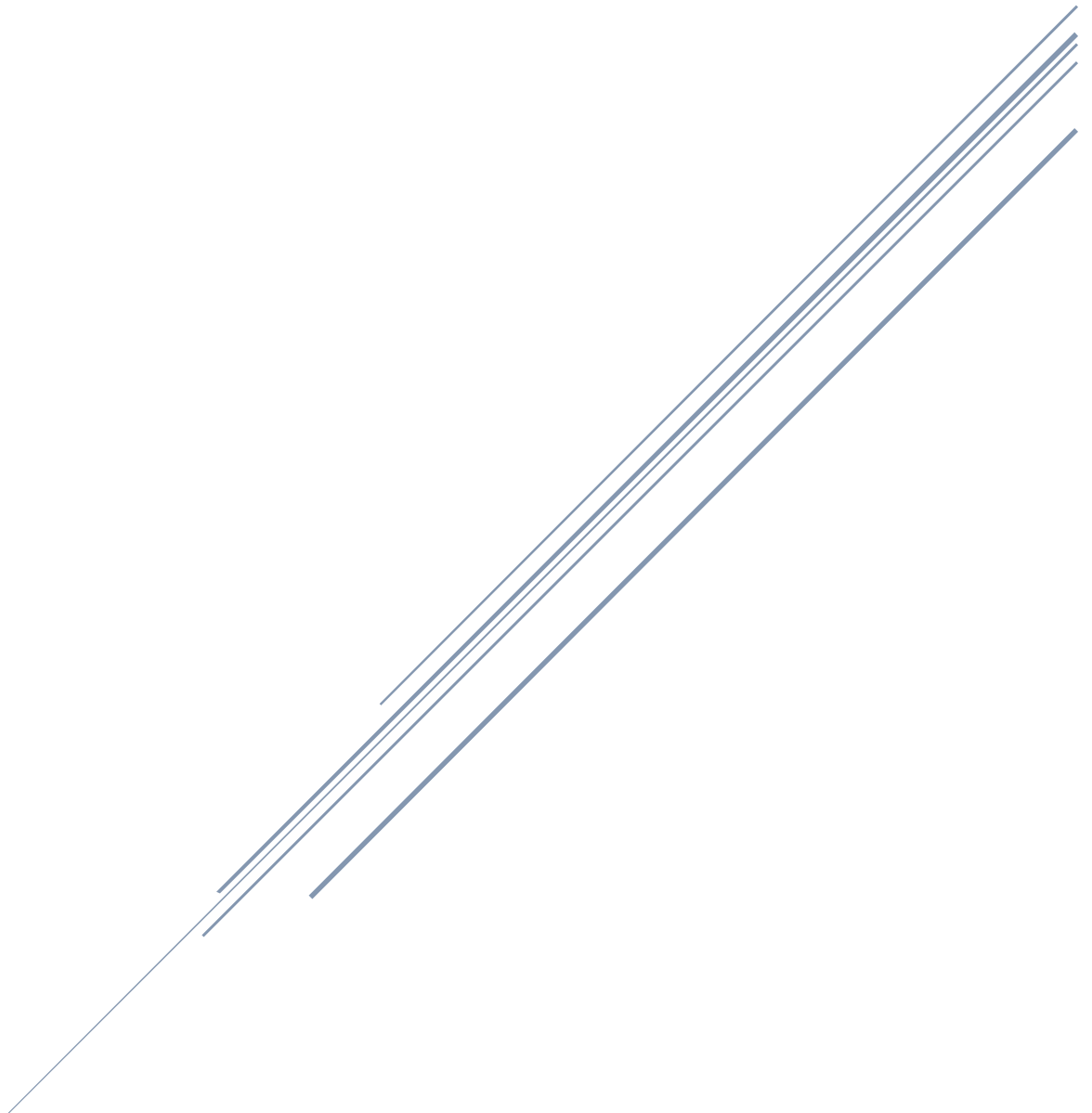


SUPPLEMENTARY GUIDANCE

to the Standards 2019



Commission for Academic Accreditation
Ministry of Education - UAE

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1. Introduction

Launched in December 2017, the United Arab Emirates (UAE) *National Higher Education Strategy 2030* (the *National Strategy*) supports the *National Agenda 2021*, to build “*a more diverse economy that relies less on oil*”. Higher education provision in the UAE continues to evolve in terms of its diversity of learning environments and modes of study, and the range of specialist programs. The quality of education available to students within this knowledge-based economy will require “*a stronger, broader, more flexible higher education system*”, in which universities and colleges serve as “*a core part of the nation's innovation system*”, active in research and scholarship and delivering high-quality programs that are “*relevant to employers in a changing global marketplace*”. Higher education institutions (HEIs) will increasingly use new learning approaches, including online and blended learning.

In order to secure and assure the consistent provision of high quality, relevant, innovative learning programs by an increasingly varied and complex higher education sector, all HEIs are expected to meet common expectations for academic and institutional quality. These common expectations are set out in clear National Standards (the *Standards 2019*). The *Standards* contain Stipulations that are supported by explanations and guidance, which take account of different providers’ structures, missions and levels of maturity, and of local contexts. A coherent and consistently rigorous national system of quality assurance will enable the higher education sector’s stakeholders to be confident that the *Standards* are being met. The *Standards* are based on two key parts:

The *Standards for Institutional Licensure (SIL)*

The *Standards for Program Accreditation (SPA)*

These are both evolutionary developments from the *Standards for Licensure and Accreditation* (2011), produced by and previously published by the Commission for Academic Accreditation (CAA or Commission).

HEIs are expected to take increasing responsibility for assuring the quality of their educational programs; they will be encouraged and supported in doing this, and in using their quality assurance data to inform and drive the enhancement of their provision. Regular reporting on higher education quality and learning outcomes will provide consistent public information about the performance of each institution and the system as a whole. This combination of the *Standards*, quality assurance, promotion of quality enhancement, and the provision of information about higher education are combined in a new approach to higher education quality for a unified national higher education sector.

A National Register of Licensed HEIs, which is maintained by the Ministry of Education (MoE) and published on the Ministry’s website, will define this unified national higher education sector. Licensure and accreditation will be the gateway to the sector. By controlling entry to the Register, the MoE will assure the threshold quality of higher education provision and minimise the risks to students, and to the reputation of the higher education sector and the UAE.

For this reason, Licensure and entry to the Register requires a prospective HEI wishing to operate within the country to demonstrate two things: First, that it is a fit and proper corporate body to operate in the UAE through compliance with the *SIL*; second, that it meets the requirements of the *SPA* for its programs. All licensed HEIs must then demonstrate through a monitoring and review process undertaken by the CAA that they continue to meet the *SIL* and *SPA* expectations, in order to retain their licensed status and remain entered on the National Register.

The CAA directs the institutional review, to determine whether the institution meets the academic and educational requirements set out in the *SIL*. Once an institutional review has confirmed that the Stipulations of the *SIL* are successfully met, it will receive the MoE's licensure and be admitted to the National Register. Recognition of programs through accreditation can only be achieved by licensed institutions. The *Standards*, Stipulations and associated criteria are used as the basis for the two processes of Institutional Licensure and Program Accreditation. The procedures and steps in the licensure and accreditation processes are depicted in *Annex 6: Business Process Models for CAA Activities*. When used in conjunction with the *Procedural Manuals*, it will be apparent that certain sub-sections of the *Standards* are more pertinent to Institutional Licensure and others to Program Accreditation.

A new addition to the *Standards* 2019 is the introduction of a 'risk-based approach' to Institutional Licensure and Program Accreditation by the CAA. This context-sensitive assessment of institutional performance is determined against baseline regulatory requirements. The risk level of institutions is identified according to the threshold risk level, as determined by the CAA. The risk levels establish the ongoing licensure and ongoing program accreditation review arrangements for HEIs on a schedule of 3-, 5-, or 7-year visit cycles.

The risk-based approach to Institutional Licensure acknowledges the level of importance the CAA attaches to the development of institutions, and the maintenance of academic standards. The CAA risk-based approach is centered on offering a full understanding of the implications of the risk evaluation for different providers, their students and other stakeholders.

The determination of risk is undertaken by the External Review Team (ERT) at the conclusion to the Licensure review, and is based on two equally weighted elements:

Risk Evaluation Part A: considers the extent to which the HEI (during the Licensure review) has provided evidence of meeting the requirements of the *Standards*.

Risk Evaluation Part B: evaluates the risk of strategic, operational, legal and financial, academic and international dimensions as applied to specific risk statements. The five risk dimensions have been determined to effectively align with the *SIL* and the *SPA*.

The ERT will use its professional judgment in following this structured approach to evaluate the extent to which risk is determined.

The national system of quality assurance is designed for the whole of the UAE's higher education sector. It provides a unified quality assurance system which takes account of, and addresses, the differing natures, needs and circumstances of all types of HEIs. The national system of quality assurance is based on the assumption that HEIs have the primary responsibility for protecting the academic standards of their qualifications, and for assuring and enhancing the quality of the programs that they provide. The CAA, together with its partner local authorities, works with HEIs to help them meet that responsibility. At the same time it recognizes the need to provide all the higher education sector's stakeholders, and the public, with valid, reliable and up-to-date information about the academic standards of qualifications, and the quality of educational provision in universities and colleges throughout the UAE. Therefore, in order to provide this information, and to safeguard the reputation of the sector as a whole, the national system of quality assurance includes publicly credible, systematic and rigorous scrutiny of institutions.

At the heart of the national system of quality assurance are the related processes of institutional review and program review. Both of these evidence-based processes are carried out through independent external peer review, and both encourage institutions to be self-evaluative. This combination of internal and external analysis and evaluation offers opportunities not only for assurance, but also enhancement of academic standards and quality. Both processes strongly emphasize the interests of students and their learning.

2. Organization and Regulatory Standards

The UAE, through the CAA, introduced its first *Standards for Licensure and Accreditation* (the *Standards*) in 2001. These *Standards* were revised periodically; the most recent edition was published in 2011 and remained in use until the publication of the *Standards 2019*. The *Standards* were originally developed to assure quality in a small higher education sector containing many new and inexperienced institutions. They have created an essential foundation for the initial development and establishment of the UAE's higher education sector. Their very detailed and prescriptive nature reflected this developmental and, indeed, historic role.

As a general principle, standards for academic quality assurance should enable as well as constrain, according to the nature and circumstances of an institution. For institutions themselves, they should enable and support the development of new provision, the improvement of existing provision where it is weak, the enhancement of good provision, and the use of consistently effective internal quality assurance. For the purposes of external academic quality review, they should enable and facilitate rigorous critical evaluation, including the recognition of excellence and innovation, and the robust treatment of weak or failing institutions.

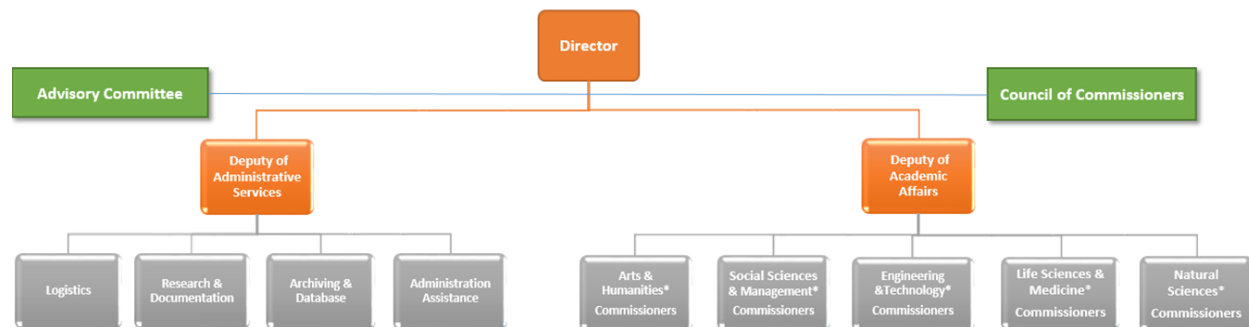
Accordingly a revised body of regulation has been developed from the latest version of the *Standards*. This revision process has been informed by comparison with equivalent standards in other countries, and consultations with the UAE higher education sector. The former *Standards* have now been divided into two parts: *SIL* and *SPA*.

The CAA

The CAA, working collaboratively with local authorities in the Emirates, has the key national leadership role in bringing about these developments. As a matter of the highest priority it sets out to safeguard academic standards, and to assure and enhance the quality of learning opportunities provided for students in all the UAE's HEIs, public and private. Taking into account the massive potential of the higher education sector as a whole, the Ministry's leadership considers that the UAE will be best served by the definition and embodiment of the national higher education sector in a National Register of Licensed HEIs. The National Register identifies all accredited and recognized higher education programs delivered by registered HEIs. The integrity of the National Register, and the academic standards and quality of all programs delivered by licensed and registered institutions, are secured by a unified national system of quality assurance evolving from the present structures and systems and building on their strengths and successes. The national system of quality assurance covers all diploma and degree programs at QF*Emirates* Level 5 and above.

Figure 1 shows the CAA Organization Structure. The Council of Commissioners is headed by the Director and comprises all Commissioners. The Council meets at least once a month, and approves all actions related to HEIs. The Strategic Advisory Committee consists of members of representative stakeholder groups in higher education in the UAE, and provides a strategic

advisory role to the Commission. Its members serve for a period of three years. The Committee meets twice a year, and makes strategic recommendations and provides key information in relation to higher education sector strategies to the Commission.



* Reference: QS subject areas, www.topuniversitiesranking.com, February 2019

Figure 1: CAA Organization Structure

Standards for Institutional Licensure (SIL)

The *SIL* specify institutional requirements which must be met by all HEIs operating in the UAE. To demonstrate that it is a fit and proper organisation to operate in the UAE, an HEI must comply with the *SIL*. This compliance will be tested through the institutional review, which focuses on corporate organisational matters including governance and finance, and is carried out by the CAA with independent academic peer reviewers, so as to determine whether the HEI meets the academic and educational requirements set out in the *SIL*. The institutional review is conducted by the CAA, working with local authorities as appropriate. Once an institutional review has confirmed that the *SIL* are met, the HEI will receive the MoE's licensure and be admitted to the National Register.

In order to demonstrate initial compliance with the *SIL*, prospective HEIs are assessed through the preliminary stages of institutional review, which focuses on the following seven elements:

1. Governance and Management
2. Quality Assurance
3. Research and Scholarly Activities
4. Health, Safety and Environment
5. Fiscal Resources, Financial Management and Budgeting
6. Legal Compliance and Public Disclosure
7. Community Engagement

Standards for Program Accreditation (SPA)

Each HEI must meet the requirements of the *SPA* for all of its programs, as a condition of continued licensure as an HEI in the UAE. The approach of these *Standards* to program accreditation begins with the opening, high-level statements of the previous *Standards*, with some additions or changes

for the sake of clarity or updating. The *SPA* contains six *Standards* that are applied for program accreditation. The six *Standards* for program accreditation are:

1. Quality Assurance
2. Educational Programs
3. Research and Scholarly Activities
4. Faculty and Professional Staff
5. Students
6. Learning Resource Centre, Facilities and Infrastructure

The *Standards 2019* now include Stipulations, which describe good academic practice and explain to institutions how each of the *Standards* can be met effectively. If adopted and applied consistently, the Stipulations should enable an HEI to secure the quality of all that it provides for its students. For this reason, they are of indispensable value to all HEIs, who are required to use them in full as blueprints.

The QF*Emirates*

All accredited HEIs in the UAE are required to demonstrate that program outcomes are aligned with the National Qualifications Framework (QF*Emirates*), published by the National Qualifications Authority (see Figure 2). The ten QF*Emirates* levels are aligned to the Framework for Qualifications of the European Higher Education Area (QF-EHEA), part of the Bologna Framework, and the European Qualifications Framework for Lifelong Learning (EQF). Summary level descriptors, framed as learning outcome statements, are presented, together with explanations and other details, in the *Qualifications Framework Emirates Handbook* published in 2012. The QF*Emirates* was “*designed to be the single structure through which all qualifications in the UAE can be described and compared, enabling the relationship between all qualifications to be defined*”.

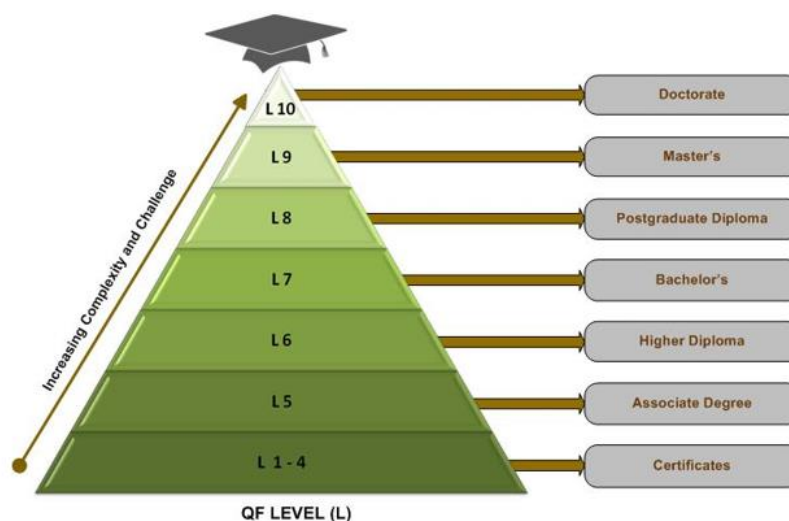


Figure 2: UAE QF*Emirates*

Procedural Manuals

The *Standards 2019* are comprehensive and apply to the four review processes that have been designed by the CAA to assure the quality of institutions and their programs, from the point of an institution's initial establishment to the periodic reviews of programs and support services that are fully operational. In order to guide institutions in the preparation and documentation required for these four review processes – Initial Institutional Licensure (IIL), Renewal of Institutional Licensure (RIL), Initial Program Accreditation (IPA), and Renewal of Program Accreditation (RPA) – the CAA has developed a set of *Procedural Manuals* (formerly *Procedural Guidelines*) linked tightly to the *Standards* and *Stipulations*, which help institutions prepare applications for these separate review processes. With this edition of the *Procedural Manuals*, the Commission has made explicit the particular criteria in the *Standards* and *Stipulations* which must be addressed in each of the applications related to the four review processes.

The following four *Procedural Manuals* are available separately from the Commission on the CAA website <https://www.caa.ae>:

a. Institutional

Procedural Manual for Initial Institutional Licensure (PMIIL)

Procedural Manual for Renewal of Institutional Licensure (PMRIL)

b. Programmatic

Procedural Manual for Initial Program Accreditation (PMIPA)

Procedural Manual for Renewal of Program Accreditation (PMRPA)

Program and Qualification Statements

There is increased expectation that institutions give due consideration to international reference points such as Program Statements, Qualification Statements, Benchmark Statements, and internationally-recognised Professional Standards of Education and Training and Accreditation/Certification Requirements in maintaining their academic standards and quality. An institution's approach to this is one of the considerations that informs the CAA's assessment of institutional risk.

Program Statements and Professional Standards should be used as reference points in the development, design, delivery, review and accreditation of academic programs in particular subject or discipline areas. One example is. *Computer Engineering Curricula 2016: Curriculum Guidelines for Undergraduate Degree Programs in Computer Engineering, ACM/IEEE-CS, 2016*. Program Statements provide general guidance for articulating learning outcomes associated with the program. The Program Statements allow for flexibility and innovation in program design within a framework agreed by the subject community, and describe the nature of subjects to be

studied and the academic standards expected of graduates in specific qualifications. They provide a picture of what graduates are expected to know, understand and do when they have successfully completed their program of study.

Qualification statements describe the characteristics of Bachelors, Masters and Doctoral degrees. They describe, in generic rather than subject-specific terms, the nature of study and academic standards of degree programs at these levels, and they provide a general picture of what graduates are expected to know, understand and when they have successfully completed their programs of study.

HEIs are expected to use international reference points and standards, where they exist, as key frames of reference for setting and maintaining academic standards through the design, approval and internal review of qualifications and programs. The CAA will also use these statements in program reviews, as frameworks for evaluating the academic standards of qualifications and programs.

3. The National Register

The MoE has established a National Register of Licensed HEIs in the UAE. This Register defines the scope of the UAE's national higher education sector. It is created, managed and published online by the MoE.

In the National Register, the entry for each registered HEI is linked to an institutional profile, which includes the institution's classification, a list of all its accredited or recognised higher education programs and qualifications, and a performance dashboard.

An HEI must fulfil the *SIL* in order to be licensed and registered. By controlling entry to the National Register in this way, the MoE, working with local authorities, assures the quality of higher education provision and minimises the risks to students and to the reputation of the sector.

To be licensed, and listed as such in the National Register, all higher education qualifications must be aligned with the *QFEmirates*.

Existing HEIs in the UAE that have been licensed by the MoE will be admitted to the National Register automatically. In future, all new institutions wishing to be licensed and registered as institutions of higher education in the UAE must undergo institutional review, which initially shows that they are suitably structured and equipped, and academically competent to provide, manage and quality assure higher education provision in accordance with the *SIL*.

Continued registration as a licensed HEI is conditional on regular submission of data to the Centre for Higher Education Data and Statistics (CHEDS) for monitoring, on completing periodic institutional reviews, and on program reviews for accreditation or recognition.

4. CHEDS Data

CHEDS is the MoE's infrastructure for the collection and management of data relating to higher education.

The role of CHEDS is to provide reliable higher education data efficiently and in a timely fashion. Information provided by CHEDS is used principally by:

- a. the MoE's Department of Assessment and Quality of Higher Education Institutions, so that decisions about institutional classification are well informed, and information about HEIs in the National Register is accurate and current;
- b. the CAA, so that institutions' performance can be monitored systematically, and potential issues identified and addressed effectively and in good time;
- c. HEIs, so that they can more effectively review and benchmark their own data and performance.

Data must be submitted by an HEI to CHEDS online each semester in the following five tables:

- a. Applicants
- b. Enrolments
- c. Graduates
- d. Faculty load
- e. Operations

Data must be submitted by an HEI to CHEDS online annually in the following three tables:

- a. Institution Overview
- b. Faculty Publications
- c. Financial Data

Branch campuses must also provide data showing comparisons between the branch and the home campuses.

All HEIs must promptly notify the MoE of any changes which affect the accuracy of the information contained in their entries in the National Register.

Each licensed and registered HEI must also submit annual monitoring reports on its provision to the CAA. These reports should show how the institution uses its student data, and other information generated through its quality assurance system, to monitor its provision and to maintain academic standards and improve the quality of its provision for students. The annual report will also provide evidence to illustrate the efficiency and effectiveness of the institution's internal quality assurance system. This is particularly important in view of the increasing emphasis on an HEI's ability and capacity to assure and enhance the quality of its own provision.

The CAA may also use information from other sources to inform its monitoring of HEIs. A template for an institution's annual monitoring report will be provided by the CAA.

On the basis of annual monitoring data or other sources of information, the CAA may carry out additional risk assessments, or require additional monitoring and/or efficiency studies of individual institutions, or take such further action as may be necessary.

5. Risk-Based Assessment

A new addition to the *Standards 2019* is the introduction of a ‘risk-based approach’ to Institutional Licensure and Program Accreditation by the CAA. This context-sensitive assessment of institutional performance is determined against baseline regulatory requirements which originate from the *Standards*. The risk level of institutions is identified according to the threshold risk level, as determined by the CAA, through a two-part process. The risk levels form the basis for decisions related to the ongoing licensure and accreditation review arrangements for HEIs, on a schedule of 3-, 5-, or 7-year visit cycles. The CAA reserves the right to re-classify an institution’s risk status as a sanction for violations of the *Standards*.

The higher education landscape in the UAE has continued to evolve, with more higher education providers having developed primary campuses or branch campuses throughout the Emirates, which underpin the diversity and richness of the UAE higher education sector. The range of ways learners can and do achieve learning outcomes is increasing rapidly. The importance of the role which universities, colleges and other HEIs play in developing and sustaining knowledge-based economies is widely acknowledged within the UAE, and provides a significant element of the *UAE Vision 2021*. It is in this context that the CAA has adopted a proportionate, risk-based approach to institutional monitoring and evaluation.

The CAA has ensured that students are the central focus of the revised *Standards*, and that the development and maintenance of academic standards and quality, sound institutional governance and financial stability are key determinants of success for every HEI. The approach will identify the degree to which an institution is actually fulfilling the academic needs of the Emirates in producing knowledgeable, skilled, competent, employable graduates. The new *SIL* and *SPA* provide for an objective, rigorous and comprehensive evaluation process, having been founded on international best practice. Until the introduction of this risk-based approach, there was no resultant transparent and understandable indicator of institutional performance on which HEIs could be compared.

The introduction of the risk-based approach to Institutional Licensure acknowledges the level of importance the CAA attaches to the development of institutions, and the maintenance of academic standards. The CAA risk-based approach is centred on offering a full understanding of the implications of the risk evaluation for different providers, their students and other stakeholders.

Risk Evaluation

The determination of risk is undertaken by the External Review Team (ERT) at the conclusion to the Licensure Review, and is based on two equally weighted elements:

Part A of the Risk Evaluation considers the extent to which the HEI (during the Licensure review) has provided evidence of meeting the requirements of the *Standards*.

Part B of the Risk Evaluation evaluates the risk of strategic, operational, legal and financial, academic and international dimensions as applied to specific risk statements, which take into account the risk analysis area. The ERT will utilise its professional judgement in following this structured approach to evaluate the extent to which risk is determined.

Risk Evaluation Part A

The quality assurance system evaluation risk metric (Part A) provides the initial assessment of risk based on the appraisal of 25 key areas of Institutional Licensure requirements extracted from the *Standards*. The requirements are included in *Annex 1: Risk Evaluation Metric (Part A)*.

In Part A, the ERT is required to identify the extent to which the HEI (during the Licensure review) has provided evidence of meeting the requirements of the *Standards*. The scoring allocated for each statement is as follows: fully meets the *Standards* (score 2), partially meets the *Standards* (score 1), not meeting the *Standards* (score 0).

There are 25 questions, each worth a maximum of 2 points, providing a maximum possible score of 50 points for Part A.

Risk Evaluation Part B

Part B of the assessment of risk is based on the appraisal of five risk dimensions, which have been determined to effectively align with the *SIL* and the *SPA*. These risk dimensions are:

- a. *Strategic*: The risk that an event or action may adversely affect an institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.
- b. *Operational*: The risk that inadequate or failed internal processes, people and/or systems, or external events may adversely affect an institution's ability to achieve its operational objectives as a licensed HEI in the UAE.
- c. *Legal and Financial*: Any risk that will affect the legal status or financial stability of a HEI and its ability to continue as a licensed HEI in the UAE.
- d. *Academic*: The risk of failing to achieve academic objectives and the maintenance of academic quality and standards, specifically relating to learning, teaching and research, that will adversely affect the institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.
- e. *International*: The risk of not achieving equitable National Classification, international ranking, or international accreditation as compared to peer institutions within the UAE.

The five dimensions are scored on a confidence level assessment of factors which alleviate risk, ranging between 1 (least confidence) and 5 (greatest confidence).

The scoring categories utilize an adaptation of the approach of EFQM Radar Scoring, to provide a clear determinant of the level of institutional risk. Each index statement will be considered by the ERT in relation to the five risk statements to provide a confidence level. The index statements are shown in the table below.

Index statement – Factors which alleviate risk	Confidence Level Score*
There is: Clear evidence of soundly based systematic approaches and procedures. Clear evidence of refinement, improved effectiveness through review cycles. Approach has become totally integrated into normal working patterns. Applied to full potential in all relevant areas and activities.	5
Clear evidence of soundly based systematic approaches and procedures. Clear evidence of refinement and improved effectiveness through review cycles. Good integration of approach into normal operations and planning. Applied to about three quarters of the potential when considering all relevant areas and activities.	4
Evidence of soundly based systematic approaches and systems. Subject to regular review with respect to effectiveness. Integration into normal operations and planning well established. Applied to about half the potential when considering all relevant areas and activities.	3
Some evidence of soundly based approaches and systems. Subject to occasional review. Some areas of integration into normal operations. Applied to about one quarter of the potential when considering all relevant areas and activities.	2
Anecdotal or non-value adding. Little effective usage.	1

* Confidence level Scores are multiplied by 2 to provide a possible maximum score of 10 per statement.

There are five statements that are adjusted to provide a maximum possible score of 50 points for Part B.

Part B Risk Evaluation Criterion

Risk Dimension	Risk Statement	Risk Analysis Area
1. Strategic	The risk that an event or action may adversely affect an institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.	The extent to which the HEI systematically monitors strategic plans, subject to regular review, in order to ensure their continued currency and to reflect nationally agreed good practice.
		The extent to which the HEI systematically monitors the operation of delegation of authority from the governing body to ensure sufficient oversight at an organisational level.
		The extent to which the HEI systematically implements a detailed strategic risk management plan that defines various sources of risk, which is considered throughout the entire management structure of the organization.

		The extent to which the HEI demonstrates compliance with the <i>Standards</i> .
2.Operational	The risk that inadequate or failed internal processes, people and/or systems, or external events may adversely affect an institution's ability to achieve its operational objectives as a licensed HEI in the UAE.	Has the HEI established and consistently implemented transparent and comprehensive academic policies, frameworks and regulations to govern how it awards academic credit and qualifications.
		Has the HEI established and consistently implemented transparent and comprehensive processes for the accreditation of programs, that ensure that academic standards are set at a level which meets the <i>Standards</i> .
		Does the HEI provide a mechanism for garnering and utilizing a wide series of views, including from Students and External Advisory Boards, in order to contribute to institutional and program management.
		Has the HEI established and consistently implemented transparent and comprehensive processes to consider relevant qualitative and quantitative information available, to inform both program design and development, and operation.
3. Legal and Financial	Any risk that will affect the legal status or financial stability of a HEI and its ability to continue as a licensed HEI in the UAE.	The extent to which the HEI systematically implements a detailed institutional annual budgeting processes, and systems for projecting long-term institutional budgets.
		The extent to which the HEI systematically implements a detailed budgeting process that includes program-specific annual and long-term projections.
		The extent to which the HEI has established and consistently implemented transparent and comprehensive processes for the support of research activity in line with its mission.
4. Academic	The risk of failing to achieve academic objectives and the maintenance of academic quality and standards, specifically relating to learning, teaching and research, that will adversely affect the institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.	Does the HEI maintain a definitive record of each program and qualification for which it has achieved accreditation, and of subsequent changes to it, which constitutes the reference point for delivery and assessment of the program, for its monitoring and review, and for the provision of records of study to students and alumni.
		The extent to which programs at the HEI consistently utilize program and course learning

		outcomes that match the level of the QF <i>Emirates</i> at which the qualification is located.
		How the content and structure of each program, and its assessment strategy, provide students with the opportunities for learning and assessment they need to enable them to demonstrate they have achieved the program learning outcomes at the requisite level.
		The extent to which the HEI uses external and/or independent expertise, and/or professional bodies, to advise on whether threshold academic standards are set, delivered and achieved that meet international norms and expectations.
5. International	The risk of not achieving equitable National Classification, international ranking, or international accreditation as compared to peer institutions within the UAE.	The extent to which the HEI's programs are recognized by international accreditation bodies such as AACSB, ABET, EQUIS, etc.
		The extent to which the HEI demonstrates its ability to be included in recognized university ranking systems, e.g. QS Rankings, Times Higher, etc.

Scoring

The rationale for the risk-based approach is to provide a qualitative basis for the frequency of the review of Institutional Licensure, and the requirements of the review based on the risk evaluation of the CAA. The higher the institutional score, the less frequently the CAA will be required to undertake review visits to the institution in relation to its Institutional Licensure.

The scoring approach considers that Part A and Part B are equally weighted, in relation to its contribution to the final score:

Part A – Maximum of 50 points

Part B – Maximum of 50 points

Total Part A + Total Adjusted Part B = HEI Score

Total Part A & B	Frequency of review
90-100	Licensure up to 7 years
70-89	Licensure up to 5 years
60-69	Licensure up to 3 years
< 60	Denial or Sanctions

Additional determinants of the frequency of review include:

- a. An institution scoring a 1 in any Risk Statement of Part B will automatically be placed on the 3-year cycle.
- b. An institution that scores less than 60 in the Total Part A & B will automatically face denial or sanctions.
- c. An institution completing an Initial Institutional Licensure review will automatically be placed on a 3-year cycle after the first review, regardless of the overall risk score.

Example

Institution X – An institution with good strategic planning and governance, in full compliance with the *Standards*. The academic framework is operational but not consistent, and there is limited opportunity for students to engage in institutional governance or program development. Whilst there is an annual budget provided, there are few instances of program specific budgets, and limited funding is noted for research. Program Learning Outcomes and Course Learning Outcomes do not align to the *QFEmirates*, assessment strategies are poor, and there is no use of anti-plagiarism software or a comparable process to ensure academic integrity.

Institution X scores 42 in Part A. The results of Part B are shown below:

Risk Dimension	Risk Statement	Score
1. Strategic	The risk that an event or action may adversely affect an institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.	5
2. Operational	The risk that inadequate or failed internal processes, people and/or systems, or external events may adversely affect an institution's ability to achieve its operational objectives as a licensed HEI in the UAE.	4
3. Legal and Financial	Any risk that will affect the legal status or financial stability of a HEI and its ability to continue as a licensed HEI in the UAE	3
4. Academic	The risk of failing to achieve academic objectives and the maintenance of academic quality and standards, specifically relating to learning, teaching and research, that will adversely affect the institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.	2
5. International	The risk of not achieving equitable National Classification, international ranking, or international accreditation as compared to peer institutions within the UAE.	1

As Institution X has scored 42 in Part A and 32 in part B, giving a total score of 74, the institution is automatically placed into the 5-year review cycle.

Public Information

With the introduction of the risk based approach to Institutional Licensure, the threshold risk level for an HEI is determined by the CAA using the methodology above. The risk levels establish the ongoing review arrangements for HEIs, on a schedule of 3-, 5-, or 7-year visit cycles. Successful applications for Institutional Licensure will be shown on the CAA's website, based on evaluation of the five risk descriptors by the CAA. A general statement of the result of the institutional risk assessment will be published on the website:

General Risk Statements

For Low Risk: Confidence Level 5

The institution provides high confidence in its ability to continually meet the requirements of the *Standards for Institutional Licensure and Program Accreditation 2019*.

For Medium Risk: Confidence Levels 4 and 3

The institution provides confidence in its ability to continually meet the requirements of the *Standards for Institutional Licensure and Program Accreditation 2019*.

For High Risk: Confidence Levels 2 and 1

The institution provides limited confidence in its ability to continually meet the requirements of the *Standards for Institutional Licensure and Program Accreditation 2019*.

In addition, one statement from each dimension of the Part B risk evaluation will be included on the website, to offer a more informative overview of the findings of the review. As each dimension is independently assessed, the published comment statements may differ from overall assessment outcome determination.

1. Strategic

- a. *Confidence Level 5*: The institution's framework for managing academic standards and quality assurance exceeds the requirements of the *Standards* in all relevant areas and activities.
- b. *Confidence Levels 4 and 3*: The institution's framework for managing academic standards and quality assurance meets the requirements of the *Standards*.
- c. *Confidence Levels 2 and 1*: The institution's framework for managing academic standards and quality assurance requires improvement to meet the *Standards*.

2. Operational

- a. *Confidence Level 5:* The quality of the student academic experience exceeds the requirements of the *Standards* in all relevant areas and activities.
- b. *Confidence Levels 4 and 3:* The quality of the student academic experience meets the requirements of the *Standards*.
- c. *Confidence Levels 2 and 1:* The quality of the student academic experience requires improvement to meet the *Standards*

3. Legal and Financial

- a. *Confidence Level 5:* The legal and financial management of the institution exceeds the requirements of the *Standards* in all relevant areas and activities.
- b. *Confidence Levels 4 and 3:* The legal and financial management of the institution meets the requirements of the *Standards*.
- c. *Confidence Levels 2 and 1:* The legal and financial management of the institution requires improvement to meet the *Standards*.

4. Academic

- a. *Confidence Level 5:* The quality of learning and teaching exceeds the requirements of the *Standards* in all relevant areas and activities.
- b. *Confidence Levels 4 and 3:* The quality of learning and teaching meets the requirements of the *Standards*.
- c. *Confidence Levels 2 and 1:* The quality of learning and teaching requires improvement to meet the *Standards*.

5. International

- a. *Confidence Level 5:* The international recognition of this institution is fully established at program and institutional level.
- b. *Confidence Levels 4 and 3:* The international recognition of this institution is established at program and institutional level.
- c. *Confidence Levels 2 and 1:* The international recognition of this institution requires improvement at program and institutional level.

Implications of Low Risk Assessment

The risk-based assessment provides positive benefits to institutions that deliver a high degree of confidence in their systems and approaches, and in their ability to meet and maintain the requirements of the *Standards*. Some of these benefits include:

- a. Seven-year review cycle for Institutional Licensure;
- b. Seven-year review cycle for Program Accreditation;

- c. Cluster-based program reviews at the College/School level;
- d. Reduced ERT presence during onsite visits;
- e. Shorter visit durations;
- f. Desk reviews for academic programs with international accreditation;
- g. Priority processing for new program applications;
- h. Reduced costs for review and accreditation.

Implications of High Risk Assessment

- a. Three-year review cycle for Institutional Licensure;
- b. Three-year review cycle for Program Accreditation;
- c. Increased number of audit reviews by the CAA;
- d. Longer visit duration for accreditation or licensure reviews;
- e. Probation/suspension of academic programs if the institutional status continues as high risk;
- f. Probation/revocation of Institutional Licensure if the institutional status continues as high risk;
- g. Rigorous assessment of new program applications.

6. Opening a New Institution

Application for IIL, and the institutional review that follows, are the cumulative processes in the establishment of a new licensed HEI and the entry of the institution onto the National Register. The standards that must be satisfied and the process for institutional review are detailed in the *Standards*, the *PMIL* and elsewhere in this *Supplementary Guidance to the Standards*. There are additional requirements that must be met prior to application for IIL that are regulated and managed by entities other than the CAA, both within and outside of the jurisdiction of the MoE. These requirements are referred to collectively as the “pre-approval stage” and, if successfully met, lead to formal approval by the Minister of Education to allow application for IIL.

Institutional review necessarily implies confirmation that approval has been granted to apply for IIL. Much of the documentation that is required in the pre-approval stage is also considered within the subsequent institutional review process. There is variation in the exact nature of pre-approval processes according to the characteristics of the proposed HEI and the Emirate in which it will be located, but a general outline is provided below. Further advice on this can be obtained from the MoE’s Licensing and Accreditation Department.

Pre-Approval Stage

The process for all entities wishing to establish a new HEI in the UAE is:

- a. submission of a proposal to the Department of Licensing and Accreditation at the MoE;
- b. consultation and discussion of the proposal with the Director of the CAA;
- c. recommendation by the Undersecretary for Higher Education and the Director of CAA to the Minister;
- d. the Minister of Education meets the HEI and makes a determination to allow/not allow application for IIL, in consultation with the Undersecretary for Higher Education and the Director of the CAA;
- e. security clearance from the Ministry of Interior;
- f. approval of the relevant authority in the Emirate in which the institution is to be located, as per established agreement with the MoE;

It will be unusual for a proposal for a new institution offering graduate programs to be accepted at this stage. In such cases, a very strong justification will need to be made as to how the institution will meet the expectations for demonstrable sustained academic excellence, and for support of research and scholarly activity.

Approval to Allow Application for IIL

In order to gain Ministerial approval, the proposer(s) must submit a proposal to the MoE Licensing and Accreditation Department that includes:

- a. the rationale for establishment of the HEI;
- b. a statement of the mission of the proposed HEI;
- c. a brief strategic plan on future directions for the first five years of operation;
- d. a feasibility plan for the first five years of operation;
- e. financial analysis and proof of financial guarantees;
- f. a schedule of program accreditation and inauguration for the first five years of operation;
- g. plans for international accreditation;
- h. a plan to be included in global university rankings;
- i. a brief of the institution's facilities; the location or proposed location with evidence of an agreement with a local entity regarding lease of space, etc.

All documents should be specific to the applicant institution. It is often the case that an institution will incorporate ideas from a parent or collaborating campus or from another institution. In such cases, the source of information should be acknowledged. It is important, however, that the submitted documents be reflective of the institution as it is proposed to operate in the UAE.

Proposals are required to demonstrate the following:

a) *Rationale*. The institution's rationale must make clear statement of the proposer's reasons for establishing the new HEI and the purpose of this endeavour. It must be demonstrably aligned with the *National Higher Education Strategy 2030* and the *National Agenda 2021*, and identify how the proposal will meet a need in the community and the UAE.

b) *Mission*. The mission must be appropriate for a degree-granting institution of higher education and be compliant with *Standard 1* of the *SIL*.

c) *Strategic Plan*. The five-year strategic plan does not have to be accompanied by an operational plan at this stage, but must be sufficiently detailed to demonstrate a clear vision of the direction that the institution will take, full awareness of the key steps and timescales necessary to achieve the vision, and the adequacy of the planning process.

d) *Feasibility Plan*. The 5-year feasibility plan is a key document. At the very least the plan should provide evidence in the form of market data and other studies that respond to the following questions:

- What is the local and regional need for the institution, and how will establishment of the HEI contribute to the *National Higher Education Strategy 2030* and the *National Agenda 2021*?
- Based on market surveys of prospective students and of prospective employers of graduates:
 - Who will the students be?
 - Where will students come from?

- Which are the competing institutions offering comparable programs in the same geographic area?
- Why will students select the proposed institution rather than its competitors?
- What is the employment market for the graduates of the proposed institution?
- What intangible benefits will be derived from establishment of the HEI?

The feasibility plan, infrastructure and physical resources must be specified, from the start of the institution, to accommodate a minimum of 500 students.

e) *Financial Analysis and Proof of Financial Guarantees.* The analysis must demonstrate that the institution has the financial base to support and sustain its operations. It must be conservative and inclusive of all income sources and all operational and capital expenditures, and provide for contingencies. Sufficient detail must be included so that the basis for the calculation of each item is clear. At least 5% of the operational budget must be specified for research purposes.

Proof of bank financial guarantee must be provided as an indemnity against the institution ceasing to operate. The amount of financial guarantee, as determined by the Minister of Education, would depend on the nature of programs proposed by the institution and the projected student numbers. If support from another institution, e.g. a sponsor, a government entity or from another source, is intended, the document should include a statement (usually in the form of a letter) indicating the source and the amount of funding to be provided on a year-to-year basis. Table 1 provides indicative financial guarantee values (these are subject to Cabinet approval).

Table 1: Indicative financial guarantee values (subject to Cabinet approval)

Number of Students	Amount
< 500	AED 10 million
500 to 1,000	AED 20 million
1,000 to 2,000	AED 40 million
> 2,000	AED 100 million

The number of faculty to be employed, as shown in the financial analysis, must be based on the student to faculty ratios shown in Table 2.

Table 2: Maximum student to faculty ratios per type of program

Program Type	Maximum Student to Faculty Ratio
Doctoral	5:1
Master's or Postgraduate Diploma	10:1
Undergraduate	10:1 (medical programs) 15:1 (other clinical health science programs) 20:1 (other lab- and studio-based programs) 25:1 (non lab-based)
General Education	30:1

f) *Schedule of Program Accreditation and Inauguration.* The schedule will provide a time-limited plan indicating which academic programs the proposer intends to seek initial accreditation for, and when these are intended to be inaugurated in the first five years of operation following licensure. This should be documented as a separate plan, but there will need to be alignment between this schedule, the feasibility plan and the financial analysis. The plan must be accompanied by documentation of the rationale underpinning the plan.

g) and h) *Plans for International Accreditation.* The international recognition and ranking of programs and institutions is considered a key determinant of the reputation and competitiveness of the UAE's HEI sector. It is an important indicator of its high standards and quality, and of the sector's global standing. The proposer must provide information on the HEI's plans for international accreditation and recognition of its programs (as detailed in the Schedule of Program Accreditation and Inauguration) and a plan to be included in a recognized program of global university rankings. The timescale for these plans will necessarily extend beyond the 5-year duration of the other plans required in the pre-approval documents.

i) *Facilities Brief.* The brief must include details of the location and outline plans of the physical resources and campus of the proposed institution, sufficient to allow evaluation of the adequacy of the planned resources for their intended purpose.

The brief must include information on the physical, virtual, and social environments of the proposed institution, and the international standards that have been applied in determining the required resources. Progress in application for, and granting of, required approvals must be clearly stated, and the brief must demonstrate how the facilities will comply with building regulations and with all relevant health and safety regulations of the UAE.

Site and floor plans should be provided that identify the spaces which are in use or will come into use as the institution begins operations, and at key phases of establishment of the institution. Descriptive information for each phase should include: the number of offices and the functions of those offices; the number of classrooms including their capacity; the provisions for a learning resource centre, administrative, social and recreational facilities, and for support services including student services; information technology resources including plans for computer labs and a learning management system; and any specialized facilities such as laboratories and studios. Teaching facilities must be matched to the size of proposed classes and nature of programs.

For those HEIs that begin operations in a temporary site, the target date and strategic plan to move into a permanent campus must be presented. There must be alignment between the facilities brief and other pre-approval documentation.

7. Institutional Licensure Review Process

Institutional review is a progressive and evolutionary development of the CAA Institutional Licensure process, which has been in operation since 2001. Together with Program Accreditation, Institutional Licensure has played an essential and fundamentally important role in establishing the UAE's higher education sector.

Institutional review is managed by the CAA. The review focuses on institution-wide matters, including governance and finance, and is carried out by the CAA with independent academic peer reviewers. A successful institutional review is followed by program review. Both of these evidence-based review methods use the *Standards 2019* as their key frame of reference.

The focus of institutional review on academic management at the organisation level distinguishes it from program review, which focuses on the maintenance of academic standards and the quality of learning provision at program level. The institution's effectiveness in addressing each of the following seven *Standards* is evaluated:

1. Governance and Management
2. Quality Assurance
3. Research and Scholarly Activities
4. Health, Safety and Environment
5. Fiscal Resources, Financial Management and Budgeting
6. Legal Compliance and Public Disclosure
7. Community Engagement

Institutional review includes consideration of an HEI's management of its higher education provision. It evaluates and reports on the extent to which an institution's arrangements for the management of academic standards and quality meet the *Standards*. It examines the nature and effectiveness of the policies, structures and processes that an institution uses to:

- a. set and maintain the academic standards of its higher education qualifications;
- b. manage the quality of learning opportunities provided for its students;
- c. manage the quality of internal and external information provided for staff, students, applicants, and the public;
- d. enhance the quality of students' learning opportunities.

In institutional review, the *SIL* are applied in relation to the HEI's strategies, policies, regulations and processes at organisation-wide level. An institutional review is likely to seek examples of practice at operational levels so that it can assess the implementation and effectiveness of strategies, policies, etc. However, detailed analysis and evaluation at program level takes place in a program review, not in an institutional review.

Outcomes of Institutional Review

Institutional review may lead to the following outcomes:

- a. The institution may be licensed (or re-licensed) by the MoE and entered (or re-entered) into the National Register for a specified period, normally up to a maximum of seven years.
- b. The institution may be placed on probation for a specified period of time, normally for a minimum of one year. During that time, the institution must address all Requirements in the report of the institutional review, and provide evidence of this to the CAA. At the end of the probationary period, the CAA makes a recommendation to the Minister, which may result in the granting, or denial, or revocation of a license and withdrawal of registration. For the duration of the probationary period the institution will not be permitted to admit students, to the institution as a whole or, in some cases, only to specified programs.
- c. The institution may be denied a license and registration, or its existing license may be revoked and registration withdrawn. When an existing license is revoked and registration is withdrawn, the institution must immediately stop admitting students to any of its programs, stop offering its programs within a period of time specified by the CAA, and inform its students that it is no longer licensed or registered. It must guide and support its students in gaining admission to other registered HEIs. Funds held as a financial guarantee will be used to assist students in completing their educational programs, and to meet other institutional obligations.
- d. The risk assessment establishes the ongoing licensure and accreditation review arrangements for HEIs, on a schedule of 3-, 5-, or 7-year visit cycles. Risk assessment may also lead to denial or probation, as applicable.

Continued registration as a licensed HEI will be conditional on regular monitoring and periodic institutional review by the CAA.

When institutional review results in the grant or renewal of a license and entry to the National Register, it is followed by program review for accreditation or renewal of accreditation. Students must not be offered places on a program, nor be admitted to it, until the program's accreditation or renewal of accreditation has been confirmed.

The Commissioner

Each institutional review is led by a Commissioner and chaired by an external peer reviewer, who is a suitably qualified and experienced senior academic or educational administrator who is demonstrably independent of the institution under review. The key roles of the Commissioner are to manage the institutional review from start to finish, and to ensure consistent reviewing practice and review outcomes. Specifically, the Commissioner will:

- a. organise the review and maintain administrative contact with the institution throughout;
- b. form the review team;

- c. coordinate the initial desk-based study;
- d. formulate and agree the visit program;
- e. assist the moderation of review outcomes and report drafts;
- f. edit and proofread review reports.

The Commissioner's role is to facilitate the process of formulating balanced and consistent conclusions, and to ensure consistency of process. Institutions under review will be invited to nominate a key contact and facilitator, who will be the main point of contact with the CAA and the Commissioner before, during and after the review visit. Briefings will be arranged for the institution's contacts/facilitators.

External Review Teams

Institutional and program External Review Teams (ERT) are made up of independent external reviewers with proven expertise and experience in academic governance. They will be selected, appointed and oriented by the CAA. All reviewers will be independent of the institutions which they are reviewing, with no conflicts of interest. An ERT will normally comprise two reviewers, though one or more additional reviewers may be added if the institution under review is large and complex. The CAA appoints one of the reviewers as Chair of the ERT. Further information about the membership and responsibilities of ERTs is given in *Annex 2: Membership and Orientation of Review Teams*.

Institutional Documentation

The institution will be asked to provide, in preparation for the review, an Application or Self-Study that addresses the *SIL* and provides:

- a. a critical analysis of the institution, its mission, and its local, national and international contexts;
- b. identification of its strengths, weaknesses and challenges;
- c. explanation of the steps that it is taking to address any weaknesses and challenges.

The Application/Self-Study should show how the HEI has taken effective action in response to requirements made in any previous CAA institutional review or licensure report. It should also evaluate, from the institution's central, organisational standpoint, its responses to any CAA program review reports, and any other external accreditations, since the previous institutional review or licensure. Guidance on the preparation of an effective Application/Self-Study is given in the related *Procedural Manual*.

The Application/Self-Study and all supporting documentation must be provided digitally, preferably as PDF files. Further guidance on this process will be given by the CAA. One hard-copy and three soft copies of the Application/Self-Study should be sent to the CAA.

If the Application/Self-Study and its supporting documentation are incomplete, or do not follow the guidance and requirements of the *Procedural Manuals*, or if their content does not provide a satisfactory basis for review, they will be returned to the applicant with a brief note explain why they are judged to be unsuitable. The institution may then choose to make a fresh application.

All information provided to the CAA in connection with the Application/Self-Study will be treated as confidential, unless it is already in the public domain.

Initial Assessment

Each ERT member is expected to analyse the Application/Self-Study and its supporting documentation, and will produce an initial commentary with questions for discussion with the institution.

As it analyses the Application/Self-Study, and throughout the academic stage of the review, the ERT will be looking for indications that:

- a. the HEI systematically monitors and reflects on its academic standards and quality, asking how effectively it continues to meet the *SIL*;
- b. in its monitoring and self-reflection the HEI uses management information, and makes comparisons with previous performance data and with national and international benchmarks, where available and applicable;
- c. monitoring and self-reflection are inclusive of students and other stakeholders as appropriate;
- d. monitoring and self-reflection lead to the identification of strengths and areas for improvement, and, where necessary, to changes in the institution's policies, procedures or practices.

The Onsite Visit

During the review visit, the ERT will normally meet with the chair and key members of the governing body, the head and senior managers of the institution, heads of faculties, schools or departments, program leaders, academic faculty, administrative and support staff, students, alumni, and employers.

Additional documentary evidence may be requested during the visit. This may include document trails to show how the institution's management and quality assurance processes work in practice. If the HEI has had other external reviews or accreditations that have an impact at organisation level, the ERT will ask to see reports of these, and evidence of the HEI's responses to them.

The program for the review visit will include a final exit meeting between the ERT and appropriate senior staff of the institution, including the institution's key contact/facilitator. This exit meeting will be an opportunity for the team to summarise the major themes and findings.

The Review Report

The institutional review report follows a standard template reflecting the structure of the *SIL*. It sets out the findings of the institutional review as concisely as possible, while including enough detail and explanation to make the report accessible to an audience which may include those not familiar with the concepts and operation of higher education. It may identify features of good practice and make recommendations for action by the institution. The report should enable the reader to understand the reasons for these.

The review's findings, recommendations and overall conclusions will be decided and unanimously agreed by the ERT, as peer reviewers. The Commissioner will ensure that all findings and conclusions, including overall conclusions, are backed by adequate and identifiable evidence, and that the review report provides information in a succinct and readily accessible form. To this end, the CAA will retain editorial responsibility for the final text of the report, and will moderate reports to promote consistency in practice and reporting.

The report will contain the observations of the ERT based on the information submitted to it in the Application/Self-Study document and associated materials, other documentation conveyed to the ERT during the visit, oral presentations, and information from in-depth discussions with stakeholders during the review visit. The report includes Requirements, which are actions the institution must take in order for the institution to receive licensure, as well as Suggestions that, although not binding, must be considered by the institution.

Review report drafts will be moderated for the sake of consistency and clarity by Commissioners at the CAA who have not been involved in the review concerned.

Institutional Risk Based Assessment

The CAA operates a system of institutional risk-based assessment (see Section 5 above) which affects future institution-level and program-level review cycles. The risk based assessment will take account of the HEI's track record in previous institutional and program reviews, particularly in terms of the level of risk that it poses to the interests of its students and other stakeholders, to its own reputation and that of the UAE higher education sector as a whole. Institutional review reports are a major contributor to the risk-based assessments.

Follow-up

When Requirements are made for the institution to take action, the institution must take appropriate action and send a response report, with supporting evidence, to the CAA within the time-frame specified by the CAA. Guidance on response reports is given in the *Procedural Manuals*.

The institution must continue to report on other uncompleted actions, including those in response to Requirements, in its annual monitoring reports to the CAA until all actions have been completed. The institutional review will be considered complete, and licensure will be granted, when the institution fulfils all the issues addressed in the report.

If all Requirements are not satisfied by the institution after three response reports have been made following the initial Review Report, the institution will either be denied licensure, or placed on probation, or closed.

Financial Aspects

The institution is responsible for paying costs associated with institutional review. Prior to the review visit, the institution will be informed of the projected costs of the visit. The institution is expected to pay the estimated cost in full. The institution will be refunded any excess payments or invoiced for any overspend at the conclusion of the academic year.

8. Program Review Process

The CAA has operated a Program Accreditation process since 2001. Together with Institutional Licensure, it has played an essential and fundamentally important role in establishing the UAE's higher education sector. As a key part of the national system of quality assurance, this review process leads to accreditation of a program or programs.

Higher education programs offered in the UAE must be provided by licensed and registered institutions. All programs must be individually reviewed, accredited and listed in the National Register of Licensed HEIs. Registration of an HEI and accreditation of a program gives assurance to students, parents, employers and other stakeholders that the institution and the program meet national and international standards.

In the national system of quality assurance, program review for accreditation is managed by the CAA and is carried out by independent academic peers. It is a rigorous, evidence-based, academic review that uses the *SPA* and the *QFEmirates* as its key frames of reference. Program review also uses other references, such as program statements and qualification characteristics statements, where they exist, as frameworks for ensuring that the academic standards of qualifications and programs are set and maintained appropriately.

Program review is carried out for two purposes related to differing circumstances:

- a. initial program review, when a new program is proposed by a licensed and registered institution to be accredited for the first time;
- b. periodic review, to renew the accredited status of a program.

Initial program review examines the proposed new program and determines:

- a. whether the program documentation provides evidence that the requirements of the *SPA* for a new program will be met;
- b. whether the program will be offered with due regard to international best practice and benchmarks associated with the discipline or field of study;
- c. whether any relevant professional body requirements have been taken into account in the design of the program;
- d. how the institution's quality assurance processes will be applied effectively to the new program.

Program periodic review examines the current program and its delivery, and determines whether:

- a. the program documentation provides evidence that the requirements of the *SPA*, as applicable at program level, are being met;
- b. the program is being offered with due regard to international best practice and benchmarks associated with the discipline field;

- c. if applicable, any professional body requirements continue to be met in the program and its delivery;
- d. the institution's monitoring and review processes are being applied to the program and result in continuous improvement.

Program review, for initial accreditation and renewal of accreditation, focuses on the maintenance of academic standards and the quality of learning provision at program level. It therefore differs from institutional review, which focuses on academic management at the organisation level.

Program review may lead to the following outcomes:

- a. Accreditation of a program may be granted for a period of 3, 5 or 7 years.
- b. A program may be placed on probation for a minimum of one year. During that time the institution must address all Requirements in the report of the program review, and provide evidence of this to the CAA. At the end of the probationary period, the CAA will decide, on the basis of the evidence submitted by the institution, whether or not to accredit or re-accredit the program.
- c. Accreditation of a program may be denied. An institution must not admit students to a program that has been denied accreditation, or is placed on probation.
- d. Outcomes of reviews for initial accreditation or renewal of accreditation may impact on an institution's risk categorization by the CAA.

New programs which receive Initial Accreditation from the CAA are required to admit students within 2 years of receiving the decree granting accreditation. Programs that are not opened within the two year limit will have accreditation revoked by the CAA.

Using the SPA

All programs, at all HEIs, must demonstrably meet the requirements of the SPA. The SPA contains six *Standards* that are applied for program accreditation:

- 1. Quality Assurance
- 2. Educational Programs
- 3. Research and Scholarly Activities
- 4. Faculty and Professional Staff
- 5. Students
- 6. Learning Resource Centre, Facilities and Infrastructure

Before applying for initial program review, or for accreditation or renewal of accreditation of a program or programs, an HEI must be currently licensed and entered in the National Register.

Application for Initial Program Review

Before applying to the CAA for program review for Initial Accreditation, an institution must complete all contextual and market research required by relevant local (Emirate-level) authorities, in order to establish a sound basis for a strong and sustainable proposal, to meet any pre-requisites of local authorities, and to secure the support of those authorities.

The institution submits a complete Application, including each of the following:

- a. a completed application form;
- b. a letter of application from the head or CEO of the institution, confirming that the information in the supporting documentation is accurate and complete and that the proposed program:
 - has been approved by the governing body;
 - is consistent with the mission and goals of the institution;
 - will receive the necessary budget, personnel, physical facilities, and other resources to inaugurate and sustain it;
- c. formal confirmation of local authority support, as appropriate;
- d. an Application document for the review of a new academic program, showing how it will meet all the requirements of the *SPA* and the *PMIPA*;
- e. the institution's *Catalog*, *Faculty/Staff Manuals*, *Student Handbook*, *Quality Assurance Manual*, and any other documents deemed relevant by the institution (e.g., *e-Learning Manual* or *Internship Manual*).

Application for Program Review for Renewal of Accreditation

Applications for program review for renewal of accreditation can only be made by an institution which is currently licensed and entered in the National Register. An institution must apply for review of a program at least 9 months before the current period of accreditation has expired. Delayed application or failure of an HEI to apply for renewal of accreditation can lead to placing the program on probation, or denial of re-accreditation for the program(s), and may negatively affect the risk assessment of the institution.

Two or more programs in the same subject, or a related subject area, may be reviewed for renewal of accreditation together. This possibility must be discussed with the CAA when the application for program review for renewal of accreditation is made.

The institution applies to the CAA by sending the following documents:

- a. a completed application form;
- b. a letter of application from the head or CEO of the institution, confirming its continuing support for the program;
- c. a Self-Study for renewal of accreditation of the program;

- d. supporting documentary evidence as appropriate;
- e. the institution's *Catalog*, *Faculty/Staff Manuals*, *Student Handbook*, *Quality Assurance Manual*, and any other documents deemed relevant by the institution (e.g., *e-Learning Manual* or *Internship Manual*).

The Self-Study for program review and renewal of accreditation demonstrates the ways in which the program meets the *SPA*. Guidance on the preparation of an effective Self-Study for program review is given in the *PMRPA*.

A Self-Study of an existing program demonstrates the achievement of the learning outcomes of the program and of the courses contributing to it. It should be a self-critical document which identifies both strengths and weaknesses of the program, and proposes actions which will lead to improvement of the program. The text of the Self-Study should be supported by relevant and clearly referenced documentary evidence.

The Self-Study and all supporting documentation must be provided digitally, preferably as PDF files. Further guidance on this process will be given by CAA. One hard-copy and three soft copies of the Self-Study should be sent to the CAA.

If an application and/or supporting documents are incomplete, or if their content does not provide a satisfactory basis for review, they will be returned to the institution with a brief explanation and information about resubmission.

All information provided to the CAA in connection with the application will be treated as confidential, unless it is already in the public domain.

The Commissioner

Each program review is led by a Commissioner and chaired by an external peer reviewer, a suitably qualified and experienced senior academic or academic administrator who is demonstrably independent of the institution under review, with no conflicts of interest. The key roles of the Commissioner are to manage the program review from start to finish, and to ensure consistent reviewing practice and review outcomes. Specifically, the Commissioner will:

- a. on receipt of satisfactory application documents, makes initial contact with the institution to launch the review;
- b. organise the review and maintain administrative contact with the institution;
- c. coordinate the initial desk-based study;
- d. formulate and agree the visit program;
- e. edit review reports;
- f. assist the moderation of review outcomes and draft reports.

The Commissioner's role is to facilitate the process of formulating balanced and consistent conclusions, and to ensure consistency of process. Institutions under review will be invited to nominate a key contact and facilitator, who will be the main point of contact with the CAA and the Commissioner before, during and after the review visit. Briefings will be arranged for the institution's contacts/facilitators.

Program ERTs

Program External Review Teams (ERTs) are made up of independent external reviewers, who are subject specialists with substantial experience of delivering and managing programs of this kind and level. The CAA appoints one of the ERT members as a Chair. Teams will be selected, appointed and oriented by the CAA. All reviewers will be independent of the institutions which they are reviewing, with no conflicts of interest. A program ERT normally will comprise two reviewers, though one or more additional reviewers may be added if the program provision under review is large and complex. Further information about the membership and responsibilities of ERTs is given in *Annex 2: Membership and Orientation of Review Teams*.

Initial Assessment

Each member of the ERT will analyse the program Application (for initial accreditation review) or the Self-Study (for renewal of accreditation review) and its supporting documentation, and will produce a commentary with questions for discussion with the institution.

The ERT will also consider the usefulness of the Self-Study as a basis for the review. The better targeted to the *SPA*, the more carefully chosen the evidence, and the more reflective the Self-Study is, the greater the likelihood that the Team will be able to verify the institution's approaches and gather evidence of its own quickly and effectively. On the basis of these considerations the Team will agree an indicative schedule, and the number of days required, for the review visit. The Team may also ask for additional documentary evidence.

The Program Onsite Visit

Through its study of the documentary evidence, and during the review visit, the ERT will address:

- a. the need for the program;
- b. the aims and intended learning outcomes of the program;
- c. the use of the *SPA* in the design of the program;
- d. where relevant, the use of other standards in the design of the program;
- e. the aims, intended learning outcomes, and content of the courses that make up the program;
- f. learning and teaching strategy and methods;
- g. assessment strategy, methods and practice, including the ways in which academic standards are secured and maintained;
- h. academic and pastoral support for students;

- i. the provision of academic faculty and support staff;
- j. learning resources for the program, including library, IT, and specialist learning facilities and resources as appropriate;
- k. management and quality assurance of the program;
- l. community engagement, and role of the program advisory board as appropriate;
- m. the involvement of students, and their feedback contributions towards the quality assurance and enhancement of the program and their overall learning experience.

A program review for renewal of accreditation, in addition to evaluating all of the above points, will also address:

- a. program statistical data (student admissions, progression, completion, achievement, employment) for all cohorts of students since the previous review of the program;
- b. ways in which statistical data has been used to maintain academic standards, and in quality assurance and enhancement at program level;
- c. ways in which student feedback has been used in quality assurance and enhancement at program level.

During the review visit, the ERT will normally meet with the head and senior managers of the institution, the head of the faculty, school and/or department in which the program is delivered, the program leader, academic faculty contributing to the program, administrative and support staff, and prospective employers. For reviews leading to renewal of accreditation, the ERT will always meet with representative students, alumni, and employers of graduates.

During a review visit for an existing program, the ERT will scrutinise course files for the program in question. Additional documentary evidence may be requested during the visit. This may include primary evidence such as committee minutes, student files, student admission records, assessed student work and HR records, if the ERT considers it necessary.

The program for the review visit will include a final exit meeting between the team and appropriate senior staff of the institution, including the institution's key contact/facilitator. This exit meeting will be an opportunity for the team to summarise the major themes and findings. A typical review schedule for a program review is provided in *Annex 3: Review Schedule*.

The ERT's Conclusions

In coming to its conclusions, the ERT will include consideration of whether, and how effectively:

- a. clear aims and intended learning outcomes have been set appropriately, at program level, in relation to the QF*Emirates* and any other relevant professional or regulatory requirements;
- b. the design, content and delivery of courses enable the program aims and intended learning outcomes to be achieved;

- c. appropriate students are admitted to the program;
- d. assessment is rigorous, equitable and consistent in measuring achievement of the intended learning outcomes at course level;
- e. student achievement matches the intended outcomes and the level of the qualification;
- f. the program is managed and quality assured in relation to the institution's policies and procedures;
- g. students and their representatives are consulted and involved in the quality assurance and enhancement of the program and its delivery.

The Review Report

The program review report follows a standard template reflecting the structure of the *SPA* and focusing particularly on:

- a. administration of the program;
- b. adequacy of internal and appropriate external resources to support the program;
- c. faculty expertise;
- d. teaching quality;
- e. program aims and intended learning outcomes;
- f. the design and content of courses;
- g. admission of students;
- h. learning, teaching and student support;
- i. assessment of students;
- j. student achievement;
- k. management, quality assurance and enhancement of the program;
- l. student involvement in the quality assurance and enhancement of the program, and its delivery.

The report sets out the findings of the review as concisely as possible, while including enough detail and explanation to make the report accessible to an audience which may include those not familiar with the concepts and operation of higher education. It may also include features of good practice identified by the team, and recommendations for action by the institution. The report should enable the reader to understand the reasons for these.

The review's findings, recommendations and overall conclusions will be decided and unanimously agreed by the ERT, as peer reviewers. The Commissioner will ensure that all findings and conclusions, including overall conclusions, are backed by adequate and identifiable evidence, and that the review report provides information in a succinct and readily accessible form. To this end, the CAA will retain editorial responsibility for the final text of the report, and will moderate reports to promote consistency in practice and reporting.

The report will contain the observations of the ERT based on the information submitted to it in the Self-Study document and associated materials, other documentation conveyed to the ERT during

the visit, oral presentations, and information from in-depth discussions with stakeholders during the review visit. The report includes Requirements, which are actions the institution must take in order for the program to receive initial accreditation or renewal of accreditation, as well as Suggestions that, although not binding, must be considered by the institution.

Review report drafts will be moderated for the sake of consistency and clarity by Commissioners at the CAA who have not been involved in the review concerned.

Follow-up

When Requirements are made for the institution to take action, the institution must take appropriate action and send a response report, with supporting evidence, to the CAA within the time-frame specified by the CAA. Guidance on response reports is given in the *Procedural Manuals*.

The institution must continue to report on other uncompleted actions, including those in response to Requirements, in its annual monitoring reports to the CAA until all actions have been completed. The program review will be considered complete and accreditation will be granted when the institution fulfils all the issues addressed in the report. If all Requirements are not satisfied by the institution after three response reports have been made following the initial Review Report, the program will either be denied accreditation or placed on probation, or closed.

Financial Aspects

The institution is responsible for paying costs associated with program review. Prior to the review visit, the institution will be informed of the projected costs of the visit. The institution is expected to pay the estimated cost in full. The institution will be refunded any excess payments or invoiced for any overspend at the conclusion of the academic year.

9. Concerns about an Institution

The CAA operates a Concerns Scheme for Higher Education (the “Concerns Scheme”). The aim of the Concerns Scheme is to safeguard and improve the overall quality of higher education in the UAE, by addressing weaknesses identified at a particular HEI. Through the Scheme, the CAA investigates concerns about higher education provision which indicate serious systemic issues that present a current or ongoing risk in one of the following areas:

- a. the academic standards of the qualification(s) awarded by an HEI;
- b. the quality of students’ learning opportunities provided by an HEI;
- c. information about learning opportunities offered by an HEI.

An issue is described as systemic if it is affecting, or has the potential to affect, a group of students, or the wider public, or the higher education sector more generally. *Annex 4: Issues that Can be Investigated* gives more details about the kinds of issues that can or cannot be investigated under the Concerns Scheme.

The Concerns Scheme cannot resolve individual and personal complaints against institutions, or grievances about individuals, and it is unable to provide redress or compensation to anyone submitting an individual and personal concern. Students seeking redress or compensation should seek advice from the CAA. Within the MoE, the Concerns Scheme is managed by the CAA.

Raising Concerns

Concerns may be raised by anyone, including students, staff, and members of the public, or by professional, statutory and regulatory bodies, in the UAE or elsewhere. The MoE itself can raise concerns where it identifies evidence indicating serious systemic problems, in the course of its other activities or on the basis of information from other sources.

Concerns should first be raised directly with the HEI through its internal procedures before making a submission to the CAA. If the HEI fails to resolve the issue, and it is an issue that falls under the scope of the Concerns Scheme, it can then be raised with the CAA. Depending on the circumstances, the CAA may make inquiries or investigate before the HEI has completed its own investigation. A concern can be raised with the CAA by using the Concerns Scheme Submission Form.

The CAA cannot investigate wholly unsubstantiated concerns. Therefore, a submission should, where reasonably practical, be accompanied by evidence. This might be in the form of correspondence, committee papers, or reports. If a person raising a concern is unable to obtain copies of documentation to include as evidence, but can demonstrate a reasonable belief that it exists, this should be explained clearly in the submission.

The MoE is committed to considering concerns from all sources, including from students, faculty or staff who fear that raising concerns may invite retaliation from the HEI they are concerned about. If a person is uncomfortable about raising their concerns with the institution before raising them with the CAA, the Commission may approach the HEI directly and ask for evidence about the issue in question.

Screening Submissions

The purpose of screening is to determine whether the concern falls within the scope of what the CAA can investigate. Concerns clearly out of scope, such as grievances about individuals or historical issues, will be screened out at this stage. If the concern is screened out, the Commission will explain its decision. If a submission is incomplete or lacks supporting documentary evidence, the Commission may ask for more information at this stage.

Regardless of whether or not the CAA can investigate, it will inform the HEI involved about the matters raised, taking steps to protect the identity of the person raising the concern as appropriate. The Commission may also pass information to the Inspection Department of the MoE or another organization, such as a professional, statutory or regulatory body, if it may assist that body to discharge its duties.

Where the HEI has a CAA institutional review visit, or a relevant program review, scheduled within the next few months, the CAA may decide that the concern should be investigated within that review, rather than conduct a separate investigation. If the decision is taken to investigate within a review, the CAA will explain the nature of the concern to the HEI and invite it to provide a response to the CAA. The ERT's subsequent view of the seriousness and validity of the concern may affect the review outcome. Where the HEI's next review visit is more than a few months away, the CAA will normally investigate separately.

The Concerns Investigation

If the CAA considers that the concern is within the scope of what it can investigate, it will proceed to an investigation. Concerns are normally investigated in two stages. However, where there is substantial and compelling evidence for the existence of a current or ongoing risk to academic standards, quality and/or information, the Commission may expedite the investigation by moving directly to a Stage Two investigation.

a) *Stage One investigation.* In the case of concerns which appear to fall within the scope of the Scheme but for which the evidence base is inconclusive or incomplete, the CAA may seek to gather and consider more evidence before proceeding any further. This is likely to involve written correspondence with the HEI to determine whether it is aware of the concern and, if it is, how it has dealt, or is dealing, with it. It may also involve correspondence with other bodies. At the end of this process, the Commission will decide on the basis of the additional evidence it has gathered whether to proceed to conducting a visit to the HEI (Stage Two investigation) or bring the

investigation to a close. If the HEI can demonstrate that it has dealt with the issue effectively, that may be a reason for ending the process at this point. If the CAA decides to end the investigation at this stage it will explain why.

b) *Stage Two investigation*. If the Stage One investigation reveals sufficient evidence of a concern, the CAA will proceed to a Stage Two investigation. This involves a visit to the institution to meet with staff and students, and to examine further documentary evidence if necessary. The CAA will explain the nature of the concern to the HEI clearly, and provide appropriate opportunities for it to respond.

The investigation will be led by a CAA Commissioner trained for this purpose, and may also involve other reviewers, depending on the nature of the concern and its complexity. The CAA will check to make sure that no one involved in the investigation has a conflict of interest with the HEI concerned.

An investigation visit will normally last for one or two days depending on the complexity of the issues, the number of programs affected, and whether other related organizations are involved. In some cases, further visits may be required before the investigation team can reach a sound conclusion.

Outcomes of the Stage Two Investigation

The outcome of Stage Two investigations which involve a visit to the HEI will be a report. The report will describe the concerns raised, the evidence considered, and the CAA's judgment as to whether the evidence supports the concern. The report may also comment on other issues not directly associated with the original concern, but which emerge in the course of the investigation, and these may inform the overall judgment. Depending on the outcome of the investigation, the CAA may make recommendations about how the HEI might ensure that the problems identified do not recur.

The outcome will be expressed as one of the following:

- a. *no issues found*: the investigation did not find sufficient evidence to support the concern, or the investigation found evidence that the concern had already been satisfactorily dealt with by the HEI;
- b. *minor issues found*: the investigation found evidence of minor issues of concern that require the HEI to develop and implement an action plan;
- c. *moderate issues found*: the investigation found evidence of moderate issues of concern that require the institution to develop and implement an action plan; the CAA may impose sanctions;
- d. *serious issues found*: the investigation found evidence of serious issues of concern that require the institution to develop and implement an action plan and then undergo a full CAA institutional review; the CAA may impose sanctions.

The CAA will decide what action to take in response to the findings from the investigation. The HEI may be required to undergo a full institutional review, or a CAA monitoring visit (or visits) may be carried out to review progress with the action plan.

Action Plan and Sign-off

Where an action plan is required after a Stage Two investigation, it must be agreed with the CAA and must fully address the recommendations in the investigation report. The HEI must ensure that it completes the action plan in a timely manner. The CAA will monitor the action plan and require evidence of its completion.

When the CAA requests an action plan, the procedure is as follows.

- a. The HEI submits an action plan, which is agreed as fit for purpose by the CAA, or else returned to the HEI for further work.
- b. The Commissioner maintains contact with the HEI to monitor progress.
- c. When the actions are complete, the CAA produces a report detailing how the investigation report's recommendations have been addressed.

Where appropriate, the HEI's next CAA review, or other monitoring activity, may be used to monitor progress with the action plan or to provide information enabling the CAA to sign off the action plan as complete. If the action plan remains incomplete at the time of the visit, further follow-up will be required.

From time to time the CAA may be made aware of serious concerns which represent risks both to academic standards and quality, and also in areas where it is not responsible for investigating, such as student safety, or financial impropriety. In such cases the Commission may share information about its work with other organizations; it may also receive and use information from them, and/or undertake joint investigations.

Timescales for Investigations

The CAA strives to investigate concerns quickly and thoroughly, and then act upon its findings. The length of the investigation depends on a number of factors, including the complexity of the issue and the speed and ease with which the CAA can obtain supporting evidence. Typically, a full Stage Two investigation is likely to require six months from the time the concern is received. In exceptional cases an investigation may take longer, such as when the concerns are about learning opportunities delivered with other bodies, or the investigation requires visits to separate delivery sites.

10. Sanctions

Determination of Non-Compliance

In accordance with the timetable for Renewal of Institutional Licensure and Renewal of Program Accreditation, institutions and programs are regularly evaluated for compliance with the *Standards*. In addition, institutions and programs may be evaluated periodically on other occasions as determined by the Commission.

In cases where an institution or program is found to be out of compliance with one or more of the *Standards*, the Commission may make requirements for changes or revisions which the institution must implement. The Commission may determine that the nature of the area or areas of non-compliance warrants the imposition of a sanction or sanctions.

Sanctions

In the event of any of the following sanctions, except for receiving an Official Warning, the following statement will be placed on the CAA website:

(Name) Institution has received an *(the sanction)* in relation to *(the Standard number and title)*.

1. Official Warning

A privately communicated warning will specify the area or areas of non-compliance, and will require the institution either to provide additional information demonstrating compliance or to resolve the issue. The institution will be given a deadline for providing its response. If the deficiency is not corrected, the Commission may take further action as appropriate.

2. Public Warning

If the Commission determines that the area or areas of non-compliance are serious enough to cast doubt on the quality of education offered to students, or may seriously imperil the welfare of students or other constituencies of the institution, the Commission will publicize the warning on its website.

3. Probation

In cases of non-compliance when the Commission determines that there are serious issues related to the quality of education provided to students, the Commission may place the institution or program on probation. The Commission provides the institution with written notice that it must immediately comply with the conditions of the probation. The notice will include:

- a. the conditions of the probation;

- b. the length of the probationary period, which may be extended at the sole option of the Commission in the event the institution is determined not to have complied with the requirements for removing the sanction;
- c. the requirements that must be met in order for the probation to be lifted;
- d. the right to appeal the Commission's decision, and the time period within which the appeal must be filed in writing with the Commission.

The following are examples of conditions of probation. The Commission reserves the right to impose additional or alternative sanctions at its sole discretion.

a) Prohibition from Enrolling Students. In instances where the Commission determines that an institution or program is out of compliance with the *Standards*, the Commission has the option to prohibit enrolment of students in a particular program or programs, or it may restrict admission into the institution as a whole.

In such instances, the institution will be provided with a deadline for correcting any noted deficiencies to the satisfaction of the Commission. The Commission may accept such evidence ahead of the specified deadline. At the end of the probation period, the Commission will reconsider all matters related to the issuance of probation, and will consider whether or not to remove the prohibition.

b) Suspension of Commission Accreditation Activities. The Commission may decide not to accept any further programs for Initial Program Accreditation, either from a particular academic unit or from the institution as a whole. This suspension may last until specified conditions are met or deficiencies corrected, or it may be for a pre-specified period of time.

4. Suspension of a Program or Revocation of its Accreditation

In cases where the Commission determines that an institution is not in compliance with one or more of the requirements for program quality or program delivery, the Commission may issue an order to suspend a program or revoke its accreditation, and impose conditions that must be met in order for the institution to be allowed resumption of the program.

In such instances, the institution may be allowed an opportunity to appeal the decision, through submission to CAA of a Show Cause response that justifies why the program's accreditation should not be revoked. The Show Cause response must be received within 30 days of the date of issuance of the initial notice of conditions by the CAA.

In the event that the institution's appeal (Show Cause response) is denied, the institution must immediately suspend offering the program and provide students with alternatives for completing the program at another institution, in accordance with the institution's approved Teach-Out Policy.

5. Notice of Intent to Revoke an Institution's Licensure or a Program's Accreditation

The Commission may recommend to the Minister of Education that an institution's licensure or a program's accreditation be revoked.

The initial notice from the Commission will be a Notice of Intent to Revoke an institution's licensure or a program's accreditation, and will ask the institution to show why its institutional licensure or its program's accreditation should not be revoked (Show Cause). The Show Cause response must be received by the CAA within 30 days of the date of issuance of the initial Notice of Intent to Revoke.

The Commission will have 30 days to review the institution's Show Cause submission, at the end of which the Commission shall formulate a recommendation to forward to the Minister for consideration. In the event that the Minister determines that an institution's licensure or a program's accreditation should be revoked, the institution must stop admitting students to any of its programs or to the program no longer accredited, stop offering its programs or the referenced program within a period of time specified by the Commission, and inform its students that its accreditation has been revoked. The institution must immediately commence its teach-out provisions, and must support its students in gaining admission to other licensed institutions of higher education offering programs accredited by the Commission. The requirements of Section 11 below relating to closure of an institution apply to an institution whose closure is decreed by the Minister.

6. Removal of Sanctions

As appropriate, the Commission will perform a subsequent review of the institution or program to determine whether or not the institution or program has implemented the required modifications or has otherwise come into compliance with the *Standards*. The Commission will issue a determination stating its decision regarding removal of a sanction or sanctions.

11. Closing an Institution or a Program

A decision to terminate an educational program or close a branch campus, or an entire institution, requires thoughtful planning and careful consultation with all affected constituencies. Every effort should be devoted to informing each constituency as fully as possible about the conditions compelling consideration of a decision of such importance, and all available information should be shared. As much as possible, the determination to close a program, branch campus, or an institution should be made through a consultative process and only after alternatives have been considered. Responsibility for the final decision to close rests with the institution's governing body. Since the immediate interests of current students and faculty are most directly affected, their present and future prospects require especially sensitive and timely attention and involvement. For this reason, as a part of the Initial Institutional Licensure process, the CAA requires that institutions provide it with a Teach-Out Policy.

1. Institutional or Program Closure and Teach-Out Policy

An HEI must have in place a policy that determines what it will do if it decides to close an educational program, a branch campus, or the entire institution. The teach-out policy must be approved by the Commission as a part of the requirements for Institutional Licensure and Program Accreditation. It must consider and provide detailed plans for at least the following options:

- a. The institution teaches-out currently enrolled students; no longer admits students to programs; and terminates the program, the operations of a branch campus, or the operations of an institution after students have graduated.
- b. The institution enters into a contract for another institution or organization to teach-out the educational program or programs. Such a teach-out agreement requires approval of the CAA.

2. Teach-Out Agreements

A teach-out agreement is defined as either a legally binding, written agreement that includes provisions for the institution to teach-out its own students, or an agreement between licensed institutions that provide for the equitable treatment of students if one of those institutions stops offering an educational program before all students enrolled in that program complete its requirements. Teach-out agreements must be approved by the CAA. For approval by the Commission, a teach-out agreement must provide for the equitable treatment of students by ensuring that:

- a. the institution providing teach-out has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality, and reasonably similar in content, structure, and scheduling to that provided by the closed program;

- b. the institution providing teach-out demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances, or incur additional expenses beyond those anticipated for completion of the closed program.

3. Closing a Program

When the decision is made to close an educational program, the institution must make every effort to assist affected students, faculty, administrative and support staff so that they experience a minimal amount of disruption in the pursuit of their course of study or their professional careers. In all cases, individuals should be notified of the decision to close a program as soon as possible so that they can make appropriate plans. Students who have not completed their programs should be advised by faculty or professional counselors regarding suitable options, including transfer to comparable programs. Arrangements should be made to reassign faculty and staff or assist them in locating other employment.

4. Closing a Branch Campus

After the decision has been made to close a branch campus, all affected constituencies should be notified promptly including students, faculty, administrative and support staff. The chief executive officer should notify the Commission in writing as soon as possible. An institution closing a branch campus must abide by the provisions of its approved teach-out policy and agreements. Every effort should be made to assist current students to continue their education without disruption. Faculty and staff should be either reassigned or assisted in locating other employment.

5. Closing an Institution

A decision to close an institution requires specific plans to provide in appropriate ways for the students, the faculty, and the administrative and support staff, and the disposition of the institution's assets. Many considerations bear upon closing an educational institution, and each situation will be unique. Nevertheless, general guidelines will be helpful to each institution considering closing.

a) Students. Students who have not completed their degrees should be provided for according to their needs. Arrangements for transfer to other institutions will require complete academic records and all other related information gathered in dossiers, which can be transmitted promptly to receiving institutions.

Agreements made with other institutions to receive transferring students and to accept their records should be in writing. Where financial aid is involved, arrangements should be made to transfer the grants to the receiving institution. Where such arrangements cannot be completed, students should be informed. In cases where students have held institutional scholarships or grants, appropriate agreements should be negotiated if there are available funds which can be legally used to support students while completing degrees at other institutions.

b) Academic Records and Financial Aid Transcripts. Arrangements should be made with the CAA for filing of student records. Notification should be sent to every current and past student indicating where the records are being stored, and what the accessibility to those records will be. A complete electronic file of student records must be supplied to the MoE. Where possible, a copy of a student's record should also be forwarded to the individual student. The institution must notify the Commission regarding the final filing of student records.

c) Faculty and Staff. In every possible case, the institution should arrange for continuation of those faculty and staff who will be necessary for the completion of the institution's work pending the closing date. In those cases where faculty and staff will no longer be needed, the institution should make every reasonable effort to assist them in finding other employment. It should be understood that the institution can make no guarantees, but genuine good faith efforts to assist in relocation and reassignment are essential.

d) Closing Date. The final actions of the governing body should be a formal vote to terminate the institution on a specified date, and to ensure that all obligations to students will have been satisfactorily discharged.

e) Other Considerations. An institution has the obligation to inform the Commission of its plans for closing, and of its final closing date. The institution should establish a clear understanding with its creditors and all other agencies involved with its activities to assure that their claims and interests will be properly processed. Insofar as possible, the institution should assure that its final arrangements will not be subject to later legal proceedings which might jeopardize the records of its students or faculty.

12. Appeals

The CAA processes of review and quality assurance, as applied to all HEIs across the UAE, are designed and implemented to be inclusive, constructive and fair to all parties. With respect to the four core review processes, the Commission recognizes that there will be some instances when an HEI considers that an unfair decision or outcome has been reached by the Commission's ERT. The following section describes the formal appeal process that applies to decisions made by the Commission resulting from the reviews.

The possible outcomes resulting from the review processes are:

- a. Approval;
- b. Deferral;
- c. Warning notice with specified conditions;
- d. Notice of probation (either institutional or specified programs) with cessation of student enrolment;
- e. Denial of Institutional Licensure or Program Accreditation;
- f. Revocation of Program Accreditation;
- g. Revocation of Institutional Licensure.

It is hoped that discussions between an institution's CEO and the Director of the CAA may clarify, and possibly resolve, any matter of concern in relation to sanctions applied to the institution. In cases where a resolution is not gained through this informal process, a formal appeal may be submitted by an institution.

The decisions which are subject to appeal include institutional/program probation, or denial/revocation of Institutional Licensure or Program Accreditation. Institutions are not able to appeal the outcome of the CAA's risk-based assessment, or the public information on institutions published by the CAA.

Schedule for Appeal

The HEI will have a period of 30 days following receipt of any ERT report, or any formal letter from the Commission containing the judgment to be appealed, to submit the completed Appeal Application Form and supporting case documentation to the CAA Director. An acknowledgement will be issued within one week to the HEI and copied to the Minister of Education.

Grounds for Appeal

- a. Due process as described in the *Standards* has not been followed for the review.
- b. The decision is contrary to statements within the ERT Report.
- c. The ERT Report has significant inaccuracies.

- d. The ERT Report has judgments based on personal and prejudiced views of ERT members, rather than being based on actual findings noted by the ERT during the review.
- e. Conflict of interest issues have arisen that were not evident at the start of the review.

Information/evidence that was not provided to the ERT from the outset of the review cannot be used as a basis for any appeal.

Appeals Committee

On receipt of the Appeal Application Form and with accompanying evidence (see Substantive Appeal Submission below), the Commission will put on hold the issuance of any public announcement of the original decision. An Appeals Committee comprising at least one Commissioner and two of the CAA's International External Advisors will be formed; one of the External Advisors will act as Chair. None of the Appeals Committee members will have had any prior involvement in the review being appealed. The Chair will lead the process and communicate the proceedings and decisions. The outcomes of the Committee's review will be communicated by the Chair to the Minister of Education for approval, with copy to the CAA Director.

Appeals Committee members will be required to complete a confidentiality and conflict of interest declaration form prior to their appointment to the Committee.

Substantive Appeal Submission

The supporting case documentation should be concise and focused on the evidence (existing evidence available at the start of the review), and the specific issues in question. An electronic copy (PDF files) should be submitted to the Director of the Commission, to be forwarded in its entirety to the Appeals Committee. The Committee will be charged with reaching a decision within a period of 30 working days after its membership is approved. The Appeals Committee will be informed by consultation with, and any comments received from, the original reviewers.

Final Decision

The decision of the Appeals Committee to either uphold or deny the appeal will be communicated to the Minister of Education for final approval, before being communicated onwards to the CEO of the HEI. The decision of the Minister is final and is not subject to further appeal. If the appeal is denied, the sanctions imposed on the basis of the original ERT report stand.

If the appeal is upheld then various options are possible:

- a. the earlier ERT report with its decision may be amended, to reflect the change of final judgment and sanction;
- b. the specific point of contention within the ERT report may be amended while allowing the overall judgment to stand;

- c. the entire ERT report may be nullified, and the full review process repeated with a new ERT.

Cost of Appeals

HEIs will be required to pay the costs incurred by the MoE and the Commission as a result of the appeal.

13. Financial Obligations

Institutions are obliged to cover the expenses of institutional review, program review, monitoring and follow-up visits, the CAA's consideration of substantive change applications, and costs incurred as a result of appeals to the CAA. Additional costs include application fees for licensure and program accreditations. Institutions must be aware of financial penalties and sanctions that can be imposed by the CAA in respect to violations of the *Standards*. There are additional expectations of financial guarantees (see Section 6 above), and maintenance of a contingency fund for student protection in the event of teach-out. Institutions that include clinical units, offering clinical programs, may need to budget for applications, via the Ministry of Health and Prevention, for recognition of hospitals/HCU as teaching sites (although these costs normally should be borne by the hospital/HCU).

Application Fees

The following application fees apply for licensure, accreditation and substantive change (*subject to the approval of the Cabinet*):

- a. Institutional Licensure (either initial licensure or renewal of licensure): AED 20,000 per application.
- b. Program Accreditation (either initial accreditation or renewal of accreditation): AED 10,000 per program per application.
- c. Substantive Change: AED 5,000 per application.

Fees are cumulative; e.g. if an Institutional Licensure and a Program Accreditation review are combined in a single event, the fee is AED 30,000. Fees are payable in advance of the review.

Review Costs

The applicant institution is responsible for paying the costs of reviews and related activities. These include external reviewers' honoraria, travel expenses, visas if required, accommodation, subsistence allowances and reasonable incidental expenses. Prior to the review visit, the institution will be informed of the projected costs of the visit. The institution is expected to pay the estimated cost in full prior to the review. The institution will be refunded any excess payments or be invoiced for any overspend at the conclusion of the academic year. Costs associated with subsequent monitoring and follow-up visits will also be invoiced to the institution.

Student Protection Plan

Institutions must maintain a bank financial guarantee to cover the costs of teach-out. See Section 6 above.

Violations, Sanctions and Penalties

Sanctions can be imposed by the CAA in response to violations of the *Standards*. These may carry financial penalties ranging from AED 10,000 to AED 1,000,000, as detailed in *Annex 5: Violations, Sanctions, and Penalties*.

Annex 1: Risk Evaluation Metric (Part A)

Quality Assurance System – Risk Evaluation Metric (Part A)				
Institution:				
Program:				
Commissioner:				
Date of Review:				
Institution-Level Criteria				
The institution has provided evidence of the extent to which it has achieved the following:		Fully (score 2)	Partially (score 1)	Limited/None (score 0)
1	The institution has a vision statement that articulates the long-term aspirations of the institution.			
2	The institution has a mission statement that is periodically re-evaluated to assess its currency.			
3	The organization of the institution reflects and supports its mission, and facilitates its efficient operation.			
4	The governing body is subject to and operates under By-Laws.			
5	The governing body regularly evaluates its own effectiveness.			
6	Faculty members have sufficient opportunity to participate in decision making on matters related to the curriculum, assessment, and academic integrity.			
7	Students have the opportunity to participate in the decision-making processes within the institution.			
8	All administrators and academic officers, including the chief executive officer, are annually evaluated and are provided feedback on those evaluations.			
9	A <i>Policies and Procedures Manual</i> is available that contains all the policies and procedures of the institution.			
10	The institution demonstrates its commitment to continuous quality assurance and enhancement by systematically evaluating the effectiveness of all aspects of its operations and academic programs.			
11	The institution demonstrates how evidence-based planning has led to improvements in programs and services, to new programs and services, and to more effective use of resources.			
12	The academic programs and courses offered by the institution are appropriate to its mission.			

13	International academic norms are reflected in program design and composition, in the delivery of teaching and instruction, and in the assessment of student achievement.			
14	The institution thoroughly assesses the need for any new program, determining the potential employment market, competition in the sector, prospective student interest, resource requirements, and financial implications.			
15	The institution has effective policies and processes for advertising, recruiting, and appointing faculty and professional staff members and maintains records of these processes.			
16	The qualifications and experience of all professional staff members are appropriate to the level of their appointment and the duties to which they are assigned.			
17	The institution employs a sufficient number of faculty members to effectively deliver the programs it offers, both credit and non-credit, in line with its mission and international norms.			
18	The institution conducts annual evaluations of the performance of all full-time, part-time, and visiting faculty members, and professional staff members at all locations, using a variety of measures.			
19	The institution provides an environment that contributes to the cultural, social, moral, intellectual, and physical development of students.			
20	The institution provides learning resources and services for students and faculty members that adequately support teaching and learning and, as applicable, research, in ways that are consistent with the institution's mission and goals.			
21	The physical facilities are designed and maintained to serve the needs of the institution in relation to its mission, and include a sufficient number of classrooms and other specialized physical resources to support its academic programs.			
22	The institution demonstrates present and future financial stability, with resources adequate to accomplish its mission effectively and to ensure that all enrolled students are able to complete their academic programs.			
23	The institution adheres to the highest ethical standards in its teaching, research, scholarship, and service; in its treatment of its students, faculty, and			

	staff; and in its external interactions and relationships.			
24	In keeping with its mission, the institution supports research and scholarly activities directed towards the creation, integration, and application of knowledge.			
25	The institution accepts its responsibility to serve the needs of the local community in a variety of different ways, according to the characteristics of the institution			

Annex 2: Membership and Orientation of ERTs

Peer Reviewers

Institutional and program reviews are carried out by teams of peer reviewers (External Review Teams, or ERTs). Peers are academic staff or administrators with senior-level expertise in the management and/or delivery of higher education provision. Peer reviewers are appointed by the CAA according to the selection criteria below.

The credibility of reviews depends in large measure upon the currency of the knowledge and experience of ERTs. The CAA's preference, therefore, is for reviewers to be in current employment at institutions of higher education. However, the currency of knowledge and experience is not lost as soon as employment comes to an end.

The main roles and responsibilities of all reviewers, whether in institutional or program reviews, are:

- a. reading and analyzing the Application/Self-Study submitted by the HEI, and other documents provided in advance of or during the visit;
- b. adhering to the visit schedule agreed between the HEI and the Commissioner;
- c. participating in visits to the HEI in order to gather, share, test and verify evidence;
- d. evaluating compliance of HEIs with the *Standards*, including making judgments on the setting and maintenance of academic standards and the quality of the learning opportunities provided for students;
- e. contributing to and commenting on the compilation of the ERT Report of the review, following agreed schedules and deadlines;
- f. working collegially in formulating the Requirements and Suggestions included in the ERT Report, and the outcome decisions of the review.

Selection criteria

Essential criteria for all peer reviewers are:

- a. an enquiring and skeptical attitude of mind, with proven powers of analysis and sound judgment;
- b. the ability to make appropriate judgments in the context of the HEI being reviewed, recognizing that it is different from their own place of work;
- c. good oral and written communication skills, preferably with experience of writing formal reports for publication to deadlines;
- d. the ability to work with electronic and/or web-based communication systems effectively;
- e. the ability to work effectively as part of a team;
- f. the ability to adhere to agreed protocols, procedures, and deadlines;
- g. demonstrable commitment to the principles of quality assurance in HE provision;

- h. familiarity with the *Standards*, the *QFEmirates*, and, as appropriate, professional standards of education and training, and program and qualification statements;
- i. prior experience in review processes in HEIs.

Essential criteria for all peer reviewers involved in institutional review are:

- a. experience in managing and assuring academic standards and the quality of higher education provision in a senior academic or professional support capacity at organizational level.

Essential criteria for all peer reviewers involved in program review are:

- a. substantial experience with teaching and learning in higher education;
- b. substantial experience of assessing students' achievements, including moderation of assessment;
- c. substantial experience in organization and management in relation to teaching, learning and assessment matters;
- d. a high level of knowledge and understanding in the subject/program area to be reviewed.

Annex 3: Review Schedule

A typical program review schedule is presented below. The schedule is agreed in advance of the review by the institutional contact and the Commissioner, and communicated to all relevant parties before the review begins. There can be considerable variation on this basic plan according to the needs of the review, e.g. in consideration of availability of personnel, or to accommodate site-visits for programs offered at multiple campuses, or that include substantial experiential learning such as clinical programs, where visits to clinical placements are required.

Saturday - Day 0: Arrival Day

No ERT activities planned.

Sunday - Day 1: Preparation Day

8:30 AM

ERT departs hotel for institution campus

9:00 AM - 11:00 AM

Preparation meeting for ERT at the campus

This day will be preparation, including orientation, review of documents, and writing. All appropriate institutional and program documentation should be available.

Note to institution staff: The base room on the campus should include internet access and a computer workstation with printer capability. It should also include the institutional documentation on this program including course files (including textbooks) for all courses offered in the program (including general education, electives, and any courses offered by other departments/colleges), the Self-Study, Faculty Handbook, Staff Handbook, Student Handbook, Catalog, Quality Assurance Manual, Policies and Procedures Manual, Fact Book, Strategic and Action Plan(s) – institutional level, Strategic and Action Plan – college/department level, Organizational Charts (with names of current appointees and vacant positions) for both institution and college/department, assessment reports, assessment information, course teaching schedule for the last two semesters, current study plan for the program and related programs, roster of full-time and part-time faculty for the college/department categorized by program (detailing name, rank, highest degree earned, specialty, joining date), detailed faculty workload/teaching assignments for the college/department categorized by program (specified courses, number of sections, credit hours, administrative responsibilities, and total load) for the

last two semesters, list of publications by faculty in the program for the past two academic years, actual expenditures on research for the program in the past two academic years, complete faculty files, complete staff files who are related to the program (as requested by the ERT), list of books and current journals related to the program, list of current students in the program (detailing name, student number, admission date, English exam score, English exam score date score date, number of credits enrolled, number of credits passed, and GPA), institutional student population for the current academic year categorized by program/college, student appeals for the last two semesters, minutes of college/department committees, minutes of advisory board meetings, etc. All required documents should be available in the base room, with the exception of confidential records (e.g. faculty or student admissions files, which can be made available in the HR office/Registrar's office).

Provision for coffee, tea, and light snacks is appreciated throughout the visit.

11:00 AM - 11:30 AM

ERT meets with the President

Note to institution: This is an introductory meeting; the ERT expects a brief presentation about the institution.

11:30 AM - 1:00 PM

ERT meets with the Chair of the program and Dean of the college.

Note to institution: The specific of the presentations by the Chair and/or Dean are the responsibility of the institution. Given that this will be a tight schedule, the team urges the institution to keep overview presentations brief. The majority of the time should be for discussions and questions. The institution shall decide on the personnel to be in the meeting.

1:00 PM

ERT working lunch; no campus personnel

2:00 PM - 4:00 PM

Continue preparation meeting for ERT

4:00 PM

ERT returns to hotel

Monday - Day 2: Campus Workday

8:30 AM

ERT departs hotel for institution campus

9:00 AM - 12:00 PM

Executive session for ERT

12:00 PM - 1:00 PM

Tour of campus facilities that are relevant to the program

Note to institution: This tour should include the library, laboratory facilities, and other facilities associated with the

program. It need not to be a comprehensive tour of the whole campus.

1:00 PM - 2:00 PM

ERT lunch with representative faculty/staff

Note to institution: This lunch is designed as, in part, a social event and, in part, as an opportunity for the ERT to interact with individuals whom they might not otherwise have the chance to interview but have an important role in the program.

2:00 PM - 4:00 PM

ERT interviews faculty

Note to institution: This interview time is for faculty interviews. The ERT should have access to faculty files, and a list of current faculty in the department/college along with their credentials and teaching/administrative loads. The ERT will conduct interviews in parallel.

4:00 PM

ERT returns to hotel

Tuesday - Day 3: Campus Workday

8:30 AM

ERT departs hotel for institution campus

9:15 AM - 10:30 AM

Executive session for ERT

10:30 AM - 12:00 PM

ERT interviews administrative staff

Note to institution: This interview time is for staff interviews. The ERT will need interview time with: (1) Head of Quality Assurance; (2) Head of Student Services; (3) Head of Research; (4) Head of IT Services; (5) Head of Library; (6) Head of Finance; (7) Head of Human Resources; and (8) Head of Admission and Registration.

The ERT will conduct interviews in parallel. This might also include follow-up interviews as requested through the Commissioner.

12:00 PM - 1:00 PM

Executive session for ERT

1:00 PM - 2:00 PM

Working lunch for ERT; no campus personnel

2:00 PM - 4:00 PM

Students, alumni, Advisory Board, and employers interviews

Note to institution: These are particularly important sessions for a renewal of accreditation visit. The institution should arrange for a representative sample of students and alumni of the program (one session) and members of the external Advisory Board and employers of the program (a second session). Sessions should be no more than 45 minutes.

4:00 PM

ERT leaves for hotel

Wednesday - Day 4: Exit Day

8:30 AM

ERT departs hotel for institution campus

9:00 AM - 12:30 PM

Working executive session for ERT

12:30 PM - 1:30 PM

Working lunch for ERT; no campus personnel

1:30 PM - 2:00 PM

Exit meeting

Note to institution: This meeting includes President, Dean, Chair, and others as invited by the institution.

This exit meeting will be an overview of the findings of the ERT; there will not be time for discussion other than for purposes of clarification. During this exit meeting, the Commissioner will present an overview of “next steps” for the institution as part of the accreditation process.

The meeting will begin with opening remarks by the Commissioner, then the presentation by the ERT Chair and a brief closing by the Commissioner. The President may wish to make very brief final remarks, but the exit meeting is not the time for questions or to begin responding to the report. The institution shall decide on the personnel to be in the meeting.

2:00 PM

ERT departs for hotel

Annex 4: Issues that Can be Investigated

What Can be Investigated?

Under the Concerns Scheme, the CAA can investigate concerns about academic standards and quality, information that HEIs produce about their provision, and management of quality and standards in the HEI.

The CAA will only investigate concerns which potentially indicate serious weaknesses in the HEI's approach to the management of quality and standards. Information about isolated mistakes or occurrences of bad practice, or unverified anecdotes or hearsay, will not normally be sufficient to trigger a Concerns Scheme investigation.

Academic Standards

The Concerns Scheme can investigate:

- a. whether the academic standards of qualifications are set at the appropriate level;
- b. higher education programmes that do not meet the *QFEmirates* expectations for a degree in a particular subject area;
- c. failure to make available definitive information on the aims, intended learning outcomes and expected learner achievements for a program of study;
- d. failure of assessment to be robust, valid, and reliable.

Quality

The Concerns Scheme can investigate:

- a. the absence of effective processes for the design and approval of programmes;
- b. failure to have admissions policies and procedures that are clear, fair, explicit, and consistently applied;
- c. failure to define, and systematically review and enhance, learning opportunities and teaching practices;
- d. the absence of effective arrangements to support students with their learning;
- e. the absence of deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience;
- f. the lack of appropriate opportunities for students to show they have achieved the intended learning outcomes for the award of a qualification or credit;
- g. the lack of effective procedures to routinely monitor and periodically review programmes;
- h. the lack of fair, effective, and timely procedures for handling students' complaints and academic appeals;
- i. the lack of effective processes for managing learning opportunities delivered with other organisations;

- j. failure to provide a robust research environment.

Information about Higher Education Provision

The Concerns Scheme can investigate whether information an HEI makes available about learning opportunities is fit for purpose, accessible and trustworthy. Examples of concerns in this area include:

- a. misleading information about the accreditation of a course by a professional body;
- b. inadequate guidance for examiners on marking examination scripts;
- c. inadequate support for experiential learning (e.g. internship placements) or distance learning;
- d. failure to follow assessment regulations;
- e. inaccurate or misleading public information;
- f. failure to meet commitments made in *Catalogs* and other published material;
- g. inadequate use of academic regulations;
- h. weaknesses in the management of academic standards and quality when delivering learning opportunities in partnership with other organizations.

What the Concerns Scheme Cannot Investigate

- a. matters of academic judgement, such as examination results;
- b. individual claims for financial refunds;
- c. requests for institutions to re-mark work;
- d. grievances against individual staff;
- e. problems that the institution has already rectified;
- f. isolated mistakes or occurrences of bad practice.

The Concerns Scheme cannot investigate concerns about programs that do not lead to higher education qualifications, or to specific credit towards higher education awards.

Annex 5: Violations, Sanctions and Penalties

The CAA has the authority to impose sanctions upon HEIs in response to confirmed violations of the *Standards*.

Sanctions

Sanctions may be imposed as warranted by the severity of the violation. Sanctions in order of increasing severity are:

- a. Official Warning;
- b. Public Warning (to be published on the CAA website);
- c. First Probation (to be published on the CAA website; the HEI must cease enrolling new students, and accept no new applications);
- d. Second Probation (to be published on the CAA website; the HEI must cease enrolling new students, and accept no new applications);
- e. Revocation of Program Accreditation or Institutional Licensure (to be published on the CAA website);

The CAA reserves the right to reclassify an institution's risk status as a sanction for violations of the *Standards*. This can affect the periodicity of licensure and accreditation renewal for the institution.

Violations

The type of sanction that can be imposed is determined by the CAA, and is based on the severity of the violation against the requirements of the *Standards*.

Financial Penalties

Financial penalties up to the following values can be imposed upon sanctioned institutions (*subject to the approval of the Cabinet*):

a) Institutional Level

Sanction	Penalty
Official Warning	AED 50,000
Public Warning	AED 100,000
First Probation	AED 200,000
Second Probation	AED 400,000
Revocation of Licensure*	AED 1,000,000 (minimum depending on number of students)

* *This sanction entails partial activation of financial guarantee*

b) Program Level

Sanction	Penalty per Program
Official Warning	No financial penalty imposed
Public Warning	AED 10,000
First Probation	AED 20,000
Second Probation	AED 40,000
Revocation of Program Accreditation*	AED 100,000 (minimum depending on number of students)

* *This sanction entails Partial activation of financial guarantee*

Annex 6: Business Process Models for CAA Activities

