Institut Kualiti dan Pengembangan Ilmu

UNIVERSITI TEKNOLOGI MARA

Quality Assurance & Enhancement Policy

Version 2

QUALITY ASSURANCE AND ENHANCEMENT POLICY

VERSION 2

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LIST OF ACRONYMS

AA	Academic Affairs
AKNC	Anugerah Kualiti Naib Cancelor
AR	Assistant Registrar
AVC	Assistant Vice Chancellor
BCKK	Bahagian Canseleri dan Komunikasi Korporat
BHEA	Bahagian Hal Ehwal Akademik
CDL	Closing the Loop
COPIA	Code of practice for Institutional Audit
COPPA	Code of Practice for Programme Accreditation
CQO	Chief Quality Officer
DD (AA)	Deputy Dean of Academic Affairs
DR (AA)	Deputy Rector of Academic Affairs
ER	External Review
ERR	External Review Report
HEA	Hal Ehwal Akademik
HEP	Hal Ehwal Pelajar
HIA	Head of Internal Audit
HQU	Head of Quality Unit
ICAEN	Office of Industry, Community, Alumni & Entrepreneurship Network
ILD	Institute for Leadership and Development
InQKA	Institute of Quality and Knowledge Advancement
IQA	Internal Quality Audit
IRMI	Institute of Research Management and Innovation
JAF	Jawatankuasa Akademik Fakulti
JAN	Jawatankuasa Akademik Negeri
JKE	Jawatankuasa Eksekutif
KIK	Kumpulan Inovatif dan Kreatif
KPT	Kementerian Pengajian Tinggi
KSA	Ketua Sistem Audit
MEU	Majlis Eksekutif Universiti
MOHE	Ministry of Higher Education
MQA	Malaysian Qualifications Agency

MQF	Malaysian Qualification Framework
MR	Management Representative
OBE	Outcome-Based Education
OE	Operational Excellence
PNC	Penolong Naib Cancelor
PRO-PENS	*Profesionalisma Pensyarah*
PSRR	Programme Self-Review Reports
QA	Quality Assurance
QMS	Quality Management System
QU	Quality Unit
RC / PTJ	Responsibility Centres / *Pusat Tanggungjawab*
SePADU	Sistem e-Pelaporan Audit Dalam
SRP	Self Review Portfolio
SRR	Self Review Report
SuFO	Student Feedback Online
SWA	Self-Accreditation
VC	Vice Chancellor

EXECUTIVE SUMMARY

This policy is an attempt to collect and collate all circulars, decisions and practices of the university over the years in the quality management space. In view of recent changes within higher education, there is a need for the university to review, refine and reaffirm quality policies and practices. The key policy statements are listed below for discussion and decision.

General

1. Quality Assurance (QA) is local and central within UiTM. All RC (PTJ) must have a quality unit.
2. QA is the job of the Chief Quality Officer (CQO) but assisted by the Head of Quality Unit (HQU)
3. HQU must be senior and experienced (making explicit an expectation)
4. QA capacity must be maintained – adequately resourced (making explicit an expectation)
5. HQU sits in key decision making units within the RC (proactive and preventative) – Consistent with UiTM's new academic governance practice.

Quality Management System

6. QA requires a quality system. Quality Management System must be established, operated and improved which will be tested and attested by InQKA – Following through with 2004 decision to develop Quality Manuals describing the QMS.
7. Management Representative – DD/DR Academic and Document Controller is the AR (Administration)

Review and Self –Review

8. QA requires regular (annual) and robust self-reviews to support programmes accreditation
9. HQU conducts regular self-reviews of all programmes of RC
10. InQKA carries out regular institutional review (COPIA audits)
11. InQKA carries out periodic programme reviews (COPPA & Programme Standards)
12. HQU manages, monitors and follow up on all forms of external reviews (external examiners report, accreditation report and visits, etc.).

Circulars and Instructions (External documents)

13. All documents issued by central units (Bursar, Registrar, HEA, HEP, ICEAN, BCKK, RMI etc.) to list the relevant set of preexisting documents which are superseded or amended (if any) as a good practice.

Maintaining Conformance to HE Standards

14. Organise and develop knowledge of all MQA standards relevant to the RCs programme offerings.
15. Maintain and regularly refresh evidence in relation to COPIA standards (ever-readiness).
16. Maintain softcopies of all quality related documents for review purposes.
17. Communication

Quest for Excellence

18. All RCs must submit report and participate in the annual AKNC.
19. All RCs must carry out Operational Excellence activities.

1. INTRODUCTION

This document describes the policy for quality assurance and enhancement applicable to all UiTM campuses, faculties and departments. Through this policy, all responsibility centres[1] (RC) shall ascertain the compliance with applicable standards and expectations. This policy governs the need for RC to monitor the effectiveness of their activities aimed at meeting the said standards, manage risk and confirm corrective as well as improvement actions in meeting university's targets. This document will be referred to as The Quality Assurance and Enhancement Policy (QAEP).

2. SCOPE

The terms of this policy **APPLIES** to all campuses, faculties, departments, and academic centres (Centre of Excellence with academic programmes) and partners (to the extent this are included in the Memorandum of Agreement)[2].

3. PURPOSE

The Policy is intended to provide confidence to UiTM's stakeholders that academic standards are maintained despite greater autonomy to the campuses and faculties. It is not the intention of the policy to standardise the quality assurance structures and operations in all units. The Policy is derived from the expectations of Malaysian Qualifications Agency (MQA) and Ministry of Higher Education (MOHE) to act as a mechanism to ensure the decentralised campuses and faculties continue to maintain the same level of rigour in their quality assurance operations.

The Policy is intended to clarify the requirements and expectations of the university and to provide basic and common baseline standards for quality assurance activities in all its RCs. The policy sets baseline requirements in terms of:

i. the structure
ii. responsibilities
iii. resources and
iv. operation

[1] Responsibility Centres or PTJs are units which are formally invested with responsibility, authority and accountability for management of resources and staff to achieve stated objectives.

[2] The associate colleges running UiTM programmes must have equivalent practices that follow the terms and also the spirit of this code

This will ensure that all units have minimum quality assurance capability and capacity to evaluate the RC operation and draw the attention of management team at regular intervals for managing risks and taking timely corrective and improvement actions.

4. DEFINITION OF TERMS

4.1 Quality: Quality is defined as "fitness for purpose". The structures, systems and processes established, maintained and improved must ensure graduates, researches and services are suitable to and meet the internal and external stakeholder's expectations as articulated in the various UiTM policies, regulations, manuals, guidelines and procedures.

4.2 Quality Management System: QMS refers to the structures, policies, processes, procedures, instructions and documented information which are established, operated and improved to achieve the quality policies and objectives as described in the Quality Manual of the RC involved.

4.3 Quality Assurance: Activities planned and implemented to provide stakeholder's confidence in the institutional arrangements to produce graduates, research and services.

4.4 External Review (ER): Activities planned and implemented by InQKA, an external party to the RC to examine the quality management system by which the RC seeks to meet all the requirements of COPIA, COPPA, ISO 9001, professional bodies and ranking bodies.

4.5 External Quality Audit: Activities planned and implemented by external parties to the RC to examine the quality management system by which the RC seeks to meet all applicable requirements.

4.6 Head of Quality Unit (HQU): The individual who is officially appointed to lead the unit within the RC responsible for managing quality.

4.7 Internal Audit: Planned self-assessment of all processes within the Quality Management System of the RC.

4.8 Special Audits: Planned assessment of specific functions for example: financial, human resource, space, asset and others.

4.9 Self-Review: Institutional or programme-based evaluation of an RC performance in meeting all internal and external requirements at regular intervals to identify and rectify weaknesses in the system. The outcome of a Self-Review is the Self Review Report (SRR) which becomes an input to the ER.

4.10 Operational Excellence (OE): Operational Excellence is a philosophy of leadership, teamwork and problem solving resulting in continuous improvement throughout the organization by focusing on the needs of the customer, empowering employees and optimizing existing activities in the process.

4.11 Risk Management (RM): A process of identifying, analyzing, minimizing or eliminating, controlling unacceptable risks to an organization.

4.12 Self – Accreditation (SWA): A status entitling a higher education provider (HEP) to accredit its programmes except for programmes that require accreditation and recognition of the relevant professional body.

4.13 Plagiarism: An action of taking someone else's work or ideas and claiming them off as one's own without acknowledging the original source.

4.14 Responsibility Centres (RCs): Faculties, campuses, departments and centres which are formally invested with responsibility, authority and accountability for management of resources and staff to achieve stated objectives.

5. RESPONSIBILITY FOR INTERNAL QUALITY ASSURANCE

The quality assurance responsibility is vested in the Vice Chancellor (VC). Operationally, this role is customarily devolved to specific QA units to undertake QA activities on behalf of the head

of RC. Within the university, two levels of QA activities can be identified. InQKA plays a university-wide role while the QA units at the campuses, faculties, departments and other academic centres form the second level of QA.

5.1 The university level QA – Role of InQKA: InQKA is the overall QA unit for the university. It is invested with the responsibility for setting directions and quality policies that brings the university into compliance with national standards and expectations, and promotes good practices towards academic excellence. InQKA **SHALL**:

5.1.1 Through its regular audits, evaluate the robustness of the QA arrangements in campuses, faculties and departments to ensure that standards are met and assure the university top management that all standards are being met and when not met, action is taken to improve them.

5.1.2 Regularly review the policy of practice to ensure the creation, maintenance and improvement of a system of quality assurance that is appropriate to the needs of the university and stakeholders.

5.1.3 Liaise with external bodies and agencies on behalf of UiTM and communicate their requirements to and within UiTM.

5.1.4 Manage the institutional and discipline specific ranking and rating and periodic institutional audits.

5.1.5 Be informed of outcomes of any other quality audits carried out by the regulators from time to time.

5.1.6 Develop awareness of and capacity in quality, quality management, quality management system, standards, audits and reviews through training and development.

5.1.7 Create awareness about quality, quality assurance, standards and quality risks among Deans, Deputy Deans, Rectors, Deputy Rectors, programme

managers and administrators via multiple channels inclusive of web and social media.

5.1.8 Follow through on all external reviews and accreditation reports of programmes and institutions.

5.1.9 Conduct Self Accreditation process and recommend program accreditation for Senate Approval and forward to MQA for program listing in MQR.

5.1.10 Develop awareness of and provide mechanism to harness the innovative spirit of the staff in finding solutions to everyday problems.

5.2 The Campus, Faculty and Department level QA - Role of campuses, faculties and departments: Within this large and decentralised university, quality assurance cannot and should not be centralised under a single centre.

5.2.1 Every unit must be responsible for its quality assurance. In line with this understanding, every Dean, Rector, Director or Head of Department acting as the Chief Quality Officer (CQO) **MUST** establish a quality unit[3] which will assume responsibility for assuring the quality of institutional arrangements within the RC.

5.2.2 The basic functional structure of the quality unit is provided by InQKA (see Appendix 1) but the specific structure is left to the wisdom of each CQO subject to the terms of this policy.

5.2.3 The CQO of campuses, faculties and academic centres **SHALL** identify HQU from amongst its competent permanent staff and to report directly to the CQO with specific responsibilities and duties as outlined in Appendix 2. The HQU will be appointed by the TNC(AA) and appointed by the Head of Department if the HQU is non-academic staff.

[3] 2007 DVC (HEA) circular directed the establishment of Quality Units in all Faculties, Campuses and Departments. This Code is merely reminding and restating the same message.

5.3 Role of Senate, Majlis Eksekutif Universiti (MEU), Jawatankuasa Induk Kualiti Universiti (JKIQU) and Jawatankuasa Perakuan Pendaftaran Program (JKPPP)

5.3.1 The Senate is the key organ within the university that approves requirements for all the awards and ensures that all academic requirements and standards are met at all times. All quality reports **SHALL** be duly submitted to the Senate for information, reflection and action.

5.3.2 The Mesyuarat Eksekutif Universiti (MEU) is the top management meeting which deliberates and decides on all management matters including those which are related to or have quality implications. All policy changes to quality management in UiTM **SHALL** be approved by MEU before implementation.

5.3.3 The Jawatankuasa Induk Kualiti Universiti (JKIQU)[4] was established in 2015 to be the platform to discuss the quality management issues in UiTM. This body **SHALL** deliberate on issues related to quality, quality assurance, quality management and make suggestions to UiTM MEU/SENAT.

5.3.4 The Jawatankuasa Perakuan Pendaftaran Program (JKPPP) was established in 2017 to review the program evaluation report presented by the Panel of Assessors and discuss issues related to program accreditation as well as curriculum review over 30% of changes. JKPPP has jurisdiction to recommend the level of recognition to be approved by the Senate to be forwarded to the MQA for listing.

6. QUALITY MANAGEMENT SYSTEM (QMS)

All RCs must have a documented QMS and continue to facilitate the maintenance of the system. Those who had obtained external certification of the QMS to ISO 9001 standards must continue to build on the strength of the documented QMS, irrespective of certification. To this end, the RCs must do the following:

[4] Details of the JKIQU can be referred to the Dokumen Tadbir Urus Universiti

6.1 Develop, maintain and improve a QMS which comprises of a quality manual/document which sets out the overall structure of the QMS and processes by which the requirements by all stakeholders are met or achieved.

6.2 Any new RC **MUST** organise to develop a documented QMS within a reasonable time frame.

6.3 The QMS **MUST** encompass all activities entrusted to and carried out by the RCs covering all levels of programmes and modes of delivery. The RCs can develop separate (but subset of the main QMS) quality plan for a level.

6.4 Such a QMS **MUST** be based on the requirements of ISO 9001 standards latest version and is consistent with all the policies and regulations of the university; incorporating risk management.

6.5 RCs MUST implement the Integrated Quality Management System (iQMS) for University which is an amalgamation of the QAEP; ISO 9001-based Quality Management System and COPIA or Code of Practice for Institutional Audit requirements.

6.6 The CQO of campuses and faculties **SHALL** appoint the Deputy Dean (AI) or Deputy Rector (A) or the second in command as Management Representative (MR) and Registrar (Administration) or the most senior administrative staff as the Document Controller to maintain the integrity of the QMS.

6.7 The Central or Corporate departments in issuing any guidelines, circular, instructions or policies must do the following;

6.7.1 All such communication must clearly state the scope of the guidelines, circular, instructions or policies (what or who does it apply to).

6.7.2 It must refer to all previous guidelines, circular, instructions or policies that are superseded in whole or in part by the latest issue.

6.7.3 All guidelines, circular, instructions or policies shall state the date the policies become effective.

7. STRUCTURE FOR QUALITY ASSURANCE

7.1 Organizational structure transmits the RCs' commitment to quality management and quality assurance. It is imperative that the structure, operation and personnel decisions demonstrate to the staff, showing the RCs' commitment to quality in carrying out the mission of the university.

7.2 RCs are free to design their own structure within the framework provided in the policy. Appendix 1 provides a minimal structure for a quality unit. CQO of RC can and should design a structure that is appropriate for their size, scale and complexity. In developing the quality structure, CQO **MUST** not disregard the terms of this policy.

7.3 QU **MUST** be placed under the direct purview of the CQO of the RC.

8. BROADER ADVISORY ROLE OF HEAD QUALITY UNIT (HQU)

8.1 Quality should not only be inspected but expected, respected and considered in all decisions of the RC. HQU should be in a position to inform and be informed of decisions of the campuses, faculties and departments which has implications of quality. The presence of HQU in key decision mechanisms show the importance attached to quality and quality assurance. To enable this proactive role;

8.1.1 Assistant Vice Chancellor (AVC) for Quality **SHALL** be included at least as ex-officio in the Senate, Jawatankuasa Induk Penilaian Akademik (JKIPA) and other appropriate *fora* and committees.

8.1.2 HQU **SHALL** be included at least as ex-officio in Jawatankuasa Akademik Fakulti (JAF), Jawatankuasa Akademik Negeri (JAN), management meetings, curriculum committee at the campus and faculty level, OBE Committee, and programme accreditation committee.

9. INTERNAL QUALITY AUDIT/ SELF REVIEW

Internal Quality Audit (IQA) or review is a key mechanism to ensure all requirements are being met. IQA is a planned and systematic assessment exercise intended to establish the extent to which policies and procedures governing all processes of a QMS, are, in fact complied with and corrective actions taken when and where there are deviations.

The Internal Audit team **MUST** maintain a degree of independent from the operational units within the RC for it to discharge its role effectively. This independence is necessary to ensure the unit objectively evaluates the quality of work of all others. The following sections state the specific responsibilities and requirements for an IQA.

9.1 **Responsibility for IQA:** The responsibility for IQA **SHALL** be vested in writing in the Head of Internal Audit (HIA). To discharge the internal audit responsibilities, a trained Head of Internal Audit (Ketua Sistem Audit (KSA)) must be appointed by the CQO.

9.2 **Effectiveness of IQA**: The purpose of IQA is to ensure that the QMS is maintained and improved. As an important and integral tool within any QMS, IQA must possess two attributes:

9.2.1 First, although IQA is overtly intended to check for compliance, it must always maintain a critical eye on the efficacy of the processes and procedures. Compliance is important but effectiveness must be the *raison de tre* of any audit.

9.2.2 Second, IQA's role in helping the management to improve the system must be evaluated periodically to ensure added value to the RC. This should be done by seeking the perceptions of the auditees at appropriate intervals and the data carefully analyzed and evaluated for improvement opportunities. In addition, the Internal Audit process shall also be subjected to an Internal Audit.

9.3 **Training for IQA:** RCs **MUST** plan for and maintain an adequate pool of trained auditors.

9.3.1 HQU, in collaboration with the HIA, **MUST** plan for audit resource needs recognizing the turnover that is likely with auditors/academic staff assuming different roles from time to time at the RCs.

9.3.2 HQU **MUST** plan for and the CQO provides adequate funds for the training of auditors. InQKA organizes periodic IQA training programmes through Institute of Leadership and Development (ILD). InQKA's help can also be obtained in conducting in-house auditor training programmes.

9.4 **Planning for IQA**: The HIA responsible for IQA **MUST** plan the audit annually and accord appropriate budget for carrying out internal audits as outlined in the relevant circular.

9.4.1 In planning the audit, special attention should be given to the areas that are important (e.g. iQMS, strategic planning, assessment, teaching, research, ranking and rating, community engagement, risk management, etc), have attracted significant attention or complaints in previous period/s. Audit resources should be deployed thoughtfully to secure maximum impact for the RCs.

9.4.2 Ideally, the audit schedule should be spread over the semester rather than lumping all audits at a particular period of the semester. The lumping of audits removes the opportunity to observe acts or behaviours directly rather than just via records and documentation. For e.g. auditing the question vetting session when one is in progress rather than through records at the end of the semester is a case in point. Where audit resources are limited, rolling audits should be considered to extend the audit schedule over two semesters with different areas being targeted in each period.

9.5 **Carrying out of the audits – SePADU:** Quality Board (*Lembaga Kualiti*) has in 2011 endorsed the university wide use of the online IQA system called SePADU.

9.6. All IQA planning, scheduling, reporting, monitoring and following up action **MUST** utilise the online SePADU system created and managed by InQKA.

9.6.2 All HQU and HIA **MUST** liaise with InQKA to ensure all auditors are registered and trained to use SePADU.

9.7 **Management Commitment to IQA:** IQA as an important tool in ensuring that the QMS is maintained and improved **MUST** be fully supported by the management of the university and RCs.

9.7.1 This commitment **MUST** be demonstrated through the management's interest in allocating time to review the IQA reports and taking or requiring follow up actions on audit findings.

9.8 **Analytics for IQA:** It is important that the IQA process, like all processes, is monitored through suitable measures. These measures should provide important insights into the management of IQA at the university and RCs. The following measures can be developed for this purpose - planned vs. actual audits (deviation measure), no. of findings (volume measure), type of findings (category measure), severity of findings (importance measure), resolved vs. outstanding (action measure) and man days used (resource measure).

9.9 **Liaise with InQKA:** As the central unit for quality in UiTM, InQKA acts as the *conduit* through which quality matters can be reported to or brought to the attention of the top management through JKIQU. For this to take place, all HQU **MUST** keep InQKA informed of the plans, progress of their audits and any issues arising. It is to the advantage of the RCs to report as truthfully as possible so that appropriate corrective and improvement actions can be taken.

10. SELF REVIEW REPORTS AND EXTERNAL REVIEWS

10.1. **Overall Self Review Reports (SRR)**: All RCs **MUST** produce an annual SRR based on the guidelines issued by InQKA. These reports **MUST** be a concise review of the progress, achievements and challenges over the stated period. The SRR and the review will address the standards contained in COPIA, findings from IQA and ER as well as the processes within the QMS that define its operations.

10.2 Programme Self-Review Reports (PSRR): RCs **MUST** establish similar reviews at the programme level (*Koordinator Program*) using COPPA standards which are then

consolidated at the centres (*Ketua Pusat Pengajian*). The committee should also seek similar reviews by other units and departments which can be consolidated into a comprehensive SRR for the RC. This review should consolidate from Closing the Loop (CDL), Student Feedback Online (SuFO), *Profesionalisma Pensyarah* (PRO-PENS), External Examiner Reports, Professional Accreditation Reports and other surveys or audits and make critical commentary of the programme delivery for the period under review.

10.3 The annual SRR **MUST** be submitted for the attention of the top management of the RCs for discussion and resolution on the actions to be taken to address areas of concerns or problems. Every SRR **MUST** involve a review of the previous SRR and the progress before examining the new issues. The CQO is responsible to submit the approved SRR to InQKA as input for the External Review.

10.4 **Institutional and Programme Reviews @ External Review (ER)**: InQKA **MUST** carry out regular institutional (based on ISO 9001 and COPIA) and periodic programme reviews (COPPA-based) with the aid of the SRR of the RCs concerned. InQKA can exclude professional programmes which are periodically audited and accredited by respective professional bodies from programme reviews. InQKA, working with the RCs, **MUST** organise the review visits to all RCs. These visits should ideally be carried out when the students are in campus. InQKA **MUST** provide a detailed audit plan to facilitate the review visit.

10.5 **Oral and written report**: The review visits **SHALL** conclude with an oral exit report highlighting the areas of concerns. Within a stipulated period, InQKA **SHALL** produce a written External Review Report (ERR) for the RCs to comment and after adjustments (if any) submit these reports to JKIQU and subsequently to Senate and/or MEU.

10.6 **Following up on audit reports**: All ERRs **SHALL** be carefully examined by the top management of the RCs and prepare follow up actions aimed at addressing the concerns raised in the review or raising it with appropriate central units which may control the policies and practices which are at issue. The concerns raised must be analyzed according to the Corrective Action Procedure of the RCs.

10.7 **Producing Follow up reports**: The follow up actions **SHALL** be carried according to their respective Corrective Action Procedure and reported prior to the next ER.

10.8 **Report areas of concern to relevant central units**: Recognizing that areas of concerns may be within the purview of units outside the RCs, InQKA **SHALL** as soon as practical, discuss these concerns with such units for action. These units **SHALL** provide written actions to be taken including reasons for not taking action to InQKA.

11. EXTERNAL EXAMINERS

11.1 **External examiners required**: External examiner plays a key role in evaluating the academic standards of a programme or groups of programmes. Malaysian Qualification Framework (MQF) requires external examiners for all programmes at or above level 6 of the framework. The HQU in collaboration with the academic affairs units of the campuses and faculties **SHALL** organize or take part in the external examiners visit and review. External examiner's review scope **SHALL** include all campuses and partner colleges (franchisees) which offer the same programme at least on a rolling basis.

11.2 **Follow up action**: External examiner reports **must** be examined by Deputy Dean (Academic) / Deputy Rector (Academic) and follow up actions planned in consultation with the relevant operational units. External examiner's observations and recommendation **SHALL** be reported within the semester or sooner to JAF/JAN and management meeting. The external examiner's reports and the follow up action planned or taken **must** be tabled in the Senate by the BHEA for information, reflection and action.

11.3 External examiner's reports **MUST** be shared with all respective RCs offering the same programme.

12. ACCREDITATION VISITS AND REPORTS

12.1 **Organizing programme accreditation**: The HQU liaising with IQA and the Academic Affairs Unit. The programme managers **SHALL** ensure all arrangements are

made for the visits. HQU should ideally carry out a pre-visit audit to test the readiness to face an external review of the programme.

12.2 **Plan action on findings**: Based on the comments of the auditors during the exit, HQU can formulate action plans for submission to the RC management. A copy of the accreditation report **SHALL** be provided to the HQU to review the progress by the RC in addressing the changes suggested in the report.

12.3 **Report to be tabled in Senate or relevant subcommittees**: An executive summary of the accreditation report and the proposed actions **MUST** be submitted to the Senate for information and action as appropriate.

13. MANAGING QUALITY RANKING AND RATING EXERCISE

UiTM has undergone various national and international ranking and rating exercises such as SETARA, D-SETARA, MyRA, Times Higher Education, QS and Webometrics. These ranking and rating are expected to continue in the future with greater reliance of results in higher education policies and decisions. Therefore, managing the quality for ranking and rating must be taken seriously with the responsibility of RCs being clearly identified. For ranking and rating purposes the CQO must identify a “champion” to manage the ranking and rating affairs of the RCs.

For national and international ranking and ratings, the “Champion” **SHALL**:

13.1 Liaise with InQKA to collect, clean and validate required documentations and data within the stipulated time frame.

13.2 Organise and carry out self-assessment using the stipulated instruments when so instructed by InQKA.

13.3 Inform and propose to the campus or faculty on steps to strengthen policies, practices and standards to ensure continuous improvements in ratings.

14. SELF REVIEW PORTFOLIO

14.1 **Self Review Portfolio (SRP)**: RCs **SHALL** maintain a SRP (related to MQA 03) – institutional data and description of practices relevant to MQA COPIA standards. This SRP **MUST** be regularly updated to ensure currency of the practices. This report shall describe the RCs' practices that meet the COPIA standards within UiTM's overall framework or policies.

14.2 **Knowledge of Quality Standards**: All CQOs and their senior managers **MUST** develop knowledge of all applicable programme and institutional standards – COPPA, COPIA, COPPA for Postgraduate (research), COPPA for Postgraduate (Coursework & Mixed Mode), standards of professional bodies and programme standards from MQA.

14.3 **Awareness programmes for all academic managers**: All academic managers **MUST** be knowledgeable about the relevant professional and MQA standards. To this end, all academic managers **MUST** attend such a programme organized in collaboration with the local ILD immediately after appointment.

15. BENCHMARKING

Excellence requires not just good execution and continuous improvement; it requires the RCs to be the best in the field. This mandates comparison with relevant others in the field. For this reason, RCs **SHALL** benchmark with selected local and foreign units in the education industry. Performance against the benchmark **SHALL** be compared and reported in the annual SRR. The outcome of the benchmarking **SHALL** be reflected in quality improvement initiatives.

16. ENHANCEMENT AND IMPROVEMENTS

16.1 **Quality enhancement**: Quality assurance is not only about assuring all stakeholders that all present requirements are being met. Increasingly, it demands creativity and innovation to enhance the capacity to exceed the requirements.

16.2 **Innovation and creativity**: HQU shall with the aid of a KIK Coordinator encourage and manage the Creativity and Innovation Groups (Kumpulan Inovatif & Kreatif-KIK) in accordance with the guidelines issued by InQKA to ensure continual innovation and improvements in all institutional practices.

16.3 **Innovation reporting**: HQU, working in concert with other units within the RCs, should encourage and report on the effect of the innovations on the quality processes, quality objectives and quality system in general to their RCs management.

16.4 **Process improvement:** HQU **SHALL** coordinate process improvements activities targeted for Operational Excellence (OE). This shall include creation of a process register and all relevant metrics to measure and monitor its performance.

16.5 **Research on Quality Systems**: It is imperative that quality units carry out institutional research to validate the instruments and data collected, collated and reported on performance of their organisation.

16.6 **Anugerah Kualiti Naib Canselor (AKNC)**: It is an internal quality rating mechanism based on Malcom Baldridge framework. It streamlines and rationalizes their activities toward fulfilling their strategic goals. To be excellent, an RC must continuously test itself against the best in the class and place itself on a growth path which will bring it closer to the best. To ensure all RCs to seek and achieve excellence in their respective operations, all RCs MUST submit reports and are encouraged to participate in the annual AKNC exercise organized by InQKA.

16.7 ***Ekosistem Kondusif Sektor Awam*** **(EKSA)**

EKSA is a rebranding of the existing 5S practice aiming to improve the working environment. RCs are encouraged to carry out EKSA at their respective RCs.

17. STUDENTS IN QUALITY ASSURANCE

17.1 **Student's role**: The primary beneficiary of the quality assurance activities is the students who expect the university to deliver on its promises of an engaging learning experience on a consistent basis. Student's role should not be limited to preparing

students' portfolio, providing feedback through student evaluation of teaching (SuFO) and Exit-Entrance Survey (EES). They should be appropriately involved in quality assurance, teaching and learning, research, innovation activities and community engagement.

17.2 **Engage student bodies and groups**: All RCs **SHALL** endeavour to include students or their representatives in appropriate committees. Their participation and voice should provide a new perspective on the quality plans and to create broader inputs and develop sense of ownership of quality among students.

17.3 **Engage students in reviews and audits**: RCs **SHALL** involve the student representatives in quality surveys and in assessing the validity of various instruments used by the university to gather data from the students.

18. MONITORING OF QUALITY

18.1 **Quality Metrics**: Collecting, collating and reporting key quality metrics (employers' feedback, students' feedback – SuFO, KPT Tracer Study, PRO-PENS, staff's feedback, climate survey, process indicators etc).

The QU MUST be involved in or become the custodian of key quality related data. All forms of surveys used to gather data about RC, its operations or staff MUST be collated, analysed and reported to the top management with appropriate actions as the analysis indicates, by the QU either on its own or in partnership within other units. These data MUST be tracked, and trends noted or monitored and reported to top management at suitable intervals as a measure of quality of RC activities.

Even though there may be different interested units within the RCs for the data collected and analyzed, the QU shall become the ultimate repository and holder of SuFO, PRO-PENS, KPT Tracer Study, employers' survey and customer feedback and complaint.

An economical set of metrics **MUST** be identified for regular data collection and reporting to management. These metrics shall include the following;

i. Resourced used (man days)
ii. Audit findings
iii. Types and levels of observations
iv. Customer satisfaction feedback
v. Continual improvement

18.2 **Plagiarism:** All RCs must ensure that all staff and students comply with guidelines stipulated in Understanding Plagiarism A Guide for Lecturers and Avoiding Plagiarism A Guide For Students respectively.

19. DOCUMENTATION AND DATA

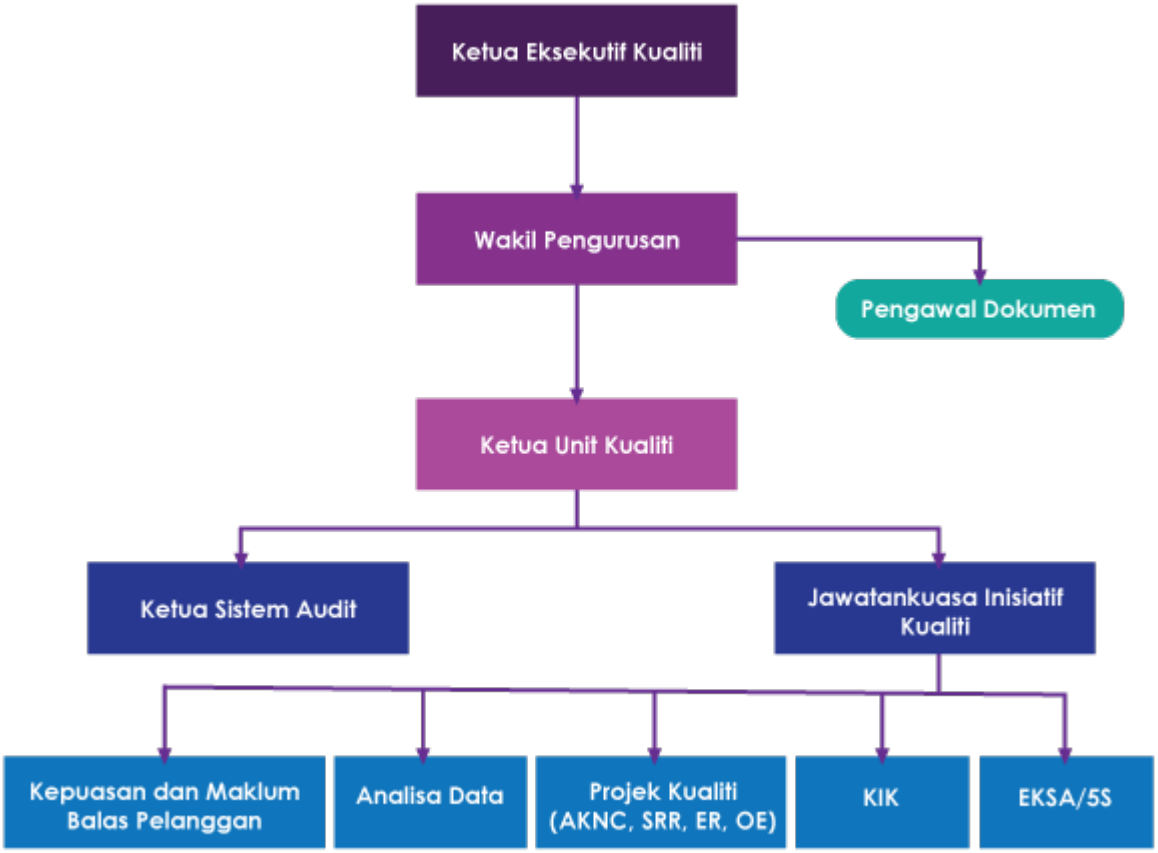
All RCs **MUST**, as matter of policy, maintain in good order, soft copies of all its reports and evidence which should be appropriately indexed to COPIA standards for easy reference and retrieval. InQKA and the HQU will ensure policies on documentation and data incorporate the requirement that soft copies be maintained in good order for use.

All RCs must adhere to the Data Protection Act, Malaysian Communications and Multimedia Commission (MCMC) and General Data Protection Regulation (GDPR) to ensure confidentiality of data and not to be released to or misused by the third party. All RCs are required to obtain consent from the VC with respect to data regarding Bumiputera interest.

20. DOCUMENT CONTROL AND CHANGE

Subject	Records
Policy Owner	InQKA
Policy Implementation	May 2014
Policy Revision	May 2015
	June 2016
	July 2018
Policy Approval	JKE Bil. 4/2015 (25 March 2015)
Revised Policy Approval	MEU Bil. 9/2019 (10 April 2019)
Related Policies	1. Code of Practice for Institutional Audits (COPIA) Second Edition, (2009), MQA 2. Practice for Programme Accreditation (COPPA) Second Edition, (2018), MQA 3. Quality Management Systems - Requirements (ISO 9001:2015), Second Edition (2015), Department of Standard Malaysia 4. Head of Quality Unit Jobs Specification 5. Functional Structure of Quality Unit
Filename	Quality Assurance and Enhancement Policy Version 2

Appendix 1: Functional Structure of Quality Unit



APPENDIX 2: DUTIES OF THE HEAD OF QUALITY

Duties of The Head of Quality (KUK):

KUK is responsible for administering the Quality Plan and responsible in managing all work that affects quality. KUK will lead aspects related to the development, implementation, communication and maintenance of the approved quality system policies and procedures.

Duties and Responsibilities:

1. Responsible to design, plan and manage the development and implementation of objectives, policies, procedures and systems related to quality and quality assurance.
2. Develop, implement, communicate and maintain quality plans to ensure compliance with all regulatory requirements, standards and regulations.
3. Provide annual planning of training and quality activities.
4. Plan, coordinate and monitor UiTM's quality movements / activities / infrastructures (such as EKSA, KIK, *Hari Kemuncak Inovasi*, implementation and maintenance of SPK, Self-Assessment, Audit, AKNC and Operational Excellence).
5. Measuring the achievement of key processes and the quality management system support.
6. Manage the achievement of data analysis and the provision of improvement reports.
7. Prepare annual budget allocation for quality activities.
8. Inculcate quality culture among UiTM staff.
9. Updating quality-related information at all levels and communicating to all UiTM staff.
10. Act as a focal point for the quality implementation.
11. Become an InQKA intermediary to move the quality in line with UiTM's goal.
12. Attends quality meetings at UiTM level.
13. Help InQKA implement External Review in other departments and do the reporting.
14. Manage and participate in External Examiner's visits and assessments.
15. Becoming Deputy Chairman of the Quality Assurance Committee. Follows are the terms of reference set by InQKA:

15.1 Coordinate the implementation of quality assurance activities according to the requirements of COPPA and COPIA and Quality Management System (SPK).

15.2 Manage and implement Self-Assessment periodically, taking into account issues of Quality Audit / Self-Assessment Report (internal or external) or feedback of stakeholders and recommend follow-up actions.

15.3 Report the results of Self-Assessment to the management and staff

15.4 Assist staff in the preparation of external assessment audit.

15.5 Provide Self-Assessment findings logbook and suggestions for improvements (if any).

15.6 Make an overall analysis of UiTM's quality assurance implementation.

15.7 Assisting InQKA in providing Self-Assessment Report and Improvement of UiTM quality assurance's proposals and paperwork.

15.8 Coordinate visits and accreditation reports and draw up action plans for submission to the management.

APPENDIX 3: RESPONSIBILITIES OF MANAGEMENT REPRESENTATIVE

1) Ensuring the Quality Management System processes is realized, implemented and maintained
2) Report to Management on the performance of the Quality Management System and improvement requirements of the PTJ.
3) Ensure staff are aware of the customer's need for continuous improvement of the Quality System
4) Responsible as a liaison officer to stakeholders for any Quality Management System
5) Report to the Management if the need for quality resources is insufficient.
6) Coordinate and managing all risk assessment issues.