



# National Review Manual For the Re-accreditation of Programmes

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**September 2012**

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## Foreword

The Higher Education Quality Committee (HEQC), a permanent committee of the Council on Higher Education (CHE), carries out quality assurance in higher education by virtue of the Higher Education Act (No. 101 of 1997, as amended). In terms of this Act, the CHE's mandate includes quality promotion and capacity development, institutional audit and programme accreditation. In addition, the National Qualifications Framework Act (No. 67 of 2008) assigns to the CHE the role of Quality Council for higher education, which brings with it additional responsibilities. In the main these relate to the management and quality assurance of the sub-framework of the National Qualifications Framework (NQF) dedicated to higher education, that is, the Higher Education Qualifications Framework (HEQF).

The re-accreditation of an existing programme offered by higher education providers is known as a national review. The fundamental aims of a national review are to ensure that minimum standards in programmes are met, that students are protected from programmes that do not meet minimum quality standards and that public confidence in higher education programmes is assured.

A re-accreditation exercise is carried out using the CHE's *Programme Accreditation Criteria* (updated in 2012) that were developed in consultation with the higher education sector. Additional criteria are added as needed in consultation with relevant stakeholders involved in the review of the programme.

This Manual provides an overview of the re-accreditation process and is designed to guide users through the different stages of the re-accreditation process. It must be read in conjunction with the *Framework for the National Review of Programmes* which outlines the review process.

The Manual is written for use by institutions and reviewers. Chapters 1, 2 and 3 are specifically designed for institutions. These three chapters explain the review process and provide examples of what is expected. Chapter 4 contains information for the institution and the reviewer appointed to serve on a CHE panel. It helps institutions prepare for the site-visit and allows the reviewer to gain insight into the different elements that constitute a site-visit. Chapter 5 provides information for reviewers. Chapter 6 deals with issues of confidentiality and professional conduct during the review process.

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September 2012

## Acronyms

<b>CHE</b>	Council on Higher Education
<b>DHET</b>	Department of Higher Education and Training
<b>HEI</b>	Higher education institution
<b>HEQC</b>	Higher Education Quality Committee
<b>HEQF</b>	Higher Education Qualifications Framework
<b>NPHE</b>	National Plan for Higher Education
<b>NQF</b>	National Qualifications Framework
<b>PQM</b>	Programme and Qualification Mix
<b>QA</b>	Quality Assurance
<b>SER</b>	Self-Evaluation Report
<b>TNE</b>	Transnational education

## READER'S GUIDE

This Manual provides a detailed overview of the process of a national review of a programme for use by CHE staff, institutions and reviewers. The table below presents a schematic overview of the chapters and their target users. It is however, in the interest of the reader to understand the national review process in its entirety by referring to the *Framework for a National Review of Programmes* (2012) and this Manual.

Chapter	Title	Description	Intended for
<b>1</b>	Process for the National Review of Programmes	This chapter provides an overview of the different steps involved in conducting a national review.	<b>Institutions and reviewers</b>
<b>2</b>	Baseline Data for the National Review of Programmes offered at Higher Education Institutions	This chapter provides examples of the type of data institutions can provide	<b>Institutions</b>
<b>3</b>	Preparation of the Self-evaluation Report (SER)	This chapter provides details on completing the SER	<b>Institutions</b>
<b>4</b>	The Site Visit	This chapter provides information on the site-visit process	<b>Institutions and reviewers</b>
<b>5</b>	Review Panel	This chapter sets out the parameters of the review process	<b>Reviewers</b>
<b>6</b>	Confidentiality and Professional Conduct Guidelines	This chapter provides guidelines on confidentiality and professional conduct	<b>Institutions and reviewers</b>

## Chapter 1

### Process for the national review of programmes

The Council on Higher Education (CHE) as the Quality Council for higher education is among other things, responsible for the quality assurance of the qualifications on its sub-framework, the Higher Education Qualifications sub-Framework (HEQsF), which it discharges through the Higher Education Quality Committee (HEQC). A national review of an existing programme takes place through a re-accreditation process which forms part of the CHE's higher education quality assurance system.

A fundamental purpose of a national review as a specific form of accreditation is to ensure that institutions meet minimum quality standards in the selected programme. A national review is conducted using the CHE's accreditation criteria.

Academic peers play an important role in the review process as they have expert knowledge and the experience to make appropriate recommendations. The CHE's approach of consulting with stakeholders before the criteria are finalised ensures that all institutions have a role in the review process and understand that they must meet the minimum academic standards set by peers in a particular programme to be reaccredited.

The self-evaluation of a programme against the accreditation criteria forms the core of the review process, and is significant in enhancing the quality of the programme. The self-evaluation report (SER) records the institutional judgements on whether the programme meets the minimum standards in each of the criteria.

The next phase of the review is the site-visit. An HEQC appointed panel reviews the programme to see whether it meets the minimum standards and makes a recommendation against each criterion. On balance, the resulting draft report provides an overall recommendation on the accreditation status of the programme. All draft reports are scrutinised by an HEQC approved and appointed National Reviews Committee for adequacy of evidence to support the conclusions reached and to ensure that there is consistency across the findings of the reports. The National Review Committee makes a recommendation to the HEQC on the accreditation status of each programme for an accreditation decision.

A report with an accreditation outcome is communicated to each institution. The institution has 21 working days within which to make a representation to the HEQC based on the final report and the accreditation outcome. In the case of an institutional representation, the HEQC will follow the process and procedure outlined in the *Framework for the National Review of Programmes*.

The final step in the review process is the publication of accreditation outcomes of all institutions reviewed on the CHE website. While all national review processes and committee proceedings

remain confidential, the outcomes of the review process are made public. Moreover, HEQC decisions with underlying reasons for each of the programmes will be included on the CHE website.

The preparation and publication of a national report on the state of provision of the programme represents the formal conclusion of the review process.



## Chapter 2

### Baseline data for the national review of programmes offered at higher education institutions

The national review of programmes is an evidence-based process. It begins with the development of a proposal for HEQC approval. In considering the proposal, the HEQC takes

into account factors such as identified areas of national need, concerns raised

by higher education stakeholders, unwarranted proliferation or paucity of programmes in a particular area, expressed concerns related to quality of the programme, or any other demonstrably substantive reason. Once the HEQC has approved the review of the programme, the National Review Directorate in collaboration with institutions gathers baseline data regarding the academic and operational aspects of the programme.

**A national review of programmes is evidence-based.**

The baseline data provided by each institution forms part of the national report on the state of the provision of the programme and includes details on the background and history of the programme, budget information, research, staffing, etc.

The criteria used in the review of programmes are drawn from the *Criteria for Programme Accreditation* and cover areas ranging from programme input, process and output and impact.

The 19 criteria are listed in the CHE *Criteria for Programme Accreditation* and demonstrate the re-accreditation scope of a programme. Not all 19 criteria are necessarily used in a national review. Additional programme-specific criteria may be added in consultation with the relevant stakeholders involved in the programme.

The different annexures provide examples of data institutions are expected to provide for the review. Institutions are allowed to provide additional data deemed relevant.

The next section provides information on completing the self-evaluation report (SER). The baseline data and all other data required to complete the SER are complementary and provide an overview of the programme.

## Chapter 3

### Preparation of the self-evaluation report

**Reader's guide: This section assists institutions to complete the SER.**

#### 3.1 Introduction

The national review of a programme forms part of the CHE's quality assurance functions. One of the HEQC's principles is that responsibility for programme and institutional quality rests primarily with the higher education institution itself.

The production of the SER is core to the national review process and provides an institution with the opportunity to address quality issues in the programme. A fundamental characteristic of the SER is that it engages analytically with the identified criteria and minimum standards. Institutions are encouraged to highlight areas of strengths and weaknesses and provide reasons for these. A self-evaluation report (SER) that is descriptive without engaging the criteria assists neither the institution nor the HEQC in achieving the purpose of strengthening the programme.

#### STAGES IN THE REVIEW PROCESS

The following steps are followed in the review:

1. Submission of a self-evaluation portfolio of the programme using the established criteria.
2. Internal screening of the institutional SER by the National Reviews Directorate staff.
3. Preliminary evaluation of the submission by experts in the programme area.
4. Development of a schedule by the CHE for a site-visit by the review panel.
5. The institution is informed of the site-visit and the composition of the review panel. The review panel includes peers with expertise in the relevant programme and are trained as reviewers. Institutions have the opportunity to object to panel members if there is a conflict of interest.
6. A draft schedule of the site visit is developed by the institution and the HEQC.
7. Site-visit by a panel of peers and experts. A draft report on the programme is prepared by the panel and submitted to the CHE.
8. A check on comprehensiveness and coverage of all the criteria in each draft report is completed by CHE staff.
9. The National Review Committee ensures adequacy of evidence to support the recommendations and monitors consistency across the draft reports. The Committee receives, discusses and considers the recommendations of the Directorate in relation to the draft review reports and considers related

documentation. The National Reviews Committee makes final recommendations on the accreditation status of each programme to the HEQC.

10. The HEQC's report with its accreditation outcome is released to the institution. The institution has 21 working days within which to make a representation to the HEQC to comment on errors of fact, discrepancies and omissions.
11. The HEQC responds by following the required process and procedure. The CHE appoints a reviewer to review the report and the re-accreditation decision in light of the institutional representation. The reviewer's recommendation is considered by the National Reviews Committee which makes a recommendation to the HEQC. The reports and recommendations of the National Review Committee and responses from institutions are considered by the HEQC.
12. After reviewing all relevant documentation, the HEQC makes its decision on the outcome and communicates it to the institution. This decision is final and binding on the institution.
13. The CHE follows-up with institutions that do not receive full accreditation status.

### 3.2 Preparing the self-evaluation report

The SER is an opportunity for departments to analyse the programme with a view to improve it. In completing the SER, departments are encouraged to adopt an approach that looks at each criterion as an opportunity to evaluate the programme in an holistic manner. Departments should guard against a formulaic approach that translates the SER into a checklist-type approach.

Although this is a minimum standards exercise, reviewers are encouraged to identify examples of good practice and innovation beyond minimum standards.

The different sources of evidence that a reviewer/panel bases their judgement on includes:

- The SER
- Documents provided during the site-visit
- Viewing adequacy of infrastructure (e.g. lecture rooms, laboratories, libraries...)
- Interviews with staff, students, management, alumni and any other parties who have relevant information.

#### Developing the SER

The development of the SER is an opportunity for a department to identify areas of good practice, improvement areas and other interventions to enhance the quality of the programme. This process should culminate in the preparation of a self-evaluation document that addresses the criteria and the minimum standards.

Each criterion constitutes a section in the SER. The last section in each criterion allows reviewers to assess its level of compliance with the criteria and standards in each area. The outcome for each criterion can range from *meets minimum standards* or *does not comply*. The classification depends on whether minimum standards are met or exceeded or, whether the criterion needs minor improvement that can be done within a six month period or longer.

Each  
criterion has  
its own  
section

The outcome for a criterion met is *meets minimum standards*. Where the outcome for a criterion is generally exceeded, it is classified as *commended*. In contrast, where a criterion does not meet the minimum standards but with shortcomings that can be remedied within a period of six months, it is classified as *does not comply*.

The institution is expected to establish the required structures, procedures and processes and so enable the department to conduct a thorough and timeous evaluation of its programme. The department's systems, structures, policies and procedures, in relation to the programme should also be part of institutional concern.

The narrative account must be led by a self-assessment in relation to each criterion statement and consist of the following key areas:

1. A descriptive account of the department's performance around the criterion statement. Ensure that all minimum standards are addressed.
2. An analysis of the strengths, weaknesses, opportunities and threats.
3. An overall assessment of performance in relation to the criteria and minimum standards.
4. An improvement plan, where necessary.

The HEQC recognises that no two institutions or programmes are alike. Each has its unique mission, goals and objectives and organisational climate, all of which will be reflected in the SER. The key to preparing a good SER is to provide accurate, complete and well thought out responses. Inaccurate, incomplete or improperly formatted information may delay the re-accreditation process. Responses should be clear, succinct and address the relevant topics. The quality of the content in the submission will depend largely on the process followed in compiling the self-evaluation report. All academic staff teaching on the programme should be involved in the self-evaluation process, even if only as 'critical readers' of the final draft report. All portfolios must be signed off by the Dean of the faculty concerned.

No two institutions  
or programmes are  
alike.

The list of expected documentation at the end of each section is to afford departments the flexibility to provide information in appropriate formats. Please note that for the purposes of the review, a documentation/evidence map should be provided as per guidelines in Annexure 1. This specifies the kinds of documentation to be made available on site.

### 3.3 General characteristics of the SER

The following are general characteristics of a portfolio as a whole and are a guide to assist departments in completing the SER.

#### INTERPRETATION OF THE CRITERIA

The criteria should be interpreted in ways that suggest a clear and professional understanding of the issues as well as reflecting the context and nature of the institutions. The review process is an opportunity for the institution to enhance the quality of its programme.

REVIEW PROCESS  
Opportunity to  
improve the  
programme  
offering.

Some questions to assist in the development of the SER:

### THE SELF-EVALUATION PROCESS

- Have appropriate people in the institution been involved in ways that optimise the learning opportunities provided by the self-evaluation process?
- What were the outcomes/lessons of the self-evaluation process (apart from the self-evaluation report in the portfolio)?

### PRESENTATION OF THE SELF-EVALUATION REPORT

- Is the self-evaluation report systematically presented, with cross-referencing within the report where necessary and in a way that results in an easy-flowing and coherent document?
- Is the relevant documentation easily accessible to the reader (contents pages, numbering of pages and appendices, labelling of sections, cross-referencing across report and appendices, etc.)?

### CRITERION-SPECIFIC ASPECTS

The inclusion of the aspects below as part of the SER will assist institutions to systematically address each of the criteria as well as determine whether they are adequately addressed.

#### DESCRIPTION

- Details of the systems and arrangements in place in relation to a particular criterion (or group of criteria).
- Indicates how these systems and arrangements are intended to ensure quality.

#### ANALYSIS/EVALUATION

- What conclusions have been reached about the effectiveness of the systems and arrangements for managing quality? Which are working well, and which are not working effectively? There should be an analysis of areas of strength and weakness and possible strategies for improvement.
- Does the portfolio represent an appropriate level of critical self-reflection and self-disclosure?

#### EVIDENCE

- What evidence is provided to support conclusions about the effectiveness of systems and arrangements?
- Where necessary, has the evidence and tables (e.g. quantitative data) been interpreted for the reader?
- Is there an explicit account which links the evidence to the conclusions? (e.g. *The minutes of this committee reflect a consistent tracking of the following issues, resulting in....*)

#### OVERALL ANALYSIS

- To what extent are reasons provided for problems experienced in some areas? Is there explanation, for example, of the failure or difficulty of some policies or measures to

achieve their intended outcome? Is the self-knowledge gained from completing the exercise reflected in the SER?

- Understanding the nature of problem areas is the first step in formulating appropriate interventions.

### **3.4 Organising the self-evaluation report**

There is a specified format for the SER, and some guidance is offered in terms of expectations. The application should be organized as a narrative self-study document with appropriate inclusion of references to supporting information, documents, survey results, and tabular data. Documents such as manuals, course syllabi, institutional rules and regulations, promotion policies, and survey documents may be provided on site. These must be clearly referenced in the portfolio submitted. It is recommended that a list of documents available on site be included in the SER. Please note that all appendices must be clearly marked and appropriately cross-referenced.

It is recommended that institutions make use of footnotes to refer to evidence in specific files and that a document (evidence) map be compiled listing the files.

To limit the duplication of evidence contained in the files, departments should not arrange evidence according to the criteria. If, for example, reference is made to the faculty yearbook in more than one criterion, it is expedient to have the yearbook available in the governance file and to refer to this file whenever the yearbook has reference.

If footnotes are used, each footnote must be clearly explained in the SER to refer the review panel to the correct section, file and sub section. Page numbers are also important. When referring to the minutes of a specific faculty board meeting in the narrative of a section of the portfolio, for example, the SER must direct the panel to the exact page number of these minutes. (Such evidence might refer to a specific decision that was made and panel members should be directed to the decision in question without having to search through the minutes of entire meetings.) Annexure 1 gives an example of the use of footnotes in completing the SER.

Annexure 2 provides examples documentation that Departments/Units could provide to as material support for each criterion.

### **3.5 Guidelines on providing evidence in each criterion**

It is the department's responsibility to ensure that all documentation and sufficient information regarding the programme is provided for each criterion. This includes the different modes of delivery as well as the different sites of delivery, if applicable.

Annexure 2 provides examples for presenting evidence in a systematic way. If necessary, additional information beyond the guidelines provided may be requested.

### 3.6 Institutional display guidelines

The room allocated for the institutional display of evidence is easily accessible. The department is expected to clearly label, and where required, colour-code the evidence by criterion statement or programme. A comprehensive list of all evidence on display should be available to all members of the panel and be included as an annexure in the SER.

The department should distinctly label evidence for different sites of delivery or modes of delivery. Annexures 2&3, provide examples of the type of information and documents required and how they should be displayed. These documents must form part of the institutional display.

Units that use the web to place materials can either provide the relevant downloads or make a computer available with access to the relevant pages as well as details of student access to materials.

## Chapter 4

### The site-visit

**Readers guide: This section is destined for use by institutions and reviewers.**

#### 4.1 Preparatory steps

##### CONDUCTING A SITE VISIT

The site-visit is an integral aspect of the national review of a programme. Once the decision to review a programme has been finalised, the HEQC notifies the institution and reaches agreement with the institution on the timing of the site-visit.

A site-visit is integral to the national review of a programme

##### LIAISON BETWEEN THE HEQC AND THE INSTITUTION

The institution is allocated a CHE *contact person* and liaises with that person in connection with all matters related to the setting up, organisation and administration of the site-visit, including all logistical arrangements pertaining to the visit. The CHE will communicate the details of the contact person to the institution.

The institution is required to appoint a *site-visit coordinator* who is the liaison person between the institution and the CHE. The name, status and contact details of the site-visit coordinator are communicated to the CHE timeously.

The site-visit coordinator acts on behalf of the institution before and during the site-visit. All site-visit related preparations and arrangements are the responsibility of the site-visit coordinator and s/he must also be available throughout the duration of the site visit to address the requests of the review panel in relation to the review process.

The responsibilities of the site-visit coordinator, in addition to maintaining an ongoing liaison between the institution and the HEQC, are defined and discussed below.

##### DURATION OF THE SITE VISIT

The duration of a site-visit can be anything from 1-3 days.

##### FORMAT OF A SITE-VISIT

A site-visit schedule comprises a series of time slots and includes the following:

- Meeting between the review panel and the head of the department, programme coordinator(s) and the quality assurance manager/representative.



- Reading and reflection periods for members of the review panel.
- Interviews with academic staff, administrative and support staff, students and/or alumni.
- Visits to libraries, lecture venues, laboratories, computer facilities and other elements in the physical infrastructure of the institution where relevant.
- A courtesy concluding session with the Head of Department and/or Dean/senior manager in the institution. The panel's overall impressions of the site-visit can be presented. The panel does not discuss the accreditation outcome of the process.

In each case, the CHE will timeously inform the institution, of its requirements with regard to the specific details for the site-visit. Subsequently, and also well before the visit, the site-visit coordinator at the institution should inform the CHE about the names (and designations) of those to be interviewed, venues for sessions, catering arrangements and other logistical details related to the review.

## **SITE-VISIT REQUIREMENTS**

### *Site-visit coordinator*

To facilitate the process, each institution appoints a site-visit coordinator to oversee and take responsibility for site-visit preparation and the organisation and administration thereof. The site-visit coordinator of the institution is the first line of liaison for the chair of the review panel. In addition to the responsibilities outlined above, the following aspects must also be addressed.

### *Directions and parking*

Well ahead of the site-visit, the site-visit coordinator provides the CHE with:

- A road map from the hotel to the institution. (The CHE will provide the institution with the necessary accommodation details.)
- At the institution, the review panel must be provided with:
  - Clearly marked and signposted reserved parking bays, preferably close to the venue, for reviewers' vehicles.

### *Meeting room and break-away rooms*

One main room and breakaway rooms where required, with movable tables and chairs are made available for the review panel to use during the site-visit. It would be appreciated if the rooms have the following:

- Tables and chairs for the review panel and interviewees.
- Extension cables and plug points for reviewers' laptop computers.
- Arrangements for tea and coffee in the main room, or nearby.
- Water available for reviewers.
- Flipchart and marker pens.
- A computer and printer.
- Display tables in the plenary room for categorised documentary evidence (see below).

### *Photocopying and stationery requirements*

In addition to the above, the following is appreciated:

- Access to photocopying facilities.

- A stapler and a punch.
- Name tags for interviewees and desk name labels for panel members (large enough for these to be seen from across the tables provided)
- Two boxes (e.g. photocopy paper boxes) and packaging tape for sending documents to the CHE by courier.

### *Document display*

In general, the materials and documents on display include all those to which reference was made in the institution's SER. Additional information and documentation requested by the HEQC similarly forms part of the document display. Moreover, the document display can also include any additional documents the institution considers important for the review as well as any additional documentary evidence required by the chairperson of the panel during the site visit.

**It is absolutely essential that the display of materials and documents be organized to facilitate ease of access and location, and that mechanisms employed for this purpose are made clear to the panel.**

While the *specific coverage* of the document display may vary from one site-visit to another and in terms of the specific requirements of the HEQC for any given visit, the following list provides an indication of the key documents to be displayed:

- Prospectus, faculty handbooks, academic calendars, student guides
- Strategic plans of institution and unit (if available)
- Learner material, syllabi, course packs (per module/semester, per mode of delivery)
- Institution reports, committee meeting minutes, school/departments/faculty minutes
- Data summaries of surveys and instruments
- Schedule of courses offered over the last 2-3 years with faculty members identified
- Assessment tasks and instruments, internal moderation reports and external examiner reports
- Degree completion rates, module performance and assessment records for the last 6-8 years
- Admission policies, RPL practice and learner records of relevant applicants, degree completion requirements
- Tuition and fee structures
- Examples of student work and research dissertations
- Faculty curricula vitae
- Facilities, equipment and supplies
- Library catalogues
- Records of student complaints and grievances over the past 6-8 years

- Summary of academic faculty members accomplishments and publications for quick reference
- Advertising material, promotional material, information brochures, etc.
- HR policies, samples of contracts and other personnel data retained by the department
- Course/lecturer evaluation responses and summaries
- Student tracking mechanisms post degree completion
- Any other relevant policies or documents that support the unit's mission, goals, objectives.

### *Interviews and interviewees*

A key element in a site-visit schedule is interviewing different people from the different relevant parts of the institution. Interviewees are drawn from senior management, academic staff, administrative and support staff and students/alumni. Upon receiving the CHE site-visit schedule, the site-visit coordinator identifies the appropriate interviewees and communicates the finalised list/s to the CHE. It is important to indicate the names and status of each interviewee as well as the scheduled sessions in which they will be interviewed.

The site-visit coordinator provides interviewees with details of the interview venues and, where required, directions as well. Site-coordinators inform interviewees that they should only enter the interview venue on invitation by the chairperson of the panel.

### **CATERING ARRANGEMENTS**

In addition to the provision of coffee and tea, the institution is requested to provide a light luncheon on the day(s) of the site-visit. Arrangements should be made for the luncheon to be served either in the plenary room or, preferably, in a venue not far therefrom. No alcoholic beverages should be served to panel members during the site-visit. The CHE will notify the institution of any special dietary requirements once the review panel has been appointed.

## **4.2 Post site-visit requirements**

On conclusion of the site-visit, the site-visit coordinator ensures that:

- The post-site-visit evaluation form is completed and returned to the HEQC.
- Any boxes with documents required by the CHE are couriered to the CHE, without delay, at the end of the site-visit.
- A list of all evidence tabled during the site-visit is provided to the chairperson of the review panel.
- A list of all persons interviewed is provided to the chairperson.

## Chapter 5

### Review panel

**Readers' guide: This section explains the purpose and functions of the CHE appointed reviewers.**

This section of the Manual is intended for the reviewers, appointed by the CHE, to evaluate the programme. This chapter provides reviewers with an overview of the key aspects of programme re-accreditation and the review process. It also explains the reviewer's role and the CHE's expectations of the reviewer in completing a successful review exercise.

#### 5.1 Selection of review panel

HEQC appoints panel of evaluators

The CHE selects a panel of reviewers to conduct the site-visit on its behalf. This panel typically comprises a minimum of three people, one of whom serves as chairperson. The chairperson, among other things, also acts as the official conduit between the panel and the institution during the site-visit. The reviewers and the chairperson are drawn from the CHE database of academics, subject specialists and other senior colleagues from both the public and private higher education institutions. The CHE trains all reviewers in all aspects of programme evaluation. In addition to the review skills, reviewers are expected to use their specialist knowledge to make informed and objective judgments in relation to all aspects of the programme.

The review panel will among other things:

- Approach its work within the framework of the HEQC's approach to quality assurance.
- Attempt to establish the general correctness of the information supplied by the institution in its accreditation submissions and the SERs.
- Evaluate aspects of programme quality.
- Identify and evaluate evidence of aspects of quality which could not form part of the paper-based submission. Such aspects can include the adequacy of facilities such as lecture rooms; libraries; laboratories; studios and/or other specialist rooms.

#### Suitability of the Review Panel

Before the actual site visit, the CHE ensures the suitability and acceptability of the review panel by communicating its composition to the institution.

The institution has the right to object to the composition of the panel and to communicate its *reasoned* objection to the HEQC. As a general rule, a demonstrable *conflict of interest* is the only valid ground for objection that the HEQC considers. The HEQC deals with any adjustments made to the composition of the panel resulting from an objection by an institution; or from a reviewer withdrawing from the panel, and notify the institution accordingly.

Upon finalisation of the composition of the panel, the HEQC communicates with the panel members and provides them with the following details before the commencement of the site-visit:

- Travel and accommodation details
- Names and contact details of other panel members
- A schedule for the site-visit
- A list of criteria against which the programme/s should be evaluated
- A list of documents required to be on display during the visit
- A copy of the letter regarding the site-visit sent to the institution
- A travel claim form
- A copy of the Code of Conduct (with relevant sections to be signed and submitted to the HEQC *BEFORE* the visit).
- A copy of the original SER submission of the institution (to be made available either in the hotel or electronically)
- Any other necessary documentation connected with the specific site-visit.

## 5.2 Roles and responsibilities of the review panel chairperson

The chairperson is the representative and trustee of the CHE's national review process for the duration of the site-visit. As such, the Chair is responsible for maintaining contact with the CHE before, during and after the site-visit.

The chairperson  
represents the  
CHE/HEQC

The Chairperson of the review panel is a trained reviewer selected on the basis of demonstrated and recognised expertise relevant to the particular programme. The role of the Chairperson is defined as follows:

- The chairperson is the official conduit between the panel and the institution during a review visit.
- It is the duty of the chairperson to ensure that all review panel members are present at the designated times and are fully conversant with the documents, processes and procedures of the visit.
- The chairperson ensures that all review panel members have studied the institution's submission and accompanying documents distributed in advance, and have identified issues that require further investigation during the site-visit.
- The chairperson reminds all review panel members of the importance of professional conduct and ensures that they are aware of the significance of the confidentiality clause.
- In the case of a review panel member demonstrating unbecoming behaviour or being unprepared to conduct the site-visit; or becoming involved in actions that might bring the CHE into disrepute, the chairperson must immediately notify the CHE.
- In the case of any other incident during the site-visit at the institution which may involve institutional staff members interfering and/or tampering with the notes, documents or any other evidence of panel members, the chairperson must immediately notify the CHE.

- The chairperson is responsible for ensuring that tasks allocated to reviewers are commensurate with their expertise and that there is optimal usage of time during panel briefing meetings and all other sessions.
- The chairperson is responsible for ensuring that any changes made to the site-visit schedule during the site-visit are communicated to the institution in sufficient time to allow for arrangements to be made accordingly.
- It is the duty of the chairperson to inform staff and other constituent groups at the institution of the purpose of the visit, confidentiality, and the objectives of any given session.
- Any requests by reviewers for additional documentation or viewing of facilities are made through the chairperson.
- It is the responsibility of the chairperson to ensure that all evidence provided by the institution is examined during the site-visit and that all scheduled interviews take place.
- If the chairperson is not the designated report writer, then s/he ensures that the designated report writer for the review panel receives the cooperation required to accomplish this task. To this end, the chairperson assures that panel members discuss the draft report and contribute to the writing thereof.
  - If the chairperson is the report writer (which is typically the case), then the draft report is copied electronically to all reviewers for their final approval
  - The draft report reaches the CHE within seven working days of the site-visit.
- With regards to the accreditation decision, the chairperson ensures that agreement is reached during discussions and that each criterion is ranked by the review panel, together with an overall recommendation for the programme as a whole.

### 5.3 Review process

The HEQC is the only quality assurance authority for higher education programmes and has the legal obligation to ensure quality in higher education. In performing its accreditation function the HEQC evaluates programmes in terms of a set of criteria and minimum standards.

HEQC is the quality assurance authority for higher education.

National reviews accredit existing programmes within the higher education system. It is an evidenced-based process where the quality of provision of the selected programme is evaluated against criteria developed by the HEQC in consultation with peers and other relevant stakeholders. This is to ensure that the programme meets the minimum academic standards.

The re-accreditation exercise is based on the principle of a self-evaluation report on the programme prepared by higher education institutions. This is followed by a site visit during which an expert peer review panel carries out observations and interviews as well as a study of relevant documents on display.

A national review does not accredit institutions *per se*, but the programmes that they offer. The institutional context is of significance in so far as it should create an environment within which good quality higher education programmes are offered. The primary task of the reviewer is evaluate the programme and make an informed judgement both of the standards aspired to by the programme in terms of the provisions of the Higher Education Qualifications Framework (HEQF) – the *fitness-of-purpose* of the programme – and the national and institutional context within which the programme will be offered (the *fitness-for-purpose* of the programme). The latter implies that the programme is consonant with the mission, vision and goals of the institution.

A national review accredits programmes offered by institutions

## SITE-VISIT REPORT

The site-visit panel reviewer's report is an important element of the review process. This report together with the SER provides the HEQC with a holistic understanding of the programme offered at an institution. The writing of this report on the programme and the submission thereof to the HEQC signals a conclusion of the site-visit for the review panel. Such a report is completed in two stages. The first stage is the report completed during the site-visit and the second stage is the report completed after the site-visit. In both cases, the report is done on the prescribed HEQC template.

### REPORT 1: BEFORE THE END OF THE SITE-VISIT

The first draft of the report is normally written before the review panel disbands at the end of the site-visit. It is expected that the key elements that inform this report would have been agreed to by panel members before the end of the site-visit.

The review panel under the guidance of the chairperson agree in principle –as far as possible- on the provisional judgements on the programme. The review panel reaches a broad consensus with regards to judgements related to each criteria and the programme as a whole.

## POST SITE-VISIT THE REPORT

The report of the review panel based on the agreements reached by the end of the site-visit is written by the chairperson or the designated writer.

The report writer uses the HEQC report template to do so. This is an evidenced-based report that ensures consistency of arguments across the criteria. It further ensures even-handedness and fairness of critical comments, and adequacy of evidence especially in respect of the following judgements: '*needs improvement*' or '*does not meet minimum standards*'. The report writer ensures that report is factually accurate, error-free, stylistically acceptable, and has a suitable 'tone'.

The report reaches the CHE and other review panel members within seven working days of the end of the site-visit. The CHE scrutinizes it for accuracy and offers suggestions (where applicable). In the case of a dispute among review panel members, individual comments related to differing opinions are forwarded to the HEQC.

Upon receipt of the report, the HEQC and the National Reviews Directorate assume responsibility for all further processing thereof.

## NOTES FOR REPORT WRITERS

To guide report writers in the compilation of the Panel Report:

- The HEQC will provide a report template for the programme. The file should be named using the name of the institution, the programme and the date.
- The format for writing the report is Calibri, 12 point justified with 1.5 spacing.
- All review panel members contribute to the report and all minimum standards are covered. At the end of each criterion statement, the panel is expected to record a consensus decision. A cross should be placed in the appropriate box provided at the end of each criterion.
- At the end of the site-visit, the review panel provides an overall recommendation in relation to the specific programme.
- All care must be taken to ensure that the report is *evidence led* and where verbal evidence is used in the report, the panel provides additional explanations substantiating that such evidence had been corroborated.
- References to the institution's submission document, additional information provided on site, including a list of documentation provided on site, and the names of interviewees (to be submitted by the institution electronically) and any other information must be captured accurately.
- If the narrative relates to specific minimum standards, these are indicated in brackets at the end of the sentence [e.g. (iv)]. This is particularly important in the case of attention being drawn to a shortcoming in relation to minimum standards.
- Reports are written in the present tense.
- On completion of the report, it is electronically sent to the National Reviews Directorate.
- Upon receipt of the report, the HEQC edits and reviews it for consistency, reliability and validity. In doing so, it takes into consideration any disputed judgements or alternate views which may have been submitted by individual panel members.

## 5.4 Post site-visit requirements

Before the review panel leaves the institution, the chairperson ensures that:

- Review panel members hand her/him completed copies of the CHE Reviewer Report (see Appendix 1).
- Review panel members hand her/him duly completed travel claim forms. These are forwarded to the CHE by the chairperson together with the evaluation forms.
- The site-visit coordinator of the institution boxes and couriers the documents required by the CHE. This is done without delay at the end of the site-visit. (The CHE representative ensures that a courier is sent to collect these documents.)
- The site-visit coordinator hands an electronic list of all evidence tabled to the chairperson.
- The site-visit coordinator hands an electronic list of all persons interviewed to the chairperson.



## 5.5 Notes for reviewers

The HEQC uses quality-related criteria both as evaluative tools in its accreditation activities and as benchmarks for quality assurance associated with institutional applications for accreditation and re-accreditation. Criteria are categorised using an input, process, output, impact and review model, the elements of which are inter-related. (*c/f Criteria for Programme Accreditation, (2004 revised 2012)*)

### DOCUMENTATION PROVIDED

To facilitate the review process, a documentation pack will be provided to each reviewer.

#### *YOUR DOCUMENT PACK*

You will receive the following programme documentation to assist you in your task:

- The reviewer's contract with the HEQC
- The SER
- The HEQC *Criteria for Programme Accreditation*
- The *HEQF* document
- Guidelines for programme evaluation (this document)
- An evaluation report template.

### THE REVIEWER'S REPORT FORM

Templates of the Re-accreditation Reviewer's Report Form are included in this Manual as Appendix 8.

### THE STRUCTURE OF THE REPORT FORM

The main elements in the evaluator's report form are as follows.

1. On the first page is the programme identification table into which information relating to the institution and the programme for re-accreditation must be entered.
2. This is followed by a section in which the reviewer records his/her details and records the date on which the report is submitted.
3. Also on the first page, is a list of 'instructions' for reviewers which will be commented on below.
4. The set of criteria employed in the re-accreditation process form part of the reviewer report. For each criterion a summary of the focus of the criterion is provided together with a space for the reviewer's comments. In addition, boxes are provided for the overall recommendation in respect of each criterion to be recorded (see relevant section of this Manual on judgements for fuller discussion.)
5. Reviewers are asked to indicate a summary of the judgements made in respect of all the criteria. A template to facilitate this task is included as part of the report (Appendix 9).
6. Reviewers are required to record a summary and comments with regard to the overall recommendation for the programme.

## INSTRUCTIONS

1. Reviewers are asked to write their reports, in respect of each criterion, in a *narrative* style, which addresses the substance of the review as a whole. While the review addresses all the minimum standards specified for each criterion, the minimum standards should not be addressed through a simple listing. Compliance with one minimum standard might well be related to compliance with another.
2. In writing their reports, reviewers are asked to make sure that it is made clear to which minimum standards the comments refer. It is suggested that at the end of any given paragraph in the report, the minimum standards (ms) to which reference has been made are indicated in brackets (e.g. *ms. i & iv*).

### Example:

#### Criterion 10

The institution has not appointed an academic to act as programme coordinator, but one of the administrative staff members was appointed to deal with programme coordination (**ms i**). Although this person is able to look after the coordination of logistical issues, s/he is clearly not in a position to provide academic leadership.

3. Reviewers are asked to indicate, with an 'X', a rating for each criterion in the box provided for this purpose (e.g. C, MMS, NI or DNC) (See section on Judgements below for a more detailed discussion of these ratings).
4. Reviewers are reminded that, although addressed serially, the criteria do not exist in isolation from each other. Findings related to one criterion may have relevance to those under another and so *cross-referencing* between criteria is both permissible and encouraged, where appropriate or necessary.
5. Finally, at the end of the evaluation form, reviewers are asked to record their overall judgements about the programme. Statements related to the various categories of judgement should derive from a reading across the comments for all criteria and should be fully explicit. The bases from which overall judgements are derived should be made clear. When a recommendation is made, reviewers are reminded that it is desirable, if possible, to cite instances of good practice as well as weaknesses and, when making a recommendation for not accrediting or re-accrediting the programme, reasons advanced should provide reference to relevant criteria and specific minimum standards.

## JUDGEMENTS

For each criterion a judgement is required as to whether or not the minimum standards relevant to the criterion have been met. This judgement is based on, and supported by, the narrative produced for each criterion. All decisions taken regarding possible programme accreditation are substantiated

through the evidence produced in the narrative. For each criterion, the following possible outcomes could be recommended:

**Commend** – such a judgement can only be made if there is evidence of a best practice that could be emulated profitably by other providers of similar programmes. Where an institution has an excellent staff complement, it does not lead automatically to a judgement of ‘commendable’. Where an institution has an innovative approach to student assessment that constitutes a best practice, it should be commended for that.

**Meets minimum standards (MMS)** – *all* significant minimum standards that materially affect quality attached to the specific criterion have been met. There are no issues to be flagged for attention.

**Needs improvement (NI)** – one or more of the minimum standards pertaining to a specific criterion have not been met, but the institution could rectify this. Here you need to decide how material the problem is to the success of the programme. If the problem is something that could be fixed while the programme is running (e.g. acquiring more library books, or revising the brochure that advertises the programme) it should be set either as a short or long-term condition. A **short-term** condition is something that could normally be fixed within 90 days, but no longer than six months (e.g. fixing an inconsistency regarding the number of credits in the course). A **long-term** condition implies that it would require more than six months to improve – (e.g. relatively minor adaptations to the programme design, upgrading of infrastructure or ensuring employment equity).

**Does not comply (DNC)** – in this case the minimum standard(s) that has/have not been met is/are of such a nature that it/they cannot be fixed (e.g. the programme design does not comply with the purpose, characteristics or level of the qualification, the programme [Higher Certificate] is embedded in another programme [Diploma]); or there are no academics in the institution with qualifications in the field within which the proposed programme is to be offered – this means that there is no academic expertise within the institution to drive the programme and the development of learning materials).

## 5.6 Background to criteria

A **programme**, in the national review context, is generally defined as a **purposeful and structured set of learning experiences** that leads to a qualification.

The HEQC uses quality-related criteria as evaluative tools in its accreditation activities and quality assurance for the re-accreditation of programmes. Criteria are categorised using an input, process, output, impact and review model.

The complete range of criteria used for the re-accreditation of programmes can be tabulated as follow:

### Summary of criteria for accreditation of existing programmes

	Programme areas	Criterion	Section
<b>INPUT</b>	Programme design	1	1.1
	Student recruitment, admission and selection	2	1.2
	Staffing	3 & 4	1.3
	Teaching and learning	5	1.4
	strategy Student assessment policies and procedures	6	1.5
	Infrastructure and library resources	7	1.6
	Programme administrative services	8	1.7
	Postgraduate policies, regulations and procedures	9	1.8
<b>PROCESS</b>	Programme coordination	10	2.1
	Academic development for student success	11	2.2
	Teaching and learning interactions	12	2.3
	Student assessment practices	13 & 14	2.4
	Coordination of work-based learning	15	2.5
	Delivery of postgraduate programmes	16	2.6
<b>OUTPUT AND IMPACT</b>	Student retention and throughput rates	17	3.1
	Programme impact	18	
<b>REVIEW</b>	All of the above programme areas	19	4

The complete set of criteria is found in the CHE *Criteria for Programme Accreditation of 2012*.

The **input** criteria (1-9) allow reviewers to assess the mechanisms of the programme in achieving its intended purpose.

The **process** criteria (10-16) allow reviewers to assess the implementation of the programme.

The **output and impact** criteria (17-18) allow reviewers to assess outcomes of the programme as well as student retention and throughput rates.

The **review** criterion (19) allows reviewers to assess the general effectiveness of the programme in relation to its purpose.

## 5.7 Criterion-specific instructions

Reviewers should look for evidence that demonstrates that the programme – where applicable - addresses national and/or regional priorities. In the case of a professional qualification, evidence that the relevant professional body has approved the programme (e.g. HPCSA, SANC, etc.) is also included. In the case of a more vocationally-oriented programme, evidence for work-based or experiential learning is provided.

Reviewers should verify that the programme is aligned with the requirements of the Higher Education Qualifications Framework (HEQF). The HEQF, it should be noted, regulates the qualifications and programmes of higher education institutions in South Africa. It provides the framework for establishing a single qualifications framework for a single national co-ordinated higher education sector and for integrating these qualifications with the National Qualifications Framework (NQF).

## Chapter 6

### Confidentiality and professional conduct

Programme reviews including site-visits provide the HEQC and its review panels with much institutional information. Such information is treated as confidential and may only be used for the purpose for which it was obtained.

All material, including institutional submissions, is regarded as confidential and review panel members are required to sign an undertaking that they will treat all information as such and agree to destroy or return all specified documentation to the HEQC by a specified date.

**The CHE considers all material  
as confidential**

All reviewers are required to respect the professional code of conduct and are expected to sign a confidentiality agreement.

Reviewers are in particular prohibited from disclosing the contents of the report submitted to the HEQC to anyone and may not contact the institution or other parties to discuss matters relating to the site-visit.

#### 6.1 Professional conduct guidelines for institutions

In addition to the required compliance by reviewers to the ethical and confidentiality requirements and standards of the CHE; the CHE has further compiled a list of professional guidelines, related to site-visits, for which it seeks compliance by institutions. These guidelines are as follows:

1. It is the responsibility of each institution to facilitate a thorough and objective appraisal of its programme.
2. Institutions have the right to comment on and raise concerns about reviewers selected only if it can be demonstrated, in writing, that a potential conflict of interests exists.
3. Any concerns about the site-visit procedures or processes are reported by the institution at the time of their occurrence. This applies to the conduct of the site-visit by review panel and/or reviewer.
4. Institutions are not permitted to make contact with reviewers prior to the site-visit and after the site-visit on issues related to the re-accreditation process.
5. Institutions or staff of institutions should refrain from attempting to influence the outcome of a site-visit.
6. In terms of CHE policies, no gifts, awards or financial incentives may be offered to panel members during or post the site-visit.
7. There should be no recording of proceedings in any form or tampering of documents during the site-visit.
8. Institutions are consulted on site-visit dates. Once these are finalised, the institution is committed to the site-visit dates. In the eventuality of any unforeseen circumstances

that may require a rescheduling, it is the responsibility of the institution to immediately make contact with the Director of National Reviews at the CHE.

9. It is the responsibility of the institution to ensure that staff and students required to be present for the CHE site-visit are available at the relevant times and are properly informed of all the arrangements, venues, purpose and intent of the site-visit.
10. Institutions ensure that reviewers are afforded access to all facilities and resources relevant to the programme. Arrangements in this regard are made with the relevant CHE personnel. Reviewers must receive communication of these arrangements at the time of the site-visit.
11. Guidelines for the Institutional Display must be adhered to by the institution. The institution has a responsibility to ensure that additional documentation requested by the HEQC prior to the site-visit/ during the site-visit, and in exceptional circumstances after the site-visit, is made available.
12. It is the responsibility of the institution to ensure that information provided to the public and the CHE is accurate and adequate for the purposes of the re-accreditation.
13. It is the responsibility of the institution to ensure that all staff members and students are aware of the review process and possible outcomes of the accreditation. Information pertaining to the programme review is made available to the public, and to internal staff and students.
14. It is the responsibility of the institution to ensure that pertinent and relevant information is not withheld from the review panel or that there is no withholding of information which compromises the work of the review panel.
15. All information submitted for the programme review or made available to the public/ staff/ students must be accurate and reflect the actual programme and practices of the institution.
16. No photographs may be taken of reviewers or the procedures of the panel during the site-visit without the permission of the CHE.