

Policy for Quality Assurance and Enhancement at Stellenbosch University

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1. Introduction

Stellenbosch University is a South African public higher education institution that operates within the regulatory environment of the *Higher Education Act* (as amended) and the *Statute of Stellenbosch University*.

The University was established in 1918 and having commemorated its centenary, the University is currently guided by the institutional document *Vision 2040 and Strategic Framework 2019-2024*.

The **vision** of Stellenbosch University is that by 2040:

Stellenbosch University will be Africa's leading research-intensive university, globally recognised as excellent, inclusive and innovative, where we advance knowledge in service of society.

The University's **mission** is stated as follows:

Stellenbosch University is a research-intensive university where we attract outstanding students, employ talented staff and provide a world-class environment; a place connected to the world, while enriching and transforming local, continental and global communities.

1.1 Institutional context

Stellenbosch University has a well-established **culture of quality enhancement** supported by a formal system for quality assurance that dates back to 1993.

The **quality management system** provides for the regular evaluation of academic departments and professional academic support services according to a **fixed cycle** for quality assurance and enhancement. The system also provides for the **periodic review and renewal** of faculties, organizational structures, and academic programmes and qualifications, taking into account the scheduling of national reviews, and evaluations conducted by professional bodies.

Besides the formal quality management system, a range of **continuous** activities for the control, assurance and enhancement of quality are **standard practice** at Stellenbosch University. These activities include, but are not limited to, the appointment procedures for academic staff; regulations for internal and external moderation and the processing of results; ethical clearance for research proposals, and the approval processes for new academic programmes and changes to the existing academic offering.

Each faculty and academic department, and each professional academic support service, has its own vision and mission as well as an **environment plan** (business plan) that is aligned to the strategic themes, goals and objectives of the University and guides the operations of that entity. Organizational structures such as centres, institutes and schools, as well as institutional committees and subcommittees, are governed by **constitutions and mandates** that are approved by statutory bodies within the University.

All academic qualifications and programmes offered by the University are approved by Senate and adhere to the *Framework for Programme Accreditation* (CHE, 2004a) and the *Criteria for Programme Accreditation* (CHE, 2004b). This includes that all academic qualifications and programmes are approved and subsidized by the Department of Higher Education and Training (DHET); accredited by the Higher Education Quality Committee (HEQC) of the Council on Higher Education (CHE), and registered on the National Qualifications Framework (NQF) by the South African Qualifications Authority (SAQA). Where applicable, professional programmes are endorsed by relevant professional bodies.

1.2 National context

The Council on Higher Education (CHE) is the quality council for higher education in South Africa. In terms of its principles and provisions, this policy subscribes to the Council on Higher Education's **understanding of quality and its approach to quality assurance** as outlined in its discussion document *An Integrated Approach to Quality Assurance in Higher Education* (CHE, 2017a):

*[The] concept of quality ... is a multi-faceted one: **fitness for purpose** relates to how well an institution carries out its core functions of teaching and learning, research and community engagement, determined by the outcomes of that institution. **Value for money** relates to the efficiency and effectiveness of an institution's functioning, while **transformation** relates to the appropriateness of purpose, identity and role of an institution in the South African context (CHE, 2017a:4).*

This policy also speaks to the draft *Framework for Institutional Quality Reviews* (CHE, 2017b), which regards quality assurance as "an overarching term ... [for] activities that span a continuum from quality control to quality enhancement..." (cf. Figure 1 on page 5):

*At the **quality enhancement** end of the continuum, the overall orientation is towards the improvement of the actual quality of whatever is being assessed, rather than on the mechanisms used by the entity or programme to assure it. The purpose is to raise the level of whatever is being offered, not merely to verify conformity with standards. The tools of such an approach are generally self-evaluation and external assessment of current levels of quality, with recommendations to improve, and a reassessment after a period of time to assess the extent to which improvement has taken place. Such approaches are more forward-looking (CHE, 2017b: 9).*

1.3 Theoretical framing

Stellenbosch University follows a **developmental approach** regarding quality assurance and sees itself as a **learning organization** as defined in its institutional document, *Vision 2040 and Strategic Framework 2019-2024*, in terms of the core strategic theme, "Networked and collaborative teaching and learning" (SU, 2018a:20-21).

To this end, this policy subscribes to the conceptualisation by Marshall (2016:221) of quality assurance as a process of “**collective sense-making and reflection**” which makes provision for the complex and dynamic nature of institutions of higher learning in contemporary society. Marshall (2016:218-220), in the discussion document *An Integrated Approach to Quality Assurance in Higher Education* (CHE, 2017a), describes this conception of quality in terms of seven properties defined by Weick (1995:7), as inherently: “social in nature, grounded in identity construction, retrospective, enactive of sensible environments, ongoing, focused on and by extracted cues, and driven by plausibility rather than accuracy”.

In this regard, sense-making is influenced by the nature of the changes being experienced, the roles of different role players and stakeholders, and the wider economic, social and political landscape within which the institution is situated.

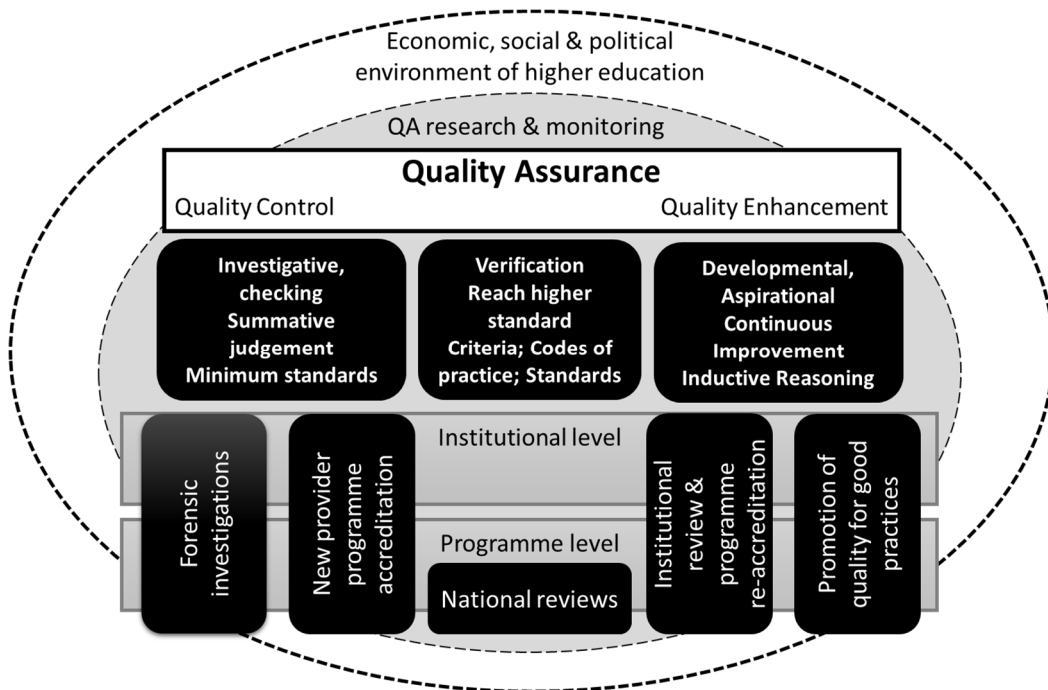


Figure 1: Features of the Council on Higher Education (CHE)'s overarching and integrated quality assurance framework (Adapted from CHE, 2017b:18)

Since quality is a complex and often contested concept that is socially constructed, the exact definitions of and sensible measurements for “quality” and “levels of excellence” may differ, given the nature and maturity of the entity or process under review, and the availability of management information, performance indicators, benchmarked standards, good practices, previous evaluation reports and other evidentiary documents.

The University frames “accountability” and “excellence” as two of its five values¹, articulated in the institutional document *Vision 2040 and Strategic Framework 2019-2024* as follows:

Accountability: *Accepting the highest level of responsibility for our actions;*

Excellence: *Academic freedom to pursue knowledge that adheres to the highest standards of integrity, renewal and relevance (SU, 2018: 16).*

These broad conceptualisations allow self-evaluation committees the scope to draw on additional theories and approaches when making sense of and reflecting on the quality of their operations. To this end, this policy includes a list of supporting documents, such as *procedures, guidelines* and *themes and criteria* to be used and adapted, as needed, when conducting a self-evaluation process.

Beyond the formal quality management system, this policy recognises the comprehensive, embedded, continuous and integrated nature of quality control, assurance and enhancement at different levels within the University, not necessarily captured in or regulated by this policy.

2. Implementation

- 2.1 This policy and the documents supporting it are to be implemented by the entire University, and applies to all staff members and students.
- 2.2 The supporting documents define the scope of particular quality assurance processes for the **cyclical review** of academic departments and professional academic support services, and for the **periodic review and renewal** of faculties, organizational structures, and academic programmes and qualifications (*cf.* Table 1, on page 9).

3. Definitions

Refer to the *Glossary of terms and acronyms* which is an addendum to this document.

4. Purpose

The purpose of this policy is to promote a **culture of quality enhancement**; i.e. where the quality management system is used to enhance the quality of the University’s core and support functions continuously.

¹ The five values of the University are: accountability, compassion, equity, excellence and respect (SU, 2018a:16)

5. Aims

The aims of this policy are as follows:

- 5.1 Contribute towards achieving the University's vision, mission and goals as articulated in its strategic documents.
- 5.2 Position the quality management system within the regulatory quality assurance framework of the Council on Higher Education.
- 5.3 Promote continuous quality enhancement of the research, learning and teaching, and social impact functions of the University, as well as the administrative, management and governance structures involved in supporting these functions.
- 5.4 Stipulate the principles and provisions that inform the quality management system and procedures at Stellenbosch University.
- 5.5 Set out the roles and responsibilities of various role players as regards this policy.
- 5.6 Provide a glossary of commonly used terms and acronyms as addendum to this policy.

6. Principles

The principles below, derived from good practice and listed in no particular order, inform this policy.

- 6.1 **Accountability and transparency:** To ensure that the University *accepts the highest level of responsibility for its actions*, all quality assurance processes are to be transparent and well-documented.
- 6.2 **Excellence:** All quality assurance processes must allow environments the freedom to measure themselves against *the highest standards of integrity, renewal and relevance*.
- 6.3 **A holistic and systemic approach:** The quality management system is to ensure that all entities can account for the quality of their activities – not only in isolation, but in an integrated manner across the entire University, aimed at *producing well-rounded graduates with attributes and competencies that are personally, professionally and socially valuable* (CHE, 2017a:2).
- 6.4 **An enabling culture:** Self-evaluation is a reflective practice that should be supported by a participatory environment that enables staff, students and/or stakeholders to engage in open and honest discussion and to explore diverse ideas and tensions constructively, critically and creatively. In most instances, information contained in self-evaluation and peer review reports are intended for internal use only and must be treated with due sensitivity and confidentiality, with *recognition of, and care for the wellbeing of all students and staff*.

- 6.5 Simplicity:** Even though quality assurance processes must be comprehensive and thorough, it should not be excessively onerous or time-consuming. The scheduling of cyclical or periodic reviews must take national reviews and evaluations by professional bodies into account and eliminate duplication as far as possible.
- 6.6 Sustainability:** The overall *economic, ecological and social wellbeing* (SU, 2018a:12) of staff and students, faculties, academic departments, programmes and qualifications, and professional academic support services and organizational structures must be recognised as paramount to ensure a *thriving university*.
- 6.7 Transformation:** Quality management processes must be employed to enhance an inclusive institutional culture; to promote democratic, values-driven leadership, and to consider how the activities in question are relevant to the University and how they impact on society.

7. Provisions

The requirements and prescriptions below follow from the principles underlying this policy.

- 7.1 Self-evaluation as a process for reflection and development:** The basis of any review process is critical reflection by a self-evaluation committee according to agreed-upon themes and criteria², with a view to obtain self-insight and identifying areas for improvement.
- 7.2 Peer review and benchmarking to ensure accountability, transparency and excellence:** A self-evaluation process is typically followed by a peer review by experts who have studied the self-evaluation report and evidence portfolio, and conduct a site visit with interviews to verify the quality claims, identify commendable achievements and make recommendations for improvement. Peer review panels are typically *external* to the University and, where feasible, include local and international peer reviewers; unless a particular professional body prescribes otherwise.
- 7.3 Implementation of and feedback on improvement actions:** Self-evaluation and peer review processes are intended for improvement and self-development. Therefore, the recommendations contained in such reports are to be considered thoroughly and incorporated into planning and *follow-up actions* that must be set out in a follow-up report to the University's Quality Committee.
- 7.4 Continuity and adaptability:** To ensure optimal continuity with the quality management system that the University has been using since 1993, standardised themes and criteria, and comparable data must be applied consistently. However, a measure of flexibility is allowed for varying levels of maturity in the system, with

² The themes and criteria to be used are those set out in the supporting documents. Adaptation by the self-evaluation committee is, however, allowed; subject to approval by the Quality Committee.

themes and criteria that may be adapted and used, if approved by the University's Quality Committee.

- 7.5 Evidence-based rigour:** In keeping with the University's vision to be *Africa's leading research-intensive university*, all self-evaluation findings must be evidence-based. This requires that stakeholder feedback (e.g. student feedback on modules, and stakeholder satisfaction surveys) be collected, analysed, considered and included in the evidence portfolio, which is to be discussed with competent insight and methodological rigour in the resulting self-evaluation reports with a view to produce valid and reliable commendations and recommendations.
- 7.6 Student and stakeholder participation:** Students must be represented in self-evaluation committees, where applicable, and be equipped with the skills to participate actively in the self-evaluation and peer review processes of faculties, academic departments, programmes and qualifications, as well as in the evaluations of professional academic support services and organizational structures where they are active role players. Stakeholder feedback (e.g. from advisory forums, clients, employers, graduates, industry partners and/or students) must be collected, where practicable, and analysed and considered.
- 7.7 A systematic, continuous quality management system:** Quality control, assurance and enhancement activities are conducted on a continuous basis, as well as on set times according to a fixed cycle or periodically (i.e. as required). The four major evaluation activities to be scheduled within a quality assurance cycle are tabulated below (*Table 1*).

Table 1: Fixed-cycle and periodical quality assurance activities

Function		Subject of evaluation		QUALITY ASSURANCE ACTIVITY			
				Evaluation of a department or support service	Reregistration of professional programmes	Review and renewal at university or faculty level	Evaluation or review at national level
				once every ±six years according to fixed quality assurance cycle	periodically according to schedules of professional bodies	continuous and once every ±six years according to fixed quality assurance cycle	periodically according to Council on Higher Education schedule
				by self-evaluation and peer review panels	by panels from professional bodies	by self-evaluation or peer review panels, or both	by Higher Education Quality Committee audit or national review panel
Academic core functions	LEARNING AND TEACHING (PROGRAMMES, QUALIFICATIONS, MODULES, SHORT COURSES)	Undergraduate modules	General	✓			
			Professional	✓	✓		
		Undergraduate programmes	General	(✓)		✓	✓
			Professional	(✓)	✓	✓	✓
		Postgraduate modules	General	✓			
			Professional	✓	✓		
		Postgraduate programmes	General	✓		✓	✓
			Professional	✓	(✓)	✓	✓
	Teaching: management and support at faculty level			(✓)	✓		
	Teaching: management and support at institutional level			✓		✓	
	RESEARCH	Research by individuals		✓			✓
		Research within departments		✓			
		Research: management and support at faculty level			✓	(✓)	
		Research: management and support at institutional level		✓			✓
	SOCIAL IMPACT	Social impact at departmental level		✓			
Social impact and support at faculty level			✓	(✓)			
Social impact management and support at institutional level		✓			✓		
Professional academic support services and organizational structures	Functioning of support and organizational structures in departments		✓	✓			
	Functioning of support and organizational structures at faculties			✓	✓		
	Functioning and quality assurance systems of professional academic support services environments		✓				
	Functioning and quality assurance systems of management bodies and organizational structures				✓		
	Quality assurance system of the University		✓	(✓)		✓	

8. Conflict settlement

- 8.1 Contradictions within this policy and conflicts with supporting and related documents that cannot be resolved along the normal channels of line management, or in conversation with the Centre for Academic Planning and Quality Assurance, are to be referred to the Quality Committee for settlement.
- 8.2 In the event of a difference between the Afrikaans and English versions of this policy, the English formulation receives precedence.
- 8.3 Deans and heads of responsibility centres may submit duly motivated requests to deviate from the policy to the Quality Committee for consideration. The decision is to be reported to the Executive Committee of Senate.
- 8.4 If the Quality Committee pronounces a particular request to require further discussion and institutional clearance, the Quality Committee may refer it to the Executive Committee of Senate for a decision.
- 8.5 Conflicts that cannot be resolved satisfactorily may be referred to the Ombud (cf. *Stellenbosch University Calendar* Part 1, section 3) by any affected person.

9. Policy control

9.1 Roles

9.1.1 The **owner** of this policy is the Vice Rector: Learning and Teaching, who has the following responsibilities:

- a) Oversee the development and revision of this policy and supporting documents.
- b) Appoint a curator for this policy from the Centre for Academic Planning and Quality Assurance and ensure that the curator function effectively.
- c) Release and communicate this policy and monitor its implementation.
- d) Liaise with the directorate of the Council on Higher Education regarding matters related to quality assurance.
- e) Ensure that the appointment of Quality Committee members comply with the *Mandate of the Quality Committee*.
- f) Chair Quality Committee meetings.
- g) Submit reports by the Quality Committee to the Executive Committee of Senate for attention, discussion and further action.

- h) Liaise with Senate, Council and other institutional bodies, as required to promote the integration of activities regarding the control, assurance and enhancement of quality.
- i) Monitor the impact of the quality assurance processes on time and resources to ensure that the value added be justified.

9.1.2 The **curator** of this policy is charged by the owner of this policy with the responsibility to manage the following functions:

9.1.2.1 *Interpretation, integration, sense-making and communication function* – including the following responsibilities:

- a) Convene one or more task teams for developing and revising this policy and supporting procedural documents.
- b) Interpret quality assurance reports and advise the Quality Committee.
- c) Liaise with the Council on Higher Education, Higher Education Quality Committee and professional bodies regarding quality assurance.
- d) Provide an expertise-based advisory service on quality assurance and the requirements of national statutory bodies and international or regional agencies.
- e) Conduct needs-based research.

9.1.2.2 *Process coordination and management function* – including the following responsibilities:

- a) Coordinate and manage the University's institutional audits, evaluations, reviews and quality enhancement projects as mandated by the Council on Higher Education.
- b) Oversee the overall planning for and implementation, as well as the monitoring and recordkeeping of, all institutional quality assurance processes. This entails ensuring that cyclical and periodic self-evaluations and peer reviews take place, that campus site visits are conducted, that reports are received and processed by the Quality Committee, and that financial budgeting for and expenditure on quality assurance activities be captured and monitored.

9.1.2.3 *Secretariat, monitoring and reporting function* – including the following responsibilities:

- a) Appoint the secretariat for the Quality Committee from the Centre for Academic Planning and Quality Assurance and ensure that the secretariat function effectively.

- b) Ensure that Quality Committee findings be reported accurately to the Executive Committee of Senate.
- c) Oversee, by means of the two-year follow-up reports, the monitoring of actions for improvement.

9.2 Implementation, monitoring and reporting

This policy is to be implemented by the entire University, with guidance to be provided by the Centre for Academic Planning and Quality Assurance.

The responsibilities of a self-evaluation committee and a peer review panel and other role players at different levels of management are discussed below.

The Quality Committee monitors the implementation of this policy and reports in this regard to the Executive Committee of Senate, which in turn reports to Senate.

9.2.1 The responsibilities of a **self-evaluation committee** are described in the supporting documents and include the following:

- a) Identify and nominate candidates for the peer review panel, and decide on a suitable date for a site visit.
- b) Consider the themes and criteria; conduct a self-evaluation based on the approved themes and criteria; collect and analyse evidence with which to make informed quality judgements; identify possible improvement actions, and draft a self-evaluation report, with an evidence portfolio.
- c) Circulate the draft version(s) of the self-evaluation report for further input (or to a sufficiently representative reference group) and collate the various views from the environment in a transparent manner.
- d) Participate in the site visit interviews, as required, and consider the findings of the peer review panel, as articulated in their report.
- e) Draft a response to the report, and identify and prioritise improvement actions.

9.2.2 The roles of the **peer review panel** and its **chair** are stipulated in the document *Roles of the peer review panel* and include the following:

- a) Conduct a site visit to the campus(es); interview stakeholders; contemplate and verify the quality claims made; give verbal feedback of preliminary findings, and draft a written report that highlights key commendations and recommendations.
- b) The peer review panel chair is to coordinate the finalisation of the review report and submit it to the relevant dean or responsibility centre head within the agreed-upon timeframe.

9.2.3 **Deans** and **responsibility centre heads** are to promote a culture of continuous quality enhancement by implementing this policy and its supporting documents. Their responsibilities include the following:

- a) Budget for time and resources within a particular quality assurance cycle for the self-evaluation and peer review to be completed for all entities reporting to or forming part of the faculty or the responsibility centre's line function.
- b) Ensure that self-evaluation committees are constituted appropriately and adhere to the principles stipulated in this policy.
- c) Set an appropriate standard for self-evaluation reports by reading, commenting on and approving reports received, or by referring them back for further editing or more rigorous self-reflection.
- d) Formally invite the peer review panel to a site visit; appoint a suitable chair; send them the self-evaluation report, and meet with the panel during their site visit to the campus.
- e) Attend the verbal feedback session of the peer review panel, and get confirmation on a target date for the submission of their written report.
- f) Accept the report from the chair of the peer review panel or request changes, if necessary, and send the report to the head of the particular environment for them to prepare a response to it.
- g) Identify the key commendations, recommendations and actions for improvement for the Quality Committee's agenda in consultation with the departmental chair, programme leader or head of the professional academic support service or organizational structure concerned, in terms of the self-evaluation committee's response to the peer review report.
- h) Oversee the implementation of actions for improvement as reported by the Quality Committee to the Executive Committee of Senate, and approve the environment's follow-up report, before it is tabled at the Quality Committee (two years later).
- i) Mitigate any tensions that may arise from the evaluation processes conducted within the faculty or line management function.
- j) Share good practice, when identified, within the broader University community.

9.2.4 The **departmental chair, programme leader, or head of a professional academic support service or organizational structure** is to promote a culture of quality enhancement by implementing this policy and its supporting documents, and has the following responsibilities:

- a) Convene a self-evaluation committee as stipulated in the supporting documents.
- b) Promote student and stakeholder participation as provided for in this policy (see 7.6).
- c) Carve out time and “thinking space” for the self-evaluation committee to reflect on the themes and criteria, collect evidence and draft a self-evaluation report.
- d) Finalise the self-evaluation report and submit it to the dean or responsibility centre head for approval before it is sent off to the peer review panel.
- e) Oversee the travel and logistic arrangements for the site visit of the peer review panel, draft a site visit schedule and finalise it in consultation with the chair of the peer review panel.
- f) Act as host for the peer review panel and see to it that the interview schedule runs smoothly.
- g) Meet with the dean or responsibility centre head after the site visit to discuss the findings of the peer review panel, and the draft response by the self-evaluation committee, in order to finalise a response. Submit the response to the Dean or responsibility centre head for approval and then to the Quality Committee secretariat for inclusion in its agenda.
- h) Identify and manage the key actions for improvement as agreed with the dean or responsibility centre head and reported by the Quality Committee to the Executive Committee of Senate, and submit a follow-up report two years later to the Quality Committee that sets out progress towards improvement.

9.2.5 The **Quality Committee** is a subcommittee of the Executive Committee of Senate. Its responsibilities are set out in the *Mandate of the Quality Committee* and include the following:

- a) Oversee the coordination of all quality assurance activities at institutional level to ensure that the University comply with its national statutory obligations.
- b) Interpret all the quality control, assurance and enhancement reports, and identify the issues arising from these for the attention of and recommendation to the Executive Committee of Senate.
- c) Advise the Executive Committee of Senate on the management and monitoring activities that should follow from the reports discussed by the Quality Committee.

- d) Advise the Vice Rector: Learning and Teaching on suitable ways to effect overarching coordination between the University's strategic planning and its quality assurance processes.

9.2.6 The **Executive Committee of Senate** decides how issues arising from the evaluation processes are to be handled with reference to the Quality Committee's recommendation report, e.g. in the following ways:

- a) Record the issue by accepting the recommendations and commendations in the report.
- b) Report the issue to Senate for the purpose of sharing good practice or for further institutional discussion or debate.
- c) Refer the issue to one or more committees or organizational structures for attention or action.
- d) Refer the issue to the Rectorate for attention or action.

9.3 Release and revision

This policy takes effect from the date on which Council approves it, and must be reviewed every five to six years.

The addenda are to be revised continuously, as new or updated supporting and related documents come into effect, and when the definitions of terms and acronyms change.

9.4 Action in case of non-compliance

9.4.1 All faculties, academic departments, programmes and qualifications, as well as professional academic support services and organizational structures must adhere to the principles and provisions stipulated in this policy. In case of non-compliance, the Centre for Academic Planning and Quality Assurance is to take the following action:

- a) Report the matter to the dean or responsibility centre head to which the environment reports.

Should the matter remain unresolved:

- b) Escalate the matter to the Vice Rector: Learning and Teaching, who is the member of the Rectorate tasked with overseeing institutional quality assurance.

Also, or in the alternative:

- c) Report the matter to the Quality Committee.

Also, or in the alternative:

- d) Inform the Rector or Rectorate for further action, if required.

9.4.2 In case of non-compliance by the Centre for Academic Planning and Quality Assurance the matter is to be addressed via its reporting line to the Division for Learning and Teaching Enhancement and the Vice Rector: Learning and Teaching.

10. List of references

- Council on Higher Education (CHE). 2004a. Criteria for Programme Accreditation. Pretoria: Council on Higher Education. [Online]. Available from: https://www.che.ac.za/focus_areas/accreditation/criteria [Accessed: 20 May 2019].
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11. Supporting documents

The list of Stellenbosch University management documents that are directly subsidiary to this policy is continuously updated on the website of the Centre for Academic Planning and Quality Assurance – www.sun.ac.za/apq – as new or revised documents are approved and released.

Nº	Document name	Status
1.	<i>Guidelines and Timeframe for Conducting a Self-evaluation and Peer Review</i>	Internal document, updated by the Centre for Academic Planning and Quality Assurance
2.	<i>Guidelines for the Evaluation of Organizational Structures</i>	New document, planned for 2020
3.	<i>Guidelines for the Review and Renewal of Academic Programmes</i>	New document, planned for 2019
4.	<i>Guidelines for Thematic Evaluations and Benchmarking Processes</i>	New document, planned for 2020
5.	<u>Procedure for the Evaluation of Faculties and Departments</u>	Under revision
5.1	<u>Themes and Criteria for Departmental Evaluations</u>	Addendum to the <i>Procedure for the Evaluation of Faculties and Departments</i>
6.	<u>Procedure for the Evaluation of Professional Academic Support Services</u>	Under revision
6.1	<u>Adapted Baldrige Approach for Professional Academic Support Service Evaluations</u>	Addendum to the <i>Procedure for the Evaluation of Professional Academic Support services</i>
7.	<i>Mandate of the Quality Committee</i>	Under revision
8.	<i>Roles of the Peer Review Panel</i>	Internal document, updated by the Centre for Academic Planning and Quality Assurance
9.	<i>Schedule of the Quality Assurance Cycle</i>	Internal document, updated by the Centre for Academic Planning and Quality Assurance

12. Related documents

The list of institutional and higher education documents that should be read in conjunction with this policy is continuously updated on the website of the Centre for Academic Planning and Quality Assurance – www.sun.ac.za/apq – as new or revised documents are approved and released.

Nº	Document Name	Status
1.	<u>An Integrated Approach to Quality Assurance in Higher Education by the Council on Higher Education</u>	Council on Higher Education discussion document, 2017a
2.	<u>Criteria for Programme Accreditation</u>	Council on Higher Education, approved in 2004
3.	<u>Framework for Institutional Quality Reviews</u>	Council on Higher Education, draft 2017b
4.	<u>Higher Education Act 101 of 1997, as amended</u>	<i>Government Gazette</i>
5.	<u>National Qualifications Framework Act 67 of 2008</u>	<i>Government Gazette</i>
6.	<u>Policy for Teaching and Learning</u>	Approved by Council
7.	<u>Regulation for internal and external moderation and the processing of results</u>	Approved by Council, 2014
8.	<u>Standard Glossary of Terms: Terms Related to the South African National Qualifications Framework</u>	Version 3 approved by the South African Qualifications Authority (2018)
9.	<u>Statute of Stellenbosch University</u>	<i>Government Gazette</i> No. 40243 Notice 972 of 2 September 2016
10.	<u>Strategy for Teaching and Learning</u>	Approved by Senate, 2017
11.	<u>Vision 2040 and Strategic Framework 2019-2024</u>	Approved by Council

13. Glossary of terms and acronyms

This glossary is continuously updated with the most relevant higher education terminology and acronyms used at Stellenbosch University.

Please consult the *Standard Glossary of Terms* published by the South African Qualifications Authority for a comprehensive list of terms related to the South African National Qualifications Framework.

benchmarking	systematic comparison between two or more entities or processes with the aim to identify good practice or to evaluate practices against a set standard
CHE	Council on Higher Education, the South African quality council for higher education
CIS	centre, institute or school
core statistics	statistical information prepared for each academic department or programme under review; on, e.g., comparative enrolment figures, graduation rates, module throughput, research output, social impact, student success, and staff and student demographics

criteria	a set of measurable principles, standards or themes according to which quality evaluations are made
DHET	Department of Higher Education and Training
EC(S)	Executive Committee of Senate
fitness <u>for</u> purpose	the extent to which an environment is adequately equipped for its particular role(s) within Stellenbosch University, or to which a process or programme delivers the intended result(s) or outcome(s)
fitness <u>of</u> purpose	the extent to which the role of a Stellenbosch University environment, process or programme is suited for or aligned to the overarching purpose of the University as a public higher education institution in – and for – the South African context
good practice	an approach that has been shown through experience or evidenced by research to be effective and fit for purpose
graduate attributes	the qualities that a university community agrees its students should have developed by the time that they graduate; at Stellenbosch University defined in its <i>Strategy for Teaching and Learning</i>
HE	higher education
HEI	higher education institution
HEQC	Higher Education Quality Committee
HEQSF	Higher Education Qualifications Sub-framework
HoD	head of (an academic) department; also: departmental chair
institutional audit	particular to the South African higher education context – referring to an external evaluation process conducted by the Council on Higher Education to confirm adherence to criteria by higher education institutions; Stellenbosch University completed such an audit in 2005
institutional review	particular to the South African higher education context – referring to a peer review process conducted by the Council on Higher Education from 2020 onwards to investigate the effectiveness of the quality assurance systems at higher education institutions
KPA	key performance area
lifecycle	all the stages or series of changes within a process or development path – e.g. the progression of students through the university system (as prospective students, current students and alumni); or the design, approval, accreditation, implementation, review and renewal of an academic programme; or a staff member’s career path
national review	an evaluation process conducted by the Council on Higher Education with the aim to re-accredit existing programmes offered at higher education institutions and to improve public confidence in higher education programmes and qualifications

NQF	the National Qualifications Framework – a single integrated system in South Africa that recognises learning achievements across the general and further education and training, higher education, and trades and occupations sectors
NRF	the National Research Foundation
PASS	professional academic support service
peer review	a systematic evaluation by experts (mostly external to the University) that consists of the verification of quality claims by means of a site visit, and of commendations and recommendations; often referred to as an “external evaluation”
peer review panel	a group of two to five experts, invited and appointed by the dean or responsibility centre head concerned, to conduct a peer review; a panel usually comprises local and international experts, with due regard to diversity factors and fields of expertise
peer review report	a written report submitted by the chair of a peer review panel after a site visit, verifying the environment’s self-evaluation claims and highlighting the panel’s key findings in the form of commendations and recommendations
programme leader	a permanent academic staff member tasked with the responsibility of coordinating an academic programme; also: programme coordinator
QA, quality assurance	an ongoing sense-making perspective undertaken collegially and across the entire University to ensure, evaluate and enhance quality in a holistic and systemic manner
QC	the Stellenbosch University Quality Committee
QE, quality enhancement	the purposeful improvement of performance
QEP	the Quality Enhancement Project, a national collaborative project coordinated by the Council on Higher Education in two phases from 2014 to 2017 with the aim to improve student success through an iterative inductive approach and sharing of good practice between higher education institutions
quality	the experienced value or level of excellence achieved in a combination of dimensions – <i>fitness of purpose</i> , <i>fitness for purpose</i> , <i>value for money</i> and <i>transformation</i> – as defined by the Council on Higher Education in South Africa
quality control	procedures and checks that ensure that benchmarked standards be met continuously
quality culture	a shared set of ideas, customs and social behaviour related to the positive, pro-active and continuous manner in which self-reflection, sense-making and actions for improvement at an institution are embodied by its staff and students in their lived, every-day lives; a <i>mature</i> quality culture denotes a self-critical and reflective community of practice as opposed to a <i>compliance-driven</i> or an <i>audit</i> culture, where quality

	assurance systems are seen as bureaucratic procedures, to be adhered to only during a scheduled evaluation process
RC, responsibility centre	the group of professional academic support services that report to the same member of the Rectorate in the same line management function
SAQA	the South African Qualifications Authority
satisfaction survey	an examination of feedback from stakeholders regarding the quality of service delivered or the extent to which expectations have been met
SE, self-evaluation	a systematic process of self-reflection and improvement according to themes and criteria, evidence collected, and informed by quality judgements by staff, students and relevant stakeholders
SEC, self-evaluation committee	a representative team of staff, students and stakeholders tasked with conducting a self-evaluation; their duties include selecting appropriate criteria, evaluating quality judgements, drafting a self-evaluation report and collecting evidence in support of the relevant environment's quality claims
SER, self-evaluation report	the report that results from a self-evaluation process
SI	social impact; also: <i>community engagement</i> or <i>community interaction</i>
SMI	strategic management indicator
stakeholder	a student, client, customer, partner or role player that influences or is influenced by the work of the environment or process under evaluation, whether internal or external to the University
standard	a level of quality attainment or a measure, norm or model applied in comparative evaluations; the Council on Higher Education differentiates between a <i>qualification</i> standard and a <i>threshold</i> standard related to academic programmes to be accredited as qualifications on the National Qualifications Framework; professional bodies and professional academic support services may have different sets of statements that function as benchmarked, minimum, normative or aspirational measures for evaluation purposes
student participation	engagement with students and the inclusion of the student voice (e.g. in quality assurance processes) by involving students and graduates, if practicable, in self-evaluation committees and programme (re-)design teams; by interpreting student feedback analyses in a self-evaluation report; and through student representation on the Quality Committee and key Stellenbosch University structures
student success	may refer to both the quantity and quality of graduates, and may be defined for particular contexts to be employed as a quality indicator (in terms of e.g. pass, throughput or graduation rates); defined by the Council on Higher Education for the purposes of the Quality Enhancement Project as: <i>enhanced student learning with a view to increasing the number of graduates with attributes that are personally, professionally and socially valuable</i>
SU	Stellenbosch University

thematic evaluation / review	a holistic reflection that focuses on a pervasive aspect that recurs within processes across different functions of the University (e.g. “assessment”, “e-learning”, “employability”, “internationalisation”, “sustainability”, “transformation”, “transitions”), typically unpacked in sub-themes with measurable criteria
transformation	an intentional and structured process of profound change of the University’s <i>places, people</i> and <i>programmes</i> according to the particular aims described in the University’s <i>Transformation Plan</i> ; measured against quantitative as well as qualitative norms
value for money	cost-effectiveness – e.g., of an academic department’s functioning, service provision by a professional academic support service, or the financial sustainability of an academic programme