

# Quality Assurance Manual of the Seychelles Qualifications Authority

Final version 1.0

30 May 2011

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## Glossary of Acronyms and Abbreviations

TFE	Division of Technical and Further Education
ODL	Open and Distance Learning
QA	Quality Assurance
SQA	Seychelles Qualifications Authority
TEC	Tertiary Education Commission

## Glossary of key terms

	Definition
<b>Accreditation</b>	certification for a specified period of time of a provider as having the capacity to fulfil a particular function specified by the Seychelles Qualifications Authority
	<b>Institutional accreditation</b> certifies for a specified period of time, that an institution fulfils the relevant requirements of the Tertiary Education Act and has the capacity to provide education and training programmes leading to the award of qualifications to be registered on the Seychelles Qualifications Framework; and to assess the performance of learners participating in such programmes
	<b>Programme accreditation</b> certifies for a specified period of time, that the accredited institution offering the validated programme(s) has the capacity to deliver the specific programme(s) and to assess learners for the award of the specific qualification(s)
<b>Competency</b>	the knowledge, skills, attitudes, values and personal attributes combined with the underlying understanding to perform all or some of the functions of an occupation or a profession
<b>Course</b>	a self-contained teaching/learning component of a programme that is integral to that programme. It represents a discrete part of the learning to be achieved and is based on an overall clear aim, specific learning outcomes, content and assessment procedures.
	A <b>core course</b> is a compulsory component for progression to the next level and for achievement of the qualification
	An <b>optional course</b> is a component to be selected from limited number of specified alternatives <i>e.g. at level 6 learners are required to successfully complete the six core courses plus two of the following three optional courses</i>
	An <b>elective course</b> is a course to be selected from an unlimited choice of any course at the appropriate level (usually level 6 and above) and with the required credit value
<b>Evaluation</b>	the process of making judgments based on criteria and evidence often with the aim of highlighting development needs
<b>Evidence</b>	the substance of what is advanced to support a claim that something is true
<b>Learner</b>	a person who is acquiring or has acquired competencies
<b>Programme</b>	the process by which learners acquire competencies and includes courses of study or instruction, apprenticeships, training and employment
<b>Qualification</b>	formal recognition of a learner's achievement of the required number and range of credits or other requirements at a specified level of the qualifications framework;
	An <b>embedded qualification</b> is a qualification which may be achieved within the curriculum and within the duration of the programmes leading to main qualification to be achieved
	An <b>exit qualification</b> Lower level qualification which may be achieved by learners exiting the programme prior to completion of the requirements of the higher level qualification <i>e.g. learners exit from a three year diploma programme after one year with a certificate qualification</i>
<b>Qualifications Framework</b>	framework for the development, recognition and award of qualifications based on standards of competency to be acquired by learners
<b>Quality Assurance</b>	ongoing, continuous process of evaluating (assessing, monitoring, guaranteeing, maintaining and improving) the quality of an education system, providers or programmes
<b>Quality Audit</b>	A systematic and independent examination to determine whether quality activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives
	<b>Institutional audit</b> is an evidence based evaluation of the performance of the institution against the same set of criteria used for institutional accreditation, with particular focus on the management systems and mechanisms in place to assure the quality of outcomes for stakeholders.
<b>Validation</b>	assessment of a programme of education or training with regard to its suitability for the attainment of competencies by learners
	<b>Programme validation</b> approves for a specified period of time, a specific education and training programme, offered by an accredited institution, leading to the award of a specific qualification to be registered on the Seychelles Qualification Framework.

## 1.0 Introduction

The design of the quality assurance system described in this manual is influenced by recent international developments in quality assurance best practice; current education and training issues; recognition of the need for a developmental model of quality assurance, which balances the dual purposes of accountability and quality improvement; anticipated future changes in the Seychelles education and training landscape; and by the experiences of SQA since its establishment in 2006.

The concepts and practices of internal and external quality assurance are relatively new to tertiary institutions in Seychelles. Capacity building support together with incremental introduction of quality concepts and standards is required in order to develop the quality management maturity of the institutions, such that they are able, within a few years, to meet the 85 internationally benchmarked criteria of the new quality assurance system. Furthermore, despite relative immaturity in quality management practices, there is the desire to implement a system which discourages simplistic and mechanistic responses and encourages participants to be reflective and analytical in their approach to evaluation, and to recognise the interdependence of issues within the system of an institution.

The new quality assurance system has been developed in the context of a changing education and training landscape in Seychelles. In 2008 Dr J Nolan issued a report on the capacity of the education and training system to achieve the objectives of Seychelles Strategy 2017. Nolan concluded that sweeping reforms were necessary for the achievement of national strategic goals. In response the Ministry of Education, Employment and Human Resources developed an Education and Reform Plan 2009-2010, which has guided a number of initiatives including the establishment of the University for Seychelles in 2010. Further anticipated changes include the adoption of the Tertiary Education Act, the establishment of the Tertiary Education Commission (TEC), institutional restructuring and rationalisation of technical and vocational education and training.

Since its establishment in 2006, the Seychelles Qualifications Authority has launched several of the quality assurance processes which it is mandated to implement. The process for the Recognition of Foreign Qualifications is well established and the process and criteria for Recognition of Prior Learning are being implemented in a series of trials. The first iteration of the validation and accreditation system was disseminated to providers in 2007. In this early conceptualisation the primary mechanism for quality assurance of the institutions was programme accreditation, preceded by the paper-based validation of the programme. The thrust of SQA activity in this area has therefore consisted of encouragement and support for institutions to submit compliant applications for validation. This existing system is 'voluntary', and while the institutions readily recognise the benefits of programme accreditation, the current outcome of SQA's campaign of persuasion and encouragement is that no programmes have yet been validated and no programme accreditation visits have been conducted.

Nevertheless, all the institutions are at some stage in the process of preparing applications for validation, using a template which was revised in 2009, and following a manual developed in 2010. There is therefore the need for a transition phase, where institutions which have made significant progress in the development of applications based on the first generation system, should be allowed to carry on and complete the requirements of that system. The validation process described in this manual is therefore to be introduced incrementally throughout a transition period which is expected

to start with immediate effect and extend to September 2011. Where little or no progress has been made towards the development of applications for validation, the system described in this manual is likely to be introduced within the transition period; whereas those providers who are nearly ready with their validation applications will be allowed to complete current work in progress in accordance with the requirements that pertained when they started.

The primary mechanism for quality assurance in this new system is institutional accreditation, rather than programme accreditation. This change recognises the higher cost of programme accreditation, which has also been found to be more labour intensive, more intrusive and more demanding in terms of specialist subject expertise than institutional accreditation. Institutional accreditation is more suited to a small island state where there is a small pool of specialist subject experts to draw on and where quality assurance capacity is low.

The plan for rolling out this new quality assurance system includes three institutional accreditations to be carried out in July-December 2011 and the remainder of the institutions are to be accredited by the end of 2012.

Given the experience that SQA has had with the non-responsiveness of institutions to deadlines, and failure to complete requirements in a timely manner, this new quality assurance system also introduces quality audit as 'fall-back' mechanism to be reserved for those institutions that default in the process of preparing to meet accreditation requirements.

There is still a place for programme accreditation in the new system, but programme accreditation is not a requirement. It is expected that, in the future, institutions may wish to apply to international accreditation bodies for programme accreditation. Furthermore, where the new TEC has specific concerns about programmes, it may request SQA to conduct programme accreditations.

### **1.1 Role of the Seychelles Qualifications Authority**

The Seychelles Qualifications Authority is responsible for assuring the quality and standards of education and training in Seychelles; and protecting the interests of learners enrolled in education and training programmes (SQA Act 1 (c) and (j)). The Seychelles Qualifications Authority is authorised to fulfil these functions through its system of accreditation, validation and quality assurance (SQA Act I (c)).

The Tertiary Education Commission requires assurance that registered tertiary education and training providers are meeting requirements of the Tertiary Education Act. The means through which this assurance is provided is the Seychelles Qualifications Authority system of accreditation, validation and quality assurance. These processes provide information on the performance of registered tertiary education and training providers to the Tertiary Education Commission and to other stakeholders.

### **1.2 Purpose of the SQA quality assurance system**

The main purpose of the quality assurance system is to assure stakeholders that the registered institution is providing good quality education. Stakeholders of tertiary education in Seychelles include learners and their families; local and international communities; teachers and researchers; employers and professional bodies; partner institutions; other funders of tertiary education, like

scholarship awarding bodies and donors; government Ministries; and regulatory bodies like the Seychelles Qualifications Authority. All these diverse stakeholders have one key interest in common, and that is the desire to be assured that the education that is provided to learners in Seychelles is good quality education.

What is good quality in education? There are many different definitions since quality is a multi-dimensional concept. The concept 'quality' includes value for money, sustainability, fitness for purpose, compliance with standards, consistency, effectiveness, efficiency, and excellence. These terms seem quite abstract but in fact we can all easily recognise good quality education when we see it. We recognise it when we see satisfied students knowing what they need to do to succeed, learning new skills, achieving qualifications and being sought after by employers. We recognise it when a diffident or poor-achieving learner is transformed into a competent and confident graduate. We recognise it when an institution is a busy and dynamic learning and working environment, with satisfied teachers rising to the challenges of their profession, supporting learners to fulfil their potential and gaining the respect of the community. We recognise it in state-of-the-art facilities and resources and excellent customer service. We see it when the provider is active in the community and has a great reputation and there is a strong demand for education and training places. So actually we all know what good quality looks like, and conversely we know poor quality when we see it.

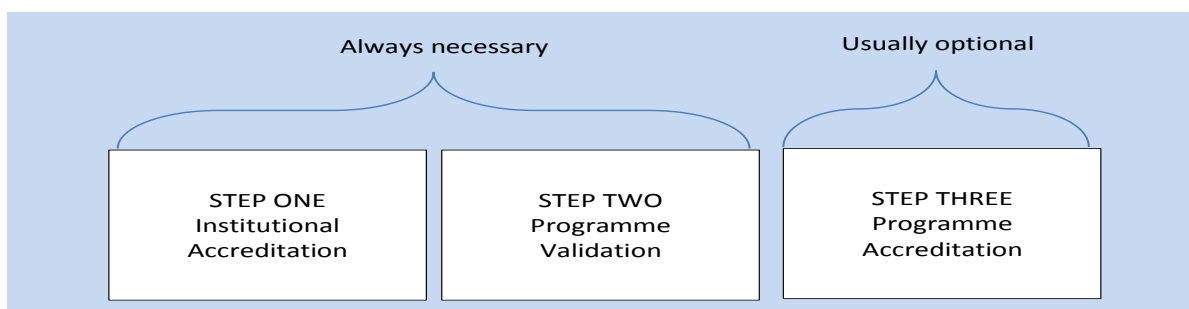
### 1.3 The purpose of this quality assurance manual

In order to be consistent in our evaluation of the quality in different institutions, we need a set of quality criteria, and clearly defined processes and decision making criteria. This manual sets out those criteria and processes, so that the quality assurance system is completely transparent, and education and training providers know exactly what SQA evaluators are looking for and how the quality of the education provided will be assessed.

### 1.4 Three step process to assure the quality of qualifications

There are three steps in the quality assurance process. The first two of these are necessary for demonstrating compliance with the requirements of the Tertiary Education Act and the Seychelles Qualifications Framework. The third is optional, unless there are specific concerns about a programme.

Figure 1: Three steps to quality assured qualifications





## 1.5 Four mechanisms for assuring quality

Although there are three steps to assuring quality, there are four mechanisms, as shown in Figure 2. This is because if an institution does not manage to get to Step One, and/or the TEC has serious concerns about the management of an institution, SQA will need to step in to make sure that the interests of learners are protected. It will do this by conducting an institutional audit. Institutional audit will thus only be implemented if there is evidence of serious problems, including inability to prepare for institutional accreditation, as this is indicative of dysfunctional management processes.

### 1.5.1 Definition of Institutional Accreditation

Institutional accreditation certifies, for a specified period of time, that an institution fulfils the relevant requirements of the Tertiary Education Act and has the capacity to provide education and training programmes leading to the award of qualifications to be registered on the Seychelles Qualifications Framework; and to assess the performance of learners participating in such programmes.

### 1.5.2 Definition of Institutional Audit

Institutional audit is an evidence based evaluation of the performance of the institution against the same set of criteria used for institutional accreditation, with particular focus on the management systems and mechanisms in place to assure the quality of outcomes for stakeholders.

### 1.5.3 Definition of Programme Validation

Programme validation approves, for a specified period of time, a specific education and training programme, offered by an accredited institution, leading to the award of a specific qualification to be registered on the Seychelles Qualification Framework.

### 1.5.4 Definition of Programme Accreditation

Programme accreditation certifies, for a specified period of time, that the accredited institution offering the validated programme(s) has the capacity to deliver the specific programme(s) and to assess learners for the award of the specific qualification(s).

**Figure 2: Comparison between four quality assurance mechanisms**

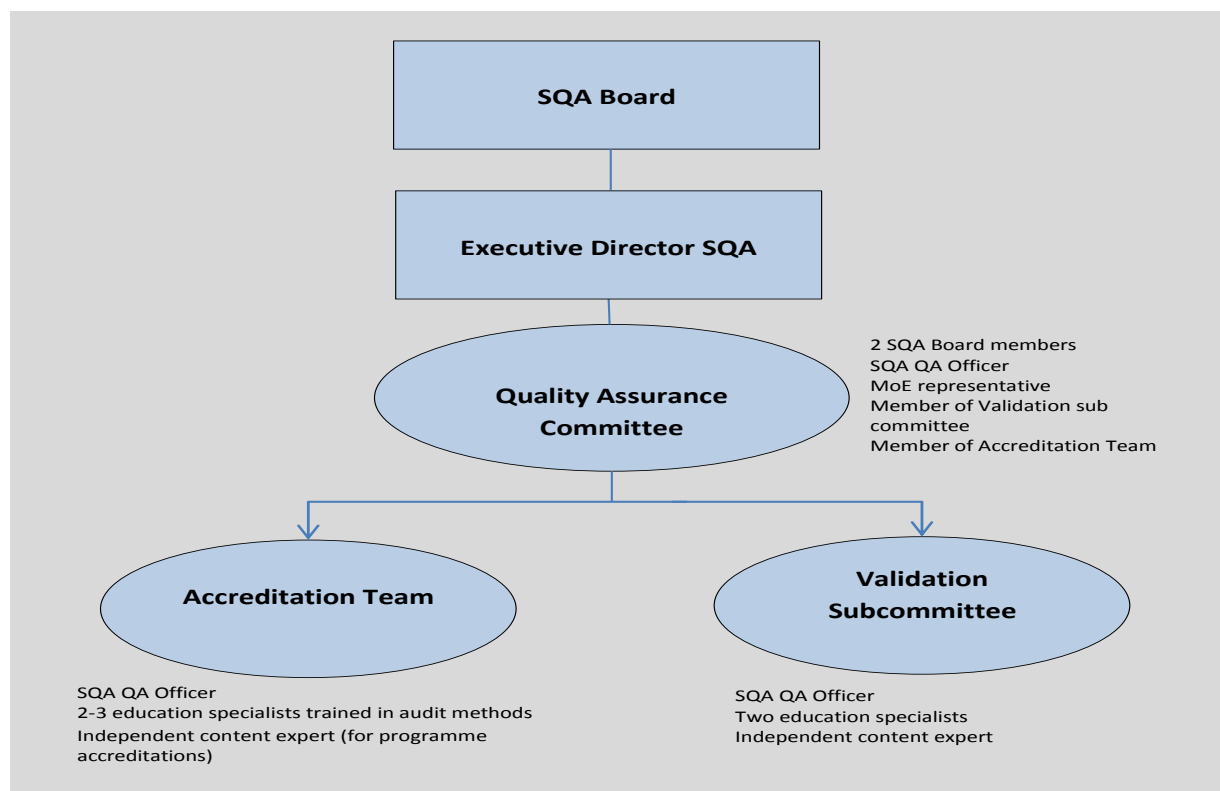
	Institutional audit	Institutional accreditation	Programme validation	Programme accreditation
<b>Applies to:</b>	Non-compliant registered providers only	All registered providers	All registered providers	Registered and accredited providers with validated programmes
<b>Level of obligation:</b>	Imposed	Expected/necessary	Expected/necessary	Voluntary
<b>Focus:</b>	Whole institution	Whole institution	Specific programme or short course	Specific programme
<b>Includes visit:</b>	Yes	Yes	No – paper based evaluation only	Yes
<b>Includes self-evaluation:</b>	No	Yes	No	No
<b>Involves specific subject experts</b>	No	No	Yes	Yes
<b>Type of outcome:</b>	Descriptive	Yes/No/provisional	Yes/No/provisional	Yes/No/provisional
<b>Frequency:</b>	As necessary	3-5 years depending on performance of the institutions	3-5 years depending on nature of the programme	3-5 years depending on nature of the programme

## 1.6 Quality Assurance Committee, Validation Sub-committee and Accreditation Teams

Just as institutions are expected to apply quality assurance principles and practices, to scrutinize their data, and make fact-based decisions, and continuously improve their processes; so the national quality assurance system is subject to quality assurance processes. The roles and committee structure to support the national quality assurance system (see Figure 3 below) is designed to make sure that decision making is well informed, and in the best interests of stakeholders; and that the processes continue to meet the needs of stakeholders. Furthermore the national quality assurance system is not 'carved in stone', but is itself subject to regular review and continuous improvement.

The national quality assurance system is operationalized by the two groups of specialist evaluators: namely the Accreditation Team and Validation Sub-committee, who make recommendations to the Quality Assurance Committee, as shown in Figure 3. The Quality Assurance Committee seeks to be assured of the soundness of the recommendations, before it directs the Executive Director of SQA to recommend an outcome to the SQA Board. Advised by the Quality Assurance Committee, the SQA Board has a key role to play in interrogating the information which it uses for its decision making. The Board confers accreditation/validation status to the institution. The Board is also able to bring to the attention of the Ministry any issues which are impacting on the quality of education and training, which are under the control of the Ministry, and not within the mandate of the institution.

**Figure 3: Quality management of the national quality assurance system**



## 1.7 Schedule of fees

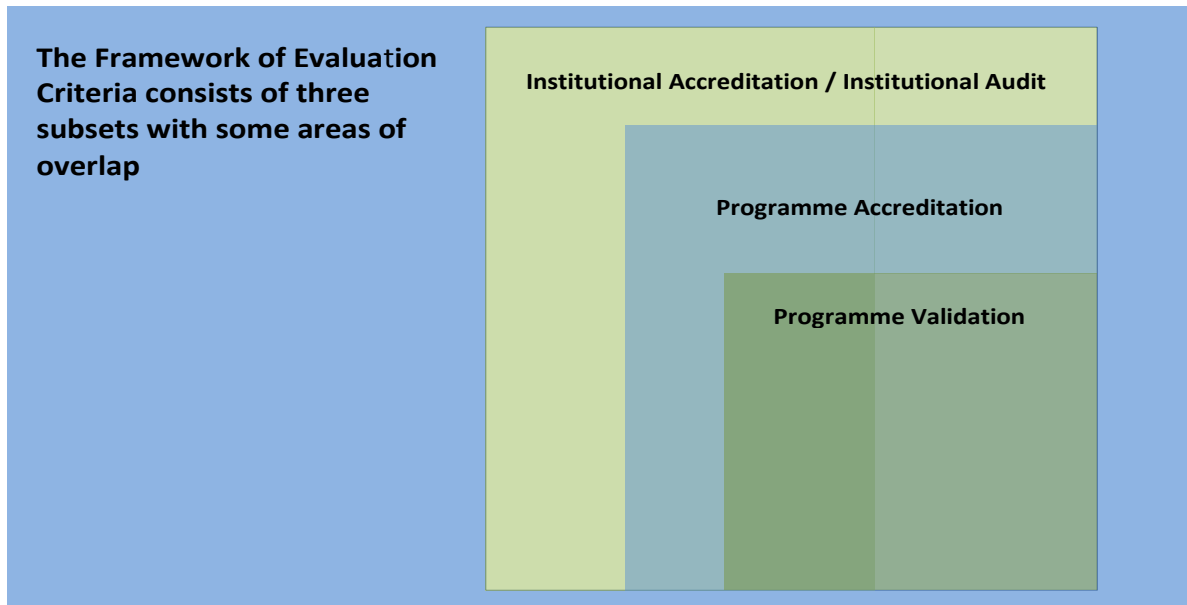
A current schedule of fees payable for quality assurance services is available from SQA. The schedule of fees is based on the principle of cost recovery.

## 2.0 Framework of evaluation criteria for Quality Assurance

The framework for evaluation covers six performance areas, and consists of 22 reflective questions associated with a total of 85 quality criteria. The criteria are presented in Appendix One.

Sections	Reflective Questions	Criteria	Total
<b>Section ONE: Leadership and Management</b>	How effectively do the management strategies of the provider support high academic achievement and the employability of graduates?	3	<b>6</b>
	What evidence is there of management responsiveness to change and commitment to implementing the Government's strategy and policies?	2	
	How effectively does the leadership model the expected professionalism?	1	
<b>Section TWO: Management of resources and environment</b>	How well are finances managed in the best interests of all stakeholders?	2	<b>23</b>
	How conducive is the physical learning environment to the achievement of the desired teaching and learning outcomes?	5	
	Are adequate health and safety measures in place for the protection of staff, learners and visitors?	1	
	How adequate is the provision and maintenance of the learning resources for the teaching and learning requirements of the programmes?	5	
	How effectively does the provider manage, motivate and develop the staff to achieve excellent teaching and learning outcomes?	10	
<b>Section THREE: Programme Development</b>	Does the programme meet the specifications for the relevant qualification on the Seychelles Qualifications Framework?	9	<b>15</b>
	How relevant is the curriculum to the development of citizens who are life-long learners and active participants in the social and economic development of Seychelles?	6	
<b>Section FOUR: Teaching and Learning</b>	How well does the provider manage processes that support teaching and learning and provide information needed for decision making and continuity?	12	<b>30</b>
	How effectively does the provider create an environment that supports learners of both genders to develop their self-esteem and fulfil their learning potential?	7	
	How well do the assessment strategies ensure that assessment is fair, valid and reliable?	4	
	What systems are in place to ensure that all learners are supported and have access to resources to enable them to succeed?	5	
	Are the academic staff of degree programmes engaged in research?	2	
<b>Section FIVE: Engagement with Community and Regulatory bodies</b>	How clearly and accurately does the provider project the relevance and quality of its services to the community?	1	<b>6</b>
	How well does the provider promote lifelong learning through the services it offers and the profile it maintains in the community?	3	
	How constructively does the provider work to meet the requirements and expectations of regulatory and funding bodies?	1	
	How effective are the provider mechanisms and structures to address stakeholder and community concerns?	1	
<b>Section SIX: Management of Quality</b>	How well does the provider collect and manage data for operational and strategic purposes?	1	<b>5</b>
	Are there transparent mechanisms in place to ensure that feedback is collected from all stakeholder groups and used to inform decision making?	2	
	Does the provider practice rigorous quality assurance in its management of learning outcomes?	2	

The criteria state the requirements for the provision of education and training in Seychelles. Providers are expected to demonstrate that they meet all the requirements.



The Framework of Evaluation criteria consists of three subsets, with some areas of overlap.

### **2.1 Sub set for institutional audit and accreditation**

Institutional audit and institutional accreditation look broadly into the management and operations of the organisation. These two types of intervention do not look into the details of specific programmes, except in order to sample evidence of the approach implemented by the provider. Appendix One shows which of the whole set of criteria are the subset for institutional audit and institutional accreditation. For institutional audit all the criteria in the subset are within the scope of the intervention. For institutional accreditation the scope will be agreed, based on considerations as outlined in Section 3.3.1, and some criteria in the subset may be omitted.

### **2.2 Subset for validation**

Validation is an approval process for a specific programme based on documentary evidence only. The criteria to be met are those that are demonstrated in the programme documentation. Appendix One shows which of the whole set of criteria are the subset for validation.

### **2.3 Subset for programme accreditation**

Programme Accreditation is an accreditation process specifically focusing on the management and delivery of the specific programme(s), so criteria for the management of the whole organisation are only relevant in terms of their impact on the specific programme. Appendix One shows which of the whole set of criteria are the subset for programme accreditation.

### **2.4 Application of the evaluation criteria to ODL providers and programmes**

Where institutions to be accredited are purely Open and Distance Learning (ODL) providers some criteria may be deemed not relevant. These are likely to include RE5, RE6, RE7, TL2, TL5 and TL28.

In all cases where programmes are offered purely in ODL mode the criteria should be sensibly 'interpreted' for heightened relevance to ODL. Both internal and external valuers should apply common sense, avoid pedantry and use their discretion and good judgement to apply the criteria in ways which are meaningful to the situation and add value to the activity.

### 3.0 Institutional accreditation

Institutional accreditation and institutional audit are the means by which the Tertiary Education Commission can be assured that the registered institution is compliant with the requirements of the Tertiary Education Act. Institutional accreditation is preferable to institutional audit, since in the accreditation process the provider is an involved partner, with negotiating rights, rather than a 'subject' without any real power to influence the proceedings or what transpires. Therefore registered providers are strongly advised to apply for institutional accreditation, and implement the accreditation process in good faith, thereby avoiding the alternative, which is institutional audit.

#### 3.1 Managing the dual purposes of Institutional Accreditation

Accreditation is both an opportunity to demonstrate compliance with the national quality assurance criteria for accountability purposes and an opportunity for quality improvement.

##### Opportunity for improvement

Institutional accreditation is a structured and supported opportunity to reflect on how things are going, identify problems, advocate for support and make positive changes. The external evaluators are there to assist you to get to the bottom of things by bringing evaluation expertise and objectivity to the task. An accreditation report is a resource that your institution can use to bring about positive change.

Given that a key purpose of institutional accreditation is improvement, it follows that it is a waste of time and effort to focus exclusively on showcasing things that are going really well, and covering up those that aren't. Demonstrating compliance and identifying areas of good practice are important, but a crucial aim of the exercise is to make a real effort to identify and analyse areas where positive change is in the interests of all stakeholders, and not just to put on a good show, to impress the Accreditation Team.

Openness and transparency and honest reflection on the actual situation are the behaviours that will be helpful for the provider and contribute to a useful outcome for all stakeholders.

In order to encourage these behaviours that will enhance the benefits of the exercise for all stakeholders, the following outcomes are **equally weighted** in decision making on the overall outcome of accreditation:

- Verification of the institution's self-evaluation report  
i.e. the institution is capable of identifying its own problems and making plans to address them
- Evaluation of performance against the criteria for institutional accreditation  
i.e. the institution is substantially meeting the required criteria

### 3.2 Application for institutional accreditation

Only registered providers may apply for institutional accreditation. The act of applying for institutional accreditation demonstrates compliance with the quality criterion for proactive engagement with regulatory and funding bodies. In its application the institution will propose a timeframe for initiation and the accreditation visit and nominate liaison persons for correspondence/arrangements and for the accreditation visit. The application is relatively brief, and limited to factual information for the orientation of the Accreditation Team. The template for applying for Institutional Accreditation is presented in Appendix Three.

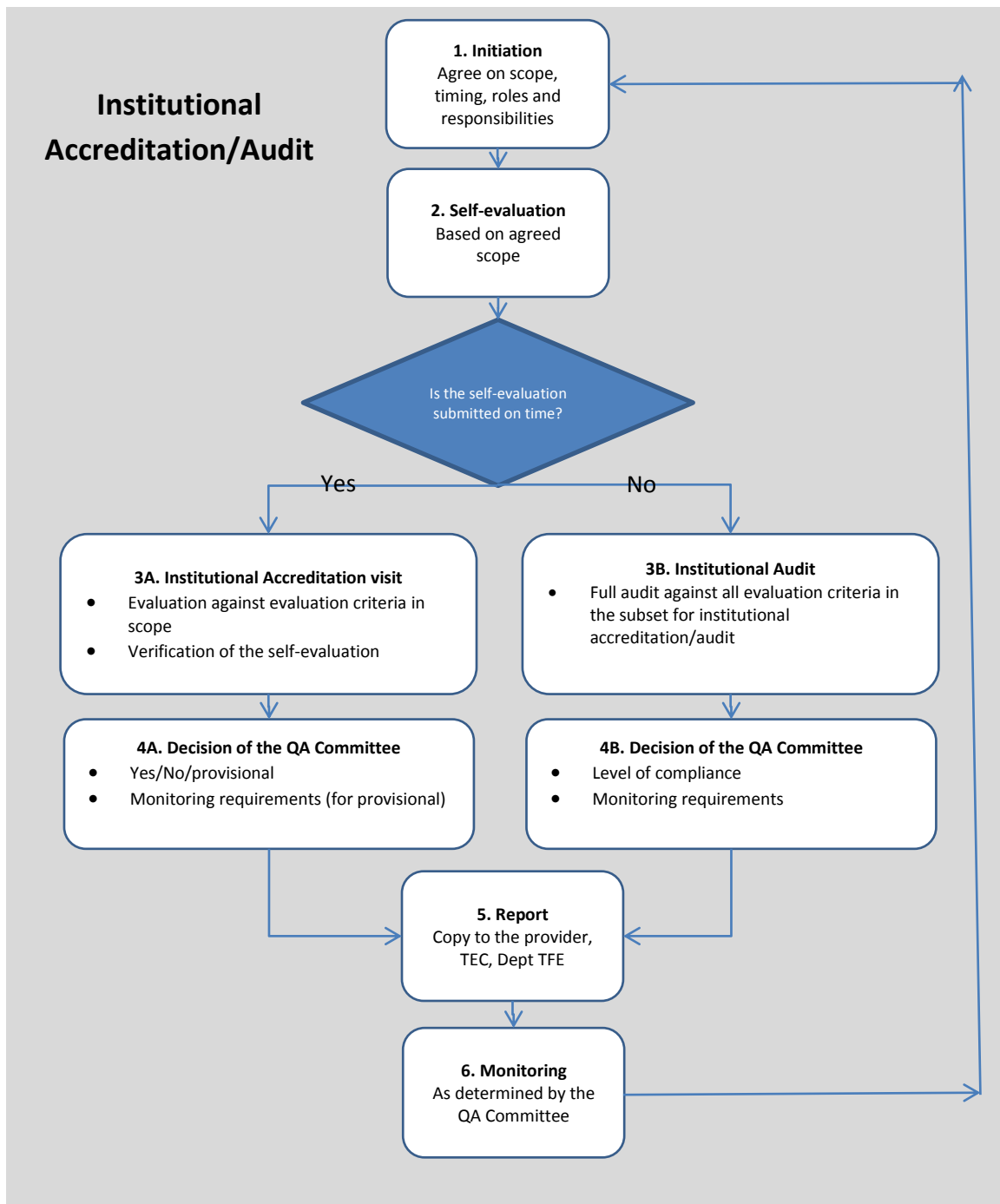
### 3.3 Process of institutional accreditation

Figure 4 shows the timing for institutional accreditation and Figure 5 shows the process of institutional accreditation. Figure 5 also shows that if the institution defaults in the process and does not deliver a self-evaluation report, then SQA will necessarily revert to the institutional audit process.

**Figure 4: Timing of the institutional accreditation process**

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Application submitted											
Initiation											
Self- evaluation											
Accreditation visit (3-5 days)											
Accreditation Decision (based on draft report)											
Finalize Accreditation report (forward to TFE, TEC and institution)											
Action plan (if provisional accreditation)											

Figure 5: Processes of Institutional accreditation and institutional audit



### 3.3.1 Initiation

Initiation follows the submission of the application. In this step a number of housekeeping issues are addressed. The most important issue is determining the scope of the intervention. In order to participate fully in this step, the provider will need to have given some thought to this prior to the meeting.

### Preparing for the first meeting with the Accreditation Team

A good way for the provider to prepare itself for the scoping exercise is to get groups of staff members to consider the high level reflective questions in the evaluation framework, and collate their responses e.g.:

- *How effectively do the management strategies of the institution support high academic achievement and the employability of graduates?*  
and
- *How effectively does the institution manage, motivate and develop the staff to achieve excellent teaching and learning outcomes?*

Rigorous discussion of these questions will help the institution to identify areas for improvement, where the institution feels it will benefit most from the quality assurance intervention.

The scope is decided in a face-to-face meeting between one or two representatives of the Accreditation Team and the management team and designated liaison person of the provider. The scope of the accreditation will depend on a number of factors, including national themes identified by the TEC, for investigation in all institutions. Other factors influencing the scope might include:

- Issues identified by staff in internal consultation (as above)
- Issues identified in programme reviews or previous external quality assurance interventions
- Stakeholder feedback indicates issues of concern should be investigated
- There are systems that do not work well but the provider is unsure how to improve them
- The institution has undergone significant change recently, e.g. new management; new collaborative relationships with other educational or industry organisations
- Some programmes are not currently viable i.e. low numbers of learners and/or underutilised staff
- There are major decisions to be made regarding investment in programmes, resources, facilities or services and the need to make choices about what's best for the institution and its learners

#### 3.3.2 Self-evaluation

The provider has four weeks to complete its self-evaluation. This is quite a short time frame but it ensures that momentum is maintained. Figure 6 outlines the tasks to be completed in each of the four weeks. Figures 6 and 7 introduce key concepts for self-evaluation. Of critical importance is that the self-evaluation is based on evidence, which should be cited in the report. A verifiable self-evaluation report has these characteristics:

- Inclusive of all the identified issues of concern
- Thorough investigation, good analysis and evidence-based judgments
- Sound conclusions and useful recommendations
- Clearly influenced by feedback from all key stakeholders

A template for collecting evidence is provided in Appendix 4 and a template the self-evaluation report is provided in Appendix 6.



**Figure 6: Preparing the self-evaluation report**




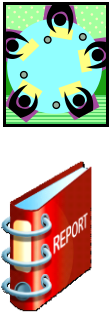

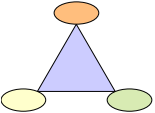
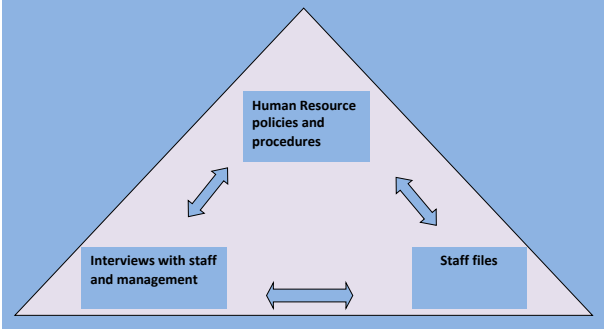




<p><b>Week one activities</b></p> 	<ul style="list-style-type: none"> <li>• Chose a team of 3-6 people to lead the self-evaluation activities. One member will be the lead author of the self-evaluation report</li> <li>• Arrange for some cover for self-evaluators so they can be partially relieved of other duties for the four week period. If you anticipate difficulty in making staff available during teaching weeks schedule the self-evaluation during non-teaching weeks</li> <li>• Analyse the scope to be covered and identify all relevant reflective questions and quality criteria</li> <li>• Allocate to each person a well-defined area for investigation, including relevant high level reflective questions and relevant specific criteria from the evaluation framework</li> <li>• Consider inviting a member of the Accreditation Team to come in for a couple of hours to brief the self-evaluators on types of evidence and methods of audit (see also Figure 7)</li> <li>• Each person should plan out what they are going to do – people to interview, documents and data to access, audit trails to follow etc. and share the plan with others so that areas of overlap are identified</li> <li>• Announce the self-evaluation to all staff, learners and partners and ask them to co-operate with the authorised self-evaluation team members</li> <li>• Agree on a code of conduct for the self-evaluation including maximising objectivity and minimizing conflict of interest (do not ‘audit’ in your own area of work) and protecting the confidentiality of staff and student information</li> </ul>
<p><b>Week two activities</b></p> 	<ul style="list-style-type: none"> <li>• Individual team members gather information (keep a list of your sources)</li> <li>• Work systematically to answer the reflective questions, using the quality criteria as indicators of the expected performance</li> <li>• Remember to involve other staff, students, work-based experience supervisors and employers as much as possible</li> </ul>
<p><b>Week three activities</b></p> 	<ul style="list-style-type: none"> <li>• Individual team members gather information and collate their key findings</li> <li>• Individual team members draft a report on their findings</li> <li>• Table individual reports</li> </ul>
<p><b>Week four activities</b></p> 	<ul style="list-style-type: none"> <li>• Discuss the significance of findings as a group</li> <li>• Agree on evidence based judgements against the criteria (the criterion is met/not met)</li> <li>• Agree on actions necessary to address the identified non compliances</li> <li>• Lead author draft the self-evaluation report</li> <li>• All team members and other senior management endorse the report</li> </ul>

Figure 7: Key concepts for self-evaluation

<p><b>Evidence</b></p> 	<p>“Evidence is the substance of what is advanced to support a claim that something is true” (WASC Evidence Guide 2002)</p> <p style="text-align: center;"><b>Evidence is fact-based and verifiable</b></p>
<p><b>Triangulation</b></p> 	<p>Triangulation means correlating between different sources of evidence. Triangulation could occur between any of the types of evidence listed above</p> <div style="text-align: center;">  </div> <p>When you think you have found evidence that something is a fact, always try to correlate it with other types of evidence from different sources</p>
<p><b>Sampling</b></p>  <p>Horizontal</p>  <p>Vertical</p>	<p>If you think an issue is generalized and widespread you need to <b>sample horizontally</b> e.g. if it appears that most departments are affected by a common problem with staff workload you will need to sample across the whole staff to establish evidence of the problem</p> <p>If you think an issue is localised and affecting one or two areas in particular e.g. assessment is badly managed in one particular department, then you will need to <b>sample vertically</b> i.e. dig down deep and ask for many examples of marks records, moderation reports, examples of assessment tasks, records of appeals and complaints etc.</p>
<p><b>Audit trail</b></p> 	<p>Audit trails are used to investigate processes e.g. maintenance of student records</p> <div style="text-align: center;">  </div> <p>An audit trail to investigate record keeping will involve picking a sample of students and following their journey (in the records) from first contact with the college to the present.</p> <p>A process like the complaints process could be similarly investigated –take a sample of complaints and plot the progress of each to resolution, noting time taken between each step. While investigating whether processes work be alert for other issues e.g. whether complaints have a common theme</p>

### 3.3.3 Accreditation visit

**Timing:** The accreditation visit will have been scheduled to start two or three working days after the due date for the self-evaluation report.

**Work space:** The Accreditation Team will need to be allocated a room to work from. It should be big enough for up to five people to work comfortably.

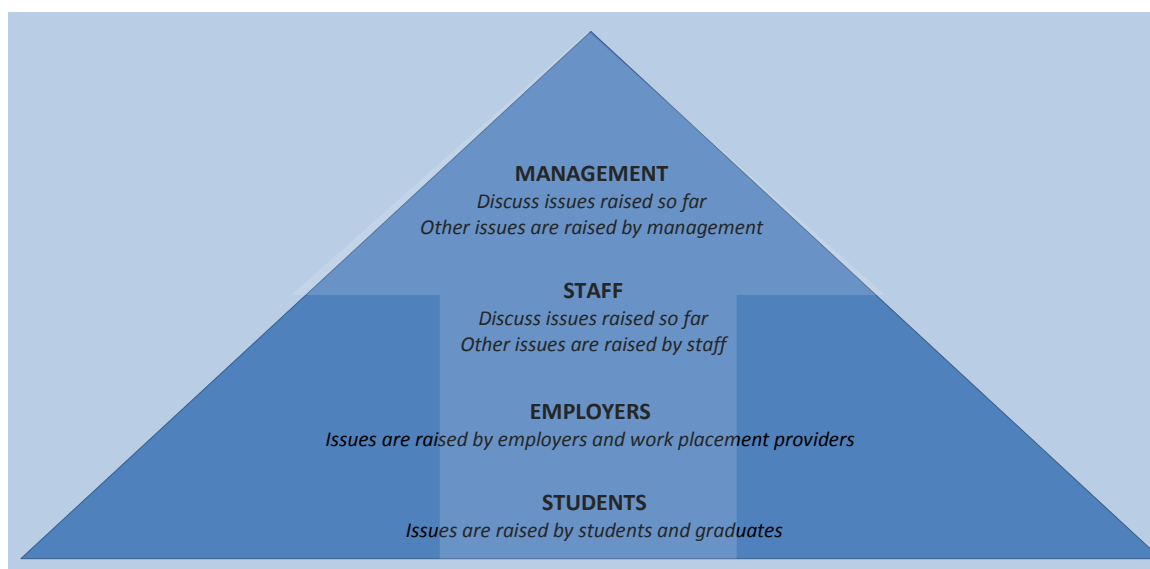
**Institution liaison person:** The institution liaison person needs to be available for the full duration of the visit. The role of the institution liaison person is to be a guide and helper, showing the Accreditation team where to find the evidence they are looking for, arranging for them to meet with people they want to talk to, and so on. Sometimes the liaison person will be invited to join the discussions. In that case the liaison person's role is to provide information and to help the Accreditation Team to understand institutional practices.

**Tasks:** The accreditation team organise their work in very much the same way as the self-evaluation team. A template for collecting evidence is provided in Appendix 5. Each person will have specific responsibilities, and one person will be the Chair of the panel, whose job it is to put together the final report. One difference is that the Accreditation team has a dual task:

1. To verify the self-evaluation report, confirming that the self-evaluation team has conferred with their stakeholders, applied audit methods and correctly identified key problem areas and areas of good practice; that their judgements are evidence based; and their improvement plans are realistic and adequately address the causes of the identified problem
2. To independently investigate performance issues of concern, which may be the same issues investigated by the self-evaluators; or different issues if the Accreditation Team think that the self-evaluators missed performance areas which are within the scope of the intervention.

<p><b>Day one activities</b></p>	<ul style="list-style-type: none"> <li>• Meet with institution management and finalise the agenda for the visit</li> <li>• Meet with self-evaluation team and ask any questions about how they went about their tasks and the basis for their conclusions</li> <li>• Tour of the facilities including location of hard copy records, files, policies etc.</li> <li>• Liaison person provide login to enable free access to electronic data</li> <li>• Liaison person set up a schedule of meetings</li> <li>• Begin investigations</li> <li>• Each day should conclude with debrief for management – what has been found or noted during the day and any questions arising. The principle of 'No surprises' means that the institution is made aware of any issues as they emerge</li> </ul>
<p><b>Days 2-4 activities</b> (depending on pre-arranged length of the visit)</p>	<ul style="list-style-type: none"> <li>• Interviews should always follow the sequence: students, staff, management so that issues from one meeting can be raised at the next level (see Figure 8)</li> <li>• Information from interviews should always be triangulated with evidence from other sources</li> </ul>
<p><b>Last day activities</b></p>	<ul style="list-style-type: none"> <li>• Complete investigations ensuring there is enough evidence to:               <ul style="list-style-type: none"> <li>○ Verify the self-evaluation report</li> <li>○ Evaluate performance against all the criteria in scope</li> </ul> </li> <li>• The final day should end with a verbal report to management (and staff at the discretion of management) on the findings of the visit</li> </ul>

**Figure 8: Order of interviews for accreditation and audit visits**



### 3.3.4 Accreditation report

A template for the accreditation report is provided in Appendix 7. The report goes through three steps before it is finalised:

- The draft report is submitted to the institution for factual accuracy checking. No further evidence can be considered. The report includes the recommendations of the evaluators but not the final outcome.
- The draft report is presented to the Quality Assurance Committee for decision making and recommendation to the SQA Board on the final outcome
- The report is finalised, incorporating the final outcome, and copies sent to the institution, TEC and relevant Ministry departments.

### 3.3.5 Accreditation outcome

The outcome of the accreditation depends on the judgement of the Quality Assurance Committee which can decide to recommend that the institution is accredited/is not accredited/is provisionally accredited.

Decision		NO	Provisional	YES
Based on:		Judgement of the Quality Assurance Committee informed by recommendations of the Accreditation Team in terms of:		
50%	Verification of the SE report	Not verified	Partially verified	Verified
50%	Evaluation of performance	No confidence	Some confidence	Confidence

The rubric of characteristics in two areas used to determine the overall outcomes are shown below:

<b>Verification of the self-evaluation report</b>	<b>Not verified</b>	<b>Partially verified</b>	<b>Verified</b>
	<ul style="list-style-type: none"> <li>• Incomplete investigation of the issues</li> <li>• Inadequate analysis of cause and effect</li> <li>• Findings and conclusions not evidence based</li> <li>• Feedback from key stakeholder groups not used</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to some key issues only</li> <li>• Investigation rigorous in some areas only</li> <li>• Some analysis of cause and effects</li> <li>• Feedback from most key stakeholder groups considered</li> <li>• Most judgments evidence based and recommendations are improvement oriented</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusive of all the identified issues of concern</li> <li>• Thorough investigation, good analysis and evidence-based judgments</li> <li>• Sound conclusions and useful recommendations</li> <li>• Clearly influenced by feedback from all key stakeholders</li> </ul>
<b>Evaluation of performance</b>	<b>No confidence</b>	<b>Some confidence</b>	<b>Confidence</b>
	<p><b>The criteria are substantially not met.</b> and</p> <ul style="list-style-type: none"> <li>• No adequate assurance of quality</li> <li>• No consistent implementation of coherent systems</li> <li>• Performance information is not used for assurance and improvement purposes</li> </ul>	<p><b>The criteria are partially met.</b> and</p> <ul style="list-style-type: none"> <li>• The quality of learning outcomes is assured</li> <li>• Core processes are consistently implemented</li> <li>• Some use is made of key performance information for improvement planning</li> </ul>	<p><b>The criteria are substantially met.</b> and</p> <ul style="list-style-type: none"> <li>• Strong focus on assuring quality of outcomes</li> <li>• Seamless deployment of systems across the institution</li> <li>• Performance information used systematically for continuous improvement</li> </ul>

**Accreditation status** is valid for three to five years. After three to five years (as the period of validity draws to an end) the institution should re-apply for accreditation.

**Decision rules for determining accreditation status:**

A. If the self-evaluation report is **'verified'** and there is **'confidence'** in the performance of the provider the outcome is likely to be 'accredited' for a period of five years.

B. If the self-evaluation report is **'not verified'** and there is **'no confidence'** in the performance of the provider then the outcome will be 'not accredited'.

C. If the outcome is a combination that includes **'no confidence'** then the decision is likely to be 'not accredited' except at the discretion of the SQA Board.

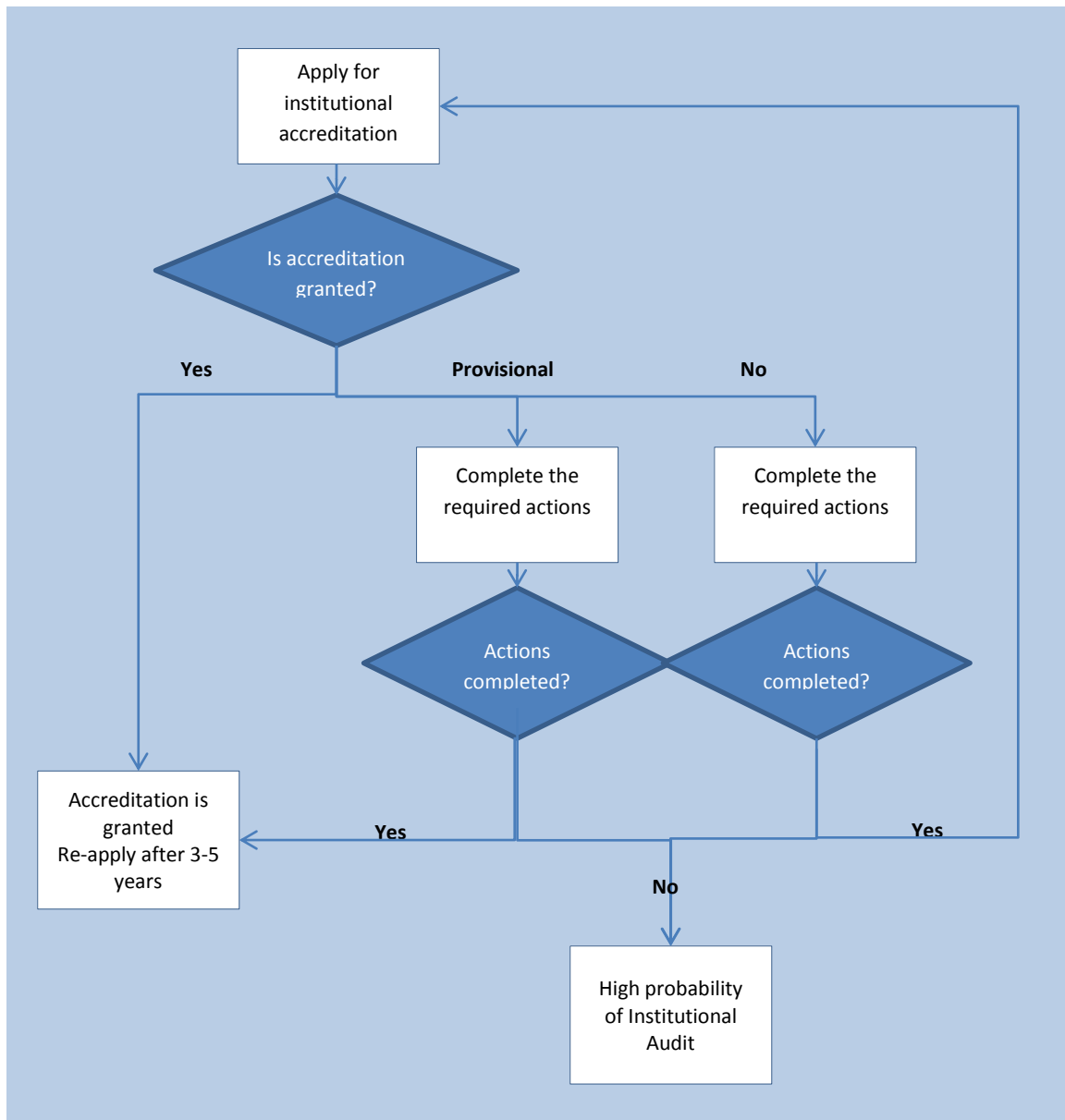
**If an institution is not accredited**, it needs to demonstrate that it is implementing the actions required prior to reapplying for accreditation. An institution which does not complete the required actions, and/or does not re-apply for accreditation may be subject to TEC directed audit, with three days' notice as described in Section 4 below.

D. If the outcome is a combination that is not covered by decision rules A, B or C then at the discretion of the SQA Board accreditation will be awarded for a period of either 3 or 4 years. Outcomes which include 'no confidence' and 'some confidence' are likely to be preceded by a period

of provisional accreditation, during which the provider will be required to complete certain actions, as described below.

**Provisional accreditation** is a temporary status, pending the completion of the required actions (see 3.4 below). Once the required actions are complete the SQA Board may, at its discretion, grant accreditation. If the provisionally accredited institution does not complete the required actions within the agreed timeframe, its status will be converted to ‘not accredited’.

**Figure 9: Accreditation and monitoring outcomes**



### 3.4 Monitoring of non-accredited or provisionally accredited institutions

If the outcome of the accreditation is negative or provisional, the institution will be required to provide an action plan to address areas of weakness. A template for action planning is provided in Appendix Nine. The Quality Assurance Committee will direct the Accreditation Team to follow up on all actions on the due date and report on progress.

Once the actions are all complete:

- If the institution was **not accredited** it can re-apply for accreditation on completion of the actions.
- If the institution was **provisionally accredited**, provisional accreditation status will be converted to accreditation, at the discretion of the SQA Board.

## 4.0 Institutional Audit

Institutional Audit is only implemented in three situations:

- The institution does not apply for institutional accreditation and an audit is requested by the TEC
- The TEC has serious concerns about the management of an institution and requests an audit
- The institution applies for accreditation but fails to deliver a self-evaluation report on the agreed date.

### 4.1 Process of institutional audit

The process of an audit is similar to the process of institutional accreditation, except that the self-evaluation step is omitted. The audit therefore focuses entirely on whether the institution meets the relevant criteria of the evaluation framework, with special attention to management structures and processes which may be impacting on quality and performance.

#### 4.1.1 Notification of audit

Notification of audit is given with three days' notice. If the audit is a result of defaulting on submission of the self-evaluation report, then notification will be given the day after the report is due. The notification will advise institutions that the audit will be an evaluation of performance against all the criteria of the subset for institutional accreditation and audit.

#### 4.1.2 Audit visit

The audit visit is 3-5 days in duration, and the requirements for a workspace and dedicated liaison person are the same as for institutional accreditation. The activities of the visit are the same as institutional accreditation with two key differences:

- There is no verification of a self-evaluation report
- The intervention will focus particularly on evidence of the effectiveness of quality management processes, and on quality outcomes for stakeholders

An audit visit is a 'snap shot' of an institution as it presents itself **within the duration of the audit visit**. The auditors are looking for evidence that the criteria are being met. If they do not find evidence, they will conclude 'there is no evidence'. Therefore it is absolutely in the interest of the institution to show the auditors what they want to see, and answer their questions in full. Furthermore, the institution should freely volunteer any information that may be relevant to an auditor's line of enquiry; and proactively offer evidence that the auditor might be interested in. After the audit visit no further evidence can be considered.

### **4.1.3 Audit report**

The audit report is subject to three stages which are similar to the stages for an accreditation report, except in this case there is no decision.

- a) The draft report is submitted to the institution for factual accuracy checking. No further evidence can be considered. The report includes the recommendations of the Accreditation Team
- b) The draft report is presented to the Quality Assurance Committee which endorses the recommended monitoring requirements and reports to the SQA Board on the findings
- c) The report is finalised and copies are sent to the institution, TEC and relevant Ministry departments.

### **4.1.4 Audit outcome**

An audit does not have a yes/no outcome like institutional accreditation. The outcome is a qualitative description of the findings. Nevertheless these findings can be summarised in terms of three levels of confidence that the TEC can have in the quality of the services being delivered to stakeholders:

- No confidence
- Some confidence
- Confidence

## **4.2 Monitoring of audit follow up**

The institution will be required to provide an action plan to address areas of weakness (see Appendix Nine). The Quality Assurance Committee will direct the Accreditation Team to follow up on all actions on the due date and report on progress.

Once the required actions have been taken, the institution may apply for institutional accreditation.

If after an audit the institution fails to take the necessary actions, the TEC will be advised that learners at the institution are at risk, and the TEC will need to take action to protect the interests of the learners and other stakeholders.

## **5.0 Programme validation**

Programme Validation is an approval process which is designed to make sure that qualifications offered in Seychelles are aligned with the requirements of the Seychelles Qualifications Framework, and that programmes of learning leading to the award of such qualification have been through a rigorous development process and are fully documented. Documentation of programmes should include all the information that would be required by new teaching staff of the programme (e.g. over-arching aims, intended outcomes and rules and regulations of the programme as well as module/course descriptors including learning outcomes and assessments); by technical staff (e.g. resources and technical support required for each module/course); and information that would be included in a handbook for students enrolled in the programme (e.g. structure of the programme, required text books, rules for progression, other academic regulations and support services for students). The validation criteria are applicable regardless of delivery mode.



## 5.1 Application for validation

Only registered providers may apply for programme validation. The application for validation is in two parts:

Part A: Description of the programme

Part B: Course descriptors for each component of the programme

A template for Applications for Validation is included in Appendix Ten. Appendices Twelve to Sixteen are provided for reference in the preparation of Applications for Validation.

## 5.2 Involvement of experts

Programme validation involves at least one subject expert in the specific subject area of the programme. His/her role is to scrutinise the course descriptors and to evaluate the knowledge requirements, the specialist skill requirements and the assessment requirements of the programme. The subject expert also looks at the sequence of courses and the overall balance of theory and practice, and assures that the programme is benchmarked against similar programmes offered internationally, and meets the occupational/professional requirements for such programmes.

Other members of the Validation Sub-committee include experts in curriculum development and quality assurance.

## 5.3 Process of validation

### 5.3.1 Submission of the application

Validation applications should be submitted for:

What	When
New programmes	At least six months before the programme is to be offered.
Substantially changed programmes (see Appendix Eleven for the definition of major and minor changes)	At least six months before the revised programme is to be offered.
Programmes which are nearing the end of the validation period	At least four months before the current validation expires

### 5.3.2 Processing of the application

The process is an evaluation of the application against those criteria of the SQA evaluation framework which are relevant for programme validation. Processing the application takes 4-6 weeks.

### 5.3.3 Validation report

The report includes comments against each criterion. Where the criterion is met, this is noted. Where the criterion is not met, detailed feedback is provided.

The report is submitted to the Quality Assurance Committee, which recommends the outcome to the SQA Board. Validation status is awarded by the SQA Board. The final report, including the final outcome is sent to the institution, TEC and relevant ministry departments.

### 5.3.4 Outcome of validation

There are three possible outcomes. These are stated in the table below which shows the characteristics of each outcome:

Programme Validation decision making	Not validated	Provisionally validated	Validated
	<ul style="list-style-type: none"> <li>Many of the criteria are not met</li> </ul> <p>And/or</p> <ul style="list-style-type: none"> <li>The qualification does not meet the requirements of the NQF</li> </ul> <p>And/or</p> <ul style="list-style-type: none"> <li>The design of the programme is essentially flawed</li> <li>Programme documentation is piecemeal, with major omissions</li> </ul>	<ul style="list-style-type: none"> <li>Most of the criteria are clearly met</li> <li>The qualification meets the requirements of the NQF</li> <li>Only minor changes are required to meet validation requirements</li> </ul>	<ul style="list-style-type: none"> <li>All the criteria are met</li> <li>The qualification meets the requirements of the NQF</li> <li>Programme documentation is clear and coherent</li> </ul>

If the programme is **validated** the institution will need to re-apply for validation in 3-5 years. The duration of validation depends on how dynamic the field of learning is. Where technology changes at a fast pace or employers' needs are changing rapidly, validation will be for a maximum of 3 years.

Qualifications awarded on successful completion of validated programmes are registered on the Seychelles Qualifications Framework.

If the programme is **provisionally validated** the institution will be required to resubmit the application with the required changes within 6 weeks. If no resubmission occurs within the given time frame the status of the programme will be changed to 'Not validated'.

It is expected that the TEC will not allow a programme which is not validated to be offered. Institutions are advised to take heed of detailed feedback provided in the validation report, and substantially revise the design of the programme or rewrite the documentation as advised. Where programmes have not been validated institutions may apply again when they are ready. Action planning time frames for non-validated programmes will reflect the perceived importance of the programme to the national interest and the need to address problematic areas with urgency.

### 5.4 Support for 'provisionally validated' and 'not validated' programmes

Where a programme is provisionally validated the institution may seek the support of the Validation Sub-committee to make the required minor changes.

Where a programme is not validated, and the institution feels that it needs support to write a successful application, it may contact the Executive Director SQA and ask to be assigned expert assistance. In order to avoid conflict of interest, such assistance will not include a member of the Validation Sub-committee.

### 5.5 Validation of Short Courses

Courses which have a credit value below 120 credits do not meet the requirements for a qualification on the Seychelles Qualifications Framework. Although short courses do not have the

depth and breadth required for the achievement of a qualification, they are nevertheless valuable for the development and assessment of useful and employable skills. Where learners are assessed and demonstrate the attainment of skills their achievement should be recognised through the award of a meaningful credential.

Therefore short courses of more than thirty hours duration (three credits) should be submitted for validation. Courses of less than thirty hours duration (three credits) cannot be validated.

When all the assessment criteria of a validated short course are met, learners who have achieved the learning outcomes of the short course can be awarded a Statement of Attainment for the Course in *Topic*.

Only registered providers may apply for validation of short courses. Validation of short courses is guided by the same process and criteria as validation of programmes leading to the award of qualifications. Not all criteria relevant to the qualification requirements of the qualifications framework will be applicable, but the course will be required to be aligned to a level of the framework and assigned a credit value.

#### **5.5.1 Fast tracking validation of short course applications**

Fast tracking of validation of short courses ensures that the institution is able to be responsive to industry demand. To facilitate fast tracking SQA should be informed as soon as the decision is taken to apply for validation of a short course, so that SQA can identify and brief an external subject expert in advance of the receipt of the application. Figure 3 shows that applications for validation are usually evaluated by a team of four Validation Sub-committee members who report to the Quality Assurance Committee. In the case of short courses a streamlined process will involve two members of the Validation Sub-committee (the SQA QA Officer and the relevant external subject expert) and the decision will be made by the Chair of the Quality Assurance Committee, to be endorsed and minuted at the next meeting of the Quality Assurance Committee, and noted at the next meeting of the SQA Board. The process of validating short courses should therefore take no more than ten working days.

### **5.6 Recognition and Validation of international qualifications**

#### **5.6.1 International qualifications offered by providers who are not physically based in Seychelles**

The programmes and qualifications of providers who are not based in Seychelles and which are not already approved and accredited by a recognised National Qualifications Authority or equivalent recognised body in another country cannot be recognised by SQA.

Programmes and qualifications which are already approved and accredited by a recognised national Qualifications Authority or equivalent recognised body in another country may be recognised. The comparability of such qualifications to qualifications of the NQF is established and they may be offered to learners in Seychelles. Such programmes and qualifications may include open and distance learning (ODL) programmes offered by reputable providers in countries with strong national quality assurance systems.

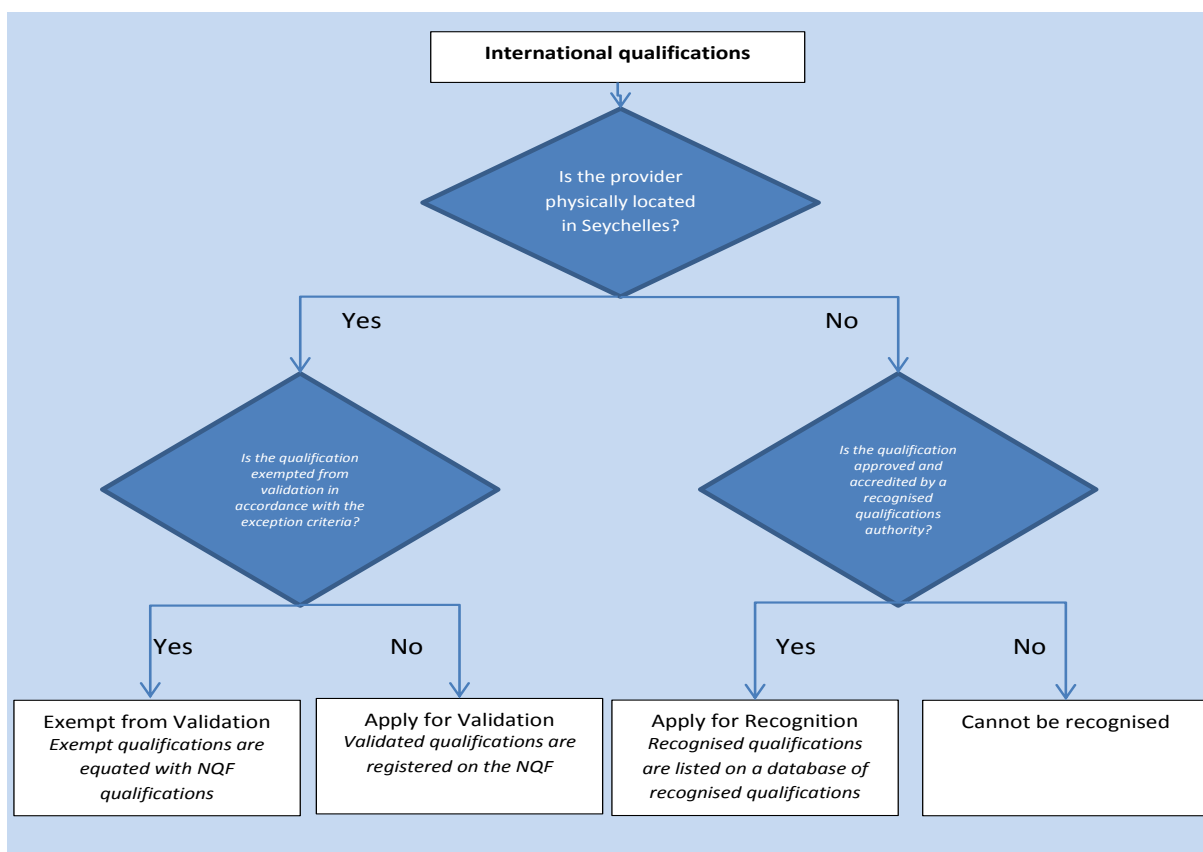
### 5.6.2 International qualifications offered by providers who are physically based in Seychelles

Generally international programmes and qualifications offered by providers who are based in Seychelles will be subject to the same validation process and criteria as local qualifications. However there may be exemptions, at the discretion of the SQA Board, in any of the following cases:

- The qualification is already approved and accredited by a recognised national qualification authority or recognised professional accreditation body in its country of origin
- There is high confidence in the level of the qualification and its comparability with similar qualifications internationally
- The qualification is subject to on-going quality assurance processes by the regulatory body in the country of origin, which are deemed sufficiently rigorous (based on scope and frequency of interventions, on site investigations and local contextualisation) by the SQA Board
- There is an MOU between the foreign awarding body and local counterpart which is explicitly supported by the Government of Seychelles and officially recognised by SQA

Figure 10 shows the approach to various international qualification scenarios.

**Figure 10: Treatment of international Qualifications**



## 6.0 Programme accreditation

Programme accreditation is offered by international accreditation agencies for some types of qualifications, for example for MBA programmes; or professional bodies for some professions e.g. Accreditation Board for Engineering and Technology (ABET) or Accreditation Commission for

Acupuncture and Oriental Medicine (ACAOM). Where a relevant specialist international accreditation body exists, institutions are encouraged to apply for accreditation externally. In such cases SQA staff may be requested to advise and assist the institution to prepare the application.

Where no such external body exists, and the accredited institution wishes to demonstrate excellence to its stakeholders through the accreditation of its validated programmes, it may apply to SQA for programme accreditation. SQA should be notified as soon as possible of the provider’s intention to apply for programme accreditation. With advance notice, and subject to the availability of experts required for the panel, the process takes about seven weeks as shown in Figure 11.

### 6.1 Single programmes and groups of programmes

Institutions can apply to SQA for accreditation for individual programmes or groups of similar programmes. For example if the institution offers certificate and diploma programmes at levels 3-5 on the Qualifications Framework in the same field of learning, it may make a single application for the accreditation of those programmes.

**Figure 11: Timing of the programme accreditation process**

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Application							
Review application and arrange visit							
Accreditation visit (2-3 days)							
Accreditation Decision (based on draft report)							
Finalize Accreditation report (forward to TFE and institution)							
Action plan (if provisional accreditation)							

### 6.2 Involvement of subject experts/professional bodies

SQA will constitute an accreditation panel of 4-8 people that includes:

- In all cases, at least one member of the SQA Accreditation Team (to provide the panel chair)
- For degree providers, at least one senior academic involved in the provision of a similar programme that provides an international benchmark

And 3-6 of the following:

- Representative of a relevant professional body, which may be national or international
- Representative of the relevant industry/employer group in Seychelles
- Representative of the relevant Ministry in Seychelles for the employment of graduates
- Accreditation expert from another Qualifications Authority or Accreditation Agency
- Representative of graduates and/or students of the programme

### 6.3 Process of Programme Accreditation

The focus of the programme accreditation is on the institution’s ability to deliver high quality relevant education to students of the programme. Therefore it follows that the focus is directly on matters pertaining to the specific programme such as the management of the programme, adequacy

of facilities and resources for the programme; the curriculum of the programme, relevance of the programme to industry; the quality of the teaching and learning on the programme; the quality assurance of assessment, the balance of theory and practice; the management of work placements; and so on. The subset of evaluation criteria used for programme accreditation is presented in Appendix One.

### **6.3.1 Application for Programme Accreditation**

Since a range of experts needs to be assembled for programme accreditation, SQA should be advised when the provider decides to apply, and kept informed about the progress of the application and likely submission date. The core application for programme accreditation includes the same basic information as the application for validation, namely:

Part A: Description of the programme

Part B: Course descriptors for each component of the programme

However, the institution will want to go beyond demonstrating compliance with minimum standards, and demonstrate good practice and showcase its successes. The validation application should be updated for programme accreditation to include recent developments and improvements. The description of the programme (Part A) and course descriptors (Part B) should be augmented with additional information such as:

- Recent student management data updated showing the progress of student cohorts through the programme
- Latest staffing information and CVs of current staff
- Recent programme review reports
- Latest programme annual report
- Any survey information on student satisfaction, graduate destinations
- Any feedback from work placement providers and/or employers
- Evidence of positive engagement with community
- Highlights and successes of the programme, its staff and students
- Current plans for the development of the programme

### **6.3.2 Programme Accreditation visit**

The visit is likely to be 2-3 days in duration.

As with institutional accreditation and audit, the institutions should provide a workspace and liaison person to be available to the accreditation panel.

The first day of the visit will begin with a meeting with management and staff to confirm the agenda, followed by staff presentations on the programme including its history, its development, programme statistics, graduate destinations, strengths and highlights, concerns and improvement plans. The institution may want to show examples of students' work and there is likely to be a comprehensive tour of the facilities. Meetings will be set up with students and graduates; with teaching and technical/support staff; with employers and work placement providers; and with management (see Figure 8).

In the course of the visit the accreditation panel will seek evidence to support claims made by the institution and its stakeholders in relation to the quality criteria for programme accreditation.

The visit will end with a verbal report on the findings of the visit. The verbal report does not include the final outcome, as this is still subject to a quality assurance process, as described below.

### 6.3.3 Programme Accreditation report

The report goes through three steps before it is finalised:

- a) The draft report is submitted to the institution for factual accuracy checking. No further evidence can be considered. The report includes the recommendations of the accreditation panel but not the final outcome.
- b) The draft report is presented to the Quality Assurance Committee for decision making and recommendation to the SQA Board on the final outcome
- c) The report is finalised, incorporating the final outcome, and copies sent to the institution, TEC and relevant Ministry departments.

### 6.3.4 Programme Accreditation outcome

Evaluation of the quality of education delivered	Not accredited	Provisionally accredited	Accredited
	<p><b>The criteria are substantially not met.</b> There are significant concerns about the quality of the programme</p>	<p><b>The criteria are partially met.</b> There are some minor issues to be addressed but no significant concerns</p>	<p><b>The criteria are substantially met.</b> There is evidence of rigorous management processes, good quality teaching and learning, and good outcomes for learners</p>

Programme accreditation is awarded for 3-5 years.

## 6.4 Monitoring of provisionally accredited programmes

If the outcome of the accreditation is negative or provisional, the institution will be required to provide an action plan to address areas of weakness. A template for action planning is provided in Appendix Nine. The Quality Assurance Committee will direct the Chair of the Accreditation panel to follow up on all actions on the due date and report on progress.

Once the actions are all complete:

- If the programme was **not accredited** it can re-apply for accreditation on completion of the actions.
- If the programme was **provisionally accredited**, provisional accreditation status will be converted to accreditation, at the discretion of the SQA Board.

## 7.0 Appealing a decision of the SQA Board

If an institution wishes to appeal against the findings of an institutional audit or an accreditation or validation decision of the Seychelles Qualifications Authority it may make a written submission to the Board which will direct the SQA Executive Director to constitute the appeals panel.

The Appeal Panel will be made up of three persons: one chosen by the institution; one by the Quality Assurance Committee; and one by the SQA Executive Director.

In its submission the institution must show that SQA has not followed its own documented processes or that its decision is not in accordance with its own criteria for such decision making. If the appeal is against the findings of an institutional audit the submission shall not introduce new evidence that was not made available to the auditors during the audit visit.



## Appendix One: Framework of Evaluation Criteria

KEY: IA=Institutional Accreditation; V= Programme Validation; PA= Programme Accreditation

### Section ONE: Leadership and Management

Reflective question	Criterion	IA	V	PA	
How effectively do the management strategies of the provider support high academic achievement and the employability of graduates?	LM1	Communication throughout the organisation is effective; conveying high expectations, valuing individual input and enabling goals to be achieved through collaboration between staff and management			
	LM2	Staff and learners have access to, and are guided by, clear and effective policies and procedures			
	LM3	The strategic plan of the provider identifies areas for improved performance, based evidence of a gap between what the provider wants to achieve (targets) and what it is achieving (results)			
What evidence is there of management responsiveness to change and commitment to implementing the Government's strategy and policies?	LM4	The provider complies with the requirements of the Tertiary Education Act and other statutory regulations relevant to the protection and rights of learners			
	LM5	Management demonstrate commitment to achieving strategic goals which are clearly aligned to national strategy and the policies of the SQA and the TEC			
How effectively does the leadership model the expected professionalism?	LM6	Leaders are role models of professionalism who gain the respect of all stakeholders, including industry, through their achievements and maintenance of high standards of conduct			

### Section Two: Management of resources and environment

Reflective question	Criterion	IA	V	P A	
How well are finances managed in the best interests of all stakeholders?	RE1	The provider is financially viable and meets appropriate financial accounting standards			
	RE2	The decision making criteria for allocating resources internally are clearly based on the strategic priorities of the provider, and the process for allocating them is clear to all concerned			
How conducive is the physical learning environment to the achievement of the desired teaching and learning outcomes?	RE3	The facilities for teaching and learning activities (including meetings, preparation, study, teaching, learning, mentoring and assessment) are adequate and conducive to the high performance of learners of both genders			
	RE4	Laboratory and/ or workshop facilities are appropriate, available and accessible for the learners and staff of both genders, on campus and in work-based experience environments			
	RE5	Appropriate, clean, comfortable and convenient refreshment facilities are accessible to staff and learners			
	RE6	Appropriate and diversified recreational facilities and activities are accessible to staff and learners of both genders			
	RE7	The provider has appropriate facilities or adequate adaptations for persons with physical disabilities			

Reflective question	Criterion	IA	V	P A
Are adequate health and safety measures in place for the protection of staff, learners and visitors?	<b>RE8</b> The provider holds the relevant certificates of compliance with health and safety standards and engages in safe and environmentally friendly practices			
How adequate is the provision and maintenance of the learning resources for the teaching and learning requirements of the programmes?	<b>RE9</b> ICT facilities are adequate for independent work, appropriate for the number of staff and learners in the provider, open at hours that meet learners' needs, and adequately equipped with relevant specialized software and internet connections			
	<b>RE10</b> The provider has appropriate and well maintained production and reproduction facilities for learning materials, accessible to both staff and learners			
	<b>RE11</b> The library provides access to specialized instructional and reference materials which are current, relevant to the courses being offered, and the international and local contexts, and accessible for learners and staff on or off campus during convenient hours			
	<b>RE12</b> The provider has an effective system for making relevant and up to date instructional resources available (including hand-outs, assessment tasks, power point presentations and relevant references )			
	<b>RE13</b> Sufficient good quality specialized consumable materials and equipment are available for the purpose of training the number of learners enrolled in the programmes			
How effectively does the provider manage, motivate and develop the staff to achieve excellent teaching and learning outcomes?	<b>RE14</b> Employment conditions, including schemes of service, are clearly stated and are consistent with national legislation and regulations			
	<b>RE15</b> The human resource management and development policies are relevant, transparent, equitable, and systematically applied			
	<b>RE16</b> Human resource management mechanisms, including staff discipline, support for staff welfare, the resolution of grievances, induction and exit procedures are implemented effectively			
	<b>RE17</b> Performance agreements and regular appraisal are used effectively to monitor and recognise the fulfilment of roles and responsibilities and the achievement of annual objectives			
	<b>RE18</b> All staff members are supported to implement current professional development plans, relevant to their performance agreements and performance appraisal outcomes.			
	<b>RE19</b> Staff attendance and retention rates are high and there is evidence of good staff morale			
	<b>RE20</b> All teaching staff (full and part time) have appropriate qualifications and work experience			
	<b>RE21</b> All teaching staff who do not hold qualifications in teaching are actively supported to develop their teaching skills and knowledge			
	<b>RE22</b> Human resource management ensures an appropriate balance of full time and part time staff, fair and reasonable workloads and manageable staff learner ratios, appropriate to the type of learning activity and level of teaching			
	<b>RE23</b> Technical and administration support staff directly involved in training are sufficient in number and have adequate qualifications and work experience			

### Section THREE: Programme Development

Reflective question	Criterion	IA	V	PA	
Does the programme meet the specifications for the relevant qualification on the Seychelles Qualifications Framework?	<b>PD1</b>	The occupational outcome /learning outcomes to be achieved in the programme are appropriate to the level, length and type of qualification			
	<b>PD2</b>	The level of the programme and the level of all the sequenced programme components are aligned to the level descriptors of the Seychelles Qualifications Framework			
	<b>PD3</b>	The credit value of the programme is appropriate to the type and level of qualification to be awarded on the Seychelles Qualifications Framework			
	<b>PD4</b>	The credit value of the programme and all programme components is coherent with the duration of teaching and learning shown in weeks (including teaching and work based experience weeks ) and hours (described as contact, non-contact and work based experience)			
	<b>PD5</b>	The entry level is appropriate to the level and type of programme and entry criteria do not pose any unreasonable barrier to applicants who are reasonably likely to be able to complete the programme			
	<b>PD6</b>	There is provision for entry with credit including Recognition of Prior Learning and Credit transfer, in accordance with SQA guidelines			
	<b>PD7</b>	The structure of the programme is coherent and all options for progression through the programme (including the sequence of compulsory, elective and optional components, pre and co requisites) and all entry and exit points are clearly presented			
	<b>PD8</b>	The level of demand and sequencing of the assessment activities is in line with the objectives of the course and the relationship between assessments tasks and the learning outcomes of the course is specified			
	<b>PD9</b>	A variety of assessment techniques integrates assessment into the teaching and learning process and is suited to the needs of learners and the nature and level of the course			
How relevant is the curriculum to the development of citizens who are life-long learners and active participants in the social and economic development of Seychelles?	<b>PD10</b>	The rationale for the programme is well established and relevance is demonstrated using evidence of labour demand, support of employers and the NHRDC; and endorsement by relevant professional bodies			
	<b>PD11</b>	There is evidence that the programme is designed with input from all stakeholder groups			
	<b>PD12</b>	The balance between theory and practice, including amount and type of work based experience, is in line with the level, length and type of qualification			
	<b>PD13</b>	Pathways of the programme are clearly described and show how the programme articulates with entry qualifications and higher level qualifications offered locally and internationally			
	<b>PD14</b>	The programme is comparable in terms of level and duration with specified similar programmes offered internationally			
	<b>PD15</b>	Programme regulations are aligned with the policies of the institution and any specific regulations for the programme, including work based experience regulations, are justifiable			

## Section FOUR: Teaching and Learning

Reflective question	Criterion	IA	V	PA	
How well does the provider manage processes that support teaching and learning and provide information needed for decision making and continuity?	<b>TL1</b>	The enrolment procedures, including the provision of information on the courses and administration of fees and allowances, are undertaken efficiently and in the interests of the learners			
	<b>TL2</b>	The provider has a clear and appropriate policy on attendance and participation of learners as well as appropriate learner management mechanisms which are known and understood by all educational staff and learners.			
	<b>TL3</b>	The procedures and conditions for leaving the course temporarily or permanently (e.g. dismissal, resignation, deferment) are clear, precise and fair for all learners			
	<b>TL4</b>	There is evidence of clear and appropriate policy framework, infrastructure and communication for the implementation and management of each programme			
	<b>TL5</b>	There are clear, effective and fair procedures and mechanisms in the design of the timetable of learners, lecturers/trainers, courses and rooms			
	<b>TL6</b>	Programme records provide evidence that schemes of work and teaching/learning sessions for all programme components are systematically and effectively prepared and reviewed			
	<b>TL7</b>	Programme records provide evidence that copies of all assessment tasks, together with any moderation information, are retained by the provider as a resource for teaching staff			
	<b>TL8</b>	There are clear and appropriate procedures on the security of assessment for handling and securing confidential assessment materials			
	<b>TL9</b>	Clear and appropriate procedures to deal with breaches of the regulations and all forms of inappropriate behaviour are implemented consistently			
	<b>TL10</b>	Clear, fair and effective internal mechanisms for dealing with complaints are implemented consistently			
	<b>TL11</b>	Clear and appropriate procedures for handling academic conflicts of interest and academic dishonesty (including plagiarism, cheating, and collusion) are implemented consistently			
	<b>TL12</b>	Formalised procedures for monitoring and recording learners' progress are implemented consistently and such records are clear, consistent and readily accessible to all concerned			
How effectively does the provider create an environment that supports learners of both genders to develop their self-esteem and fulfil their learning potential?	<b>TL13</b>	Learning strategies and activities and appropriate and relevant equipment and other resources are used effectively to engage learners and encourage them to develop critical thinking skills			
	<b>TL14</b>	Teaching staff demonstrate appropriate and effective communication (sensitivity to language capacity) and interaction skills to facilitate the learning and to create a conducive learning environment			
	<b>TL15</b>	Systematic feedback to learners on their performance is sufficient and timely and clearly indicates where improvement is necessary			
	<b>TL16</b>	A system for supportive intervention when learners are not making good progress is implemented consistently			
	<b>TL17</b>	Learners are retained and achieve qualifications			
	<b>TL18</b>	Learners are satisfied with their learning experiences			
	<b>TL19</b>	Graduates attest to the value of their learning experiences and qualifications for employment and further development			

Reflective question	Criterion	IA	V	PA	
How well do the assessment strategies ensure that assessment is fair, valid and reliable?	TL20	There are clear assessment policies, procedures and regulations, known to all staff and learners, which ensure that assessment is carried out in a fair, consistent and constructive manner			
	TL21	A schedule for assessments including the type, weighting, due date and assessment criteria for each assessment is provided to learners at the commencement of each course			
	TL22	There are formalized arrangements for the moderation and marking of assessment			
	TL23	There are formalized arrangements for learners to appeal and to resubmit work or re-sit examinations			
What systems are in place to ensure that all learners are supported and have access to resources to enable them to succeed?	TL24	Learners are aware of the support services provided by the provider, the regulations and culture of the institution, and the expectations and requirements of the programme			
	TL25	Institutional data on learner uptake of support services and satisfaction with support services shows that these meet learners' needs			
	TL26	The programme handbook including (at a minimum) programme structure, progression requirements, assessment requirements for each component, programme regulations, text books, any additional costs, and availability of support services, is made available to all learners at the commencement of their programme			
	TL27	There is appropriate provision of advice and support for learners going on to employment or further/ higher education			
	TL28	Clear and appropriate policies and procedures on access for persons who require special considerations owing to physical disabilities are implemented consistently			
Is the academic staff of degree programmes engaged in research?	TL29	Teaching staff are engaged in research in their field of education and training; and meet performance targets for research outcomes including presenting at conferences and workshops nationally and internationally and publishing in peer reviewed journals			
	TL30	Staff and learners engage in consultancy and offer services to stakeholders and partners			

## Section FIVE: Engagement with Community and Regulatory bodies

Reflective question	Criterion	IA	V	PA
How clearly and accurately does the provider project the relevance and quality of its services to the community?	<b>EC1</b> Identified stakeholders have easy access to comprehensive, user friendly and up to date information (e.g. prospectus, website) on: <ul style="list-style-type: none"> <li>the performance and plans of the provider</li> <li>the services it offers in relation to their own interests and needs and expectations</li> <li>each programme offered, including level, qualification to be awarded, entry requirement, programme components and validation/accreditation status</li> </ul>			
How well does the provider promote lifelong learning through the services it offers and the profile it maintains in the community?	<b>EC2</b> Institution staff are visible in the community, approachable and accessible to all stakeholders			
	<b>EC3</b> The provider encourages and supports its staff to engage and collaborate with local and international communities to achieve common goals			
	<b>EC4</b> The provider contributes to the development of the local community in a variety of ways which could include services such as access to facilities by community groups, provision of career guidance services, evening courses and public lectures			
How constructively does the provider work to meet the requirements and expectations of regulatory and funding bodies?	<b>EC5</b> The provider actively engages with regulatory and funding bodies demonstrating initiative, timeliness and responsiveness in the discharge of its responsibilities			
How effective are the provider mechanisms and structures to address stakeholder and community concerns?	<b>EC6</b> Internal mechanisms for addressing stakeholder and community concerns (including employers, Ministries, private and public bodies) exist and are clear, fair and effective			

## Section SIX: Management of Quality

Reflective Questions	Criterion	IA	V	PA
How well does the provider collect and manage data for operational and strategic purposes?	<b>Q1</b> Institutional research (i.e. analysis of its own data) and strategic planning processes (such as environmental scan) ensure that the provider is proactive in its responses to a changing environment, emerging trends and new training needs			
Are there transparent mechanisms in place to ensure that feedback is collected from all stakeholder groups and used to inform decision making?	<b>Q2</b> Effective systems enable the provider to analyse its performance and monitor achievement of its own objectives. These include: a) Systematic evaluation of teaching and support services by the management and by learners b) Regular evaluation of the views of potential employers and work based experience partners using appropriate and rigorous instruments c) Graduate destination surveys/tracer studies d) Regular and effective review and revision of courses incorporating employer, learner and graduate feedback e) Annual programme reports including analysis of learning outcomes (assessment results, learner retention, completion rates) and analysis of stakeholder feedback			
	<b>Q3</b> The provider implements cycles of internal audit, programme review and self-evaluation and the outcomes of such exercises are used for improvement planning			
Does the provider practice rigorous quality assurance in its management of learning outcomes?	<b>Q4</b> There are effective systems for the quality assurance of learners' results including rigorous processes for moderation of assessment, approval of results and eligibility to graduate			
	<b>Q5</b> Quality management infrastructure and processes ensure that quality issues are systematically identified for management attention and quality improvement planning and implementation			

## Appendix Two: Evaluation criteria at three levels of performance

### Section ONE: Leadership and Management

Reflective question	Criterion	Confidence	Some confidence	No confidence	
How effectively do the management strategies of the provider support high academic achievement and the employability of graduates?	LM1	Communication throughout the organisation is effective; conveying high expectations, valuing individual input and enabling goals to be achieved through collaboration between staff and management	Communication works well; people feel involved in decision making and recognised for their contribution to the achievements of the institution	While there are systems for communication, staff are not sufficiently informed and supported to participate fully in the achievement of institutional goals	Staff participation in decision making and the achievements of organisation is poor and/or much work is done in isolation
	LM2	Staff and learners have access to, and are guided by, clear and effective policies and procedures	There is evidence that staff and learners make use of clear and effective policies and procedures which are kept up to date and easily accessible	The majority of policies and procedures which staff and learners need are up to date and easily accessible	Policies and procedures that staff and learners need are not easily available or out of date, conflicting or otherwise not useful.
	LM3	The strategic plan of the provider identifies areas for improved performance, based evidence of a gap between what the provider wants to achieve (targets) and what it is achieving (results)	The strategic plan is responsive to factual evidence of improvements/growth needed in areas of strategic importance	The strategic plan is relevant to identified needs of the provider's stakeholders	The provider has no strategic plan or this is apparently not influenced by any identified need to grow/improve performance in particular areas
What evidence is there of management responsiveness to change and commitment to implementing the Government's strategy and policies?	LM4	The provider complies with the requirements of the Tertiary Education Act and other statutory regulations relevant to the protection and rights of learners	All operations conform with the legal requirements	Minor adjustments are required to ensure that all operations are fully compliant with legal requirements	The operations of the provider are not compliant with legal requirements
	LM5	Management demonstrate commitment to achieving strategic goals which are clearly aligned to national strategy and the policies of the SQA and the TEC	National strategy and national policies are being implemented through achievement of the provider's strategic goals	There is commitment to increased alignment of the strategic direction with national strategy and policy	The provider has no strategic goals or these are not aligned to national policy and strategy
How effectively does the leadership model the expected professionalism?	LM6	Leaders are role models of professionalism who gain the respect of all stakeholders, including industry, through their achievements and maintenance of high standards of conduct	Leaders of the institution consistently maintain the highest standards of professional conduct, and set a good example to staff and learners	Most leaders are respected for their achievements and professional conduct	Leaders do not set a good example of professional conduct, either because they are insufficiently visible to staff and learners, or because their conduct does not meet commonly accepted standards of professionalism



## Section Two: Management of resources and environment

Reflective question	Criterion	Confidence	Some confidence	No confidence	
How well are finances managed in the best interests of all stakeholders?	RE1	The provider is financially viable and meets appropriate financial accounting standards	The audited accounts of the institution show its financial viability	There are some minor concerns to be addressed about the viability and/or financial management of the institution	Auditors and/or accountants express serious concerns about the viability and/or financial management of the institution
	RE2	The decision making criteria for allocating resources internally are clearly based on the strategic priorities of the provider, and the process for allocating them is clear to all concerned	Internal resources are allocated in accordance with clear criteria and financial decision making is therefore well understood	The reasons for some internal resource allocation decisions are not well understood	There is no clear system for the allocation of resources and the basis for much financial decision making is not clear to staff of the institution
How conducive is the physical learning environment to the achievement of the desired teaching and learning outcomes?	RE3	The facilities for teaching and learning activities (including meetings, preparation, study, teaching, learning, mentoring and assessment) are adequate and conducive to the high performance of learners of both genders	Spaces provided for all the diverse teaching and learning activities are fit for purpose and conducive to high performance	Spaces provided are generally adequate, but not always optimal for the purpose, and there is some room for improvement	Spaces provided for teaching and learning activities are generally inadequate for the purpose and hinder the achievement of good outcomes
	RE4	Laboratory and/ or workshop facilities are appropriate, available and accessible for the learners and staff of both genders, on campus and in work-based experience environments	Laboratory and/or workshop facilities are appropriate, and accessible for the learners and staff on campus	Improved access is required to adequate laboratory and/ or workshop facilities	Laboratory and/ or workshop facilities are not appropriate and not sufficiently available to meet the needs of staff and learners
	RE5	Appropriate, clean, comfortable and convenient refreshment facilities are accessible to staff and learners	Staff and learners have easy access to appropriate, clean, comfortable and convenient refreshment facilities	Refreshment facilities are not optimally convenient and accessible for staff and learners	There are no convenient and accessible refreshment facilities for staff and learners
	RE6	Appropriate and diversified recreational facilities and activities are accessible to staff and learners of both genders	Campus life and organisational culture are enhanced by access to recreational facilities and activities	The recreational facilities and activities are not always appropriate, diversified enough or adequately accessible	No recreational facilities or activities are accessible
	RE7	The provider has appropriate facilities or adequate adaptations for persons with physical disabilities	All facilities and services and equipment are accessible to people with physical disabilities	Not all facilities and services and equipment are accessible to people with physical disabilities	There are no adaptations or considerations for people with physical disabilities
Are adequate health and safety measures in place for the protection of staff, learners and visitors?	RE8	The provider holds the relevant certificates of compliance with health and safety standards and engages in safe and environmentally friendly practices	The facilities of the institution are accredited and the relevant certificates of compliance are valid	The full range of relevant health and safety certification needs to be systematically maintained	The facilities of the institution are not accredited and the institution does not hold the necessary health and safety certification

Reflective question	Criterion	Confidence	Some confidence	No confidence	
How adequate is the provision and maintenance of the learning resources for the teaching and learning requirements of the programmes?	RE9	ICT facilities are adequate for independent work, appropriate for the number of staff and learners in the provider, open at hours that meet learners' needs, and adequately equipped with relevant specialized software and internet connections	ICT facilities are equipped and managed to meet the needs of learners	ICT facilities and equipment require maintenance and/or upgrading in order to fully meet learners' needs	ICT facilities and equipment are inadequate to meet the needs of all learners
	RE10	The provider has appropriate and well maintained production and reproduction facilities for learning materials, accessible to both staff and learners	Facilities, equipment and services for editing, graphic design, copying, printing and binding of learning materials are available to meet staff and learners' needs	Maintenance is required so that production and reproduction facilities and equipment meet the needs of staff and learners	The institution does not have appropriate production and reproduction facilities for learning material
	RE11	The library provides access to specialized instructional and reference materials which are current, relevant to the courses being offered, and the international and local contexts, and accessible for learners and staff on or off campus during convenient hours	Staff and learners have ready access to the up-to-date, specialist materials that they need	There are some deficits in terms of the range, currency and/or accessibility of library holdings	The quantity and/or quality and/or relevance of the library holdings is inadequate to support staff and learners
	RE12	The provider has an effective system for making relevant and up to date instructional resources available (including hand-outs, assessment tasks, power point presentations and relevant references)	Staff have ready access to an adequate variety of relevant, high quality, up-to-date instructional resources	There are some deficits in terms of the appropriateness and availability of instructional resources	The instructional resources available are inadequate for the courses offered
	RE13	Sufficient good quality specialized consumable materials and equipment are available for the purpose of training the number of learners enrolled in the programmes	Specialized materials, goods and equipment are available in the quality and quantity required for the specific training programmes and for the number of learners enrolled in the institution	There are some deficits in terms of the appropriateness and availability of specialised materials, goods and equipment	Specialized materials, goods and equipment are inadequate for the courses offered

Reflective question	Criterion	Confidence	Some confidence	No confidence	
How effectively does the provider manage, motivate and develop the staff to achieve excellent teaching and learning outcomes?	RE14	Employment conditions, including schemes of service, are clearly stated and are consistent with national legislation and regulations	Terms and conditions of employment are consistent and appropriate and clear to all concerned	Conditions of employment and schemes of service must be disseminated more consistently	Staff are generally unclear about the terms and conditions of their employment
	RE15	The human resource management and development policies are relevant, transparent, equitable, and systematically applied	Recruitment, promotion and professional development are systematically and transparently carried out in accordance with clear and equitable criteria	Increased transparency and consistency is necessary in the implementation of HR policies	Recruitment, promotion and professional development decisions appear random to staff of the institution since they are not guided by policies and criteria
	RE16	Human resource management mechanisms, including support for staff welfare, the resolution of grievances, induction and exit procedures are implemented effectively	There are clear and consistently implemented procedures for inducting new staff, supporting staff, dealing with staff grievances and managing staff who are leaving	Procedures for managing staff turn-over and staff problems need to be applied more consistently	The institution does not have systems and procedures for managing staff turn-over and staff problems
	RE17	Performance agreements and regular appraisal are used effectively to monitor and recognise the fulfilment of roles and responsibilities and the achievement of annual objectives	All staff have job descriptions and annual performance agreements and their performance is effectively appraised every year	The performance of all staff, in relation to clearly stated expectations, needs to be planned and monitored more systematically	Staff roles and responsibilities are not well defined and there is no system for planning and monitoring staff performance
	RE18	All staff members are supported to implement current professional development plans, relevant to their performance agreements and performance appraisal outcomes.	All staff are systematically supported in their professional development according to their identified needs	There is not a clear relationship between identified professional development needs and professional development support	There is no systematic professional development of staff
	RE19	Staff attendance and retention rates are high and there is evidence of good staff morale	The staff is characterised by low turnover and high morale	Measures to reduce staff turnover and increase staff morale should be strengthened	High staff turnover and low staff morale are impacting significantly on the quality of education and training
	RE20	All teaching staff (full and part time) have appropriate qualifications and work experience	All teaching staff (full and part time) hold a qualification higher than the level at which they are teaching and sufficient work experience (at least 2 years) directly related to the course they are teaching	The majority of teaching staff hold a qualification higher than the level at which they are teaching and some relevant work experience	As many as half of the teaching staff are not qualified at a level higher than the level at which they are teaching and/or do not have relevant work experience
	RE21	All teaching staff who do not hold qualifications in teaching are actively supported to develop their teaching skills and knowledge	The majority of teaching staff have attended or are currently enrolled in some form of teacher training	There is evidence of commitment to supporting teaching staff to improve their pedagogical skills and knowledge	A minority of teaching staff have attended any form of teacher training and/or there are no plans to support staff to gain teaching qualifications
	RE22	Human resource management ensures an appropriate balance of full time and part time staff, fair and reasonable workloads and manageable staff learner ratios, appropriate to the type of learning activity and level of teaching	Staff workload is equitably managed in the best interests of staff and learners and in line with international good practice	There is evidence that identified workload issues are being actively addressed	Staff workload is not equitable and/or not managed in the best interests of staff and learners
RE23	Technical and administration support staff directly involved in training are sufficient in number and have adequate qualifications and work experience	Technical and administrative staff are sufficient in number and have relevant expertise to support the programmes	Technical and administrative support services for the programmes need to be strengthened	Lack of Technical and administrative support impacts negatively on the quality of education and training	

### Section THREE: Programme Development

Reflective question	Criterion	Confidence (Valid)	Some confidence (Provisional)	No confidence (Not valid)	
Does the programme meet the specifications for the relevant qualification on the Seychelles Qualifications Framework?	PD1	The occupational outcome /learning outcomes to be achieved in the programme are appropriate to the level, length and type of qualification	The level and type of qualification is appropriate for the occupational outcome	-	The level and type of qualification is not appropriate for the occupational outcome
	PD2	The level of the programme and the level of all the sequenced programme components are aligned to the level descriptors of the Seychelles Qualifications Framework	Designated programme and course levels match level descriptors	Minor adjustments are required to align programme/course levels with level descriptors	Designated programme and course levels do not match level descriptors
	DP3	The credit value of the programme is appropriate to the type and level of qualification to be awarded on the Seychelles Qualifications Framework	Credit value of the programme is appropriate to qualification(s) to be awarded	Minor adjustments are required to credit value of the programme	Credit value of the programme is not within acceptable parameters for the qualification to be awarded
	PD4	The credit value of the programme and all programme components is coherent with the duration of teaching and learning shown in weeks (including teaching and work based experience weeks ) and hours (described as contact, non-contact and work based experience)	Credit values are consistent with notional hours, which are appropriately divided into contact and non-contact hours at each level	Minor changes are required to make the hours of the programme/courses consistent with credit values	Credit values are inconsistent with hours of the programme/courses and/or the allocation of hours to courses raises concerns
	PD5	The entry level is appropriate to the level and type of programme and entry criteria do not pose any unreasonable barrier to applicants who are reasonably likely to be able to complete the programme	The entry criteria are appropriate and there are no unreasonable barriers to acceptance into the programme	Minor adjustments are required to the entry criteria	Entry criteria are not appropriate to the level and type of qualification
	PD6	There is provision for entry with credit including Recognition of Prior Learning and Credit transfer, in accordance with SQA guidelines	Provision for credit transfer and RPL are clearly stated in accordance with SQA guidelines	-	There is no provision for RPL and credit transfer
	PD7	The structure of the programme is coherent and all options for progression through the programme (including the sequence of compulsory, elective and optional components, pre and co requisites) and all entry and exit points are clearly presented	The structure of the programme is coherent and well-presented showing all the options for learners to progress through the programme	Minor changes are required to the presentation of the structure to make it clearer	The structure appears incoherent, illogical, or poorly designed
	PD8	The level of demand and sequencing of the assessment activities is in line with the objectives of the course and the relationship between assessments tasks and the learning outcomes of the course is specified	Assessment tasks are appropriately demanding and the relationship between each assessment task and learning outcomes of the course is explicit	Clarification of the relationship between assessment tasks and learning outcomes is required to ensure all leaning outcomes are assessed, but not over-assessed	The level of demand of assessments is inappropriate and/or no relationship between the assessment tasks and learning outcomes is stated
	PD9	A variety of assessment techniques integrates assessment into the teaching and learning process and is suited to the needs of learners and the nature and level of the course	A variety of appropriate assessment methods is used, and well integrated into the process of teaching and learning	More consideration needs to be given to the tailoring of assessment methods to the level of the course and/or to meet the specific needs of learners	Assessment is limited to one or two types and/or is ill-suited to the level of the course

Reflective question	Criterion		Confidence (Valid)	Some confidence (Provisional)	No confidence (Not valid)
How relevant is the curriculum to the development of citizens who are life-long learners and active participants in the social and economic development of Seychelles?	PD10	The rationale for the programme is well established and relevance is demonstrated using evidence of labour demand, support of employers and the NHRDC; and endorsement by relevant professional bodies	Rationale provides clear evidence of the need for the programme	The case to support the development of the programme needs to be strengthened	There is no clear rationale for the programme
	PD11	There is evidence that the programme is designed with input from all stakeholder groups	Evidence shows how stakeholder feedback on the design of the programme was considered and used	There is little evidence that stakeholders influenced the design of the programme	There is no evidence of stakeholder input into the design of the programme
	PD12	The balance between theory and practice, including amount and type of work based experience, is in line with the level, length and type of qualification	Balance between theory and practice (including work attachment) is in line with the level, length and type of programme	Minor adjustments are needed to correct the balance of theory and practice	There is disjuncture between the balance of theory and practice (including work attachment) and the nature of the programme
	PD13	Pathways of the programme are clearly described and show how the programme articulates with entry qualifications and higher level qualifications offered locally and internationally	The programme articulates with other related, higher level programmes offered nationally and internationally	Minor adjustments are needed to clarify the pathways of the programme	There are no indications of possible pathways into the programme or what graduates might do after completion of the programme
	PD14	The programme is comparable in terms of level and duration with specified similar programmes offered internationally	The course is comparable in terms of level, length and type with similar programmes offered internationally	Comparability of the programme with similar programmes offered internationally needs to be articulated	The course is not comparable with similar programmes offered internationally
	PD15	Programme regulations are aligned with the policies of the institution and any specific regulations for the programme, including work based experience regulations, are justifiable	There is alignment of programme and institution policies/regulations, and adequate justification for regulations which are specific to the programme	-	The programme regulations are in conflict with institution policies/regulations

## Section FOUR: Teaching and Learning

Reflective question	Criterion	Confidence	Some confidence	No confidence	
How well does the provider manage processes that support teaching and learning and provide information needed for decision making and continuity?	TL1	The enrolment procedures, including the provision of information on the courses and administration of fees and allowances, are undertaken efficiently and in the interests of the learners	Administrative procedures on entry are efficient and meet learners information needs	Procedures need to be adjusted to enhance the efficiency of entry processes and/or the ability of learners to make informed decisions	Administrative procedures on entry are inefficient and confusing for learners
	TL2	The provider has a clear and appropriate policy on attendance and participation of learners as well as appropriate learner management mechanisms which are known and understood by all educational staff and learners.	The attendance policy is known to staff and learners and implemented consistently	Implementation of the attendance policy is not consistent	Staff and learners are unaware of attendance requirements and/or attendance is not monitored
	TL3	The procedures and conditions for leaving the course temporarily or permanently (e.g. dismissal, resignation, deferment) are clear, precise and fair for all learners	Staff and learners are aware of procedures and conditions for dismissal, withdrawal, and deferment and these are fair and implemented consistently	Implementation and application of procedures and conditions for dismissal, withdrawal, and deferment are not consistent	Staff and learners are unaware of procedures and conditions for dismissal, withdrawal, and deferment
	TL4	There is evidence of clear and appropriate policy framework, infrastructure and communication for the implementation and management of each programme	Policies and procedures for managing the development and delivery of programmes are effectively implemented by teaching teams who work closely to fulfil their designated roles and responsibilities	There is variation in how effectively the development and delivery of the programmes are managed	Development and delivery of the programme is poorly managed across the campus, without clear communication and accountability
	TL5	There are clear, effective and fair procedures and mechanisms in the design of the timetable of learners, lecturers/trainers, courses and rooms	Timetables are consistent with programme hours and are managed through an efficient room booking system in the best interests of staff and learners	Timetabling procedures need to be strengthened for improved management of time and facilities	Timetables are inconsistent with programme hours and/or make inefficient use of facilities and/or are not managed in the best interests of staff and learners
	TL6	Programme records provide evidence that schemes of work and teaching/learning sessions for all programme components are systematically and effectively prepared and reviewed	Plans and reviews of teaching sessions are systematically prepared and stored for future reference	Plans and reviews of teaching sessions are variable in quality and/or not consistently stored for future reference	There is little or no evidence of preparation and review of teaching sessions
	TL7	Programme records provide evidence that copies of all assessment tasks, together with any moderation information, are retained by the provider as a resource for teaching staff	Assessment tasks and moderation reports are systematically prepared and stored for future reference	Assessment tasks and moderation reports must be more consistently prepared and/or more consistently stored for future reference	There is no evidence of a system for retaining copies of assessment tasks together with relevant moderation reports
	TL8	There are clear and appropriate procedures on the security of assessment for handling and securing confidential assessment materials	There are clear and appropriate procedures for handling and securing confidential assessment materials which conform with best practice	Procedures for handling and securing confidential assessment materials need to be strengthened to assure against breaches of security	There are no procedures for handling and securing confidential assessment materials and security of these is at risk
	TL9	Clear and appropriate procedures to deal with breaches of the regulations and all forms of inappropriate behaviour are implemented consistently	Clear and appropriate procedures for dealing with misconduct and breaches of the regulations are implemented consistently	Procedures for dealing with misconduct and breaches of the regulations should be more consistently implemented	Staff and learners are unaware of procedures for dealing with misconduct and breaches of the regulations

Reflective question	Criterion	Confidence	Some confidence	No confidence	
	TL10	Clear, fair and effective internal mechanisms for dealing with complaints are implemented consistently	Clear and appropriate procedures for dealing with complaints and the resolution of grievances are implemented consistently	Procedures for dealing with complaints and the resolution of grievances are not consistently implemented	Staff and learners are unaware of procedures for dealing with complaints and the resolution of grievances
	TL11	Clear and appropriate procedures for handling academic conflicts of interest and academic dishonesty (including plagiarism, cheating, and collusion) are implemented consistently	Clear and appropriate procedures for dealing with handling academic conflicts of interest and academic dishonesty are implemented consistently	Procedures for dealing with handling academic conflicts of interest and academic dishonesty are not consistently implemented	Staff and learners are unaware of procedures for dealing with handling academic conflicts of interest and academic dishonesty
	TL12	Formalised procedures for monitoring and recording learners' progress are implemented consistently and such records are clear, consistent and readily accessible to all concerned	Complete current and historical records of learners' marks and final grades are accessible	Not all records of learners marks and final grades are complete and up to date	There is no central accessible record of learners' marks and final grades
How effectively does the provider create an environment that supports learners of both genders to develop their self-esteem and fulfil their learning potential?	TL13	Learning strategies and activities and appropriate and relevant equipment and other resources are used effectively to engage learners and encourage them to develop critical thinking skills	Strategies, activities and resources are effectively deployed to ensure that all learners are optimally engaged in the learning process	The range of learning strategies, activities and resources needs to be increased to enhance learner engagement and participation	Learning strategies, activities and resources used in the programme effectively limit the participation and involvement of learners
	TL14	Teaching staff demonstrate appropriate and effective communication (sensitivity to language capacity) and interaction skills to facilitate the learning and to create a conducive learning environment	Teaching staff use a range of communication strategies, tailored to the needs of learners, to ensure that all learners are engaged	Communication with learners does not consistently include all groups of learners	Communication with learners is not inclusive, and significant groups of learners feel 'left out'
	TL15	Systematic feedback to learners on their performance is sufficient and timely and clearly indicates where improvement is necessary	There is evidence that learners routinely receive feedback which is timely and constructive	Good practice in feedback to learners is not implemented consistently	Learners complain of lack of feedback, and/or feedback that comes too late, and/or feedback which does not advise what needs to be done to improve
	TL16	A system for supportive intervention when learners are not making good progress is implemented consistently	There is an effective support system for early intervention when learners are not making good progress	The support system is not consistently benefiting all learners who need support	There is no system for identifying which learners need extra support
	TL17	Learners are retained and achieve qualifications	Data show high rates of learner retention and achievement	Low retention and/or achievement rates are being addressed and data shows some improvement	Retention and/or achievement rates are low
	TL18	Learners are satisfied with their learning experiences	There is evidence that learners are at least 90% satisfied	Low satisfaction rates are being addressed and data show some improvement	Learner satisfaction is not measured or learners' satisfaction is low
	TL19	Graduates attest to the value of their learning experiences and qualifications for employment and further development	Graduate destination surveys/tracer studies or focus group interviews provide evidence that graduates value the education they received	A system for collecting graduate data is being developed or at early stages of implementation or existing data suggests that graduates have reservations about the value of their learning experiences	No data are collected from graduates



Reflective question	Criterion	Confidence	Some confidence	No confidence	
How well do the assessment strategies ensure that assessment is fair, valid and reliable?	TL20	There are clear assessment policies, procedures and regulations, known to all staff and learners, which ensure that assessment is carried out in a fair, consistent and constructive manner	Policy and procedures are clear and there is complete transparency in the assessment process	While policies and procedures for assessment reflect good practice principles, these are not implemented consistently	Staff and learners are not aware of assessment policies and procedures
	TL21	A schedule for assessments including the type, weighting, due date and assessment criteria for each assessment is provided to learners at the commencement of each course	The assessment schedule, assessment tasks and assessment criteria are made known to learners in advance and implemented as stated	The assessment schedule is not always comprehensive and/or dissemination is not always timely	Learners are not advised in advance of assessment tasks and assessment criteria
	TL22	There are formalized arrangements for the moderation and marking of assessment	Every course is subject to cycles of internal and external moderation of assessment	There are pockets of good practice but moderation schedules are not implemented consistently	There is no moderation of assessment
	TL23	There are formalized arrangements for learners to appeal and to resubmit work or re-sit examinations	Learners know what the regulations and processes are for reassessment and for appealing an assessment decision	Regulations and processes for reassessment and for appealing an assessment decision are not implemented consistently	Staff and learners are unaware of regulations and processes for reassessment and for appealing an assessment decision
What systems are in place to ensure that all learners are supported and have access to resources to enable them to succeed?	TL24	Learners are aware of the support services provided by the provider, the regulations and culture of the institution, and the expectations and requirements of the programme	Learners know what the rules are, what is expected of them and where to turn for support	Dissemination to learners of information on the regulations, expectations and services of the provider needs to be improved	Learners do not know what the rules are, what is expected of them and where to turn for support
	TL25	Institutional data on learner uptake of support services and satisfaction with support services shows that these meet learners' needs	Data show that learners are fully utilising the services provided and that these meet their needs	The provider needs to investigate causes of dissatisfaction and/or underutilisation of support services	Learner uptake and satisfaction with support services is not measured
	TL26	The programme handbook including (at a minimum) programme structure, progression requirements, assessment requirements for each component, programme regulations, text books, any additional costs, and availability of support services, is made available to all learners at the commencement of their programme	All learners receive comprehensive programme handbooks in the first week of their programme	The template for programme handbooks needs to be improved to make handbooks an even more useful resources for learners	Students do not receive programme handbooks or handbooks do not contain the information which learners need
	TL27	There is appropriate provision of advice and support for learners going on to employment or further/higher education	Advisors routinely counsel learners on employment and further study opportunities	Careers counselling and advice on further study is not consistently offered to all learners	No careers counselling or advice on further study is offered
	TL28	Clear and appropriate policies and procedures on access for persons who require special considerations owing to physical disabilities are implemented consistently	Learners with disabilities are able to participate fully in the learning experiences offered by the provider	Further adaptations are necessary in order to provide a learning environment which is fully inclusive of learners with disabilities	Learners with disabilities are unable to access some facilities which they need to access



Reflective question	Criterion	Confidence	Some confidence	No confidence	
Is the academic staff of degree programmes engaged in research?	TL29	Teaching staff are engaged in research in their field of education and training; and meet performance targets for research outcomes including presenting at conferences and workshops nationally and internationally and publishing in peer reviewed journals	All staff of degree programmes are meeting challenging performance targets for research	Some staff of degree programmes are not sufficiently research active and/or not producing high quality research outputs	Staff of degree programmes are not engaged in research and/or have no performance targets for research
	TL30	Staff and learners engage in consultancy and offer services to stakeholders and partners	Staff and learners are active in responding to opportunities to provide consultancy services	One or two staff members have provided consultancy but consultancy activity is irregular/unusual	Staff and learners are not responsive to opportunities to provide consultancy services

## Section FIVE: Engagement with Community and Regulatory bodies

Reflective question	Criterion	Confidence	Some confidence	No confidence
How clearly and accurately does the provider project the relevance and quality of its services to the community?	EC1 Identified stakeholders have easy access to comprehensive, user friendly and up to date information (e.g. prospectus, website) on: <ul style="list-style-type: none"> <li>the performance and plans of the provider</li> <li>the services it offers in relation to their own interests and needs and expectations</li> <li>each programme offered, including level, qualification to be awarded, entry requirement, programme components and validation/accreditation status</li> </ul>	The providers website provides user-friendly access to information about the performance and plans of the provider as well as detailed information that prospective students need for informed decision making	The website needs to provide access to a wider range of information and/or it needs to be systematically updated to meet public information needs	The provider has no website and/or published materials are difficult to access so it is difficult for prospective students and other interested parties to access information they need
How well does the provider promote lifelong learning through the services it offers and the profile it maintains in the community?	EC2 Institution staff are visible in the community, approachable and accessible to all stakeholders	There is evidence that institutional staff are visible, approachable and accessible	Some staff are approachable and accessible but this is not consistent for all members of staff	The institutional staff are difficult to approach and/or not accessible
	EC3 The provider encourages and supports its staff to engage and collaborate with local and international communities to achieve common goals	Engagement and collaboration with local and international communities is recognised for performance appraisal and promotion purposes	Some individual staff members engage with local and international communities of their own volition but without active support of the provider	Staff members are not encouraged or supported to engage with local and international communities
	EC4 The provider contributes to the development of the local community in a variety of ways which could include services such as access to facilities by community groups, provision of career guidance services, evening courses and public lectures	The provider makes its facilities available to the community for specific activities and offers a variety of services that benefit the community	More could be done to engage with community and offer the use of facilities and beneficial services	No access to facilities and no services are provided to the community
How constructively does the provider work to meet the requirements and expectations of regulatory and funding bodies?	EC5 The provider actively engages with regulatory and funding bodies demonstrating initiative, timeliness and responsiveness in the discharge of its responsibilities	The provider is proactive and responsive to the requests of funding and regulatory bodies	The provider needs to respond more effectively and timeously to the requests of funding and regulatory bodies	The provider is unresponsive to the requests of funding and regulatory bodies
How effective are the provider mechanisms and structures to address stakeholder and community concerns?	EC6 Internal mechanisms for addressing stakeholder and community concerns (including employers, Ministries, private and public bodies) exist and are clear, fair and effective	There is evidence that the provider is responsive to stakeholder concerns	Improvements are necessary to ensure timely responses to issues raised by stakeholders	There is evidence that the provider is unresponsive to stakeholder concerns

## Section SIX: Management of Quality

Reflective Question	Criterion	Confidence	Some confidence	No confidence	
How well does the provider collect and manage data for operational and strategic purposes?	Q1	Institutional research (i.e. analysis of its own data) and strategic planning processes (such as environmental scan) ensure that the provider is proactive in its responses to a changing environment, emerging trends and new training needs	Strategic plans show that the provider is well informed by its research into emerging trends and is proactively preparing to respond to future developments	The strategic plan shows responsiveness to key issues but is not comprehensive enough	The provider's planning processes are not informed by institutional research, which is inward looking, or environmental scanning, which looks outwards to anticipate change
Are there transparent mechanisms in place to ensure that feedback is collected from all stakeholder groups and used to inform decision making?	Q2	Effective systems enable the provider to analyse its performance and monitor achievement of its own objectives. These include:			
	a	Systematic evaluation of teaching and support services by the management and by learners	Teaching and support services are routinely evaluated and results are used for improvement purposes	Ad hoc learner surveys and/or management observations are conducted	Teaching and support services are not evaluated
	b	Regular evaluation of the views of potential employers and work based experience partners using appropriate and rigorous instruments	Feedback from employers and work-based experience partners is collected regularly and results are used for improvement purposes	Ad hoc surveys and/or interviews of employers and work-based experience partners are conducted	Feedback from employers and work-based experience partners is not collected
	c	Graduate destination surveys/tracer studies	Surveys of graduates are conducted periodically and results are used for improvement purposes	The results of graduate destination surveys are not systematically used to inform improvements in curricula and programme delivery.	No feedback is collected from graduates
	d	Regular and effective review and revision of courses incorporating employer, learner and graduate feedback	Programmes and courses are systematically reviewed and improved using stakeholder feedback	Programmes reviews are conducted occasionally but without input from all stakeholder groups	There is no system for reviewing and improving programmes and courses
	e	Annual programme reports including analysis of learning outcomes (assessment results, learner retention, completion rates) and analysis of stakeholder feedback	An annual report on each programme collates all the key outcomes for the year and sets objectives for the following year	Annual reports are produced for some programmes	There is no system of annual reporting on programmes
	Q3	The provider implements cycles of internal audit, programme review and self-evaluation and the outcomes of such exercises are used for improvement planning	There is evidence that improvement plans are a direct response to issues identified in internal quality assurance interventions	Occasional internal quality assurance interventions have led to improvement planning	There is no evidence of any internal audit/ review or the findings from internal audit/review are generally ignored
Does the provider practice rigorous quality assurance in its management of learning outcomes?	Q4	There are effective systems for the quality assurance of learners' results including rigorous processes for moderation of assessment, approval of results and eligibility to graduate	There is a quality assurance system for reviewing and approving assessment outcomes at programme, department and institutional levels	Assessment results are approved at some level of the institution before they are released to learners	There is no system for quality assuring assessment outcomes
	Q5	Quality management infrastructure and processes ensure that quality issues are systematically identified for management attention and quality improvement planning and implementation	An infrastructure for escalating quality assurance information to management, and cascading quality improvement decision making from management ensures that quality issues are addressed	Some quality issues are identified and addressed but this is not systematised	There is no system for identifying quality issues and ensuring that they are scheduled for solution

## Appendix Three: Application for Institutional Accreditation

### 1. Institution details

<b>Name of the provider:</b>	
<b>Website URL:</b>	
<b>Physical Address:</b>	
<b>Postal Address:</b>	
<b>Main telephone number:</b>	
<b>Brief history of establishment and years of operation:</b>	
<b>Accreditation history/existing accreditations:</b>	
<b>Name of the Director:</b>	
<b>Contact details of the Director</b>	Office number: DD landline: Cell phone: Fax: Email address:
<b>Name of the liaison person for Accreditation:</b>	
<b>Contact details of the liaison person for Accreditation:</b>	DD landline: Cell phone: Fax: Email address:

### 2. Attachments

The following documentation is attached:

	YES	Give details/list	NO
Organisation chart			
Terms of Reference of Committees (e.g. Academic Board or equivalent, Management Team etc.)			
Inventory of equipment			
Copies of current institutional policies			
Current strategic plan			
Current prospectus and any other promotional material (brochures etc.)			
Examples of staff and student handbooks			
Example of a programme handbook			
Copies of any recent institutional research reports/review reports/self-evaluation reports/internal audit reports/financial audit report			
Copies of current health and safety certification			
Other:			

### 3. Staff and learners

Total number of full time learners	
Total number of part time learners	
Total number of management staff	
Total number of teaching/research staff	
Total number of administration/support staff	

#### 4. Programmes offered:

Name of the programme	Mode of delivery (e.g. face to face, distance, blended)	Duration of the programme in total hours	Duration of the programme in teaching weeks	Number of learners currently enrolled in the programme				Number of graduates of the programme at the last graduation	Number of teaching staff currently employed to teach on the programme	Number of technical staff directly servicing the programme	Number of administration staff directly servicing the programme
				Y1	Y2	Y3	Y4				

#### 5. Support services

Give brief information on services offered to learners:

Health/counselling	
Sport/recreation	
Careers/placement	
Disability support	
Pastoral care	
Academic support	
Clubs/student union/student representative council	

#### 6. Stakeholders

Give details of method/frequency of obtaining feedback from your stakeholders (e.g. surveys, committees, interviews):

From learners:	
From graduates:	
From staff:	
From employers:	

## 7. Proposed timeframe for Accreditation

	Proposed timing:	Should be:
Suggested date for Initiation Meeting:		A few days after submission of this application
Suggested dates for self-evaluation:		A four week period commencing within one or two weeks of submission of this application. Note that you may want to schedule this to include one or two non-teaching weeks to ensure dedicated availability of staff
Proposed submission date for the self-evaluation report		The final day of the four week self-evaluation period.
Suggested dates for the accreditation visit:		The week following the submission of the self-evaluation report

## 8. Signed for the provider

**I declare that I am authorised to make this application on behalf of the provider and that all the information provided in this application is correct.**

Name:	
Title:	
Signature:	
Date of this application:	

## Appendix Four: Evidence Collection Guide for Self-Evaluators

Reflective Question	Relevant Criteria	Actual physical evidence sighted	Actual verbal evidence collected	Evidence based conclusions
<b>Leadership and Management</b>				
How effectively do the management strategies of the provider support high academic achievement and the employability of graduates?	LM1 LM2 LM3			
What evidence is there of management responsiveness to change and commitment to implementing the Government's strategy and policies?	LM4 LM5			
How effectively does the leadership model the expected professionalism?	LM6			
<b>Management of resources and environment</b>				
How well are finances managed in the best interests of all stakeholders?	RE1 RE2			
How conducive is the physical learning environment to the achievement of the desired teaching and learning outcomes?	RE3 RE4 RE5 RE6 RE7			
Are adequate health and safety measures in place for the protection of staff, learners and visitors?	RE8			
How adequate is the provision and maintenance of the learning resources for the teaching and learning requirements of the programmes?	RE9 RE10 RE11 RE12 RE13			
How effectively does the provider manage, motivate and develop the staff to achieve excellent teaching and learning outcomes?	RE14 RE15 RE16 RE17 RE18 RE19 RE20 RE21 RE22 RE23			

Reflective Question	Relevant Criteria	Actual physical evidence sighted	Actual verbal evidence collected	Evidence based conclusions
<b>Programme Development</b>				
Does the programme meet the specifications for the relevant qualification on the Seychelles Qualifications Framework?	PD1 PD2 PD3 PD4 PD5 PD6 PD7 PD8 PD9			
How relevant is the curriculum to the development of citizens who are life-long learners and active participants in the social and economic development of Seychelles?	PD10 PD11 PD12 PD13 PD15			
<b>Teaching and Learning</b>				
How well does the provider manage processes that support teaching and learning and provide information needed for decision making and continuity?	TL1 TL2 TL3 TL4 TL5 TL6 TL7 TL8 TL9 TL10 TL11 TL12			
How effectively does the provider create an environment that supports learners of both genders to develop their self-esteem and fulfil their learning potential?	TL13 TL14 TL15 TL16 TL17 TL18 TL19			
How well do the assessment strategies ensure that assessment is fair, valid and reliable?	TL20 TL21 TL22 TL23			
What systems are in place to ensure that all learners are supported and have access to resources to enable them to succeed?	TL24 TL25 TL26 TL27 TL28			
Is the academic staff of degree programmes engaged in research?	TL29 TL30			



Reflective Question	Relevant Criteria	Actual physical evidence sighted	Actual verbal evidence collected	Evidence based conclusions
<b>Engagement with Community and Regulatory bodies</b>				
How clearly and accurately does the provider project the relevance and quality of its services to the community?	EC1			
How well does the provider promote lifelong learning through the services it offers and the profile it maintains in the community?	EC2 EC3 EC4			
How constructively does the provider work to meet the requirements and expectations of regulatory and funding bodies?	EC5			
How effective are the provider mechanisms and structures to address stakeholder and community concerns?	EC6			
<b>Management of Quality</b>				
How well does the provider collect and manage data for operational and strategic purposes?	Q1			
Are there transparent mechanisms in place to ensure that feedback is collected from all stakeholder groups and used to inform decision making?	Q2 Q3			
Does the provider practice rigorous quality assurance in its management of learning outcomes?	Q4 Q5			

## Appendix Five: Evidence Collection Guide for Accreditation Team members

Reflective Question	Relevant Criteria	Topics of the self-evaluation	Findings of the self-evaluation	Evidence collection PLAN	RECORD of actual evidence collected
<b>Leadership and Management</b>					
How effectively do the management strategies of the provider support high academic achievement and the employability of graduates?	LM1 LM2 LM3			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
What evidence is there of management responsiveness to change and commitment to implementing the Government's strategy and policies?	LM4 LM5			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How effectively does the leadership model the expected professionalism?	LM6			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
<b>Management of resources and environment</b>					
How well are finances managed in the best interests of all stakeholders?	RE1 RE2			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How conducive is the physical learning environment to the achievement of the desired teaching and learning outcomes?	RE3 RE4 RE5 RE6 RE7			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence

Reflective Question	Relevant Criteria	Topics of the self-evaluation	Findings of the self-evaluation	Evidence collection PLAN	RECORD of actual evidence collected
Are adequate health and safety measures in place for the protection of staff, learners and visitors?	RE8			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How adequate is the provision and maintenance of the learning resources for the teaching and learning requirements of the programmes?	RE9 RE10 RE11 RE12 RE13			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How effectively does the provider manage, motivate and develop the staff to achieve excellent teaching and learning outcomes?	RE14 RE15 RE16 RE17 RE18 RE19 RE20 RE21 RE22 RE23			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
<b>Programme Development</b>					
Does the programme meet the specifications for the relevant qualification on the Seychelles Qualifications Framework?	PD1 PD2 PD3 PD4 PD5 PD6 PD7 PD8 PD9			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How relevant is the curriculum to the development of citizens who are life-long learners and active participants in the social and economic development of Seychelles?	PD10 PD11 PD12 PD13 PD15			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence

Reflective Question	Relevant Criteria	Topics of the self-evaluation	Findings of the self-evaluation	Evidence collection PLAN	RECORD of actual evidence collected
<b>Teaching and Learning</b>					
How well does the provider manage processes that support teaching and learning and provide information needed for decision making and continuity?	TL1 TL2 TL3 TL4 TL5 TL6 TL7 TL8 TL9 TL10 TL11 TL12			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How effectively does the provider create an environment that supports learners of both genders to develop their self-esteem and fulfil their learning potential?	TL13 TL14 TL15 TL16 TL17 TL18 TL19			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How well do the assessment strategies ensure that assessment is fair, valid and reliable?	TL20 TL21 TL22 TL23			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
What systems are in place to ensure that all learners are supported and have access to resources to enable them to succeed?	TL24 TL25 TL26 TL27 TL28			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
Is the academic staff of degree programmes engaged in research?	TL29 TL30			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence

Reflective Question	Relevant Criteria	Topics of the self-evaluation	Findings of the self-evaluation	Evidence collection PLAN	RECORD of actual evidence collected
Engagement with Community and Regulatory bodies					
How clearly and accurately does the provider project the relevance and quality of its services to the community?	EC1			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How well does the provider promote lifelong learning through the services it offers and the profile it maintains in the community?	EC2 EC3 EC4			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How constructively does the provider work to meet the requirements and expectations of regulatory and funding bodies?	EC5			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
How effective are the provider mechanisms and structures to address stakeholder and community concerns?	EC6			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence

Reflective Question	Relevant Criteria	Topics of the self-evaluation	Findings of the self-evaluation	Evidence collection PLAN	RECORD of actual evidence collected
<b>Management of Quality</b>					
How well does the provider collect and manage data for operational and strategic purposes?	Q1			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
Are there transparent mechanisms in place to ensure that feedback is collected from all stakeholder groups and used to inform decision making?	Q2 Q3			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence
Does the provider practice rigorous quality assurance in its management of learning outcomes?	Q4 Q5			Verbal Evidence  Physical evidence	Verbal Evidence  Physical evidence

## Appendix Six: Template Self Evaluation Report

### 1. Executive Summary

#### 1.1 Key findings and recommendations

*Based on the evidence considered during the self-evaluation, what are the key strengths of the institution and the key weaknesses that the institution needs to address?*

*List the recommendations of the report.*

### 2. Introduction to the self-evaluation

*Brief background to the institution – general information (size, faculties), who does it serve, what challenges does it face?*

*Introduce the self-evaluation team members and what your roles were.*

#### 2.1 Scoping the self-evaluation

*Explain which areas were chosen for focus and why.*

#### 2.2 Conducting the self-evaluation

*Briefly explain your approach to gathering evidence and making judgements.*

*Mention challenges which you faced and describe your learning from the process*

### 3. Findings of the Self Evaluation

*Using the 22 reflective questions as subheadings, answer each question by writing about the evidence that you found in relation to the question and, in particular, in relation to the criteria associated with that question. In summary you should state the level of performance for each criterion, based on whether you found that the criterion is met/partially met/or not met as shown in the example below. Use Appendix 2 to help you decide the level of performance of the institution in relation to each criterion.*

EXAMPLE:

**How effectively do the management strategies of the provider support high academic achievement and the employability of graduates?**

*Discussion of evidence of internal communication, evidence of dissemination of policies and procedures and evaluation of the strategic plan of the institution; and how effectively these are supporting the achievement of learners and the employability of graduates.*

*In conclusion, based on the evidence discussed above, the three relevant criteria are rated as follows:*

<b>LM1</b>	Communication throughout the organisation is effective; conveying high expectations, valuing individual input and enabling goals to be achieved through collaboration between staff and management	<i>Some confidence</i>
<b>LM2</b>	Staff and learners have access to, and are guided by, clear and effective policies and procedures	<i>Some confidence</i>
<b>LM3</b>	The strategic plan of the provider identifies areas for improved performance, based evidence of a gap between what the provider wants to achieve (targets) and what it is achieving (results)	<i>Confidence</i>

**4. Recommendations of the self-evaluation**

*Based on what you have found about the performance of your institution in relation to the criteria for self-evaluation, what improvements need to be made?*

**Appendix One – Evidence Guides used by the self-evaluation team members**

**Signed by the Director and self-evaluation team members:**

Name:	Name:	Name:	Name:	Name:
Signature	Signature	Signature	Signature	Signature

**Date of this report:**



## Appendix Seven: Template Accreditation Report

### 1. Executive Summary

#### 1.1 Key findings and recommendations

*Based on the evidence considered by the accreditation team, what are the key strengths of the institution and the key weaknesses that the institution needs to address?*

*In brief how rigorous and defensible do you find the self-evaluation process and the conclusions of the self-evaluation report?*

*List the recommendations of the report. Signal any recommendations which are outside of the mandate of the institutions and need to be addressed by the Ministry.*

#### 1.2 Outcome of the accreditation visit (This section is completed by the Quality Assurance Committee, after factual accuracy checking by the institution has been done)

*Based on the recommendations of the Accreditation Team, the Quality Assurance Committee determines that the outcome of this accreditation is:*

**Not Accredited/Provisionally Accredited/Accredited** (Delete as appropriate)

*This decision is based on:*

*The outcome of the verification of the self-evaluation which is **Not verified/ Partially verified/ Verified** (Delete as appropriate)*

*And*

*The outcome of the evaluation against the 85 quality criteria with is **No confidence/ Some confidence/ Confidence** (Delete as appropriate)*

*In coming to this decision the Accreditation Committee has used the following descriptive statements to discriminate levels of performance:*

Verification of the self-evaluation report	Not verified	Partially verified	Verified
	<ul style="list-style-type: none"> <li>• Incomplete investigation of the issues</li> <li>• Inadequate analysis of cause and effect</li> <li>• Findings and conclusions not evidence based</li> <li>• Feedback from key stakeholder groups not used</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to some key issues only</li> <li>• Investigation rigorous in some areas only</li> <li>• Some analysis of cause and effects</li> <li>• Feedback from most key stakeholder groups considered</li> <li>• Most judgments evidence based and recommendations are improvement oriented</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusive of all and identified issues of concern</li> <li>• Thorough investigation, good analysis and evidence-based judgments</li> <li>• Sound conclusions and useful recommendations</li> <li>• Clearly influenced by feedback from all key stakeholders</li> </ul>
Evaluation of performance	No confidence	Some confidence	Confidence
	<p><b>The criteria are substantially not met.</b> and</p> <ul style="list-style-type: none"> <li>• No adequate assurance of quality</li> <li>• No consistent implementation of coherent systems</li> <li>• Performance information is not used for assurance and improvement purposes</li> </ul>	<p><b>The criteria are partially met.</b> and</p> <ul style="list-style-type: none"> <li>• The quality of learning outcomes is assured</li> <li>• Core processes are consistently implemented</li> <li>• Some use is made of key performance information for improvement planning</li> </ul>	<p><b>The criteria are substantially met.</b> and</p> <ul style="list-style-type: none"> <li>• Strong focus on assuring quality of outcomes</li> <li>• Seamless deployment of systems across the institution</li> <li>• Performance information used systematically for continuous improvement</li> </ul>

## 2. Introduction to the accreditation

*Background to the institution – general information (size, faculties), who does it serve, what challenges does it face?*

*When did the accreditation process start and, in brief, what were the steps up to this point?*

*Provide a brief introduction to the accreditation team members and what their roles were.*

### 2.1 Scoping the Accreditation

*Explain which areas were chosen for focus and why.*

### 2.2 Accreditation visit

*Briefly explain your approach to reviewing evidence gathered by the self-evaluation team, gathering new evidence and making judgements.*

*Mention any challenges which you faced in conducting the visit and sourcing the evidence you needed to make judgements.*

## 3. Findings of the Accreditation Team

*Using the 22 reflective questions as subheadings, answer each question by writing about the evidence that you found in relation to the question and, in particular, in relation to the criteria associated with that question. In summary you should state the level of performance for each criterion, based on whether you found that the criterion is met/partially met/or not met as shown in the example below. Use Appendix 2 to help you decide the level of performance of the institution in relation to each criterion.*

EXAMPLE:

### **How effectively do the management strategies of the provide support high academic achievement and the employability of graduates?**

*Discussion of evidence of internal communication, evidence of dissemination of policies and procedures and evaluation of the strategic plan of the institution; and how effectively these are supporting the achievement of learners and the employability of graduates.*

*In conclusion, based on the evidence discussed above, the three relevant criteria are rated as follows:*

<b>LM1</b>	Communication throughout the organisation is effective; conveying high expectations, valuing individual input and enabling goals to be achieved through collaboration between staff and management	<i>Some confidence</i>
<b>LM2</b>	Staff and learners have access to, and are guided by, clear and effective policies and procedures	<i>Some confidence</i>
<b>LM3</b>	The strategic plan of the provider identifies areas for improved performance, based evidence of a gap between what the provider wants to achieve (targets) and what it is achieving (results)	<i>Confidence</i>

#### 4. Accreditation conclusions

*In summary, describe the self-evaluation report in terms of its scope, analysis, involvement of stakeholders and the conclusions that it presents. Can you confirm the capacity of the institution to analyse its performance; make evidence-based judgements; identify critical issues to be addressed; and plan interventions? Use the descriptors as a guide.*

Verification of the self-evaluation report	Not verified	Partially verified	Verified
	<ul style="list-style-type: none"> <li>• Incomplete investigation of the issues</li> <li>• Inadequate analysis of cause and effect</li> <li>• Findings and conclusions not evidence based</li> <li>• Feedback from key stakeholder groups not used</li> </ul>	<ul style="list-style-type: none"> <li>• Limited to some key issues only</li> <li>• Investigation rigorous in some areas only</li> <li>• Some analysis of cause and effects</li> <li>• Feedback from most key stakeholder groups considered</li> <li>• Most judgments evidence based and recommendations are improvement oriented</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusive of all and identified issues of concern</li> <li>• Thorough investigation, good analysis and evidence-based judgments</li> <li>• Sound conclusions and useful recommendations</li> <li>• Clearly influenced by feedback from all key stakeholders</li> </ul>

*In summary how much confidence can SQA have in the quality of the institution? To what extent are the criteria met, and what evidence is there that quality is being assured, core processes are being implemented consistently, and the institution is systematically gathering and using information for improvement purposes.*

Evaluation performance	of	No confidence	Some confidence	Confidence
		<b>The criteria are substantially not met.</b> and <ul style="list-style-type: none"> <li>• No adequate assurance of quality</li> <li>• No consistent implementation of coherent systems</li> <li>• Performance information is not used for assurance and improvement purposes</li> </ul>	<b>The criteria are partially met.</b> and <ul style="list-style-type: none"> <li>• The quality of learning outcomes is assured</li> <li>• Core processes are consistently implemented</li> <li>• Some use is made of key performance information for improvement planning</li> </ul>	<b>The criteria are substantially met.</b> and <ul style="list-style-type: none"> <li>• Strong focus on assuring quality of outcomes</li> <li>• Seamless deployment of systems across the institution</li> <li>• Performance information used systematically for continuous improvement</li> </ul>

#### Appendix One – Evidence Guides used by the Accreditation Team members

Signed by:

Name for the Accreditation Team	Name for the Quality Assurance Committee	Name for the SQA Board
Signed:	Signed:	Signed:

Date of this report:

## Appendix Eight: Possible sources of evidence

Reflective Question	Relevant Criteria	Possible sources of evidence
<b>Leadership and Management</b>		
How effectively do the management strategies of the provider support high academic achievement and the employability of graduates?	LM1 LM2 LM3	Minutes of staff meetings Directives, briefs, circulars to all staff Policy documents Procedural guidelines/ instructions Strategic plan
What evidence is there of management responsiveness to change and commitment to implementing the Government's strategy and policies?	LM4 LM5	Minutes of management meetings Environmental scan Working docs showing strategic planning Charter Company registration (where relevant) Strategic plan
How effectively does the leadership model the expected professionalism?	LM6	Interviews with staff, students and other stakeholders Evidence of recognition of achievements, awards, accolades, honours etc.
<b>Management of resources and environment</b>		
How well are finances managed in the best interests of all stakeholders?	RE1 RE2	Criteria for allocating resources Financial auditor reports
How conducive is the physical learning environment to the achievement of the desired teaching and learning outcomes?	RE3 RE4 RE5 RE6 RE7	Ratio of enrolment:capacity Timetable/room bookings Capacity of specialist facilities MoU for work based experience - facilities to be provided Campus plan Policies relevant to access/disability
Are adequate health and safety measures in place for the protection of staff, learners and visitors?	RE8	Policies/Manuals/Regulations relevant to health, safety, sustainability, waste management Certificates of accreditation/compliance- including but not limited to buildings, sanitation, vehicles, food safety, fire Register of accidents/incidents
How adequate is the provision and maintenance of the learning resources for the teaching and learning requirements of the programmes?	RE9 RE10 RE11 RE12 RE13	Policy for procurement/maintenance/replacement of equipment Maintenance records Inventory of equipment Library holdings Repository of resources/documentation for each programme
How effectively does the provider manage, motivate and develop the staff to achieve excellent teaching and learning outcomes?	RE14 RE15 RE16 RE17 RE18 RE19 RE20 RE21 RE22 RE23	Human resource policies Staff student ratios/workload allocation guidelines Staff induction package/process/handbook Staff files – contract, CV, qualifications, job descriptions, scheme of service, performance agreements, performance appraisals, minutes and other documentary evidence of recruitment, staff discipline, promotion, grievances, professional development decision making Staff attendance and turn-over data, record of exit interviews, staff satisfaction data

Reflective Question	Relevant Criteria	Possible sources of evidence
<b>Programme Development</b>		
Does the programme meet the specifications for the relevant qualification on the Seychelles Qualifications Framework?	PD1 PD2 PD3 PD4 PD5 PD6 PD7 PD8 PD9	Application for validation Programme handbook CVs of staff School regulations
How relevant is the curriculum to the development of citizens who are life-long learners and active participants in the social and economic development of Seychelles?	PD10 PD11 PD12 PD13 PD15	Application for validation Minutes of the advisory committee Feedback from employers/work-based experience supervisors Labour market information Graduate destination survey Work-based experience log book
<b>Teaching and Learning</b>		
How well does the provider manage processes that support teaching and learning and provide information needed for decision making and continuity?	TL1 TL2 TL3 TL4 TL5 TL6 TL7 TL8 TL9 TL10 TL11 TL12	Enrolment procedures Enrolment, retention and success statistics Student handbook/programme handbooks/ website Policies and procedures of the institution including assessment, cheating, complaints and discipline Committee structure for quality assurance and communication Timetable/room booking schedule Attendance policy and registers Programme records- archive of lesson plans, handouts, presentations, activities, assessments Student files- progress monitoring
How effectively does the provider create an environment that supports learners of both genders to develop their self-esteem and fulfil their learning potential?	TL13 TL14 TL15 TL16 TL17 TL18 TL19	Lesson plans, examples of students' work, examples of feedback to students, examples of student referrals Interviews with students Marks records Retention and success data Student satisfaction data Graduate destination data
How well do the assessment strategies ensure that assessment is fair, valid and reliable?	TL20 TL21 TL22 TL23	Assessment policy/regulations/ pre and post assessment moderation processes Programme handbook – schedule of assessments Internal and external moderation reports Documentary evidence of appeals and applications for reassessment
What systems are in place to ensure that all learners are supported and have access to resources to enable them to succeed?	TL24 TL25 TL26 TL27 TL28	Student Handbook/programme handbook Brochures about student services Evidence of academic mentoring/career guidance counselling Policy relating to disability
Are the academic staff of degree programmes engaged in research?	TL29 TL30	Database of research outputs/annual research report Performance plans/appraisals Policy governing private work/consultancy/intellectual property

Reflective Question	Relevant Criteria	Possible sources of evidence
<b>Engagement with Community and Regulatory bodies</b>		
How clearly and accurately does the provider project the relevance and quality of its services to the community?	EC1	Prospectus/Website/Publicity materials Media cuttings scrapbook MoUs, partnership agreements, project plans
How well does the provider promote lifelong learning through the services it offers and the profile it maintains in the community?	EC2 EC3 EC4	Evidence of services to community –advertisements, notices, correspondence
How constructively does the provider work to meet the requirements and expectations of regulatory and funding bodies?	EC5	Correspondence with Ministries/SQA Applications/returns
How effective are the provider mechanisms and structures to address stakeholder and community concerns?	EC6	Minutes of management meetings/decision making Correspondence
<b>Management of Quality</b>		
How well does the provider collect and manage data for operational and strategic purposes?	Q1	Strategic plan Environmental scan and labour market data Enrolment data Retention and success data Graduate destination data Student satisfaction data
Are there transparent mechanisms in place to ensure that feedback is collected from all stakeholder groups and used to inform decision making?	Q2 Q3	Student evaluation of courses and teaching data Management/peer review of teaching feedback Employer feedback Graduate destination data Evidence of review of courses and programmes Internal audit reports Quality improvement project plans Programme annual reports
Does the provider practice rigorous quality assurance in its management of learning outcomes?	Q4 Q5	Minutes of quality assurance groups/Academic Board/ Senate

## Appendix Nine: Template for Action Planning for Improvement

Area for improvement	Subsection	Identified problem	Proposed solution	Actions to be taken	Person responsible (Actions are to be incorporated into individual performance agreements)	Date for completion
e.g. Leadership and management	Internal communication			1	X	date
				2	X	date
				3	Y	date
	Financial Management			1		
				2		
e.g. Management of Resources	Human Resource Management					

## Appendix Ten: Application for Programme Validation

### Cover page:

<b>Name of the provider:</b>	<i>Name:</i>
<b>Application for validation of:</b>	<i>Title of the programme:</i>
<b>This application is supported by:</b>	<i>Department staff/workplace experience employers/Advisory committee members</i> <i>Name:</i> <i>Designation:</i>
<b>This application has been approved by:</b>	<i>Internal Board/Committee name:</i> <i>Date:</i>
<b>This application is submitted by:</b>	<i>Name:</i> <i>Designation:</i>
<b>Date of the application:</b>	<i>Date:</i>



## Part A: Description of the programme

<b>1. Development of the programme</b>	
<b>1.1 Rationale for the programme:</b>	<p>If this is a revision:</p> <ul style="list-style-type: none"> <li>• What currently exists?</li> <li>• When was the programme first offered?</li> <li>• What was the original purpose of the programme?</li> <li>• What problems/issues does the revision respond to?</li> </ul> <ul style="list-style-type: none"> <li>• Who is the target group?</li> <li>• How will graduates benefit - specify the likely employment outcomes</li> <li>• To what extent is the programme responding to community needs or market issues/demands including availability of job opportunities, skills requirements, capacity building etc.? What indicators are available from the market survey or need assessment?</li> <li>• What is the evidence that the programme is needed now in the country and what are the trends internationally and regionally (evidence from NHRDC)?</li> <li>• What other evidence is available to support the proposal for a change in programme or new programme development? For example: is there anything in the national strategy or development plans that support the need for the programme?</li> </ul>
<b>1.2 Consultation and support for the development of the programme:</b>	<ul style="list-style-type: none"> <li>• Who led the development of the programme?</li> <li>• What has been the process of developing the programme?</li> <li>• What has been the input of teaching staff, qualified external experts, and industry representatives?</li> <li>• Who has been consulted and how was their feedback incorporated into the design?</li> <li>• What factors were taken into consideration in the development e.g. alternative modes of delivery, use of technology, International context?</li> <li>• What is the evidence of the international comparability of the programme?</li> </ul>
<b>1.3 Projected numbers</b>	<p>Show projected numbers for the next 3-5 years:</p> <ul style="list-style-type: none"> <li>• How many students will be accepted each year</li> <li>• How many graduates will be produced each year?</li> </ul>

<b>2. Programme details</b>	
<b>2.1 Programme leading to the qualification</b>	2.1.1 Title of the programme 2.1.2 Vision/mission/philosophy of the programme 2.1.3 Aim(s) and objectives of the Programme 2.1.4 Graduate profile of graduates of the programme
<b>2.2 Qualification to be awarded</b>	Final, exit or embedded qualifications: 2.2.1 Title of the qualification(s) to be awarded 2.2.2 Level of the qualification 2.2.3 Credit value of the qualification 2.2.4 Awarding authority 2.2.5 Minimum requirements for the attainment of the qualification
<b>2.3 Entry requirements</b>	2.3.1 Entry criteria ( <i>Realistic minimum requirements for entry with no unnecessary barriers to entry</i> ) 2.3.2 Selection criteria ( <i>Sound and appropriate justification for any selection criteria</i> ) 2.3.3 Provision for RPL and credit transfer
<b>2.4 Pathways of the Programme:</b>	Diagram or narrative showing: <ul style="list-style-type: none"> <li>• Entry pathways into the programme (e.g. with lower level/obsolete qualifications or non-standard entry)</li> <li>• Exit points within the programme</li> <li>• Employment and higher education destinations after completing the programme</li> </ul>
<b>2.5 Structure of the Programme:</b>	<b>2.5.1 Duration of the programme</b> <ul style="list-style-type: none"> <li>• Years and semesters of the programme</li> <li>• Number of teaching weeks per year/semester of the programme</li> <li>• Total hours per week of student learning time divided into contact hours, supervised hours and self-directed learning hours</li> </ul> <b>2.5.2 Courses of the programme</b> <ul style="list-style-type: none"> <li>• Level and credit value of each course</li> <li>• Sequence of courses</li> <li>• Core, optional and elective courses</li> <li>• Pre-requisites and co-requisites</li> <li>• Total hours of each course divided into contact hours, supervised hours and self-directed learning hours</li> </ul> <b>2.5.3 SQA Unit standards</b> <ul style="list-style-type: none"> <li>• Explain how any unit standards are incorporated into the programme</li> </ul> <b>2.5.4 Balance of theory and practice</b> <ul style="list-style-type: none"> <li>• Indicate courses which are mainly fieldwork/work based practice</li> </ul>

<b>2.6 Delivery methods</b>	<ul style="list-style-type: none"> <li>• How will the programme and its components be delivered</li> <li>• Justify delivery mode in terms of efficiency and effectiveness</li> <li>• Explain how flexible delivery methods meets the needs of the target group of learners</li> <li>• Describe arrangements for managing learner progress and achievement in the field/workplace (e.g. MoU, logbook)</li> </ul>
<b>2.7 Assessment and re-assessment</b>	<p>2.7.1 Assessment methods used in the programme</p> <p>2.7.2 Regulations for assessment and re-assessment</p> <p>2.7.3 Recording of marks (<i>What is the grading system to be used for the programme</i>)</p>
<b>2.8 Other specific regulations of the programme</b>	<p>For example:</p> <ul style="list-style-type: none"> <li>• Regulations for attendance</li> <li>• Regulations for voluntary exit/deferment</li> <li>• Regulations for dismissal/expulsion from the programme</li> <li>• Regulations for work placement components</li> <li>• Regulations for academic dishonesty</li> <li>• Guidelines for dealing with issues of concern including complaints, appeals against an assessment decision</li> </ul>
<b>2.9 Student information</b>	<p>2.9.1 Programme Handbook</p> <p>2.9.2 Textbooks and other required resources to be purchased by learners</p> <p>2.9.3 Any costs or fees over and above basic tuition fees</p>
<b>2.10 Quality assurance processes</b>	<p>2.10.1 Internal and external moderation of assessment</p> <ul style="list-style-type: none"> <li>• What is the system/cycle for internal moderation of assessment?</li> <li>• What is the system/cycle for external moderation of assessment?</li> </ul> <p>2.10.2 Programme review processes</p> <ul style="list-style-type: none"> <li>• How frequently will the programme be reviewed?</li> <li>• What will the process be?</li> <li>• Who will be involved?</li> <li>• How will international comparability be assured?</li> </ul> <p>2.10.3 Learners' evaluation of teaching and learning</p> <ul style="list-style-type: none"> <li>• What is the cycle/system for getting learner feedback on their programme/courses/teachers?</li> </ul> <p>2.10.4 Quality assurance of results/eligibility to graduate</p> <ul style="list-style-type: none"> <li>• How does the provider assure itself of the accuracy of results – what is the process for checking for anomalies/quality problems?</li> </ul> <p>2.10.5 Annual reporting</p> <ul style="list-style-type: none"> <li>• What are the processes for preparing/ receiving/following up annual reports?</li> <li>• What information is included in annual reporting?</li> </ul>

<b>3 Resources for the programme</b>	
<b>3.1 Staff of the programme</b>	State the qualifications and experience of the relevant: 3.1.1 Support staff 3.1.2 Technical staff (attach CVs) 3.1.3 Teaching staff (attach CVs)
<b>3.2 Other resources, facilities and accommodation</b>	For each type of resource distinguish between what is currently available and what is needed: 3.2.1 Physical facilities and resources <ul style="list-style-type: none"> <li>• Classrooms and furniture</li> <li>• Laboratories</li> <li>• Clinical areas, if needed</li> <li>• Offices</li> <li>• Computers, teaching aids, learning materials</li> </ul> 3.2.2 Library <ul style="list-style-type: none"> <li>• Books</li> <li>• Journals</li> <li>• Databases</li> </ul> 3.2.3 Financial <ul style="list-style-type: none"> <li>• Adequacy of financial resources available to support the programme</li> <li>• Annual budget for the programme</li> </ul>
<b>3.3 Advisory/consultative group for the programme</b>	3.3.1 Members of the Advisory Group 3.3.2 Terms of Reference of the Advisory Group 3.3.3 Latest minutes of Advisory Group
<b>3.4 Student support services</b>	Outline the services that are available to learners e.g. Student Association, learning skills support, pastoral care, counselling, health, careers advice

## Part B Course descriptors of the programme

For each course state:

- Title of the course
- Level of the course
- Credit value of the course
- Co/pre requisite courses
- Purpose of the course
- Learning outcomes of the course
- Performance criteria for the achievement of each learning outcome
- Teaching and learning methodology to be used in delivery
- Assessment tasks (showing relationship to learning outcomes)
- Textbook(s) for the course
- List of recommended readings for the course.

## Appendices

Examples of documents to be attached as Appendices if not covered in the body of the application:

- Letters of Support including support from industry, professional bodies
- Market Research Report
- List of Advisory Committee Members; Terms of Reference Minutes of the Advisory Committee
- Programme Handbook
- Brochure
- Memorandum of Agreement for work based learning
- Curriculum vitae of staff
- List of textbooks, with cost
- Library conspectus report
- List of equipment
- Budget for the programme

## Appendix Eleven: Minor and major changes to a validated programme

### Minor changes that DO NOT need prior approval

Changes that do not require SQA approval are changes to courses of the programme which do not affect the overall specifications of the programme. These changes should be internally approved through the provider's own quality assurance processes. Programme documentation should be updated (with new version number and date) and submitted electronically to SQA. Minor changes include:

- content of a course
- title of a course
- learning outcomes or purpose/aim statement of a course/module (but not the overall outcomes or purpose/aim of the qualification)
- level of a course (while retaining the overall level of the qualification)
- credit value of course (while retaining the overall credit value of the qualification)
- purpose statement of a course
- pre- or co-requisite that does not affect the entry requirements for the programme
- teaching resources of the course
- teaching/learning strategies of the course
- assessment of the course (quantitative change)
- elective course of the programme (addition/deletion) while retaining the overall credit value of the qualification

### Major changes that DO require prior approval from SQA

In some cases evaluation by the validation sub-committee will be required and formal approval by the SQA Board. If there are a significant number of changes, a new programme validation may be required. Major changes include:

- title and/or type of the programme
- type of qualification awarded
- level of the programme
- credit value of the programme
- outcome statement of the programme
- entry requirements
- duration of the programme
- compulsory courses (addition or deletion)
- assessment of a course (qualitative change)
- regulations for award of qualification
- exit qualifications (introduction of new ones)
- new majors (for degree programmes)
- changes to the mode of delivery
- change to allow for delivery at another site

For approval for major changes, documentation should include details and evidence of:

- full details of the changes
- rationale for the changes
- internal and external consultation and support for the changes
- transition arrangements for existing learners (where necessary)
- internal formal approval for the changes (academic board or equivalent)
- resourcing implications (teaching/learning resources, library resources etc.) and staffing implications (numbers, qualifications)

Once the changes are approved programme documentation should be updated (with new version number and date) and submitted electronically to SQA.

## Appendix Twelve: Table for establishment of Non-contact hours

	Proportion of notional hours (for non-contact hours)
PhD	X 3
Master	X 2
Degree	X 2
Advanced Diploma	1.5 to 2
Diploma	1 to 2
Advanced Certificate	0.5 to 1
Certificate	0.5 to 1

Distance learning: 5/2 years contact hours

## Appendix Thirteen: National Qualifications Framework

<b>NQF level</b>	<b>Qualification type</b>	<b>Notional hours</b>
10	PhD, Post-Doctorate	3600
9	Master	1600
8	Post Graduate	1200
7	Degree	3600
6	Advanced Diploma	1200
5	Diploma	3600
4	Higher School Certificate (A-Levels)	2400
3	Certificate	1200
2	Secondary Certificate, IGCSE	
1	Primary Certificate	



## Appendix Fourteen: Summary of level descriptors

Qualification type	Descriptors	Type of Occupation
PhD, Post-Doctorate	<ul style="list-style-type: none"> <li>Conduct cutting edge research in the field of study</li> <li>Develop new techniques, ideas or approaches</li> <li>with <b>complete autonomy</b></li> </ul>	Doctor, Researcher
Master	<ul style="list-style-type: none"> <li>Mastery of knowledge in the field of study</li> <li>Propose solutions based on critical analysis of complex issues and research</li> <li><b>involving management of resources and supervision of others.</b></li> </ul>	Expert/Specialist
Post Graduate	<ul style="list-style-type: none"> <li>In-depth specialised knowledge in the field of study</li> <li>Apply specialized skills and principles based on systematic analysis of data in the field of study</li> <li><b>Within broad autonomy</b></li> </ul>	Specialist
Degree	<ul style="list-style-type: none"> <li>In-depth knowledge in the field of study</li> <li>Apply well-established principles, requiring a wide variety of data to solve problems in different contexts</li> <li><b>within broad autonomy</b></li> </ul>	Manager/supervisor
Advanced Diploma	<ul style="list-style-type: none"> <li>Specialised knowledge in the field of study</li> <li>Apply varied and specialized procedures and techniques in the field of study requiring basic research</li> <li><b>within broad parameters and a certain autonomy</b></li> </ul>	Technician specialized
Diploma	<ul style="list-style-type: none"> <li>Broad knowledge in the field of study</li> <li>Apply varied procedures and techniques, to solve concrete problems, in non-routine contexts</li> <li><b>under broad guidance</b></li> </ul>	Technician
Advanced Certificate	<ul style="list-style-type: none"> <li>Operational knowledge in the field of study</li> <li>Apply a range of procedures and techniques in the field of study, to solve familiar problems in fairly routine contexts</li> <li><b>under general supervision</b></li> </ul>	Trades person/ Specialised at intermediate level
Certificate	<ul style="list-style-type: none"> <li>Basic operational knowledge in the field of study</li> <li>Apply basic procedures and techniques in response to precise instructions</li> <li><b>under direct supervision</b></li> </ul>	Apprentice/ skilled at basic level
General Advanced Certificate	<ul style="list-style-type: none"> <li>In-depth knowledge in particular subject areas</li> <li>Apply a range of procedures and techniques in the field of study, to solve problems in a wide range of contexts</li> <li><b>under general supervision</b></li> </ul>	Specialised general education
Secondary Certificate	<ul style="list-style-type: none"> <li>Broad-based knowledge</li> <li>Apply basic procedures and techniques</li> <li><b>in a controlled environment and under direct supervision</b></li> </ul>	General education
Primary Certificate	<ul style="list-style-type: none"> <li>Basic knowledge</li> <li>Apply basic procedures and techniques related to literacy, numeracy and IT skills involving development of desirable attitudes and values</li> <li><b>under continuous guidance, regular checking and limited autonomy</b></li> </ul>	Basic educational foundation

## Appendix Fifteen: Level descriptors of the national Qualifications Framework

NQF level	Band	Qualification type	Level descriptors			
			Degree of complexity of tasks	Reasoning and problem solving	Knowledge	Autonomy and responsibility
10	Higher Education and Training	PhD, Post-Doctorate	<p>Carry out processes that:</p> <p>require originality and mastery in the application of in-depth and specialized knowledge</p> <p>involve substantial contribution to the development of new techniques, ideas, or approaches in research and enquiry in the field of study</p> <p>demonstrate initiative and employ a wide range of advanced research skills applied to complex tasks in highly specialized contexts</p>	<p>Generate new knowledge and applications through conceptualizing, designing and implementing a research project at the forefront of the field of study</p> <p>Make sound judgement on and provide new insights into complex issues based on systematic and supported analysis in specialist fields involving aspects of uncertainty</p> <p>Demonstrate interpersonal communication skills in the context of consultation and dissemination of new findings to specialist and non-specialist audiences</p>	<p>Demonstrate evidence of creating and interpreting new knowledge based on original and advanced research at the forefront of the field of study, to satisfy peer review and merit publication</p> <p>Analyze and synthesize comprehensively and critically a substantial body of knowledge in the field of study in order to elicit and establish relationships between the elements of the subject in the area of research</p> <p>Conceive, write, critically analyse, discuss, compare specialized texts, propose new insights into</p> <p>the field of study and generate new knowledge</p> <p>Understand the limits of the knowledge and the necessity for further research and continuous development in the field of study</p>	<p>Operate in accordance with broad development or strategic plan and budget</p> <p>in a completely self directed manner</p> <p>with full responsibility and accountability for all aspects of advanced research work and including management of resources and supervision of others</p>
9		Master, Post Graduate	<p>Carry out processes that:</p> <p>require a measure of originality and mastery in the application of in-depth and specialized and/or broad knowledge</p> <p>Involve the use of established techniques of research and enquiry, to internationally recognized standards, to create and interpret knowledge in the field of study</p> <p>require the application of a wide range of skills applied to tasks in highly varied and/or highly specialized contexts.</p>	<p>Evaluate critically the appropriateness of different problem solving approaches, the underpinning methodologies, and where appropriate, propose new hypotheses or solutions</p> <p>Make sound judgement on complex issues based on systematic and innovative analysis in contexts involving aspects of uncertainty</p> <p>Demonstrate interpersonal communication skills in the context of consultative and/or supervisory role</p>	<p>Demonstrate evidence of critical and systematic understanding of knowledge and current problems and/or insights at the forefront of their field of study or area of specialization</p> <p>Analyze and synthesize comprehensively and critically current research and advanced scholarship in the field of study</p> <p>Conceive, write, critically analyse, discuss, compare specialized texts, propose new insights into</p> <p>the field of study and possibly generate new knowledge</p> <p>Understand limits of the knowledge and the necessity for further research and continuous development in the field of study</p>	<p>Operate in accordance with broad development or strategic plan and budget</p> <p>in a completely self directed manner</p> <p>with responsibility and broad ranging accountability for management of resources and supervision of others.</p>

NQF level	Band	Qualification type	Level descriptors			
			Degree of complexity of tasks	Reasoning and problem solving	Knowledge	Autonomy and responsibility
8		Post Graduate	<p>Carry out processes that:</p> <p>require a mastery in the application of in-depth and specialized knowledge</p> <p>Involve the development and adaptation of procedures to specific and professional context in the field of study</p> <p>require the application and the consolidation of a wide range of skills applied to tasks in highly specialized contexts.</p>	<p>Evaluate critically the appropriateness of different problem solving approaches and where appropriate, propose a range of solutions</p> <p>Make sound judgement on complex issues based on systematic analysis in specialized contexts involving aspects of uncertainty</p> <p>Demonstrate interpersonal communication skills in the context of consultative and/or supervisory role</p>	<p>Demonstrate knowledge and intellectual independence in the critical and systematic understanding of ideas, principles and concepts of their area of specialization</p> <p>Analyze and synthesize critically current research and advanced scholarship in the field of study</p> <p>Conceive, write, critically analyse, discuss and compare specialized texts</p> <p>Understand limits of the knowledge acquired, its influence on analysis and interpretation and explore lines of research</p>	<p>Operate in accordance with broad development or strategic plan and budget</p> <p>Within a context of broad autonomy</p> <p>with responsibility and broad ranging accountability for management of resources and supervision of others.</p>
7		Degree	<p>Carry out processes that:</p> <p>require self-directed application of knowledge with substantial depth in some areas.</p> <p>involve the development and adaptation of standard procedures to specific context in the field of study.</p> <p>require the application of a range of technical and other skills to tasks in both varied and highly specific contexts.</p>	<p>Evaluate critically the appropriateness of different problem solving approaches in the field of study.</p> <p>Provide appropriate responses to new situations requiring synthesis and evaluation of heterogenous data in contexts involving aspects of uncertainty.</p> <p>Demonstrate interpersonal communication skills in the context of supervisory and collaborative role.</p>	<p>Demonstrate knowledge and intellectual independence in the critical understanding of ideas, principles and concepts of the field of study, and of area of specialization</p> <p>Analyze, synthesize and evaluate rigorously a wide range of information including consideration of areas of uncertainty.</p> <p>Conceive, write, critically analyse, discuss and compare specialized texts.</p> <p>Understand the limits of the knowledge acquired and its influence on analysis and interpretation.</p>	<p>Involved in the planning, resourcing, managing processes and guiding or supervising the work of others.</p> <p>within a context of broad autonomy</p> <p>with complete accountability for determining, achieving and evaluating personal and /or group outcomes.</p>

NQF level	Band	Qualification type	Level descriptors			
			Degree of complexity of tasks	Reasoning and problem solving	Knowledge	Autonomy and responsibility
6	Further Education and Training	Advanced National Diploma	Carry out processes that: require a command of highly specialised technical or academic, and basic research skills across a particular branch of a field of study. involve the application of a full range of procedures in the branch of study. are employed in highly variable routine and non-routine contexts	Propose appropriate responses to resolve given or contextual abstract problems.  Provide adequate responses to unfamiliar situation requiring synthesis and consideration of heterogeneous data.  Demonstrate interpersonal communication skills in the context of professional consultation	Demonstrate specialised knowledge with depth in a particular branch of a discipline  Analyse, reformat and evaluate a wide range of information  Conceive, write and discuss specialised texts  Understand and interpret fundamental and highly technical information in a particular field of study	Involved in planning, resourcing and managing processes  within broad parameters and functions  with responsibility for determining, achieving and evaluating personal and / or group outcomes.
5		National Diploma	Carry out processes that: require a wide range of specialized technical and/or academic skills involve a wide choice of standard and non-standard procedures are employed in a variety of routine and non-routine contexts	Research, adapt and implement innovative and creative processes  Determine appropriate methods and procedures in response to a range of concrete problems and with reference to some theoretical concepts.  Demonstrate interpersonal communication skills in order to train or supervise	Employ broad knowledge base with substantial depth in some areas  Analyse and interpret a wide range of data and make informed judgement  Prepare, present and discuss oral and/or written reports  Understand and interpret relatively complex technical information	Involved in activities with full responsibility for the nature, quantity and quality of outcomes,  under broad guidance,  with possible responsibility for the achievement of group outcomes  with some responsibility for the supervision of others.
4		Advanced National Certificate	Carry out processes that: cover a range of well developed technical and/or academic skills involve a significant choice of procedures are executed within a range of familiar contexts.	Use a range of known responses to solve familiar problems  Have a range of sometimes innovative responses to concrete but often unfamiliar problems.  Demonstrate interpersonal skills in order to communicate information, to convince or care for others	Employ broad knowledge base incorporating some theoretical concepts  Analyse and interpret information and make informed judgement.  Prepare oral and written reports on work done or on incidents  Understand working instructions and simple technical documents	Involved in directed activities, with some autonomy,  under general supervision,  with some responsibility for the quantity and quality of output for self and others  with possible responsibility for supervising others.
3		National Certificate	Carry out processes that: cover a range of specialized technical skills in a precise field of study involve repetitive and familiar procedures are executed within closely defined parameters	Apply procedures and/or techniques in response to precise instructions in order to obtain expected results  Propose new solutions, adjustments and adaptations  Exchange factual information	Employ basic operational knowledge  Refer to readily available information  Use known solution to familiar problems  Fill in working forms or other relevant formats  Understand working instructions	Involved in directed activities  under general supervision and quality control  with limited responsibility for the quantity and quality of their work  with no responsibility for guiding others

NQF level	Band	Qualification type	Level descriptors			
			Degree of complexity of tasks	Reasoning and problem solving	Knowledge	Autonomy and responsibility
4	General Education	Advanced level	<p>Carry out processes that:</p> <p>deal with advanced hypothetical propositions which will be directly linked to a concern, topic or theme</p> <p>require developed abstract thinking skills to solve complex problems</p> <p>Involve a wide range of procedures, often in non - standard combinations</p>	<p>Demonstrate the ability to gain and apply a range of knowledge, skills and understanding at a detailed level</p> <p>Show evidence of the ability to analyze, synthesize a range of data and to comprehend material of reasonably complex nature</p> <p>Determine the proper methods and procedures to respond to a variety of problems</p> <p>Articulate the results of their study and research clearly, accurately, and in a balanced and rational manner</p>	<p>Demonstrate wide -ranging understanding of the subject(s) at hand but with in depth knowledge of certain areas</p> <p>Prepare oral and written essays with coherency on research done</p>	<p>Involves a high degree of independent learning, but will often require input or guidance from others to complete of tasks</p> <p>Displays qualities and transferable skills useful in situations requiring the exercise of some personal responsibility and judgement</p>
2		Secondary	<p>Carry out processes that:</p> <p>deal with hypothetical propositions involving abstract thinking and requires the combination of elements in a systematic way</p>	<p>Apply procedures and/or techniques related to language, mathematical, ICT, scientific, historical, socio-cultural and environmental domains</p> <p>Transfer skills in multiple contexts according to set procedures and use them to learn more effectively</p> <p>Apply critical and creative thinking to solve problems</p> <p>Communicate information, instructions, ideas and feelings in a range of different cultural, language and social contexts</p>	<p>Acquire broad-based knowledge and skills and develop desirable attitudes, to provide the basis for independent and future learning, and application of learning.</p>	<p>Involved in directed learning under guided autonomy and with close supervision with limited responsibility aiming towards increased autonomy by taking positions</p>
1		Primary	<p>Carry out processes at a concrete (hands-on) level based on familiar content and involving logical groupings</p>	<p>Apply basic procedures and techniques related to language, mathematical, ICT, scientific, historical, socio-cultural and environmental domains</p> <p>Apply repetitive and other learning skills to instil sound elementary knowledge, attitudes and values</p> <p>Demonstrate basic communication skills to inform, recall and express facts, ideas, views, opinions and feelings</p>	<p>Acquire basic, broad-based knowledge and skills (operational literacy in terms of Reading, Writing and Arithmetic) and develop desirable attitudes and values.</p>	<p>Involved in basic directed learning under continuous guidance with close supervision with limited responsibility and autonomy</p>

## Appendix Sixteen: Formulating statements of competency

Qualification type	Statement type	
<b>Degree</b>	Analyse ... Compare ... Examine ... Design... Develop ... Formulate ... Manage ... Organize ... Plan ... Prepare ... Propose ...	Evaluate ... Appraise... Assess ... Predict... Estimate... Select... Supervise...
<b>Diploma</b>	Apply principles and practices of Carry out ... Classify Communicate ... Conduct ... Demonstrate understanding of Execute all activities related to... Inspect Maintain/Calibrate ...	Participate in Perform ... Practice ... Prepare ... Process ... Promote ... Use ... Undertake administrative duties
<b>Certificate</b>	Demonstrate knowledge of... Demonstrate understanding of... Explain... State... Describe... Execute all activities related to... Participate in... Operate... Undertake ... Apply principles and practices of Carry out...	

**List of verbs used for writing elements of competencies at different levels of the National Qualifications Framework**

Level 3	Level 3	Level 4	Level 5	Level 5-6	Level 7
Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
Define State List Name Write Recall Recognize Label Underline Select Reproduce Measure Relate Describe Memorise Record	Report Review Tell Identify Justify Select Indicate Represent Name Explain Judge Contrast Translate Classify Discuss Compare Express Restate Describe Recognize Locate	Interpret Employ Dramatise Predict Select Explain Find Choose Assess Show Perform Construct Use Practice Apply Operate Demonstrate Illustrate Practice Schedule Shop Sketch	Calculate Solve Categorise Experiment Test Diagram Analyse Identify Conclude Criticise Select Separate Compare Examine Justify Resolve Contrast Distinguish Appraise Question Breakdown Differentiate Inspect Debate Inventory Relate	Prepare Construct Create Set up Combine Argue Select Compose Restate Discuss Relate Manage Summarise Organize Generalize Plan Precise Derive Conclude Design Propose Formulate Arrange Assemble Collect	Appraise Compare Revise Score Judge Support Identify Attach Evaluate Defend Avoid Rate Determine Attack Select Assess Recognize Choose Criticize Value Estimate Measure