activities that enhance character, responsibility, citizenship and workplace readiness.

3.4.3 Assess the HEP's processes for regularly monitoring, reviewing and continually improving student development policies and activities, ensuring that they remain relevant and responsive to students' needs based on feedback and outcomes.

3.5 Student Representation and Empowerment

Evaluation of Standards

3.5.1 (a) Assess the HEP's policies on student representation and participation in governance, outlining appropriate rights and responsibilities of students that support meaningful involvement in governance.

(b) Evaluate the adequacy and effectiveness of these engagement avenues, ensuring students have access to platforms for participation across academic, non-academic and welfare areas.

3.5.2 (a) Assess the HEP's initiatives in encouraging and empowering students to participate and engage in community, national and global agendas that align with institutional values.

(b) Confirm that an appropriate code of conduct is in place and effectively communicated, supporting ethical standards for student involvement in wider societal issues.

3.6 Alumni

Evaluation of Standards

3.6.1 (a) Verify that the HEP has structured initiatives to maintain active alumni engagement and sustain long-term relationships.

(b) Evaluate the adequacy and effectiveness of alumni engagement in enhancing student career opportunities and professional growth, as well as in building connections with industry and stakeholders.

3.6.2 (a) Verify that the HEP has established accessible platforms and avenues that facilitate alumni contributions, while supporting its strategic objectives and institutional goals.

(b) Evaluate the outcomes and impact of alumni contributions on the HEP's national and global reputation.

Area 4: Talent and Resources

4.1 Academic Staff

(A) Human Resource Policies

Evaluation of Standards

4.1.1 (a) Assess the staff profile to ensure it matches the range and balance of teaching skills, specialisations and qualifications required to deliver each programme.

(b) Assess the support system in place to assist new academic staff in assimilating into the new work environment.

4.1.2 (a) Evaluate the mechanisms in place to ensure an adequate academic staff-to-student ratio to teach, supervise and assess learning outcomes for each programme according to relevant standards.

(b) Assess the adequacy, appropriateness and effectiveness of academic staff in carrying out duties related to programme delivery.

(B) Talent Management

Evaluation of Standards

4.1.3 (a) Evaluate the HEP's human resource (HR) policies to ensure that members of the academic staff have sufficient autonomy to focus on their areas of expertise.

(b) Verify that staff profiles accurately reflect their responsibilities and demonstrate alignment with their areas of expertise, supporting educational, research and service goals.

4.1.4 (a) Assess the distribution of responsibilities among the academic staff to ensure fairness.

(b) Evaluate the relevance of the policies to ensure transparency, fairness, based on meritorious academic roles and equitable work distribution, fostering a conducive work environment.

4.1.5 (a) Evaluate the adequacy, appropriateness and effectiveness of training and development programmes for academic staff, including any corrective actions taken where necessary.

(b) Evaluate the effectiveness of the HEP's policy in retaining competent academic staff.

4.2 Non-Academic Staff

Evaluation of Standards

4.2.1 Evaluate the system in place to determine the number of non-academic staff needed for academic programmes and other activities.

4.2.2 Evaluate the procedures for monitoring and appraising non-academic staff performance, including recognition and reward mechanisms, to support institutional operations.

4.2.3 Evaluate the mechanisms in place to provide adequate and appropriate training and career advancement opportunities for non-academic staff to support institutional activities and agendas.

4.3 Physical Resources

Evaluation of Standards

4.3.1 (a) Assess whether the HEP has clear policies ensuring equitable access to appropriate physical resources, including facilities, equipment, and library or resource centres, to support the attainment of programme learning outcomes, the achievement of institutional goals, and other educational and institutional needs.

(b) Evaluate the relevance of these policies in meeting the physical resource requirements of academic programmes and their alignment with institutional goals.

4.3.2 (a) Evaluate whether the HEP provides evidence of adherence to all relevant laws and health and safety regulations, such as inspection certificates, safety audits and environmental health assessments.

(b) Assess the effectiveness of the HEP's mechanisms for regular safety audits, incident reporting and implementation of corrective actions to ensure a consistently safe and conducive environment for students and staff.

4.3.3 Assess whether the HEP has implemented policies and infrastructure that ensure physical resources are accessible to staff and students, including persons with special needs, and comply with relevant accessibility standards.

4.3.4 (a) Evaluate whether the HEP has a structured process for regularly reviewing the adequacy and relevance of its policies and physical resources, including stakeholder feedback and assessment reports.

(b) Assess evidence of actions taken by the HEP to address identified gaps or deficiencies, such as facility upgrades, renovations and procurement of new resources aligned with its educational and institutional needs.

4.4 Technological Resources

Evaluation of Standards

4.4.1 (a) Assess whether the HEP has clear policies ensuring equitable access to appropriate technological resources, including information and communication technology (ICT) facilities and e-learning platforms, to support programme implementation and other educational and institutional needs.

(b) Evaluate the relevance of these policies in meeting the technological requirements of academic programmes and their alignment with institutional goals.

4.4.2 Evaluate evidence of the HEP's adherence to all relevant laws and regulations, including those related to cybersecurity, data protection and digital accessibility. Assess whether the HEP conducts regular audits and updates and implements measures that promote secure, ethical and responsible ICT use, while maintaining a safe and digitally secure environment that facilitates learning, teaching, research and administration.

4.4.3 Assess whether the HEP has implemented policies and infrastructure that ensure technological resources are accessible to staff and students, including persons with special needs.

4.4.4 (a) Evaluate the processes in place for the regular review of policies and the HEP's technological resources to ensure alignment with its evolving educational and institutional needs.

(b) Assess the adequacy of upgrades or enhancements made to technological resources based on review findings and user feedback.

4.5 Research Resources

Evaluation of Standards

4.5.1 (a) Assess whether the policies on research and innovation are clearly defined, regularly reviewed and aligned with institutional goals.

(b) Evaluate the availability and allocation of resources to ensure they adequately and effectively support a conducive research environment for achieving institutional goals.

4.5.2 (a) Determine whether adequate research resources, such as funding, facilities and tools, are provided to support programmes with research components in achieving their learning outcomes.

(b) Evaluate how adequately and effectively the research resources align with the specific needs of the programmes to facilitate the attainment of learning outcomes.

4.6 Financial Resources

Evaluation of Standards

4.6.1 (a) Assess whether the budgetary and procurement procedures ensure optimal and efficient use of resources across the institution.

(b) Evaluate how well these procedures support the institution's strategic goals while demonstrating financial sustainability.

4.6.2 (a) Assess whether the budget management and resource allocation processes are transparent and clearly documented.

(b) Evaluate whether roles and authorities in budget and resource management are clearly defined and effectively implemented.

4.6.3 Evaluate whether the programme leaders have adequate independence to allocate resources effectively towards attaining programme learning outcomes.

Area 5: Quality Assurance and Enhancement

5.1 Internal Quality Assurance System

Evaluation of Standards

5.1.1 Evaluate the current status of the department, or its equivalent unit, dedicated to and responsible for the HEP's IQA system. The evaluation should consider:

- its capacity, independence and prominence within the institution;
- the qualifications and competencies of its head; and
- whether he or she has a direct line of reporting to the head of institution, the governing board or other relevant authorities.

5.1.2 Assess the policies and procedures for regular review of the HEP's internal quality assurance (IQA) system and processes, ensuring they keep abreast of current developments in quality assurance, implement good and best practices, and maintain continual quality improvement within the institution.

5.2 Programme Monitoring, Review and Evaluation

(A) Policies and Procedures

Evaluation of Standards

5.2.1 Assess the policies and procedures for the periodical monitoring, review and evaluation of curricula and programmes, and determine what extent they cover needs assessment (including currency and relevance) and benchmarking analysis, teaching and learning activities, student assessment, administration and related educational and support services.

5.2.2 Assess the implementation of the policies and procedures, mechanisms and processes for programme monitoring, review and evaluation, including how regularly they are reviewed, updated and continually improved.

5.2.3 If any programme is offered together with one or more collaborative partners, assess all general and specific arrangements of responsibilities with the collaborative partners in programme management, as well as in programme monitoring, review and evaluation processes.

Note: Standard 5.2.3 is applicable only to programmes offered with collaborative partners.

(B) Implementation of Programme Review and Evaluation

Evaluation of Standards

5.2.4 Assess the structures and operations of committees responsible for planning, managing and coordinating the implementation of programme review and evaluation, including the timeliness of implementation and the effectiveness of coordination between departmental and institutional levels.

5.2.5 (a) Assess the mechanisms and processes for verifying and validating curricula and their constructive alignment during the implementation of programme review and evaluation.

(b) Evaluate the adequacy and effectiveness of these mechanisms in ascertaining the attainment of programme learning outcomes and the achievement of the HEP's educational goals.

5.2.6 Evaluate the extent and effectiveness of student progression and performance analyses conducted during programme review and evaluation exercises in contributing to continual quality improvement.

5.2.7 (a) Assess the mechanisms and processes for presenting the results of programme review and evaluation, including the areas of concern and areas for improvement, to the highest relevant authorities in the HEP.

(b) Evaluate the extent to which these mechanisms and processes contribute towards assuring the quality of the HEP's programmes, including those under the purview of relevant professional bodies.

5.3 Involvement of Stakeholders and Educational Experts

Evaluation of Standards

5.3.1 (a) Assess the involvement of relevant stakeholders, including alumni and employers, as part of the HEP's programme review and evaluation exercises.

(b) Evaluate the use of feedback gathered from them in maintaining the currency and relevance of the reviewed and evaluated programmes.

5.3.2 Assess the engagement of educational experts, which may include programme assessors. Evaluate how their feedback and recommendations are considered for the purpose of quality assurance and continual quality improvement of the programmes.

5.3.3 Evaluate the implementation of processes through which the stakeholder feedback is incorporated into programme review and evaluation incorporate stakeholder feedback, which are then systematically analysed, documented, with the resulting changes disseminated to stakeholders.

5.4 Quality Improvement and Enhancement

Evaluation of Standards

5.4.1 Evaluate the extent to which a quality culture is promoted through participatory and cooperative processes across all levels within the HEP, to assure quality in education, research, service and institutional management.

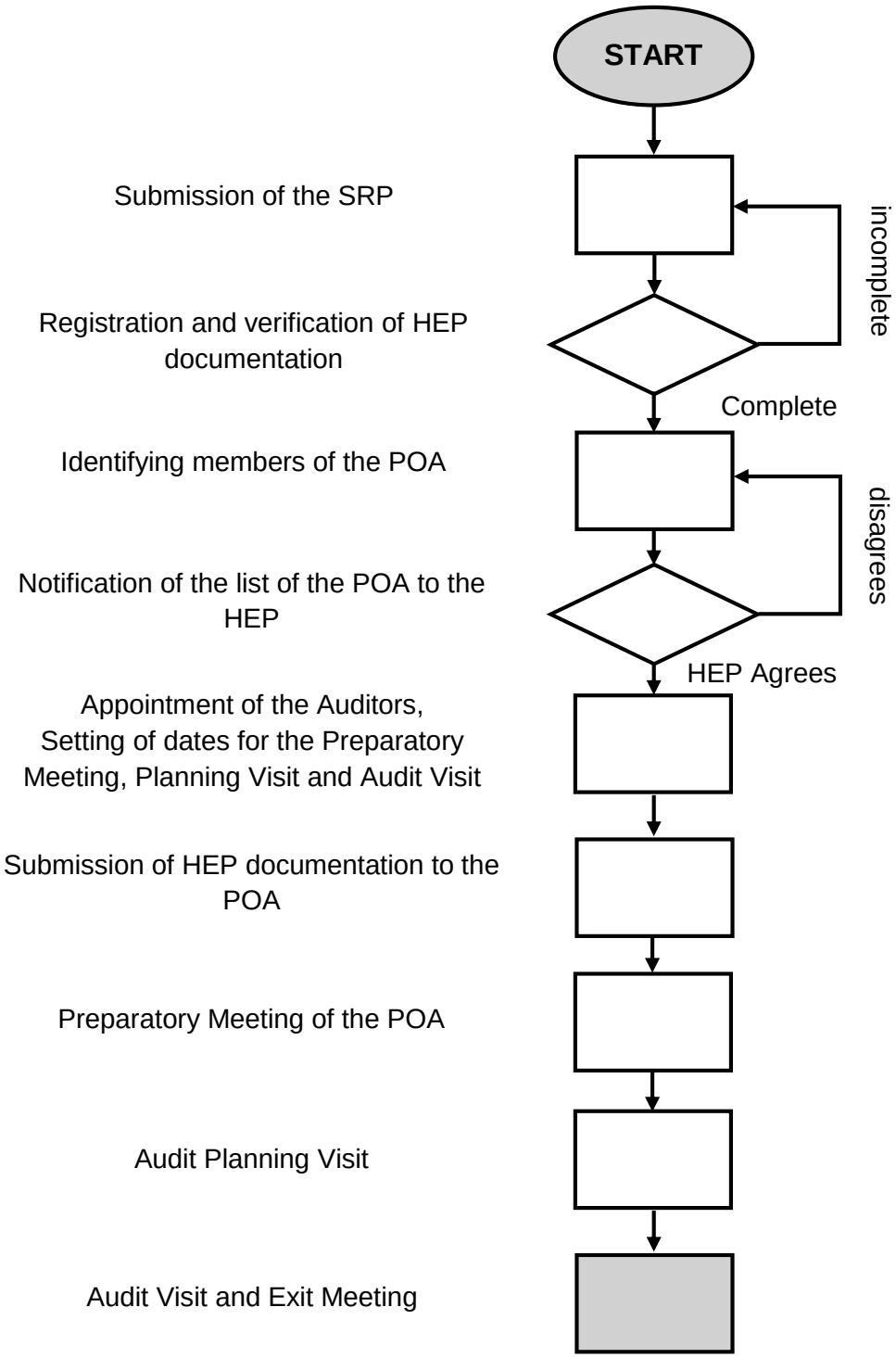
5.4.2 (a) Assess the mechanisms implemented by the HEP to act upon the recommendations for quality improvement and plans for quality enhancement.

(b) Evaluate how these recommendations and plans are linked with the HEP's institutional goals and strategic objectives.

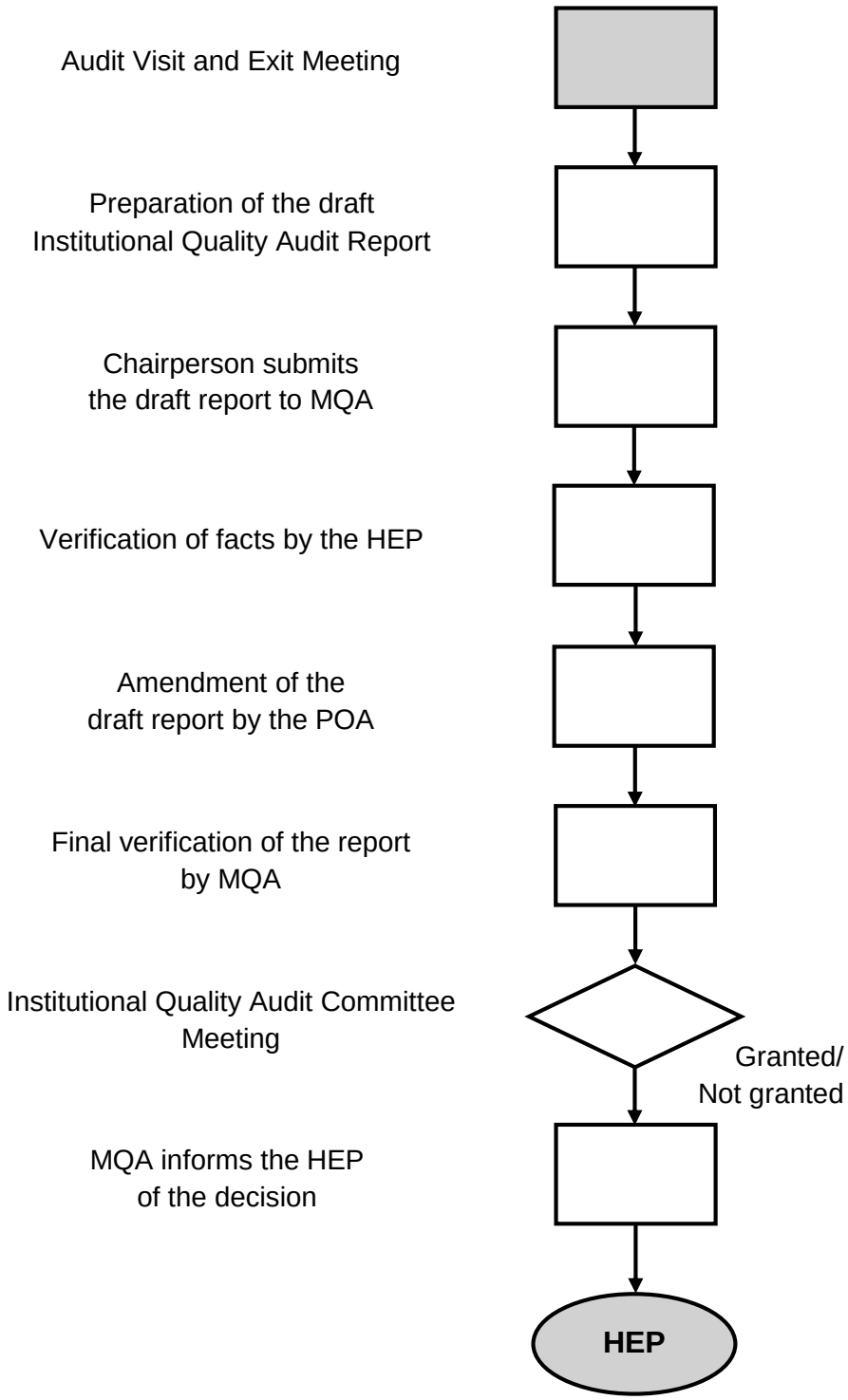
Appendices

Appendix A: Flowchart for the Institutional Quality Audit Process

A.1 Before the Audit Visit



A.2 After the Audit Visit



Appendix B: Mapping of Section 2, Section 3 and Section 6

Section 2: Criteria and Standards for Higher Education Providers

Section 3: Submission for Institutional Quality Audit — The Required Documentation Part B: Information on Standards

Section 6: Guidelines for Preparing Institutional Quality Audit Report: Evaluation of Standards

AREA 1: INSTITUTIONAL GOVERNANCE AND SUSTAINABILITY

Mapping of Section 2, Section 3 and Section 6 of IQAF 2025		
Section 2: Criteria and Standards for Higher Education Providers	**Section 3: Submission for Institutional Quality Audit — The Required Documentation Part B: Information on Standards**	**Section 6: Guidelines for Preparing Institutional Quality Audit Report: Evaluation of Standards**
1.1 Vision, Mission and Educational Goals		
1.1.1 The HEP **must** formulate educational goals consistent with its vision and mission, in line with national and global developments.	1.1.1 Provide the HEP's vision and mission statements, and describe how the institution's educational goals (or the specific academic outcomes the HEP aims for students to achieve) are directly linked to the vision and mission. Demonstrate consistency and coherence with national development goals and global trends in higher education to foster academic excellence and societal impact.	1.1.1 Analyse the alignment of the HEP's educational goals with its stated vision and mission, and verify that the educational goals are in harmony with national educational policies and frameworks (e.g., MQF and regulatory requirements) and global trends in higher education (e.g., sustainability, digital transformation and inclusivity).
1.1.2 The vision, mission and educational goals **must** be approved by the governing board or other appropriate body for implementation.	1.1.2 (a) Provide an overview of the HEP's governance structure, and describe the governing board or appropriate body, including its membership, responsible for approving the vision, mission and educational goals, and overseeing their implementation. (b) Provide official minutes or other documents from the governing board or relevant body meetings that record the discussion and formal approval of the vision, mission and educational goals, in	1.1.2 Verify that the vision, mission and educational goals were formally approved by the governing board or another appropriate body, and comment on the governing body and its membership responsible for the approval according to the HEP's constitution.

Mapping of Section 2, Section 3 and Section 6 of IQAF 2025		
Section 2: Criteria and Standards for Higher Education Providers	**Section 3: Submission for Institutional Quality Audit — The Required Documentation Part B: Information on Standards**	**Section 6: Guidelines for Preparing Institutional Quality Audit Report: Evaluation of Standards**
	accordance with the HEP's constitution.	
1.1.3 The HEP **must** disseminate the vision, mission and educational goals accordingly to relevant stakeholders.	1.1.3 Describe how the vision, mission and educational goals are communicated to relevant stakeholders through effective dissemination approaches.	1.1.3 Evaluate the methods used for disseminating the vision, mission and educational goals (e.g., website, official publications, orientation programmes, workshops and newsletters) to key stakeholders (e.g., staff, students, governing bodies, industry partners, alumni and the public).
1.2 Strategic Plans		
1.2.1 The HEP **must** develop strategic plans together with its institutional goals in line with its vision and mission, and in consultation with relevant stakeholders.	1.2.1 (a) Provide the HEP's official strategic plan and include excerpts showing how the HEP's vision and mission serve as guiding principles in developing the institutional goals (or objectives set to fulfil its mission) and strategies. (b) Provide documents (e.g., meeting minutes, consultation reports and survey results) that outline the stakeholder consultation process and demonstrate active engagement and input from stakeholders (e.g., staff, students, industry partners and alumni) during the development of the strategic plans.	1.2.1 (a) Assess the process used to develop the strategic plans and analyse how these plans translate the vision and mission into actionable objectives. (b) Evaluate how stakeholder input (evidence of stakeholder consultations, such as meeting minutes, surveys, focus groups or feedback sessions) was considered and integrated into the strategic plans.

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1.2.2 The strategic plans **must** be disseminated, deployed, implemented and monitored accordingly.	1.2.2 (a) Provide details on how the strategic plan is made accessible through various channels (e.g., the HEP's website, internal newsletters, town hall meetings, social media and institutional reports). (b) Present action plans or implementation schedules with performance indicators that outline how the strategic goals are to be executed (e.g., timelines, responsibilities and resource allocation), monitored and reviewed by oversight committees.	1.2.2 (a) Evaluate how the strategic plans are communicated to all relevant stakeholders and translated into action plans, initiatives or projects, confirming how they are operationalised at different levels (e.g., departments and administrative units). (b) Assess the mechanisms in place to monitor the progress of strategic plan implementation, supported by progress reports, performance indicators, performance reviews or regular audits. Evaluate how the HEP adjusts or updates the strategic plans based on monitoring results or changing circumstances.
1.3 Institutional and Academic Leadership		
1.3.1 The HEP **must** establish, document and disseminate selection criteria, including job descriptions, qualification and experience requirements, and selection mechanisms for institutional and academic leaders	1.3.1 (a) Provide the official job descriptions for all key institutional and academic leadership roles (e.g., Vice-Chancellor, Deputy Vice-Chancellor, Dean, Head of Department and Programme Leader), outlining the roles, responsibilities, required qualifications, experience, skills and competencies for each position.	1.3.1 Confirm that the HEP has clearly defined selection criteria for institutional and academic leadership roles (e.g., job descriptions, required qualifications and experience). Evaluate how these selection criteria and job descriptions are communicated to relevant stakeholders (e.g., staff and external candidates).

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at the department and programme levels.	(b) Describe the selection mechanisms for institutional and academic leaders, including the process from vacancy announcement to final appointment, with relevant examples and records. Provide the composition and roles of the selection committees.	
1.3.2 The selection process for institutional and academic leaders **must** lead to the appointment of a qualified candidate for each position.	1.3.2 (a) Provide documents and evidence (e.g., rubrics or evaluation forms, structured interview questions, presentations or case study exercises) designed to assess candidates' leadership potential and strategic vision for the institution. (b) Provide documentation of past appointments, including candidate evaluation forms, interview reports and reference checks (peer reviews and external expert assessments). Describe how these appointments align with the institution's goals and values, including the HEP's equal opportunity and anti-discrimination policies.	1.3.2 (a) Assess whether the selection mechanisms for institutional leaders are formally documented, and whether the selection process is structured and transparent, follows a fair, merit-based approach, aligning with institutional goals. (b) Review the composition and role of selection committees to ensure they have the expertise to assess candidates fairly and objectively. Evaluate how the committee considers factors beyond their qualifications, such as leadership potential, strategic vision and alignment with institutional values.
1.3.3 The HEP **must** have a plan for leadership training and development, and implement it to enhance the capabilities of current	1.3.3 (a) Present the documented plan outlining the HEP's leadership training and development programmes for targeted groups. Differentiate between immediate	1.3.3 Review the range of leadership training programmes offered by the HEP, such as workshops, mentoring, coaching, executive education or specialised leadership

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and future institutional and academic leaders.	training needs and long-term leadership development (e.g., succession planning) for future leaders. (b) Provide records of leadership training sessions held (e.g., attendance records, programme schedules, completion acknowledgements and participant feedback) and details of the HEP's financial allocation for these activities.	courses, for both current and future institutional and academic leaders. Assess whether the HEP integrates leadership development with its succession planning efforts to prepare future leaders.
1.3.4 The HEP **must** evaluate institutional and academic leaders at specified intervals based on their performance as stipulated in their job descriptions and in relation to the achievement of the vision, mission and institutional goals.	1.3.4 (a) Present the formal policy that outlines the HEP's process for evaluating the performance of institutional and academic leaders, including the specific criteria, frequency and tools used (e.g., templates, rubrics, self-evaluation forms, 360-degree feedback and performance appraisal forms) in the evaluation. (b) Provide documents linking leadership performance targets with institutional goals aligned with the HEP's vision, mission and strategic objectives (e.g., performance evaluation reports, performance tracking and career advancement reports), along with evidence of follow-up actions on evaluation outcomes and improvement plans addressing areas identified during	1.3.4 Verify that the HEP has a formal framework for evaluating the performance of institutional and academic leaders periodically. Assess the methods used for performance evaluation, such as self-assessments, peer reviews, feedback from subordinates and performance metrics, fostering accountability and alignment with institutional goals.

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	evaluation.	
1.4 Governance Functions and Mechanisms		
1.4.1 The HEP **must** define and publish its governance structure and functions, which **must** be communicated to all relevant stakeholders based on the principles of authority, accountability and transparency.	1.4.1 (a) Provide a detailed organisational chart showing the governance structure of the HEP, clearly defining the hierarchical relationships between governing bodies such as the Board of Governors/Directors, Senate/Academic Board/Academic Council and the Executive Management/ University Council, as well as management entities including academic faculties/departments and service/support units. Outline how the principles of authority, accountability and transparency are embedded in the governance structure. (b) Provide governance documents such as the HEP's constitution, statutes, by-laws or charters that formally define the governance framework, powers and responsibilities of the institution's leadership bodies. Describe the lines of authority and decision-making, demonstrating how responsibilities are distributed across different governance	1.4.1 (a) Assess how the governance structure and functions are published and made accessible to stakeholders (e.g., institutional website, official publications and handbooks). Ensure that organisational charts accurately represent the governance framework in line with the HEP's constitution. (b) Review how the HEP promotes the principles of authority, accountability and transparency through its governance practices, including mechanisms for reporting, feedback and stakeholder involvement.

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	levels. (c) Provide examples of how the governance structure and functions are published and communicated to internal and external stakeholders (e.g., the HEP's website in the form of screenshots or links, governance handbook and annual reports). Submit sample meeting minutes from key governance meetings to demonstrate how decisions are made, recorded and shared with relevant stakeholders.	
1.4.2 The HEP **must** establish mechanisms that drive functional integration and maintain consistency of educational quality across all campuses.	1.4.2 (a) Provide a detailed organisational chart showing the governance and management structure across all campuses, highlighting the integration of decision-making, lines of communication and oversight mechanisms to ensure coordination and consistency in policy implementation and governance. (b) Provide reports from periodic cross-campus quality reviews assessing whether academic programmes, departments and student services meet the same standards across all locations.	1.4.2 Review documentation that outlines mechanisms for functional integration across all campuses (e.g., standardised policies, shared resources and coordinated academic programmes). Assess the quality assurance framework in place to maintain consistency in educational quality across campuses.

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1.4.3 The governing board and the senate **must** operate based on the principles of non-conflict, transparency, accountability and authority, with an adequate degree of autonomy.	1.4.3 (a) Provide a formal documentation outlining how authority is delegated within the institution, ensuring that the governing board and the senate maintain sufficient autonomy. (b) Present evidence of independent or external audits of the Governing Board's and the senate's operations to ensure compliance with governance principles, along with examples of conflict-of-interest declaration documents.	1.4.3 (a) Confirm that the governing board and the senate have documented procedures and bylaws, charters, statutes or constitution that outline their operational principles, including non-conflict, transparency, accountability and authority. (b) Review the structure and composition of these bodies to ensure they reflect diverse perspectives and expertise. Assess the degree of autonomy the governing board and the senate have in making decisions that align with the HEP's vision, mission and strategic objectives.
1.5 Management of Information and Records		
1.5.1 The HEP **must** have information management policies and systems that align with current technology.	1.5.1 Provide the official policy document that outlines the HEP's approach to managing information, including data retention, disposal, security and privacy, and the process for updating its systems in line with current practices and technology.	1.5.1 Assess how the HEP's information management systems utilise current technology to address data collection, storage, security, sharing and retention. Review how the HEP monitors the effectiveness and efficiency of its information management policies and systems.

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1.5.2 The HEP **must** implement the information management policies and systems to ensure accessibility, privacy, confidentiality and security of all records.	1.5.2 (a) Provide documentation detailing how the HEP has implemented its information management policies across all departments and campuses, including evidence of training programmes or workshops conducted to educate staff and students on policy implementation. (b) Provide copies of confidentiality agreements, or their equivalent, for staff and administrators who handle sensitive information, and documentation of the records management system in place, ensuring that all records (e.g., student data, financial records and departmental documents) are readily accessible to authorised users. (c) Provide audit logs showing how access to records is tracked and monitored, as well as recent reports from internal or external audits assessing the security of the HEP's information systems. (d) Provide documentation of the HEP's data backup protocols to ensure that records are preserved and recoverable in the event of system failures, cyber-attacks or natural disasters, along with documentation of any system	1.5.2 (a) Confirm that the HEP has effectively implemented its information management policies across all departments and campuses. (b) Evaluate how the HEP ensures that records are accessible to authorised stakeholders (e.g., staff and students) while maintaining appropriate security measures. Assess the measures in place to protect the privacy and confidentiality of sensitive records (e.g., student data and staff information). (c) Review evidence of regular assessments or audits conducted to evaluate system performance, user satisfaction and areas for improvement.

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	improvements or policy updates made in response to feedback or new security challenges, demonstrating continuous enhancement of the information management system.	
1.6 Institutional Sustainability		
1.6.1 The HEP **must** institutionalise strategies for sustainability encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources.	1.6.1 (a) Describe the strategies for sustainability institutionalised and implemented by the HEP, encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources. (b) Explain the agendas and activities implemented by the HEP that demonstrate adherence to sustainable principles and practices, and how these have resulted in direct and indirect benefits to the HEP, such as enhanced reputation and branding.	1.6.1 (a) Assess the strategies for sustainability institutionalised and implemented by the HEP, encompassing governance, capacity building, quality assurance and risk assessment, supported by adequate resources. (b) Evaluate the HEP's agendas and activities linked to sustainable principles and practices. Review how these efforts have contributed to enhancing the HEP's reputation and branding, nationally and internationally.

AREA 2: ACADEMIC DEVELOPMENT AND MANAGEMENT

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2.1 Learning Outcomes		
2.1.1 The HEP **must** have mechanisms to align the learning outcomes of its programmes with the Malaysian Qualifications Framework (MQF), which **must** be implemented in curriculum design and delivery.	2.1.1 (a) Describe the process of formulating programme learning outcomes and explain how these statements support the educational goals of the HEP. (b) Describe the process of aligning the programme learning outcomes with the MQF clusters of learning outcomes. Explain how this alignment is implemented in curriculum design and delivery.	2.1.1 (a) Assess the process of formulating programme learning outcomes and how these statements support the educational goals of the HEP. (b) Evaluate the process of aligning programme learning outcomes with the MQF clusters of learning outcomes in curriculum design and delivery. Verification of the alignment may also include the learning outcomes stipulated in the relevant qualification and programme standards.
2.1.2 The HEP **must** specify the link between the educational objectives of its programmes and the graduates' competencies and attributes required for career undertakings, further study opportunities and good citizenship.	2.1.2 (a) Describe the process of formulating programme educational objectives and explain how these statements are linked to the programme learning outcomes and the HEP's educational goals. (b) Specify the competencies and attributes expected of students upon completion of their studies and explain how these competencies and attributes relate to those required for graduates' career	2.1.2 (a) Assess the process of formulating programme educational objectives. Evaluate how they are linked to the programme learning outcomes and to the HEP's educational goals. (b) Evaluate how the competencies and attributes expected of students upon completion of study relate to graduates' career undertakings, further study

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	undertakings, further study opportunities and good citizenship.	opportunities and good citizenship.
2.2 Programme Development		
2.2.1 The HEP **must** have processes for curriculum design and review involving academic staff, programme management and relevant units or bodies at both departmental and institutional levels, incorporating needs assessments and the availability of resources.	2.2.1 (a) Describe the policies and processes for developing new curricula and reviewing existing curricula. (b) Describe the involvement of all relevant parties, including academic staff, programme management and related units at departmental and institutional levels. (c) Provide evidence that needs assessments are conducted, including the evaluation of resources required to offer the programme.	2.2.1 (a) Evaluate the adequacy of the policies and processes for developing new curricula and reviewing existing curricula. (b) Assess the involvement of relevant parties in providing feedback to the programme, the conduct of needs analyses and the assessment of resource availability during the curriculum design or review process.
2.2.2 The curricula **must** be analysed through comprehensive needs assessments, incorporating feedback from internal and external sources, including market demands, stakeholder input and aspects of the Global Sustainability Agenda, to ensure currency and relevance.	2.2.2 (a) Identify all parties, both internal and external, involved and engaged in preparing the needs assessments. (b) Provide the results and analyses of the needs assessments for individual programmes, incorporating feedback from internal and external sources — including market demands, stakeholders and aspects of the Global Sustainability	2.2.2 (a) Assess the needs assessment reports and the effectiveness of stakeholder involvement in providing feedback on the programmes, taking into account market demands and aspects of the Global Sustainability Agenda to ensure currency and relevance. (b) Evaluate the feedback provided by stakeholders regarding how the

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	Agenda — and explain how these analyses were used to determine the introduction of new programmes and continuation of existing ones.	analyses were discussed and incorporated into new or revised curricula.
2.2.3 The programmes **must** be aligned with and support the HEP's vision and mission, covering topics relevant to industry or stakeholder needs, as well as matters of national and international importance, and **must** comply with all relevant standards.	2.2.3 (a) Describe how the programmes are aligned with the HEP's vision and mission, addressing industry and stakeholder needs, as well as topics of national and international importance. (b) Describe how the academic programmes fulfil stakeholder requirements and take into account relevant standards.	2.2.3 (a) Evaluate the appropriateness of the alignment between the programmes and the HEP's vision and mission. Assess how the programmes fulfil the requirements of relevant industries. (b) Assess whether the HEP has identified relevant standards in developing or reviewing the programmes. Evaluate whether those standards were used effectively in the development or review processes.
2.2.4 The programmes **must** include essential disciplinary core content that supports the programme learning outcomes and reflects current concepts, principles and methods.	2.2.4 Describe how the academic programmes incorporate the core content of the discipline that is essential to support the programme learning outcomes and reflect current concepts, principles and methods.	2.2.4 Evaluate how each programme incorporates its core disciplinary components to ensure the attainment of its learning outcomes. Assess whether how the concepts, principles.

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2.3 Programme Delivery		
2.3.1 The HEP **must** employ a variety of teaching and learning methods and activities in the delivery of its curricula to cover all the learning outcome clusters, where these methods and activities **must** be aligned to support the attainment of programme learning outcomes, promote student-centred learning and nurture holistic student development.	2.3.1 (a) Provide evidence that the alignment process in curriculum delivery is embedded within the policy for programme development. (b) Describe how the teaching and learning methods and activities are selected, and how these methods, activities and curriculum delivery cover all clusters of learning outcomes and are aligned to support their attainment. (c) Describe how the teaching and learning methods promote student-centred learning and nurture holistic student development. (d) Describe how the teaching and learning activities incorporate a variety of approaches and continuous innovation to promote student-centred learning and holistic student development.	2.3.1 (a) With reference to relevant procedures, guidelines and evidence of implementation, evaluate how the curriculum is aligned to support the attainment of the programme learning outcomes, and how its delivery facilitates their achievement. (b) Evaluate the teaching and learning methods to ensure that they address all clusters of learning outcomes. Assess how these methods promote student-centred learning and nurture holistic student development. (c) Evaluate how teaching and learning activities are appropriately selected and aligned to deliver the curriculum content, utilising a variety of approaches that foster student-centred learning and holistic student development.
2.3.2 The HEP **must** offer co-curricular activities to enrich student experiences, fostering personal development and responsibility.	2.3.2 (a) Specify the co-curricular activities offered to students on campus and their participation rates. (b) Describe how the co-curricular activities	2.3.2 Evaluate the list of co-curricular activities offered to students by assessing the level of student participation and the extent to which these activities enrich the student

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(*Note: This standard is not applicable to Open and Distance Learning (ODL) programmes and postgraduate programmes, where relevant.*)	enrich student experiences and foster personal development and responsibility.	experience, foster personal development and responsibility, and support holistic growth. Examine how their impact is measured to enhance overall learning outcomes.
2.4 Learning Assessment		
2.4.1 The HEP **must** establish policies and mechanisms to address validity, reliability, transparency and fairness of student assessments, consistent with relevant educational standards.	2.4.1 (a) Describe the policies and mechanisms established by the HEP to address validity, reliability, transparency and fairness of student assessments. (b) Explain how the HEP monitors the reliability and validity of assessments over time and across sites. (c) Explain how the HEP ensures that student assessments are consistent with relevant educational standards.	2.4.1 (a) Examine whether the HEP has formal, documented policies governing student assessments based on the principles of validity, reliability, transparency and fairness. (b) Evaluate how these policies are implemented at different levels (e.g., departmental, programme and course levels). Assess whether they are aligned with relevant national or international educational standards and frameworks.
2.4.2 The HEP **must** provide sufficient autonomy to relevant departments to develop and review assessment criteria and methodologies, comprising formative and	2.4.2 (a) Describe the practices employed by departments in exercising their autonomy to develop and review student assessments, including assessment methodologies and criteria. (b) Describe how the HEP monitors the implementation of student assessments	2.4.2 (a) Examine whether the HEP has policies that explicitly grant departments the autonomy to develop their own assessment criteria and methods. Evaluate how this autonomy is exercised in accordance with discipline-specific needs.

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summative components and incorporating good practices.	across departments, comprising formative and summative components and incorporating of good practices.	(b) Evaluate how departments incorporate good practices in student assessment, including the use of formative and summative assessment methods and appropriate technologies (e.g., learning management systems and online assessments) to enhance assessment practices and improve students' attainment of learning outcomes.
2.4.3 The methods of student assessment, plagiarism policies, grading criteria and assessment results **must** be documented and communicated to students at appropriate schedules.	2.4.3 (a) Explain how the HEP ensures that student assessment methods, plagiarism policies, grading criteria and assessment results are documented and communicated to students at appropriate schedules. (b) Provide the examination regulations and other documents regulating student assessments.	2.4.3 (a) Review whether the HEP has a well-defined plagiarism policy that clearly explains what constitutes academic dishonesty and the consequences of violations, and how this policy is communicated to students to ensure awareness prior to undertaking any assignments or assessments. Evaluate the use of plagiarism detection tools (e.g., Turnitin). (b) Evaluate how effectively the HEP communicates assessment methods, processes and expectations to students, ensuring that clear and accessible guidelines are provided before assessments.

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2.5 Programme Management		
2.5.1 The HEP **must** have policies to provide students with current and comprehensive information about the programme learning outcomes, curriculum structure and content, assessment methods and results, as well as the appeal process and any other changes related to the programme.	2.5.1 (a) Describe the policies established by the HEP to provide students with current and comprehensive information on: • programme educational objectives; • programme learning outcomes; • curriculum structure and content; • assessment methods and results; • appeal processes; • other programme-related changes; (b) Provide samples of the student study guide, student handbook and student project handbook, where applicable.	2.5.1 Assess whether the HEP has clear policies covering all key areas, including learning outcomes, curriculum structure and content, assessment methods and results, appeal processes and other programme-related changes.
2.5.2 The HEP **must** provide mechanisms to allocate the necessary support and resources for implementing teaching, learning and assessment activities.	2.5.2 (a) Elaborate on the mechanisms for allocating the necessary support and resources for teaching, learning and assessment activities. (b) Explain how resources are allocated to programmes based on their specific requirements in implementing teaching, learning and assessment activities.	2.5.2 (a) Examine whether the HEP has documented policies outlining how resources are allocated for teaching, learning and assessment activities. (b) Verify that the HEP provides appropriate and sufficient resources for teaching and learning, ensuring that they are functional, relevant and up to date.

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2.5.3 Each programme **must** have an appropriate full-time programme leader and a team of academic staff who have the authority and responsibility for programme planning, implementation, monitoring, self-review and continual quality improvement.	2.5.3 (a) Provide the designation, responsibilities and authority of the programme leader and committees responsible for the programme. (b) Provide the terms of reference of the programme committees. (c) Explain how the HEP ensures that adequate resources are allocated and provided for implementing teaching, learning and assessment activities, as well as for managing programme planning, implementation, monitoring, self-review and continual quality improvement.	2.5.3 (a) Confirm that a programme leader has been formally appointed for each academic programme. Evaluate the adequacy of their roles and responsibilities, including programme planning, implementation, evaluation and continual quality improvement. (b) Review the qualifications and experience of the programme leader to ensure suitability for effective leadership. Verify that he or she has the authority to make decisions related to the programme, including curriculum changes, assessment methods and resource allocation.
2.5.4 Programmes **must** undergo regular review, incorporating feedback from academic staff, students and educational experts, which may include programme advisors and examiners, for quality assurance and continual quality improvement.	2.5.4 Describe the review and evaluation processes for programmes, incorporating feedback from academic staff, students and educational experts, which may include programme advisors and examiners, regardless of department or qualification level.	2.5.4 Evaluate whether the HEP conducts regular programme reviews according to an established schedule (e.g., annually or biennially). Examine whether all programmes, regardless of department or qualification.

AREA 3: STUDENT EXPERIENCE AND SUPPORT

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3.1 Student Admission **(A) Student Admission Policies**		
3.1.1 The HEP **must** have policies and processes for student admission, including admission criteria, appeal mechanisms and processes for transfer and exchange students, which **must** be publicly accessible and updated according to regulatory requirements and relevant standards.	3.1.1 (a) Describe the HEP's policies and processes for student admission, including admission criteria, appeal mechanisms and processes for transfer and exchange students. (b) Explain how the admission policies and processes are made publicly accessible and regularly updated in accordance with regulatory requirements and relevant standards.	3.1.1 (a) Review whether the HEP has clearly defined and publicly available criteria for student admission, covering academic qualifications, language proficiency and any other specific requirements for different programmes, including appeal mechanisms and processes for transfer and exchange students. (b) Assess whether the admission criteria align with national and international higher education standards and regulatory frameworks. Examine whether the processes are accessible through both online and offline channels, ensuring convenience for students from various geographical locations and backgrounds.
3.1.2 Student intake numbers, including visiting, exchange and transfer students, **must** reflect the HEP's	3.1.2 Based on the data on student intake numbers provided in Part B of the HEP's documentation (including visiting, exchange and transfer	3.1.2 Examine whether student intake numbers are consistent with the HEP's resource capacity, thereby providing adequate

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resource capacity to deliver the programmes effectively.	students), provide evidence that these numbers are determined based on the HEP's resource capacity to deliver programmes effectively.	support for effective programme delivery.
(B) Student Admission Processes		
3.1.3 The HEP **must** specify and communicate the entry prerequisites to prospective students, including selection interviews and other rigorous assessments, where necessary.	3.1.3 (a) Describe the mechanisms for communicating entry prerequisites to prospective, transfer and exchange students, including academic qualifications, language proficiency levels and other relevant experience. (b) Provide evidence of how the HEP communicates entry prerequisites to prospective students.	3.1.3 (a) Verify that the HEP's admission policies, including criteria for admission, appeals, and transfer or exchange students, are publicly accessible through the institution's website, brochures or other official communication channels. (b) Examine how the HEP communicates entry prerequisites to prospective students.
3.1.4 Student selection **must** adhere to the principles of fairness and transparency throughout the process, including the selection of students with special needs.	3.1.4 Describe the student admission process and explain how the HEP maintains the principles of fairness and transparency throughout, including in the selection of students with special needs.	3.1.4 Confirm that the HEP provides a transparent and accessible process for admission and appeals, ensuring fairness for all applicants, including students with special needs.
3.1.5 The HEP **must** have provisions to offer necessary developmental or remedial support for students requiring additional assistance,	3.1.5 (a) Describe the provisions made to offer necessary developmental or remedial support for students requiring additional assistance.	3.1.5 (a) Review the range of developmental or remedial support services provided by the HEP, such as tutoring, academic counselling, writing centres, language

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which **must** be reviewed regularly for continual improvement.	(b) Explain the mechanisms in place to review and continually improve these provisions.	support, workshops and specialised assistance for students with learning difficulties or special needs. (b) Evaluate whether the HEP has effective mechanisms for identifying students who require developmental support, such as diagnostic assessments, departmental referrals or student self-identification systems.
3.2 Mobility and Credit Transfer		
3.2.1 The HEP **must** have policies and mechanisms to support mobility and transfer students, including articulation arrangements and credit transfer, to enable students to integrate and progress in their programmes, where these policies and mechanisms **must** be updated regularly.	3.2.1 (a) Describe the policies and mechanisms that support mobility and transfer students, including articulation and credit transfer arrangements, to enable students to integrate and progress in their programmes. (b) Provide evidence on how the policies and mechanisms supporting mobility and transfer students are regularly updated.	3.2.1 (a) Examine whether the HEP's policies on student mobility and credit transfer cover a wide range of transfer types, including internal transfers between programmes, inter-institutional transfers and international student mobility. (b) Evaluate how regularly the HEP reviews and updates its policies to align with evolving educational standards and practices, including responses to emerging trends such as online learning and international collaborations.

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3.3 Student Support Services		
3.3.1 The HEP **must** have policies for providing and managing student support services for a total learning experience, which **must** be regularly monitored, reviewed and continually improved.	3.3.1 (a) Provide the policies for student support and experience, outlining how these policies contribute to a total learning experience. (b) Explain how the HEP manages and delivers these support services effectively. (c) Describe the mechanisms for monitoring and reviewing the policies on student support services, and explain how these are continually improved.	3.3.1 (a) Verify that the HEP has clear and documented policies governing the provision and management of student support services, ensuring that they address. (b) Evaluate the management and delivery mechanisms for student support services to ensure alignment with the objectives of the policies Evaluate the management and delivery mechanisms for student support services to ensure alignment with the objectives of the policies. (c) Assess the HEP's mechanisms for regularly monitoring, reviewing and updating policies on student support services, ensuring continual improvement based on feedback and identified needs.
3.3.2 The HEP **must** provide access to appropriate and adequate student support services, including physical, social, financial and recreational facilities, as well as	3.3.2 (a) Describe the range and adequacy of student support services, including physical, social, financial, recreational, counselling and health facilities available to students.	3.3.2 (a) Verify that the HEP provides adequate and accessible student support services across key areas, ensuring these services meet diverse student needs.

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counselling and health services, with mechanisms for student feedback and grievances.	(b) Provide evidence of the mechanisms for collecting and addressing student feedback and grievances regarding support services.	(b) Evaluate the effectiveness of feedback and grievance mechanisms to ensure they are accessible and responsive.
3.4 Student Development		
3.4.1 The HEP must have policies on student development to provide a total learning experience and to prepare students for the workplace.	3.4.1 Provide the policies on student development, including activities that contribute to a total learning experience and prepare students for the workplace.	3.4.1 Evaluate the adequacy, appropriateness and effectiveness of the HEP's policies on student development activities in providing a total learning experience and preparing students for the workplace.
3.4.2 The HEP must implement student development and other extracurricular activities to inculcate character building, a sense of belonging and responsibility, active citizenship and an entrepreneurial mindset.	3.4.2 Provide details of student development activities and other extracurricular activities that promote character building, a sense of belonging and responsibility, active citizenship and an entrepreneurial mindset.	3.4.2 Verify that the HEP has established policies supporting student development through activities that enhance character, responsibility, citizenship and workplace readiness.
3.4.3 The policies and activities for student development **must** be regularly monitored, reviewed and continually improved.	3.4.3 Describe the mechanisms for monitoring and reviewing the policies and activities for student development, and explain how these are continually improved.	3.4.3 Assess the HEP's processes for regularly monitoring, reviewing and continually improving student development policies and activities, ensuring that they remain relevant and responsive to students' needs based on feedback and outcomes.

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3.5 Student Representation and Empowerment		
3.5.1 The HEP **must** have policies on adequate student representation and participation in institutional and departmental governance, with appropriate rights and responsibilities, and avenues for engagement in academic, non-academic and welfare-related matters.	3.5.1 (a) Describe the policies in place to ensure adequate student representation and participation in institutional and departmental governance. (b) Explain how these policies define students' rights and responsibilities within their representative roles. (c) Describe the avenues available for student engagement in academic, non-academic and welfare-related matters.	3.5.1 (a) Assess the HEP's policies on student representation and participation in governance, outlining appropriate rights and responsibilities of students that support meaningful involvement in governance. (b) Evaluate the adequacy and effectiveness of these engagement avenues, ensuring students have access to platforms for participation across academic, non-academic and welfare areas.
3.5.2 The HEP **must** promote student empowerment to engage in community, national and global agendas, guided by an appropriate code of conduct.	3.5.2 (a) Provide the code of conduct governing student engagement in community, national and global activities. (b) Describe the HEP's initiatives to promote student empowerment for engagement in community, national and global activities.	3.5.2 (a) Assess the HEP's initiatives in encouraging and empowering students to participate and engage in community, national and global agendas that align with institutional values. (b) Confirm that an appropriate code of conduct is in place and effectively communicated, supporting ethical standards for student involvement in wider societal issues.

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3.6 Alumni		
3.6.1 The HEP **must** foster active and continuous engagement with its alumni, leveraging their network for student professional growth and linkages with stakeholders.	3.6.1 (a) Describe the HEP's strategies and initiatives to foster active and continuous engagement with its alumni. (b) Explain how engagement with alumni supports student professional growth and strengthens linkages with relevant stakeholders.	3.6.1 (a) Verify that the HEP has structured initiatives to maintain active alumni engagement and sustain long-term relationships. (b) Evaluate the adequacy and effectiveness of alumni engagement in enhancing student career opportunities and professional growth, as well as in building connections with industry and stakeholders.
3.6.2 The HEP **must** provide platforms and avenues for alumni to give back to the institution, thereby enhancing the HEP's reputation nationally and globally.	3.6.2 (a) Describe the platforms and avenues available for alumni to contribute back to the institution. (b) Explain how alumni contributions help enhance the HEP's national and global reputation.	3.6.2 (a) Verify that the HEP has established accessible platforms and avenues that facilitate alumni contributions, while supporting its strategic objectives and institutional goals. (b) Evaluate the outcomes and impact of alumni contributions on the HEP's national and global reputation.

AREA 4: TALENT AND RESOURCES

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4.1 Academic Staff **(A) Human Resource Policies**		
4.1.1 The HEP **must** have a merit-based human resource policy to plan, recruit, develop, assess, reward and promote academic staff in line with its vision, mission and institutional goals.	4.1.1 (a) Describe the HEP's human resource (HR) policies on academic staff planning, recruitment, development, assessment, rewards and promotion. (b) Describe the mentoring and guidance system for new academic staff. (c) Provide the HR or staff handbook, or equivalent documents, that details the HR policies, practices and related matters.	4.1.1 (a) Assess the staff profile to ensure it matches the range and balance of teaching skills, specialisations and qualifications required to deliver each programme. (b) Assess the support system in place to assist new academic staff in assimilating into the new work environment.
4.1.2 The HEP **must** ensure an adequate number of academic staff, with an appropriate staff-to-student ratio, to teach, supervise and assess learning outcomes for each programme according to relevant standards.	4.1.2 (a) Describe the HR plans in place to ensure an adequate number of academic staff with an appropriate staff-to-student ratio to teach, supervise and assess learning outcomes for each programme in accordance with relevant standards. (b) Provide relevant standards related to academic staff requirements, where applicable (e.g., MQA documents or those issued by national or international professional bodies).	4.1.2 (a) Evaluate the mechanisms in place to ensure an adequate academic staff-to-student ratio to teach, supervise and assess learning outcomes for each programme according to relevant standards. (b) Assess the adequacy, appropriateness and effectiveness of academic staff in carrying out duties related to programme delivery.

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(B) Talent Management		
4.1.3 The HEP **must** provide academic staff with sufficient autonomy to focus on areas of their expertise related to education, research and service.	4.1.3 (a) Provide staff profile documents describing their responsibilities in teaching, research and service. (b) Describe the autonomy granted to academic staff to focus on areas of expertise related to education, research and service.	4.1.3 (a) Evaluate the HEP's HR policies to ensure that members of the academic staff have sufficient autonomy to focus on their areas of expertise. (b) Verify that staff profiles accurately reflect their responsibilities and demonstrate alignment with their areas of expertise, supporting educational, research and service goals.
4.1.4 The HEP **must** implement transparent policies for performance review, recognition and reward based on meritorious academic roles and equitable work distribution, to foster a conducive work environment.	4.1.4 (a) Describe the HEP's policy to ensure transparency in evaluating performance, recognising and rewarding academic staff (e.g., promotions and salary increments) to foster a conducive work environment. (b) Provide information regarding meritorious academic roles and equitable workload distribution among academic staff.	4.1.4 (a) Assess the distribution of responsibilities among the academic staff to ensure fairness. (b) Evaluate the relevance of the policies to ensure transparency, fairness, based on meritorious academic roles and equitable work distribution, fostering a conducive work environment.
4.1.5 The HEP **must** provide adequate and appropriate training and development programmes for academic staff, including leadership skills through participation in professional	4.1.5 (a) Explain the training and development programmes for academic staff, including leadership skills development through participation in professional activities, research, industry linkages and other relevant activities.	4.1.5 (a) Evaluate the adequacy, appropriateness and effectiveness of training and development programmes for academic staff, including any corrective actions taken where necessary.

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activities, research, industry linkages, as well as other relevant activities.	(b) Provide evidence of the adequacy, appropriateness and effectiveness of the training and development programmes for academic staff.	(b) Evaluate the effectiveness of the HEP's policy in retaining competent academic staff.
4.2 Non-Academic Staff		
4.2.1 The HEP **must** ensure sufficient and qualified non-academic staff to support institutional activities and agendas.	4.2.1 (a) Describe the HEP's HR policies on non-academic staff planning, recruitment, development, assessment, rewards and promotion. (b) Describe the mentoring and guidance system for new non-academic staff. (c) Provide the HR or staff handbook or equivalent document that details the HR policies, practices and related matters.	4.2.1 Evaluate the system in place to determine the number of non-academic staff needed for academic programmes and other activities.
4.2.2 The HEP **must** implement transparent policies for performance review, recognition and reward for non-academic staff to support institutional operations.	4.2.2 Describe the mechanisms for conducting regular performance reviews for non-academic staff, including recognition and reward systems that support institutional operations.	4.2.2 Evaluate the procedures for monitoring and appraising non-academic staff performance, including recognition and reward mechanisms, to support institutional operations.
4.2.3 The HEP **must** provide adequate and appropriate training and career advancement opportunities for	4.2.3 Explain the mechanisms for providing adequate and appropriate training and career advancement opportunities for non-academic staff to support institutional activities and	4.2.3 Evaluate the mechanisms in place to provide adequate and appropriate training and career advancement opportunities for non-academic staff to support institutional

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non-academic staff to support institutional activities and agendas.	agendas.	activities and agendas.
4.3 Physical Resources		
4.3.1 The HEP **must** have clear policies to provide, manage and maintain its physical resources, including physical facilities, equipment and library or resource centres, to support the attainment of programme learning outcomes, and the achievement of institutional goals, and other educational and institutional needs.	4.3.1 (a) Describe the policies related to the provision, management, and maintenance of the HEP's physical resources, ensuring their availability, quality and relevance to programme's delivery, the achievement of institutional goals, and other educational and institutional needs. (b) Provide a list of all physical resources, including physical facilities, equipment, and library or resource centres, relevant to supporting the attainment of programme learning outcomes, achieving institutional goals and meeting other educational and institutional needs. (c) Provide evidence of resource utilisation, such as library borrowing data, digital resource access logs and laboratory usage rates.	4.3.1 (a) Assess whether the HEP has clear policies ensuring equitable access to appropriate physical resources, including facilities, equipment, and library or resource centres, to support the attainment of programme learning outcomes, the achievement of institutional goals, and other educational and institutional needs. (b) Evaluate the relevance of these policies in meeting the physical resource requirements of academic programmes and their alignment with institutional goals.
4.3.2 The HEP **must** ensure its physical resources fully comply with relevant laws and health and safety regulations, maintaining a	4.3.2 (a) Provide evidence of compliance with relevant laws and health and safety regulations, including inspection certificates, safety audit reports, fire safety	4.3.2 (a) Evaluate whether the HEP provides evidence of adherence to all relevant laws and health and safety regulations, such as inspection certificates, safety

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safe and conducive learning environment.	records and environmental health assessments related to physical resources. (b) Provide emergency preparedness plans, risk assessments, records of health and safety incidents, and corrective actions taken to address safety concerns in the learning environment.	audits and environmental health assessments. (b) Assess the effectiveness of the HEP's mechanisms for regular safety audits, incident reporting and implementation of corrective actions to ensure a consistently safe and conducive environment for students and staff.
4.3.3 The physical resources **must** be accessible to staff and students, including persons with special needs.	4.3.3 (a) Provide information on the availability of physical resources accessible to staff and students, including persons with special needs. (b) Provide evidence of feedback received from staff and students, including persons with special needs (e.g., surveys, interviews or focus group discussions), on the accessibility of physical resources.	4.3.3 Assess whether the HEP has implemented policies and infrastructure that ensure physical resources are accessible to staff and students, including persons with special needs, and comply with relevant accessibility standards.
4.3.4 The HEP **must** regularly review its policies and improve its physical resources according to educational and institutional needs.	4.3.4 (a) Provide data from reviews of relevant policies and physical facilities, such as maintenance logs, facility inspection reports, condition assessments and stakeholder feedback, aligned with the HEP's educational and institutional needs. (b) Provide evidence of ongoing improvement efforts, such as renovation plans, equipment upgrades, resource	4.3.4 (a) Evaluate whether the HEP has a structured process for regularly reviewing the adequacy and relevance of its policies and physical resources, including stakeholder feedback and assessment reports. (b) Assess evidence of actions taken by the HEP to address identified gaps or deficiencies, such as facility upgrades,

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	acquisitions and action plans to address gaps or deficiencies identified through reviews. (c) Provide data on user feedback and utilisation of physical resources, such as surveys, usage statistics and suggestions for enhancement, to inform continual improvement efforts.	renovations and procurement of new resources aligned with its educational and institutional needs.
4.4 Technological Resources		
4.4.1 The HEP **must** have policies to provide access to appropriate technological resources, including information and communication technology (ICT) facilities and e-learning platforms, to support programme implementation and other educational and institutional needs.	4.4.1 (a) Provide the policies outlining the provision and management of technological resources, including ICT facilities and e-learning platforms, to support programme implementation and other educational and institutional needs. (b) Provide a list of all technological resources, including hardware, software, network infrastructure and e-learning platforms, that support programme implementation and other educational and institutional needs.	4.4.1 (a) Assess whether the HEP has clear policies ensuring equitable access to appropriate technological resources, including ICT facilities and e-learning platforms, to support programme implementation and other educational and institutional needs. (b) Evaluate the relevance of these policies in meeting the technological requirements of academic programmes and their alignment with institutional goals.
4.4.2 The HEP **must** ensure its technological resources fully comply with relevant laws and regulations, and promote secure,	4.4.2 Provide the policies and evidence of compliance with laws and regulations on cybersecurity, data protection and digital accessibility, including regular audits, updates	4.4.2 Evaluate evidence of the HEP's adherence to all relevant laws and regulations, including those related to cybersecurity, data protection and digital accessibility.

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ethical and responsible ICT use, while maintaining a safe and supportive learning and working environment.	and measures that promote secure, ethical and responsible ICT use, while maintaining a safe and supportive learning and working environment.	Assess whether the HEP conducts regular audits and updates and implements measures that promote secure, ethical and responsible ICT use, while maintaining a safe and digitally secure environment that facilitates learning, teaching, research and administration.
4.4.3 The technological resources **must** be accessible to staff and students, including persons with special needs.	4.4.3 (a) Provide information on the availability of technological resources accessible to staff and students, including persons with special needs. (b) Provide evidence of feedback received from staff and students, including persons with special needs (e.g., surveys, interviews and focus group discussions), on the accessibility of technological resources.	4.4.3 Assess whether the HEP has implemented policies and infrastructure that ensure technological resources are accessible to staff and students, including persons with special needs.
4.4.4 The HEP **must** regularly review its policies and improve its technological resources according to educational and institutional needs.	4.4.4 (a) Provide data from reviews of technological resources in supporting programme implementation and meeting other educational and institutional needs. (b) Provide evidence of policy reviews and ongoing improvement efforts, such as system upgrade plans, equipment upgrades, new software acquisitions, ICT service expansion and action plans to	4.4.4 (a) Evaluate the processes in place for the regular review of policies and the HEP's technological resources to ensure alignment with its evolving educational and institutional needs. (b) Assess the adequacy of upgrades or enhancements made to technological resources based on review findings

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	address gaps or deficiencies identified through reviews. (c) Provide data on user feedback and utilisation of technological resources, such as surveys, usage statistics and suggestions for enhancement, for continual improvement.	and user feedback.
4.5 Research Resources		
4.5.1 The HEP **must** have policies on research and innovation, which **must** be regularly reviewed, to provide sufficient resources and a conducive research environment for achieving related institutional goals.	4.5.1 (a) Provide the policies on research and innovation that specify the institutional approaches to creating a conducive research environment. (b) Provide evidence of ongoing reviews of research policies and resources, including improvements made to meet changing institutional goals and researcher needs.	4.5.1 (a) Assess whether the policies on research and innovation are clearly defined, regularly reviewed and aligned with institutional goals. (b) Evaluate the availability and allocation of resources to ensure they adequately and effectively support a conducive research environment for achieving institutional goals.
4.5.2 The HEP **must** provide research resources to support programmes with research components in attaining their learning outcomes.	4.5.2 (a) Provide a list of all research resources available to students, such as laboratories, databases, specialised equipment and funding sources. (b) Provide information on research support mechanisms, such as mentoring programmes, research training, funding	4.5.2 (a) Determine whether adequate research resources, such as funding, facilities and tools, are provided to support programmes with research components in achieving their learning outcomes. (b) Evaluate how adequately and effectively the research resources align

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	and access to research facilities, which enable programmes with research components to attain their learning outcomes.	with the specific needs of the programmes to facilitate the attainment of learning outcomes.
4.6 Financial Resources		
4.6.1 The HEP **must** establish and maintain budgetary and procurement procedures to ensure efficient resource utilisation, align with institutional goals and demonstrate financial sustainability.	4.6.1 (a) Describe budgetary and procurement procedures and their review processes. Elaborate on how resources are efficiently utilised in accordance with institutional goals. (b) Provide evidence of financial sustainability and efficient resource management, such as annual budgets, audits and expenditure records.	4.6.1 (a) Assess whether the budgetary and procurement procedures ensure optimal and efficient use of resources across the institution. (b) Evaluate how well these procedures support the institution's strategic goals while demonstrating financial sustainability.
4.6.2 The HEP **must** establish transparent mechanisms for managing budgets and allocating resources to departments based on their needs, with clear lines of duty and authority.	4.6.2 (a) Describe the budget allocation processes and provide supporting records (e.g., approval documents, allocation frameworks and meeting minutes) indicating the distribution of resources to departments. (b) Provide information on the lines of duty and authority in budget management and resource allocation.	4.6.2 (a) Assess whether the budget management and resource allocation processes are transparent and clearly documented. (b) Evaluate whether roles and authorities in budget and resource management are clearly defined and effectively implemented.

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4.6.3 The HEP **must** provide the department responsible for a programme with sufficient autonomy to allocate resources appropriately in order to attain the programme learning outcomes and maintain high educational standards.	4.6.3 Provide the policies, guidelines and records that enable departments to manage resources to attain programme learning outcomes and maintain high educational standards.	4.6.3 Evaluate whether the programme leaders have adequate independence to allocate resources effectively towards attaining programme learning outcomes.

AREA 5: QUALITY ASSURANCE AND ENHANCEMENT

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5.1 Internal Quality Assurance System		
5.1.1 The HEP **must** have an independent department or equivalent unit dedicated to, and responsible for, the internal quality assurance system, led by a competent person with a direct line of reporting to the head of institution or the governing board.	5.1.1 (a) Based on an organisation chart or equivalent diagram showing lines of authority and reporting, explain the structure and position of the department (or equivalent unit) within the HEP that is responsible for the internal quality assurance (IQA) system, as well as the qualifications and competencies of its head. (b) Describe the terms of reference and resource capacity (including HR) of the department or unit responsible for the HEP's IQA system and its reporting lines. Explain how independent and prominent it is in implementing the system within the HEP. (*Note: An IQA system may form part of the HEP's overall Quality Management System or operate in coordination with it.*)	5.1.1 Evaluate the current status of the department, or its equivalent unit, dedicated to and responsible for the HEP's IQA system. The evaluation should consider: • its capacity, independence and prominence within the institution; • the qualifications and competencies of its head; and • whether he or she has a direct line of reporting to the head of institution, the governing board or other relevant authorities.
5.1.2 The HEP **must** establish policies and procedures for the regular review of its internal quality assurance system and processes,	5.1.2 (a) Describe the policies and procedures for the regular review of the IQA system and processes to maintain quality assurance and continual quality improvement within	5.1.2 Assess the policies and procedures for regular review of the HEP's internal IQA system and processes, ensuring they keep abreast of current developments in quality

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to keep abreast of current developments in quality assurance and to maintain continual quality improvement within the institution.	the institution. (b) Explain the mechanisms through which the current IQA system keeps abreast of national and global developments in quality assurance, and how good and best practices are incorporated to promote continual quality improvement.	assurance, implement good and best practices, and maintain continual quality improvement within the institution.
5.2 Programme Monitoring, Review and Evaluation **(A) Policies and Procedures**		
5.2.1 The HEP **must** have policies and procedures for the periodical monitoring, review and evaluation of its programmes, covering needs assessments and benchmarking analyses, teaching and learning activities, student assessment, administration and related educational and support services.	5.2.1 (a) Describe the policies and procedures for monitoring, reviewing and evaluating the HEP's curricula and programmes, covering needs assessment and benchmarking analysis, as well as aspects of teaching and learning activities, student assessment, administration and related educational and support services. (b) Explain the mechanisms in place for periodical programme monitoring, review and evaluation, and their implementation to cover all programmes within the institution.	5.2.1 Assess the policies and procedures for the periodical monitoring, review and evaluation of curricula and programmes, and determine what extent they cover needs assessment (including currency and relevance) and benchmarking analysis, teaching and learning activities, student assessment, administration and related educational and support services.
5.2.2 The policies and procedures for the programme monitoring, review	5.2.2 Explain the mechanisms and processes through which the policies and procedures for	5.2.2 Assess the implementation of the policies and procedures, mechanisms and

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and evaluation **must** be regularly reviewed and updated.	programme monitoring, review and evaluation are regularly reviewed, updated and continually improved.	processes for programme monitoring, review and evaluation, including how regularly they are reviewed, updated and continually improved.
5.2.3 The HEP **must** share responsibility with all collaborative partners in the programme management, monitoring, review and evaluation processes for programmes offered through collaborative arrangements. (*Note: Applicable only to programmes offered with collaborative partners.*)	5.2.3 If there is any programme offered together with one or more collaborative partners, describe all general and specific arrangements of responsibilities with the collaborative partners in the aspects of programme management, including programme design and delivery, as well as programme monitoring, review and evaluation processes.	5.2.3 If any programme is offered together with one or more collaborative partners, assess all general and specific arrangements of responsibilities with the collaborative partners in programme management, as well as in programme monitoring, review and evaluation processes.
(B) Implementation of Programme Review and Evaluation		
5.2.4 The implementation of programme review and evaluation **must** be timely and coordinated by designated committees.	5.2.4 Describe the structure and functioning of the designated committees responsible for planning, managing and coordinating the programme review and evaluation process implemented by the HEP. Include details of the implementation timeframe, specific interactions between departmental-level and institutional-level units, and any special provisions made to manage particular programmes or unconventional situations.	5.2.4 Assess the structures and operations of committees responsible for planning, managing and coordinating the implementation of programme review and evaluation, including the timeliness of implementation and the effectiveness of coordination between departmental and institutional levels.

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5.2.5 Programme review and evaluation **must** be conducted to verify and validate the curriculum and its constructive alignment in order to ascertain the attainment of programme learning outcomes and the achievement of the HEP's educational goals.	5.2.5 (a) Describe the mechanisms and processes used by the HEP, at either the programme level or institutional level, to verify and validate the curriculum and its constructive alignment in order to ascertain the attainment of programme learning outcomes based on students' academic performance. (b) Describe the mechanisms and explain how the HEP determines the achievement of its educational goals, whether through students' academic performance or by other means.	5.2.5 (a) Assess the mechanisms and processes for verifying and validating curricula and their constructive alignment during the implementation of programme review and evaluation. (b) Evaluate the adequacy and effectiveness of these mechanisms in ascertaining the attainment of programme learning outcomes and the achievement of the HEP's educational goals.
5.2.6 The programme review and evaluation **must** include analyses of student progression and performance, covering passing, graduation, attrition and employment rates, for the purpose of continual quality improvement.	5.2.6 (a) Describe the factors considered when analysing student progression and performance for the purpose of programme review and evaluation, including but not limited to passing, graduation, attrition and employment rates. (b) Explain how these analyses are discussed and deliberated during the programme review and evaluation processes, and how they are used to support continual quality improvement.	5.2.6 Evaluate the extent and effectiveness of student progression and performance analyses conducted during programme review and evaluation exercises in contributing to continual quality improvement.

Mapping of Section 2, Section 3 and Section 6 of IQAF 2025		
Section 2: Criteria and Standards for Higher Education Providers	**Section 3: Submission for Institutional Quality Audit — The Required Documentation Part B: Information on Standards**	**Section 6: Guidelines for Preparing Institutional Quality Audit Report: Evaluation of Standards**
5.2.7 The results of the programme review and evaluation, including areas of concern, **must** be brought to the attention of the highest relevant authorities within the HEP.	5.2.7 (a) Describe the mechanisms for presenting the results of the programme review and evaluation, including areas of concern and areas for improvement, to the highest relevant authorities in the HEP. (b) Explain the types of decisions that may be made by these authorities for the purpose of maintaining continual quality improvement of the programmes under review and assuring the overall quality of the HEP's programmes. (c) If a programme falls under the purview of a statutory professional body that regulates a separate accreditation process, explain how continual quality improvement and other IQA processes are managed and maintained within the HEP to complement the accreditation process conducted by the relevant professional body.	5.2.7 (a) Assess the mechanisms and processes for presenting the results of programme review and evaluation, including the areas of concern and areas for improvement, to the highest relevant authorities in the HEP. (b) Evaluate the extent to which these mechanisms and processes contribute towards assuring the quality of the HEP's programmes, including those under the purview of relevant professional bodies.
5.3 Involvement of Stakeholders and Educational Experts		
5.3.1 The implementation of programme review and evaluation **must** involve relevant stakeholders, including alumni and employers, to	5.3.1 (a) Describe the platforms and processes provided by the HEP to engage with relevant stakeholders, such as alumni, employers and professional bodies and	5.3.1 (a) Assess the involvement of relevant stakeholders, including alumni and employers, as part of the HEP's programme review and evaluation

Mapping of Section 2, Section 3 and Section 6 of IQAF 2025		
Section 2: Criteria and Standards for Higher Education Providers	**Section 3: Submission for Institutional Quality Audit — The Required Documentation Part B: Information on Standards**	**Section 6: Guidelines for Preparing Institutional Quality Audit Report: Evaluation of Standards**
maintain the currency and relevance of the HEP's programmes.	other related associations, in order to maintain the currency and relevance of its programmes. (b) State the existing mechanisms utilised at the programme level to obtain feedback from stakeholders, including alumni and employers, for use in programme improvement.	exercises. (b) Evaluate the use of feedback gathered from them in maintaining the currency and relevance of the reviewed and evaluated programmes.
5.3.2 Programme review and evaluation **must** take into account feedback and recommendations from educational experts, including programme assessors, for the purpose of quality assurance and continual quality improvement.	5.3.2 (a) Describe the platforms and processes provided by the HEP to engage with educational experts, which may include programme assessors, to gather their feedback and recommendations for programme improvement. (b) Explain how this feedback and these recommendations are considered for the purpose of quality assurance and continual quality improvement of the programmes.	5.3.2 Assess the engagement of educational experts, which may include programme assessors. Evaluate how their feedback and recommendations are considered for the purpose of quality assurance and continual quality improvement of the programmes.
5.3.3 The results of programme review and evaluation arising from stakeholder feedback **must** be systematically analysed and documented, with the resulting	5.3.3 Describe the mechanisms for systematically analysing and documenting stakeholder feedback during the programme review and evaluation processes, and explain how the resulting changes to the programmes are disseminated to stakeholders.	5.3.3 Evaluate the implementation of processes through which the stakeholder feedback is incorporated into programme review and evaluation incorporate stakeholder feedback, which are then systematically analysed, documented, with the resulting

Mapping of Section 2, Section 3 and Section 6 of IQAF 2025		
Section 2: Criteria and Standards for Higher Education Providers	**Section 3: Submission for Institutional Quality Audit — The Required Documentation Part B: Information on Standards**	**Section 6: Guidelines for Preparing Institutional Quality Audit Report: Evaluation of Standards**
changes disseminated to stakeholders.		changes disseminated to stakeholders.
5.4 Quality Improvement and Enhancement		
5.4.1 The HEP **must** promote a quality culture through participatory and cooperative processes across all levels to assure quality in education, research, service and management within the institution.	5.4.1 (a) Describe how the HEP, through the department or unit responsible for the IQA system, promotes a quality culture to assure quality in education, research, service and institutional management. (b) Explain the extent to which this quality culture promotion involves participatory and cooperative processes across all levels within the HEP.	5.4.1 Evaluate the extent to which a quality culture is promoted through participatory and cooperative processes across all levels within the HEP, to assure quality in education, research, service and institutional management.
5.4.2 The HEP **must** have mechanisms to implement recommendations for quality improvement and enhancement plans, which **must** be linked with institutional goals and strategic objectives.	5.4.2 (a) Describe the mechanisms used by the HEP to implement recommendations for quality improvement and to formulate plans for quality enhancement. (b) Explain how these recommendations and plans are linked to the HEP's institutional goals and strategic objectives.	5.4.2 (a) Assess the mechanisms implemented by the HEP to act upon recommendations for quality improvement and plans for quality enhancement. (b) Evaluate how these recommendations and plans are linked with the HEP's institutional goals and strategic objectives.

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INSTITUTIONAL QUALITY AUDIT FRAMEWORK