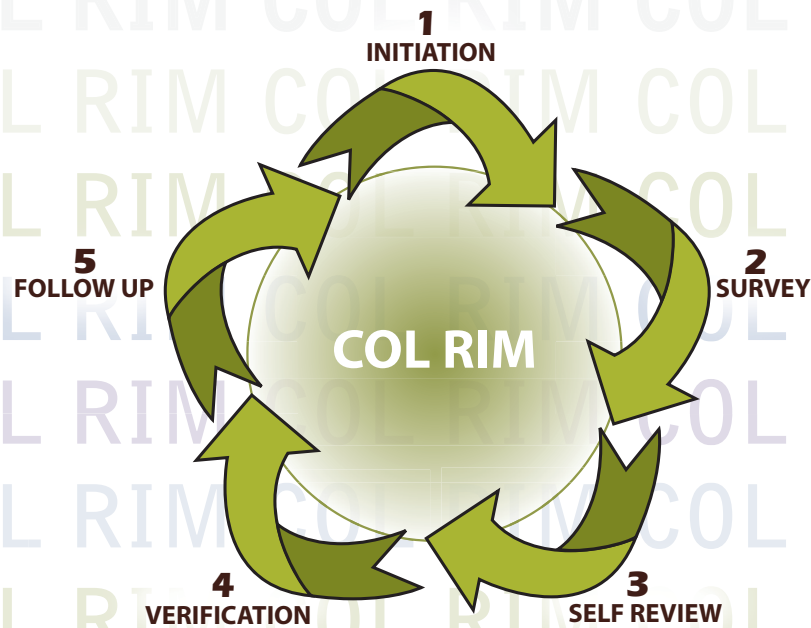




COMMONWEALTH of LEARNING

Handbook for the Commonwealth of Learning Review and Improvement Model



Making Quality Work in Higher Education

COMMONWEALTH *of* LEARNING

The Commonwealth of Learning (COL) is an intergovernmental organisation created by Commonwealth Heads of Government to encourage the development and sharing of open learning and distance education knowledge, resources and technologies.



Commonwealth of Learning, 2010

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Handbook for the Commonwealth of Learning
Review and Improvement Model
(COL RIM)

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Published by:

Commonwealth of Learning
1055 West Hastings, Suite 1200
Vancouver, British Columbia
Canada V6E 2E9

Telephone: +1 604 775 8200

Fax: +1 604 775 8210

Web: www.col.org

E-mail: infor@col.org

Project Initiation and Management

Dr. Willie Clarke-Okah
Education Specialist, Higher Education
Commonwealth of Learning (COL)

Consultants (Quality Works Ltd)

Ms. Alison Schmidt (Botswana)
Dr. Geoff Plimmer (New Zealand)
Ms. Caroline Donovan (New Zealand)

Logistical Assistance

Ms. Ruvani Ameresekere
Programme Assistant
Commonwealth of Learning (COL)

Graphic Design and Publication

Ms. Denise Tremblay
Graphic Designer
Commonwealth of Learning (COL)

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PART ONE: Introduction to working with the COL RIM

1. A new approach to quality assurance

1.1 Why was the COL RIM developed?

The Commonwealth of Learning Review and Improvement Model (COL RIM or the model) was developed by the Commonwealth of Learning in response to two key drivers:

- Increased global emphasis on the quality of higher education
- Rising concern about the high cost and uncertain benefits of conventional approaches to external quality assurance.

A companion document to this handbook, *Conceptual framework for a low cost model of effective institutional quality audit* explains the rationale for the design and development of the parts of the model. The model is designed to be low in cost and high in effectiveness.

1.2 Who is the COL RIM for?

Any post secondary education and training institution in the Commonwealth can choose to implement the COL RIM. Participation is entirely voluntary and there are no high stakes consequences. Any outcomes of the review process are owned by your institution and it is up to you to share information with your stakeholders. The model is suitable for institutions of all types and sizes as indicated in Figure 1 below:

Figure 1: Who is the COL RIM for?

All levels of quality maturity	The model can be implemented by institutions at all levels of experience with quality systems. An institution does not need to have a functional quality management system before it implements the model. The model can be implemented as a first major step towards improving quality. The model builds capacity at all levels of quality maturity. It helps the institution organise and analyse its own information in order to build a picture of 'current reality'; improve its quality management practices; strengthen internal systems, and achieve improved performance.
All levels of investment capability	Institutions with minimal resources can still access COL RIM support and implement the internal-only version of the model, with no external verification. However, an institution cannot become 'COL RIM Verified' without the involvement of an external verifier External verification adds value because of (i) the capacity building orientation of the external verification process, and (ii) the credibility conferred through external verification. An institution with ample resources for improving quality might choose to strengthen the external verification aspect of the model, and use a panel of external verifiers.
Different local contexts	Context variables include stakeholder profiles, size of the institution, type of institution, specific mission and vision of the institution, resource parameters, and the economic/political and social/cultural context. Because the scope and reporting are customised for the institution, and because scoping methods ensure that the review focuses on what counts, the model is adaptable for relevance to different local contexts. The model has an improvement orientation but is realistic about what is possible within existing constraints, and the importance of incremental steps toward the achievement of international standards. The COL RIM can be used where there is no functional national EQA system, or it can be implemented for developmental purposes side by side with national EQA systems, by institutions wishing to strengthen established systems and improve performance. Furthermore it could be implemented in partnership with an external accreditation agency .

1.3 How to read this handbook

Firstly, clear your mind of all your pre-conceived ideas about quality assurance. This handbook explains a new approach to quality assurance of higher education which will meet the needs of your institution. The model is not about what's wrong, it's about what's right. It's not about **what external assessors think** of your institution, it's about **how you think** about it. It's not about complying with standards; it's about becoming a learning organisation and continuously improving performance.

1.4 Why do educators hate quality assurance?

There are main two reasons why educators across the globe complain about quality assurance regimes. One is that many quality assurance systems have concentrated on imposing rules and not on changing behaviour. They have been associated with bureaucracy and high stakes and not with team building or organisational learning; and they have created a context for blame culture and game playing, rather than a context for an open and constructive spirit of enquiry and honest effort to improve. The literature shows that educators have identified few benefits for their institutions in this type of quality assurance regime, and a plethora of negative effects.

Another reason is that the rigmarole of meeting external compliance requirements is a new expectation that has grown within the last twenty years. International integration efforts have raised the bar for quality, so not only do institutions have to do more for less, they have to do it better than before, and prove it. These demands come at a time when classrooms are over-full; universities are short-staffed and under-resourced; and educators feel marginalised by pressures to increase efficiency and effectiveness. Scepticism about the effectiveness of EQA regimes and lack of capacity combine to make EQA thoroughly unpopular and not very effective.

Nevertheless, the pressure on institutions to implement a quality assurance regime and demonstrate accountability is not going to go away. So the challenge for educators is to find ways of addressing these requirements with maximum benefit to the institution, and the least amount of disruption, cost and other undesirable side-effects. This is what the COL RIM offers.

1.5 COL RIM is a do-it-yourself approach

The cheapest consultancy you can get for your institution is the do-it-yourself kind. This is also often more effective than the external kind. But sometimes the people closest to the problems have trouble seeing the wood for the trees. For that reason it's useful to have a structured approach, including tools and new ways of looking at old problems. COL RIM is a do-it-yourself approach which supports you to review your institution yourself, with the recommended option of getting your findings verified by a quality professional, or even a panel of verifiers.

Sometimes powerful sub groups within an organisation can be too dominating, and drown out the voices of other groups. For this reason the COL RIM is designed so that everyone's voice is heard. The COL RIM processes progressively 'surface' and process and filter information from different sources and through different groups, so that key issues are distilled without bias.

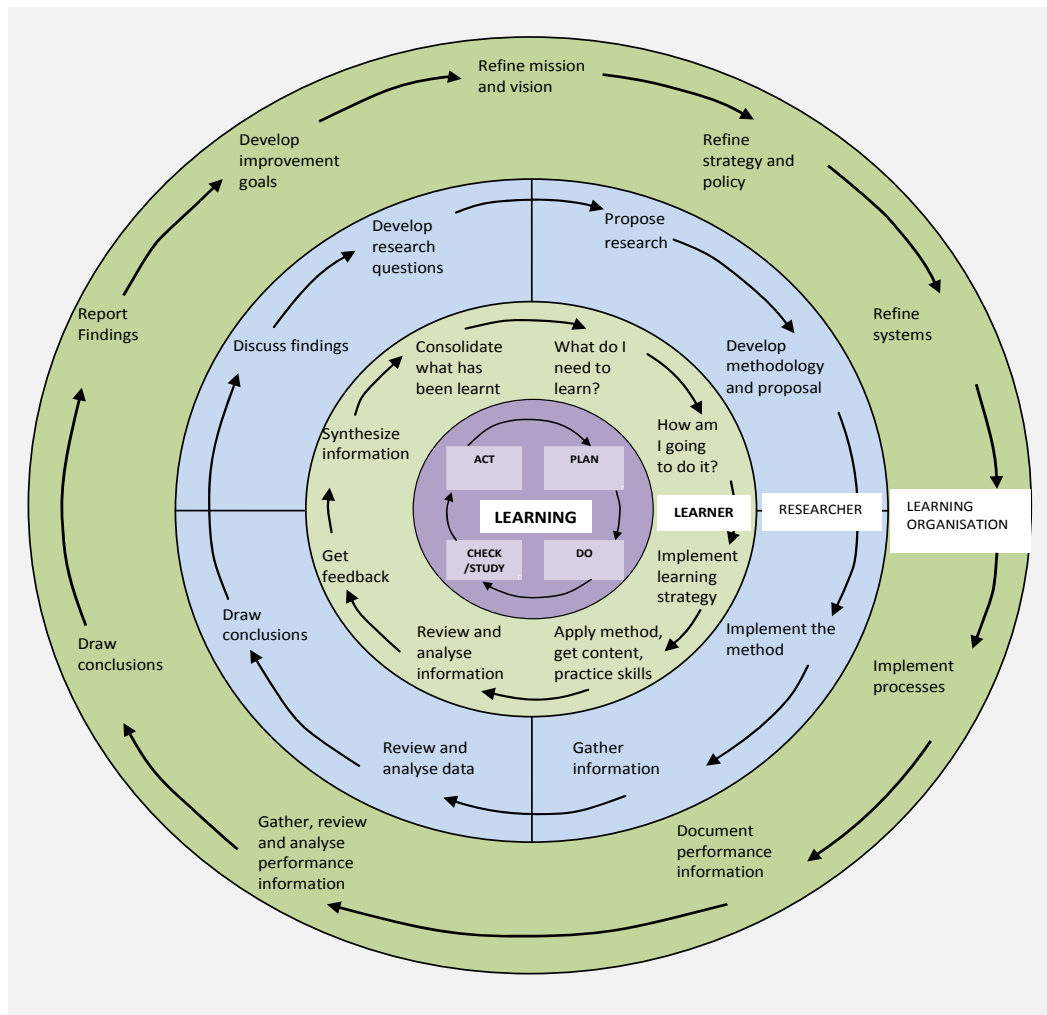
The credibility of a review process can be enhanced in different ways: by having independent reviewers who are seen as more objective (though more expensive), and by using rigorous and defensible methods that cost very little, and can be implemented by internal staff. The COL RIM relies on rigorous methods that are not only defensible but facilitate a whole new way of thinking

about the organisation. Using an external verifier is also highly recommended as it adds credibility to your internal process, and allows you to benefit from external expertise.

1.6 COL RIM is a learning process

An effective self-review and improvement process depends on whether the institution can study itself and improve its performance. Can the institution implement and learn from a process of institutional research? Reviewing an institution follows the process of any research project. Educators understand the importance of having a structured process; rigorous and defensible data gathering methods; accurate data; looking at the data from different perspectives; having evidence to back up claims, drawing conclusions and planning future directions. Figure 2 below shows how the review processes of a learning organisation reflect learning and research processes.

Figure 2: Review and improvement are learning processes



1.7 COL RIM is a new way of thinking about your institution

Implementing the COL RIM has significant implications for an institution:

- It is an organisational learning approach that tests the cultural foundations (assumptions and values) of the organisation; that challenges old ‘truths’; and brings about organisation-wide changes. Improvement depends on an approach to problem solving that goes beyond fixing symptoms and gets down to addressing the causes of problems. This requires a change in people’s attitude toward problems; with new ways of thinking, behaving and communicating.
- It is a systemic approach that crosses departmental boundaries, relying largely on the collective effort of multidisciplinary teams. This means it cuts across the exclusive domains of professional and administrative subgroups within the organisation and runs counter to traditional discipline-based cultures.
- It depends on committed and sustained transformational leadership. Success depends on strong linkages between the vision and strategic plan of the institution and the review and improvement systems. Cultural change is enabled by strong leadership that can implement a coherent strategy systematically and in a sustained way right across the institution.

The COL RIM can help your institution to manage change, develop new ways of thinking and respond to changing conditions and expectations. It offers a systemic view of your institution, based on information from multiple sources and perspectives. It encourages a holistic processing of organisational information that de-emphasises point scoring; and encourages real reflection. When using the COL RIM there is no need to dwell on poor performance of the past, except as an input to analysis and improvement planning. What matters is now and the future, and where the organisation and its people want to go, and how they are going to get there.

2. Thinking about quality and what really matters

2.1 What is the purpose of your institution?

Any investigation of quality begins with the question, ‘Quality of what?’ Without a clear consensus on the purpose of higher education, quality assurance models cannot make judgments about whether the institution’s activities and outcomes are ‘fit for purpose’.

Different viewpoints include:

- The traditional perspective which emphasizes the personal growth and development that occurs through education and its contribution to citizenship and social values.
- The new economic perspective that emphasizes market demand, work readiness and economic returns.

Although they can be polarizing, these different perspectives also complement each other well. This is shown, for example, in the Dearing report on Higher Education in the Learning Society¹, which proposes four widely accepted purposes of higher education:

- Personal effectiveness and fulfilment (to achieve self-realization through “learning how to learn”)

¹ R Dearing, *Higher education in the Learning society*, London, HMSO, 1998.

- Intellectual capital (to promote knowledge and understanding)
- Learning and innovation (to sustain knowledge-based economy)
- Social capital (to shape a democratic, civilized, inclusive society)

If these *are* the accepted purposes of higher education then the quality of education means education that is fit to serve these purposes.

Other definitions of quality like ‘transformation’ and ‘excellence’ are also relevant to these intentions. Another common way of defining quality is ‘value for money’. This issue has become more pressing in an environment of burgeoning growth and diminishing funding, and where many learners now share the costs that were once amply covered by governments.

2.2 Who are your stakeholders and what do they need?

The stakeholders of your institution are those who benefit from the fulfilment of its purposes. The profile of your stakeholders depends on your own local context, but generally education stakeholders include learners and their families and communities; industries and employers; governments and other funding bodies; and teachers and researchers.

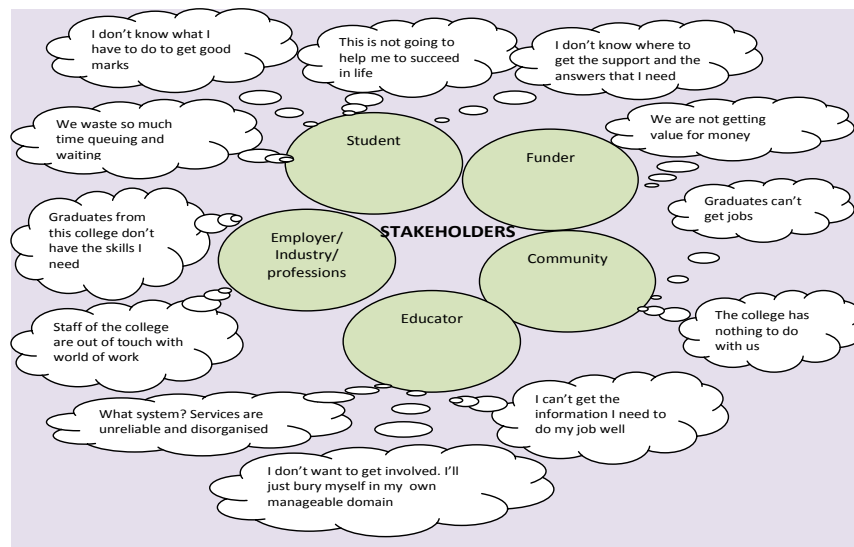
The various stakeholder groups have different types of relationship with the institution; and specific needs and expectations. What they have in common is the desire to see graduates equipped for success in today’s world, using their knowledge and skills to contribute to economic and social development. Furthermore, they want institutions to be accountable for delivering ‘value for money’.

2.3 What does poor quality look like to stakeholders?

Your purpose is to meet the needs of your stakeholders, and as well as having a range of perspectives on what they want from you, they also know what they don’t want. Feedback from your stakeholders comes most often in the form of complaints and criticism, as shown in Figure 3.

What stakeholders usually notice are the symptoms of problems with quality. The role of the responsive institution is to find the underlying causes of problems with quality and address those, so that stakeholder needs are met.

Figure 3: Stakeholder perspectives on poor quality



2.4 Managing for success in a complex environment

Higher education has a range of different stakeholders, with different needs and expectations, which all need to be satisfied. Local contexts require particular responses that are customised to meet specific social and economic needs. Higher education is a large-scale complex operation, typically involving diverse activities (such as support services, teaching and learning, research and engagement) and multiple inter-dependent systems. There are no simplistic relationships between cause and effect.

The process of managing for change and meeting stakeholder demands is becoming more difficult. Traditional ways of managing higher education that worked for conditions of the past (smaller institutions; lower expectations; less public scrutiny; and fewer choices) are not coping with the new challenge of becoming a world class institution.

The COL RIM provides a systematic approach to improving your institution in a complex environment. It is a flexible model that can be adapted for your particular context. It provides you with tools for establishing your current reality, ways of planning your desired future, and techniques that structure and motivate movement towards your goals. As a by-product of your improvement oriented-activity, COL RIM contributes information that you need to satisfy accountability purposes.

3 What does the COL RIM consist of?

The model consists of features, components, processes and outcomes, as shown in Figure 4:

Figure 4: What does the COL RIM consist of?

	What		Who	KEY DELIVERABLES/ OUTCOMES
FEATURES	COL RIM programme logic Rationale for the design of the model		COL	
COMPONENTS (INPUTS)	Principles Key evaluative questions Quality indicators		COL	
PROCESSES	1. Initiation	Make contact Complete a 'reality check' Make a commitment	COL and the institution	Readiness assessment Memorandum of Understanding
	2. Survey	Staff survey	COL with internal staff of the institution	Survey and survey report
	3. Self-review of quality	Self-review	Institution	Self-review report
	4. Verification of self-review	Internal with optional simultaneous external verification focuses on responses to identified issues of concern	Institution usually with COL External Verifier	Verification report
	5. Planning and follow up	Implementing quality management processes	Institution	Strategic plan Improvement goals Action plans QMS
		Reporting to stakeholders	Institution	Performance information for stakeholders (including internal staff, students, employers, funders, community)
	Meta review of the COL RIM	COL	COL RIM Meta Review report Improvement goals	

3.1 Features of the COL RIM

The features of the model are outlined below with a short explanation of the rationale behind them. For a full understanding of the theory behind the design of the COL RIM, the reader is referred to the *Conceptual framework for a low cost model of effective institutional quality audit*.

Figure 5: Features of the COL RIM

Combines internal and external assurance:	COL RIM serves both improvement and accountability purposes, but the main focus is on improvement of internal systems. The COL RIM seeks to foster improvement orientation and quality culture, and information required for accountability purposes is derived as a by-product of internally-oriented evaluation.
Focus on stakeholder needs and core processes	Stakeholders of higher education want good quality education that is relevant to local social and economic needs and to international trends. The processes of the institution are the means by which the outcomes that stakeholders want are achieved. The activities of the COL RIM are all guided by six overarching evaluative questions (see Section 3.3) which ask how well the institution is providing the services that its stakeholders needs
Systemic approach to the performance of the whole system	Quality is an outcome of systematic improvement to internal systems. COL RIM focuses attention on the need for a clear sense of direction, coherence between systems and an enabling environment for improvement.
Emphasis on the key role of human actors in the system	Ultimately what people do or don't do depends on what they believe in and value, so achieving good quality is dependent on a quality culture. The COL RIM builds capacity with organisational learning approaches that encourage quality culture.
Centralises self-review as the key to improvement	Self-review is widely seen as the most effective aspect of quality assurance. Self-review enhances ownership, builds capacity and provides a rich and informative picture of the performance of the institution. Authentic and dynamic self-review sets up a creative tension between where we are now and where we want to be, which motivates people to improve.
Emphasises authenticity of self-review	Credibility is enhanced when rigorous and defensible methods are used in the gathering, and reporting of information and when outcomes are verifiable.
Is customised to optimise relevance to the institution	Customisation includes selecting indicators that are relevant for the local context, scoping review processes to focus on what matters, involving all stakeholders, and ensuring that reporting meets local accountability requirements
Emphasis on transparency and information to stakeholders	Information about the organisation is progressively 'surfaced', processed and filtered by different groups of people. COL RIM processes encourage openness and readiness for a structured and inclusive and constructive approach to information processing. Institutions implementing the COL RIM are expected to report to their stakeholders.
Offers credibility for enhanced stakeholder confidence	The reputation and credibility of the model relies both on the use of credible methods and on an external verification processes. The external verifier also offers training and developmental advice.
Emphasis on continuous review and incremental improvement cycle	COL RIM can be implemented at any stage of development of the institution. It helps embed quality management and assurance cycles into the business-as-usual practices of the institution. It is premised on the understanding that improving quality is a journey and not a destination. The COL RIM itself is subject to continuous improvement and review

.2 Principles of the COL RIM

The principles that guide the COL RIM are described in Figure 6 below. The principles emphasise that quality in any guise is an outcome of the institution's own fit-for-purpose, transformative, consistent and cost-effective activity towards achieving excellence.

Figure 6: Principles of the COL RIM

<p>What is quality? Quality is an emergent property of the institution’s systematic review and improvement of its own performance</p>	
<p>Goals of the COL RIM Integration: Combine internal and external quality assurance mechanisms Development: Strengthen internal systems for quality assurance; build capacity by developing staff capability to implement the model Focus: Focus on the high level evaluative questions. Consistent high quality of learning experiences and outcomes is the goal of all quality assurance activities: Information : Ensure that quality assurance activity enhances transparency, open discussion about quality issues, genuine problem-solving approaches and provides the information that all stakeholder groups need Coherence: Maximise synergies between internal quality assurance reporting and external accountability and reporting requirements Authenticity: Seek real engagement with internal and external stakeholders about what their needs and concerns are</p>	
<p>Approach to internal QA Self-review: Embed self-review as a regular review activity and planning tool Authenticity: Be open and transparent about issues of concern, and rigorous in your exploration of cause and effect Fact based approach: Use performance indicators and a fact-based approach to making judgements and decisions about improving quality Multiple perspectives: Involve all stakeholder groups in internal and external quality assurance processes</p>	<p>Approach to external QA Purpose of EQA: Use external verification for enhanced credibility, staff development, and capacity building purposes Personnel for EQA: Involve internal staff as key players in external verification. Involve credible external verifiers who have quality management expertise and can help build capacity Scope of EQA: Ensure that external quality assurance is carefully planned and scoped to focus on high level evaluative questions, key current issues and leverage points.</p>

3.3 Evaluative questions

COL RIM has pre-identified six evaluative questions that are relevant to the evaluation of the quality of all modern education and training institutions. Other questions may be collaboratively developed in the course of the COL RIM implementation, in response to the specific needs of the local context. The six questions relate to six different themes as shown below:

Themes	Evaluative question
Communication	How effectively does the institution communicate with its stakeholders?
Needs orientation	How well does the institution provide the outcomes that its stakeholders need and value?
Engagement	How effectively does the institution engage with local and international communities
Innovation and creativity	How effective are the institution’s innovative and creative responses to a changing environment?
Capacity Building	How effectively does the institution develop the capacity of its people to provide valued outcomes for stakeholders
Quality Management	How well does the institution monitor and improve its performance?

Answering these high level evaluative questions requires a holistic view of the institution.

For example, to answer the question, ‘*How effectively does the institution communicate with its stakeholders?*’ it is necessary to identify all the stakeholder groups; find out what their various communication and information needs are; determine which processes and systems facilitate or hinder timely communication with them; identify the range and sources of different types of information that they need; and investigate the processes in place to monitor the effectiveness of that communication.

Different areas of work, at different levels in the institutional hierarchy, all contribute to effective communication. **Enablers of** good communication include strong leadership; systems and processes and behaviours for strengthening relationships with stakeholders, for communication with learners, for disseminating information and knowledge, for developing staff, and for managing information and data. **Results** of effective communication will be evident in the institution's standing and role in local and international communities; in positive feedback from stakeholders; in good level of understanding amongst stakeholders about where the institution is going, what it offers, what it is involved in, how it works and how well it is performing.

Thus each evaluative question can be 'unpacked' for detailed consideration of the each of the range of processes and results that contribute to an overall positive outcome. To facilitate this 'unpacking' the COL RIM includes 48 quality indicators which are discussed in 3.4 below. Indicators are to be used to inform evaluation and not to determine it.

Much criticism of evaluation processes is related to the use of a set of indicators that (i) implies that the performance of the organisation can be meaningfully broken down into its component parts, and that (ii) a mechanistic check-the-box approach to rating each part individually will yield an aggregate score that reflects the performance of the whole organisation. Such an approach will clearly not yield a useful result for the institution, especially since it sheds no light on the complex interdependencies and cause and effect relationships between enablers and results. Unpicking cause and effect relationships that are impacting on institutional outcomes needs a richer picture of relationships.

For this reason COL RIM encourages institutions to use the indicators in the early stages of COL RIM implementation, to sort out what needs to be included in the investigation, but to move quickly into a thematic analysis, based on the six high level evaluative questions.

3.4 COL RIM quality indicators

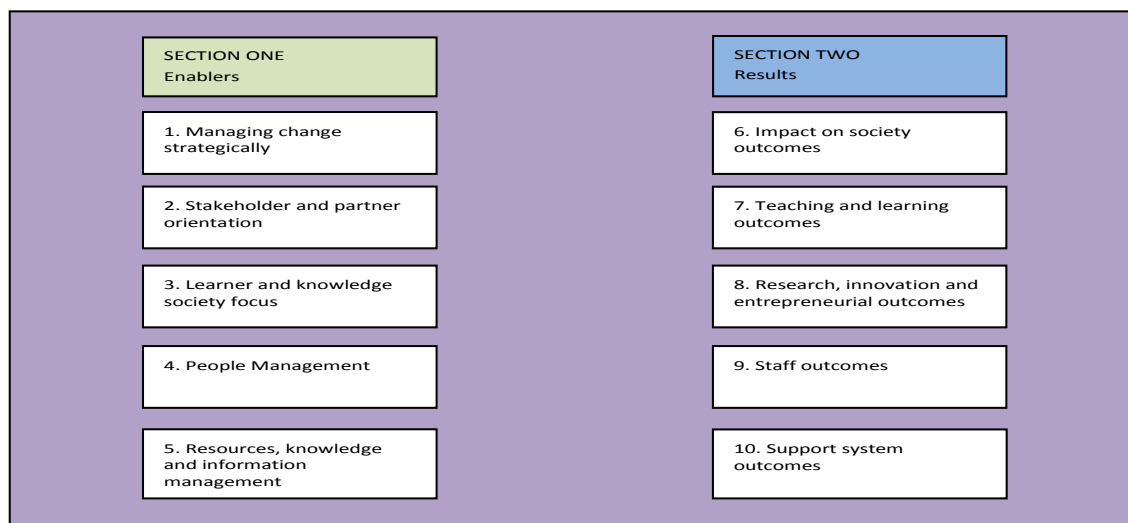
The COL RIM includes a bank of 48 quality indicators (see Appendix 8) as a tool to help make judgements about specific aspects of performance that contribute to your overall high level evaluation. They do this by showing what good and poor quality look like in different areas of operation. The indicators make descriptive statements about quality for all performance areas of an education institution, without prescribing how the standard should be achieved.

The indicators can be grouped in different ways to inform evaluation. They can be grouped according to the six evaluative questions that they are most relevant to; or they can be grouped according to performance areas such as 'people management' or 'resource, knowledge and information management', and they can be grouped according to whether they concern enabling processes or measurable outcomes.

3.5 Enablers and Results

Figure 7 shows how they can be divided into ten areas called Key Performance Areas, and further divided into two groups i.e. Enablers and Results. **Enablers** are the behaviours and processes of leadership and operation; they provide the means by which the results will be achieved. **Results** are the outcomes of behaviours and processes which show you whether your processes were effective or not.

Figure 7: Enablers and results



There is no simple one-to-one relationship between enablers and results. Any result is the outcome of a complex interaction. Because of this complexity, and interdependence, it is misleading to treat indicators as ‘belonging to’ distinct areas of performance. Each of the five enabler areas contributes to outcomes in each of the five results areas. The exact nature of the relationships will vary from one institution to another; and investigating causal relationships between specific enablers and institutional outcomes is an important aspect of the evaluation.

Building a rich picture of the institution’s performance, and working out where improvement effort should be focussed includes qualitative and quantitative information and different lenses for looking at the information. Cutting the data in different ways (enablers, results and themes) helps to create different perspectives, work out causal relationships between enablers and results; and build a systemic picture of issues to be resolved, and services to be improved.

Figure 8 below shows how we can usefully ask questions about:

- Enablers for each theme: **How do you do it?**
I.e. what are the leadership and operational processes that your institution has in place to support outcomes for this theme
- Results for each theme: **Is it working?**
I.e. What results are you getting and what is that telling you about whether the enablers are in fact enabling the desired results? These questions are the six evaluative questions of the model.

It is results which are really important. Enablers are the means by which results are achieved. ‘How do you do it?’ is a useful line of enquiry if the desired results are not being achieved. The early focus of the COL RIM processes is wide, including all the enablers, but it quickly narrows to an in-depth focus on ‘Is it working?’, and the analysis of specific problems.

Figure 8: ‘How do you do it?’ and ‘Is it working?’

Themes	ENABLERS How do you do it?	RESULTS Is it working?
Communication	How do you make sure that the right people get the right information at the right time so that they can make the informed decisions?	How effectively does the institution communicate with its stakeholders?
Needs orientation	How do you make sure that your institution is meeting the needs of its stakeholders?	How well does the institution provide the outcomes that its stakeholders need and value?
Engagement	How do you establish and maintain mutually beneficial relationships with local and international communities?	How effectively does the institution engage with local and international communities
Innovation and creativity	How do you foster creative and innovative responses to a changing environment?	How effective are the institution’s innovative and creative responses to a changing environment?
Capacity Building	How do you build the capacity of the people of your institution to achieve better outcomes?	How effectively does the institution develop the capacity of its people to provide valued outcomes for stakeholders
Quality Management	What systems do you deploy to manage and improve performance and meet accountability requirements?	How well does the institution monitor and improve its performance?

3.6 COL RIM rating system

The COL RIM uses rating as a tool for analyzing strengths and weaknesses. What matters more than numbers is that you deepen your understanding of your strengths and your weaknesses and use your analysis to leverage change.

The COL RIM uses a three tier rating system for each of: (i) 48 individual indicators, (ii) six themes for evaluation, and (iii) the summative result of verification. The descriptive statements for the three levels of performance for each of the above are guided by big picture statements of quality maturity, as shown in Figure 9:

Figure 9: Basis of a three tier rating system

Opportunity for improvement (Numerical weighting = 0)	Inadequate, high risk, reactive approach to problems, lack of coherence: little or no alignment of activities across the institution, little or no use of performance indicators, no systematic evaluation of outcomes
Threshold (Improvement orientation) (Numerical weighting = 1)	Some evidence of a systemic approach to quality management of core processes, key risks are managed, some quality problems are identified and effort made to address them. Some use is made of key performance information for improvement planning.
Good practice (Numerical weighting = 2)	Seamless deployment of systems across the institution, proactive approach to problems, joint problem solving, evaluation data used systematically to improve efficiency and effectiveness, evidence of continuous refinement and innovation, strong focus on outcomes

In Appendix 9 each indicator is presented at three levels of performance. Rating performance at the level of the indicators only happens in the staff survey. In the survey, staff members rate performance in their own area of operation against each of the 28 enabler indicators and 20 results indicators. These ratings are based on opinion and perception only, but are considered indicative of areas of potential strength and weakness for further investigation.

Qualitative information and other forms of evidence are very important, since ratings don’t tell a full story. Ratings can inform judgements, rather than be the judgements themselves. Nevertheless ratings can be interpreted:

- A numerical rating of less than one may indicate the need for improvement.
- A rating of more than one may show that the institution is moving towards the achievement of

- the quality standard.

A large number of ‘I don’t know’ responses to survey statements can result in a rating which may be misleading. In interpreting survey results, the proportion of ‘I don’t know’ responses needs to be considered, since this response can signify problems, such as lack of communication, abdication of responsibility, ineffectiveness of systems etc.

The survey report also rates performance in relation to the six evaluative questions. It does this in two ways, (i) by aggregating scores for relevant indicators (which is mechanistic and potentially misleading) , and (ii) by moderating ratings arrived at in this way by applying three levels of performance to the six evaluative questions, as shown below:

Figure 10: Rating performance for the six key evaluative questions

Rating performance against the six evaluative questions at three levels of performance is repeated (based on evidence this time) during the Self-Review, and again at Verification.

Themes	Opportunity for improvement	Threshold (Improvement orientation)	Good practice
How effectively does the institution communicate with its stakeholders?	There is little consultation with stakeholders and important information does not reach those that need it	There are systems for consultation and getting feedback from stakeholders Communication of information to stakeholders is mostly adequate and timely so that in general people know what they need to know.	The institution works closely with stakeholders and ensures that information that various stakeholders need for decision making is accurate, up-to-date, comprehensive and readily available
How well does the institution provide the outcomes that its stakeholders need and value?	Planning and resource allocation and programmes are not aligned to the identified needs of learners	Key stakeholder needs are identified and management of resources and methods effectively balances the interests of all stakeholders	Planning and resource allocation and programmes are responsive to ongoing analysis of national and international trends and feedback from internal and external stakeholders
How effectively does the institution engage with local and international communities	There is little evidence of engagement with relevant local and international bodies and communities	The institution has some formal involvement with relevant local and international groups such as industry/professional bodies, academic communities, other providers, funding bodies, accreditation agencies, local community, national and international bodies	The institution is actively engaged in working collaboratively with local and international communities to achieve common goals
How effective are the institution’s innovative and creative responses to a changing environment?	The institution is slow to respond to a changing environment and to the meeting the diverse needs of a growing student population	The institution supports and encourages the creative use of new technologies and new modes and methods to meet the needs of current and future students	The institution is well known for its innovative ‘cutting edge’ responsiveness to the emerging needs of its stakeholders.
How effectively does the institution develop the capacity of its people to provide valued outcomes for stakeholders	The institution provides an inadequate level of support for the staff development that is necessary to meet stakeholder needs	Staff are supported to develop their skills and knowledge and gain the experience they need in order to advance their careers	The institution invests in its people, and the return on that investment is demonstrated through their success and demonstrable expertise in leadership, management, research, teaching and service provision
How well does the institution monitor and improve its performance?	Some aspects of quality is managed in some areas but the deployment of systems and assurance of quality is piecemeal, and there are significant risks	There is a coherent system and infrastructure for managing quality; risks are managed and quality culture is developing in some areas	The institution regularly evaluates its performance; plans and implements improvement interventions and monitors its own progress

3.6 Processes of the COL RIM

The five key processes are explained in detail in PART TWO of this handbook. An overview of the steps is shown in Figure 11 and 12 below:

Figure 11: Five processes of the COL RIM

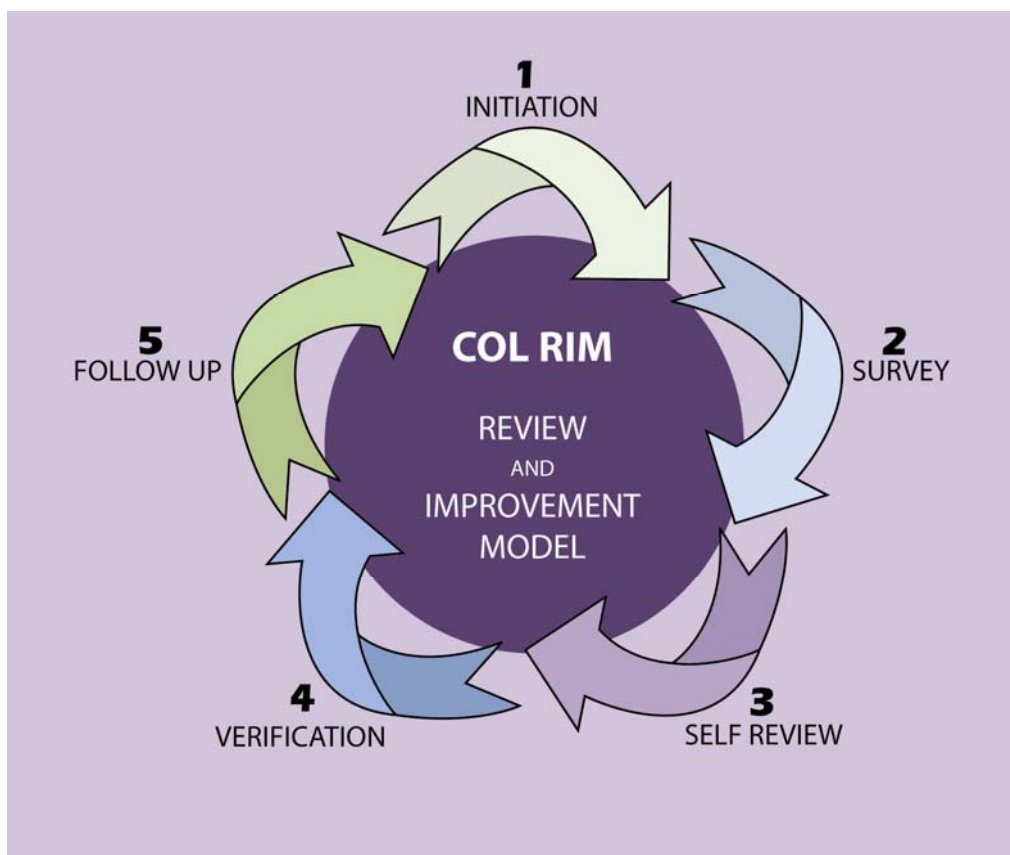


Figure 12: Description of the five processes of the COL RIM

1. Initiation	The institution indicates interest in implementing the model, conducts a readiness assessment, agrees on any preparation steps and signs the Memorandum of Understanding
2. Staff Survey	This step involves administering a staff survey with the assistance of COL, based on a selection of quality indicators that the institution considers most relevant to its vision and mission.
3. Self-review of quality	The institution uses the results of the staff survey to carry out a self-review exercise, and produce a self-review report. The report becomes a basis for the next step: Verification.
4. Verification	An organisation-wide team, entirely separate to the team that carried out the self-review, uses the self-review report to scope and carry out an internal audit that verifies the self-review report. The verification involves reviewing the methods and the evidence that supports the findings of the self-review. Verification could include one or more education specialists, independent auditors or quality professionals from partner institutions. The purpose of involving an external party is to benefit from independent, objective expertise. The outcome of the verification is a report that can be used to refine plans for improvement.
5. Planning and follow up	In this step, the institution uses the findings of the verification to prepare detailed plans for improvement. Follow-up includes reporting to stakeholders on the outcomes of the verification, developing processes to ensure that improvements are properly implemented and continue; and evaluating the extent to which the RIM meets the institution's needs. The process of implementing the COL RIM begins and ends with COL which collates institutions' feedback for the purpose of further developing the RIM.

The whole approach of the COL RIM can be seen as a series of processes of gathering and filtering information from multiple sources and looking at it from multiple perspectives; focussing more and more intently on the key issues that emerge. The ultimate focus of all this activity is your stakeholders and their needs.

PART TWO: Implementing the COL RIM

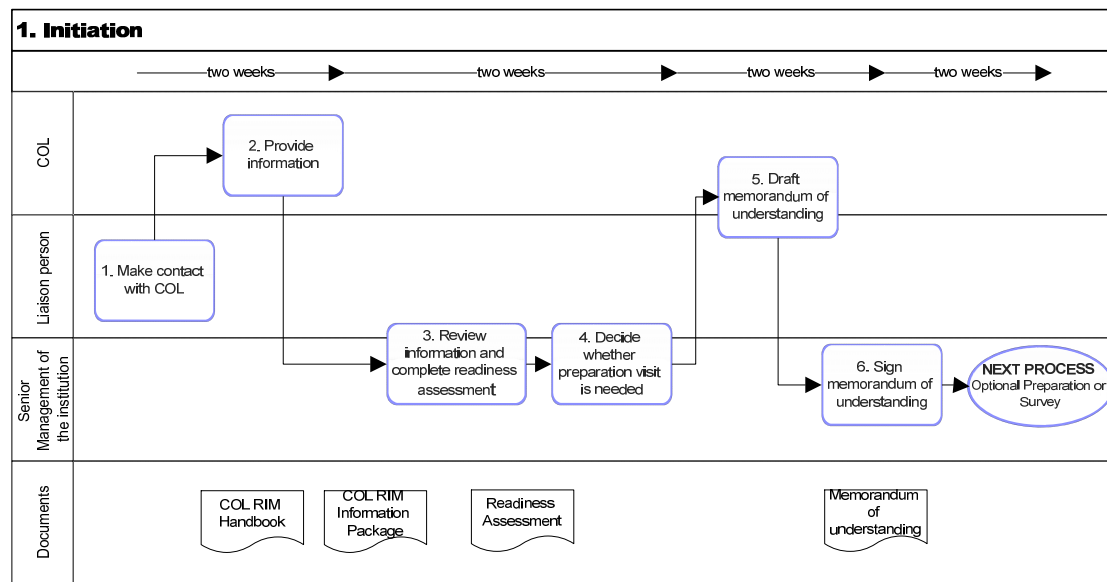
4. Summary of inputs, timing and deliverables

Figure 13: Summary of inputs, timing and deliverables of the COL RIM processes

		Institution input	COL Input	Direct costs	Timeframe for this process	Deliverable
1. Initiation	COL and the institution	Liaison person from the institution Involvement of senior management of the institution	COL liaison person COL RIM Information package COL RIM Handbook	Cost of any preparation visit –this is optional	2 months <i>6 months with optional prep visit</i>	Readiness Assessment Memorandum of Understanding
2. Staff Survey	COL with staff of the institution and survey analyst	All staff participation	Survey	Cost of analysing and reporting on the survey	6 weeks	Survey report
3. Self Review	Institution with COL External Verifier	Core group for self-review (4-10 people) includes representatives from both academic and service divisions (e.g. finance, institutional planning, research, student services). Core review group requires approx.10 days each to process survey report, gather evidence; agree on the picture of 'current reality' and make a plan for improvement. 3 extra days for the author of the report	Monitoring provided by the external verifier	External verifier –fee for monitoring; endorsing approach and timelines; and advising the team	3 months	Endorsed scope and plan Self-review report
4. Verification of self-review	Institution usually with COL External Verifier	Core group of internal verifiers (4-10 people no overlap with the SR group) includes representatives from across the campus, from different faculties and departments. The verifiers should be staff members with a keen interest in quality improvement. Call for volunteers in the first instance and make up any shortfall by nomination. Total of 10 working days per person (2 days preparation, 2 days workshop, 5 days verification, 1 day contribute to final report). The verification process includes presentation by the self-review group on the findings of the review	Capacity building provided by the external verifier	External verifier – travel and accommodation costs and fee	5 weeks	Presentation by self review team Verbal report back on verification Verification report
Total Time for process 1-4					8 months or one year with prep visit	
5. Planning and Follow up	Institution and COL	Management planning process – strategic plan needs to be developed/ updated to reflect improvement goals. Specific action plans are developed for specific projects. Process for monitoring progress. Reporting to stakeholders – fulfil accountability requirements and feedback appropriately to internal staff, students, employers, community etc. Feedback to COL on the process and outcomes of the COL RIM implementation	Meta review process for the COL RIM Feedback to stakeholders on the performance of the COL RIM and improvement plans	Cost of any follow up visit –this is optional	One year <i>Or 15 months with optional follow up visit</i>	Institution Strategic plan with improvement goals Action plans Information for stakeholders Feedback to COL COL COL RIM Meta Review report COL RIM Improvement plan
Total Time for process 5					One year or 15 months with follow up visit	

5. Process one: Initiation

Figure 14: COL RIM Process One: Initiating COL RIM implementation



Steps one and two: Making contact

The first step is to make contact with the Commonwealth of Learning to express your interest in implementing the model and get an information package for interested institutions. The COL RIM Information Pack includes a readiness assessment exercise as follows:

Step three: Readiness Assessment

Readiness for COL RIM is about being ready for change: ready to discuss openly what needs to improve, able to let go of legacies of the past, receptive to new ideas and new ways of doing things, inspired by a vision of providing a excellent education and achieving excellent results. Readiness includes senior management commitment to leading and advocating the COL RIM process; and to allocating people and time to complete the activities.

The questions below were selected by COL RIM workshop participants in Abuja, Nigeria, October 2009, as being the questions that they felt were most likely to assess readiness for COL RIM. The senior management of the institution should discuss these questions in some depth **and** elicit the views of a range of staff members including management, administrators, academic, and technical staff. Write brief answers that summarise generally held views and send these in the form of a letter of application to COL.

- **Does your institution have visionary leadership that inspires change?**
- **Do staff members have confidence in leadership's ability to implement change?**
- **Is there staff support for improving quality?**
- **Is there a culture of transparent sharing of information?**
- **Are the people of your institution are ready for change?**
(not exhausted by too many change initiatives already going on?)
- **Are you able to make people available for self review and verification?**

Team of 4-10 self reviewers for ten days each within a three month period*

Team of 4-10 verifiers for ten days each (block of six days and other days within five week period)*

**Fewer people needed for small institutions. Maximum number needed for institutions over 5000 students*

Step four: Decide whether you need a preparation visit

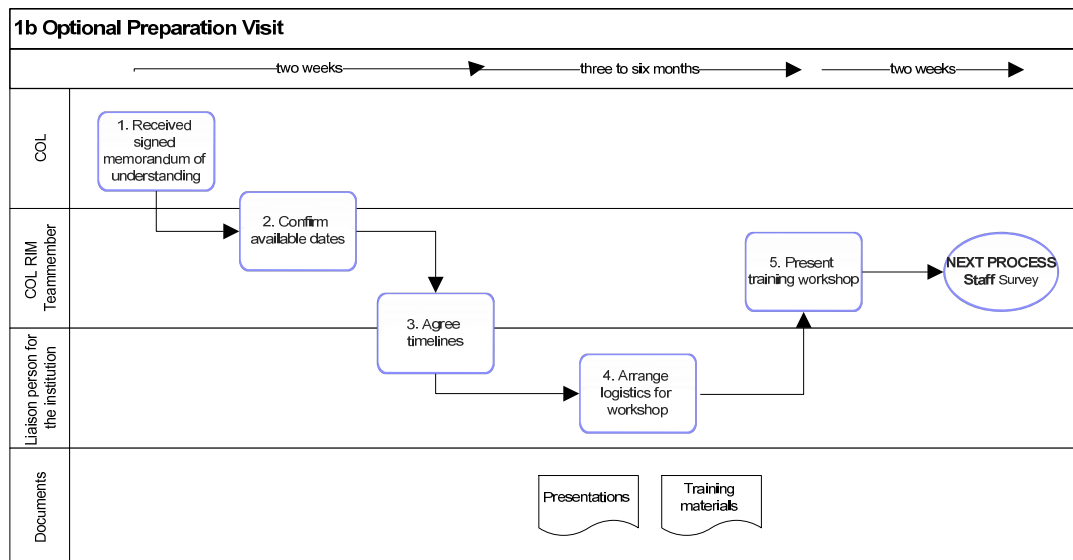
Initiation can include an optional preparation visit. The lowest cost version of the COL RIM does not include a preparation visit. If a member of your institution has attended a COL RIM workshop, then the Information pack and material available on the COL website should provide you with sufficient information to go ahead without a preparation visit. Figure 15 below provides an overview of the optional preparation visit. It consists of a visit from a COL RIM team member who will make introductory presentations to staff, including senior management, potential self review and verification team members. The COL RIM team member will also provide some training in self review and verification methods. There are cost implications for the visit and these are negotiable with COL.

Step five: Memorandum of Understanding

When your application is accepted you will enter into a negotiation with COL that concludes with the signing of a Memorandum of Understanding (see Appendix 2) which includes nomination of two key liaison people (one from COL and one from the institution); principles for implementation; timelines for implementation; provisional arrangements for external verification, discussion of themes (see below) and cost sharing arrangements.

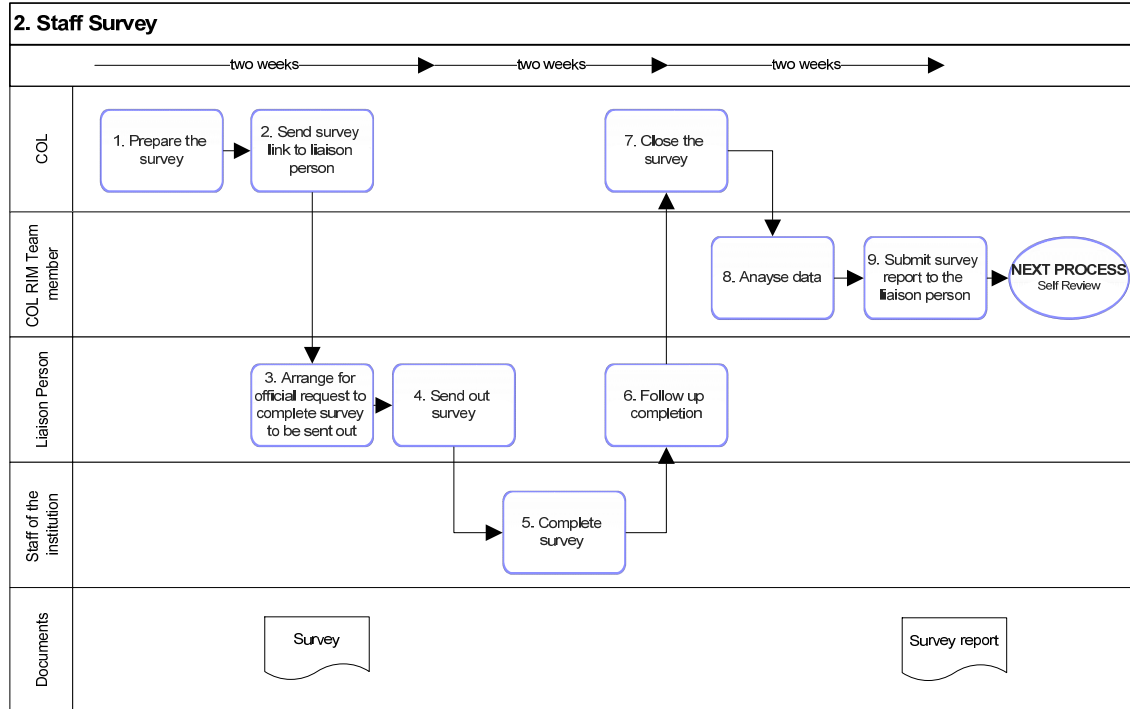
Individual institutions implementing the COL RIM will be at different stages of development and each institution will have its own strategic direction, depending on many different factors, including national development goals; funding arrangements; quality maturity; market forces and niche markets; existing strengths and weaknesses; and opportunities and threats. Institutions can tailor the quality indicators to reflect their own particular context and strategic direction, within the full range of themes that broadly reflect a global consensus on quality indicators for today’s education. Tailoring the indicators to reflect the needs of the particular institution is a process of exclusion. The institution can opt out of certain themes. **Four themes are essential.** Indicators relating to these four themes are considered the essential standards of the COL RIM: Communication; Needs orientation Capacity building; Quality management. **Two themes are optional.** Institutions can, by negotiation, exclude indicators that relate mainly to these themes: Engagement; Innovation and Creativity. Furthermore indicators relating to research can be excluded, if these are not relevant to the type of institution. The quality indicators (arranged by performance area) are presented in Appendix 8.

Figure 15: Process of preparation visit (Optional)



6. Process two: Staff Survey

Figure 16: COL RIM Process Two: Staff Survey



Steps one to six: Prepare and administer the electronic survey

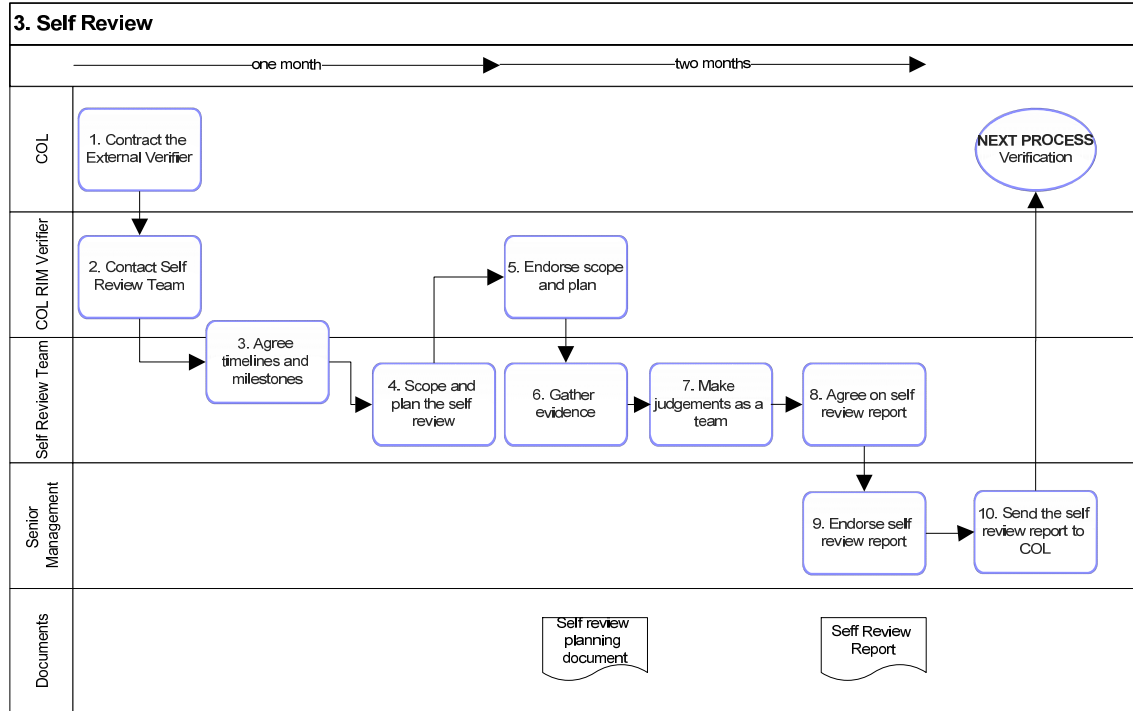
COL prepares a survey using the selected indicators, each elaborated at three levels of performance (as shown in Appendix 9). The survey is administered electronically via the institution liaison person to all staff. Each participant is asked to consider every indicator and, based on their *own experience* in their *own areas of work*, and their *own understanding* of the systems and performance of the institution, select one of three levels of performance and make any comment. The liaison person is responsible for following up to ensure a good response rate. A response rate of 25% is considered adequate.

Steps seven to nine: Report on analysis of the survey

Survey results are collected by COL. You may choose to have a member of your staff involved in the survey analysis; otherwise COL provides this service without institutional involvement. Analysis of the outcomes is by performance area and in terms of the six evaluative questions. The survey report reports on quantitative data (provisional ratings) and qualitative data (comments) and it signals areas of potential strength and weakness as a guide to further investigation. A suggested outline for the survey report is presented in Appendix 3.

7 Process three: Self-review

Figure 17: COL RIM Process Three: Self Review



Who does it?

A team of reviewers may include 4-10 people, depending on the size of the institution. The self-review team is likely to include management representatives from both academic (e.g. academic services, deans) and service divisions (e.g. finance, institutional planning and research, support services).

How long does it take?

Each team member is likely to spend about ten working days on this exercise including:

- 2 days preparation and scoping
- 1 day planning;
- 5 days carrying out the review
- 2 days collating results, discussing and developing a plan for improvement.

The overall author of the report will need additional time for writing.

Self-review is the most important part of the COL RIM. All the quality outcomes of the process (i.e. assessment of good and poor performance) are formative outcomes. Verification (i.e. confirmation or disconfirmation of the findings of the self-review) is the summative outcome, and that depends 100% on the rigour of the self-review.

Self-review is not just a stepping stone to verification, or a tedious external requirement. For your institution it is potentially the most valuable part of the process. Self-review should be undertaken regularly as a matter of course and not just for external verification purposes. Self-review is a comprehensive, systematic and regular review of your institution's performance against quality standards or indicators.

Steps one to three: Agree on timelines for the self review

The External Verifier will make contact with the self review team at the beginning of the process. His/her role in the self review is to endorse the scope and time-planning and provide clarification and advice to the self review team as they go through the self review process.

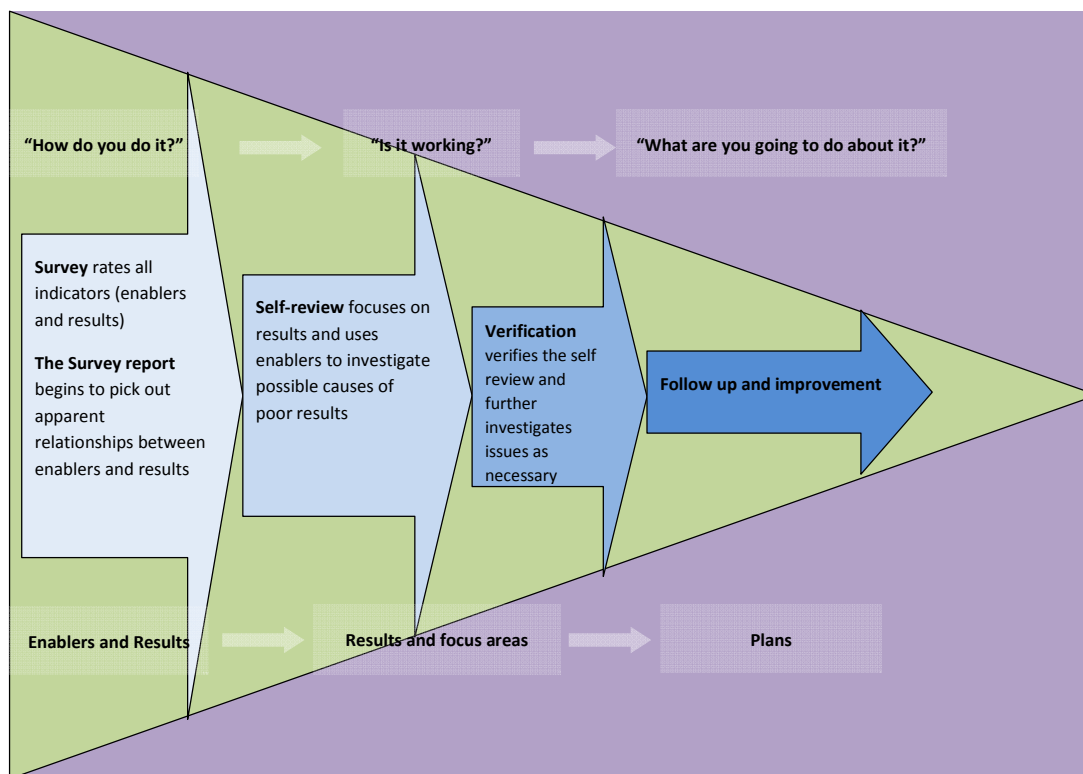
Meeting the timelines for submission of the report within three months of commencement is a critical indicator of the institution’s ability to meet the COL RIM standard, and a **pre-condition** for the next step which is Verification. The External Verifier will assist the self review team to specify a plan based on the outline below, and monitor their progress throughout the process:

Three months for self review						
Two weeks	Two weeks	Four weeks	One week	One week	One week	One week
Plan and scope the exercise	Get planning and scoping signed off by the External Verifier	Gather Evidence	Make judgements and recommendations as a team	Finalise the report as a team	Senior management endorse the report	Submit the self review report

Steps four and five: Scope and plan self-review exercise

Figure 18 shows that as we move from the survey to the self-review we start to focus more on results and what they are telling us about the performance of the institution. The process of self-review evaluates your results and asks whether your enablers are effectively enabling you to achieve your goals. Self-review provides the information that you need to diagnose problems and develop interventions that will improve your results.

Figure 18: Intensifying the focus on results



Scoping the self-review

The self-review is a formal evaluation of the quality outcomes of the institution. The focus is on results and all activity is guided by the six thematic questions about the institution’s results:

- How effectively does the institution communicate with its stakeholders?

- How well does the institution provide the outcomes that its stakeholders need and value?
- How effectively does the institution engage with local and international communities
- How effective are the institution's innovative and creative responses to a changing environment?
- How effectively does the institution develop the capacity of its people to provide valued outcomes for stakeholders
- How well does the institution monitor and improve its performance?

The self review includes an overall rating for each of the thematic questions. Although all results are in scope, there will be more benefit for the institution in focussing its self-review effort in some areas than in others i.e. there may be little justification for spending a lot of self-review time on areas that are highly rated across the institution in the staff survey.

Self-review effort needs to be directed towards areas of concern and potential leverage for change (e.g. areas consistently rated less than 1, areas where large numbers of respondents chose "I don't know" as a response; or areas where there is wide variability across the campus). Enablers are relevant where results show poor or variable performance; or where large numbers of respondents 'don't know' about results. The self review team will include enablers in the scope of the self-review in order to investigate the causes of poor performance.

Scoping means deciding what the review will cover, informed by any evidence of the need to focus in particular areas. A well scoped self-review will select those areas of most interest and **sample** the available evidence, looking at just as much as is required to make informed judgments about the organisation's performance in those areas.

Point to note: Scoping needs to meet the REAL NEEDS of your institution

Issues that might influence scoping could include:

- Your organisation is multi-site and survey feedback indicates issues at particular sites
- You are delivering new programmes that have yet to be evaluated
- There are new or emerging student groups (e.g. international) to be catered for
- Stakeholders are demanding a focus in a particular area
- Your organisation has undergone significant change recently, e.g. new management; new collaborative relationships with other educational or industry organisations
- Previous reviews identified problems in certain areas, which may be isolated or widespread
- Your organisation has a new strategic direction, or an existing one that is not being realised
- Some programmes are not currently viable
- Funding requirements are based on performance in certain areas
- Management is facing major decisions regarding investment in programmes, resources, facilities or services and needs to make choices about what's best for the institution and its learners
- Your organisation is required to comply with requirements of an external quality assurance body, which may not be perfectly aligned with the requirements of the COL RIM. Gathering and collating information should be efficient so that all requirements can be met simultaneously in one improvement oriented process, and if possible in one report.

A significant starting point for scoping the self-review is the report on the staff survey, which is a key source of evidence about the performance of the institution. Some of the results may be surprising to management and staff alike. Programmes or systems that were thought to be performing well might be rated poorly by staff, and vice versa.

A useful way to use the survey information for scoping is to group it into **vertical and horizontal areas of focus**. Horizontal areas span across the institution. Vertical areas are parts of the institution where it is necessary to drill down for details.

Let's use as an example some survey feedback from two Faculties:

Figure 19: Example 1: Horizontal and Vertical Focus

	Faculty of Nursing	Faculty of Hospitality
3. Learner and knowledge Society focus	Rating =1.7 (good practice) Staff said that there is a rigorous process of programme development, design and review; experienced educators; structured lesson planning in place; regular performance planning for educators; and a good system for getting feedback from learners and stakeholders that enables programme planning to meet learner and industry needs.	Rating =0.7 (opportunity for improvement) Programmes are rarely reviewed, having been offered for a long time as one of the original faculties before the organisation became a university, with many of the original staff. Learner feedback indicated that restaurant service and cookery courses often involved too much theory and too few practical elements. Despite this, tutors and management never met to discuss learner feedback and review either the programmes themselves or the lesson plans for the programmes.
4. People management	Rating =1.1(good practice overall) (but 3.10 = opportunity for improvement (0.5)) under resourced and generally too busy to get involved in research but all staff routinely participate in professional development	Rating =0.6 (opportunity for improvement) Staff has been out of industry for quite a long time and do not show much interest in engaging in professional development to keep their skills current.
5. Resources, Knowledge and Information Management	Rating =0.7 (opportunity for improvement) Resources and facilities needed updating consumable resources are sometimes scarce and don't fit the organisation's mission to be "the best provider of nursing education in the country" computer systems don't track and provide good information on resource needs, usage and expenditure	Rating =0.8 (opportunity for improvement) systems are in place for ordering consumables (food and beverages), but it is difficult to get all orders approved and to respond to market needs e.g. obtaining new types of beverages most equipment (ovens, coffee machines etc) was adequate while not particularly modern, with some notable gaps
What does the information in this example tell us?		
There is commonality in staff feedback on Key Performance Area 5, across two faculties at least, indicating that both the quality and quantity of resources may be a common issue.		
There are differences expressed by staff on the organisation's performance in Key Performance Areas 3 and 4. Nursing staff indicate that there are very good systems for meeting learner needs and developing educators, while hospitality staff indicate the need for improvement in these areas.		
There is significant contrast in staff development in the Faculties of Nursing and Hospitality.		

Performing an analysis like this on the survey results helps to identify which areas should be looked at horizontally across your organization, such as resourcing across the faculties; or areas warranting a vertical focus, such as staff development in the Faculty of Hospitality. In Example 1 (Figure 19) a corresponding vertical focus in staff development in the Faculty of Nursing could be used to identify areas of good practice that could be applied to other faculties.

A good approach to scoping is to make notes on the findings of the staff survey under the six themes, identifying some for horizontal focus across the institution and some for vertical focus within programmes, faculties and support services. A template like the example **Scoping and Evidence Guide** provided in Appendix 4 might be useful. Before you are ready to start planning the self-review you need to double check that you really have identified everything significant to the performance of the institution. Re-read the survey report; other feedback from stakeholders; accountability requirements; and discuss your identification of issues with your colleagues.

Point to note: Approach to self-review
Openness and transparency and honest reflection on the actual situation are self-review behaviours that will be helpful for the institution and contribute to a useful outcome. On the other hand putting on a good show is a waste of a good opportunity to make positive changes.

Planning the self-review

Once the team is satisfied that the proposed scope of the self-review is going to provide you with the information you need to evaluate the organisation's performance, you need to plan exactly what you are going to do. Careful planning will help you to be clear about the purpose of everything you do; to sequence your activities effectively; and set up your appointments well in advance.

Planning the self-review exercise means agreeing on the methods to be used, types of evidence to be included, stakeholders to be involved, timelines and divisions of responsibility. Planning involves a number of considerations:

- Which groups of people do you need to interview?
- What sorts of files, documents, plans, assessment materials etc. do you need to look at?
- How much time will you need for each part?
- Which members of the team are going to review which areas of focus?
- What evidence do you need and how much of it is enough?
- How and when will your team meet to discuss progress and compare outcomes as they emerge?

Your answers to these questions depend largely on the scope of your review and your intention to review some areas across the whole institution (horizontal focus) and some areas in depth (vertical focus). In planning your time:

- Make sure that participants will be available and understand what is required
- Allow sufficient time for discussion, analysis and synthesis of results
- Allow extra time for further enquiry if more questions come up during discussion

Point to note: Conflicts of interest

When looking at one area in-depth, there is an important principle of self-review to consider: A reviewer should be as impartial and objective as possible, and not evaluate areas that they (or their close friends/family members) are/have been personally involved in. The person most familiar with the area of work, e.g. the manager of that area, is not the best person to evaluate that area for three reasons:

- Objectivity, credibility and integrity are challenged in areas where reviewers 'have a stake'.
- A person familiar with the systems and processes will think that they already know the answers and will be looking for evidence to confirm what they think they already know.
- Staff may find it difficult to be frank with someone that they know well and /or report to, as other things are at stake such as working relationships.

Step six: Gather evidence

Whereas the staff survey is all about what people think, and their opinions and perceptions, the self-review is all about evidence. A quality evaluation uses evidence to make judgments about effectiveness. Evidence is something that can be proven; relied upon and objectively evaluated.

What is evidence?

"Evidence is the substance of what is advanced to support a claim that something is true"
(WASC Evidence Guide 2002)

Evidence is fact based and verifiable

Anecdotal evidence is not evidence. Examples of anecdotal evidence include recall of a conversation that wasn't documented, or a subjective judgment about something e.g. a staff member says that the system for evaluating learner needs is not working because there are no records in the computer. This needs to be verified.

Evidence should come from a number of sources. Some fact-based and verifiable sources of evidence are listed in Figure 20 below. Unlike many QA models, the COL RIM does not list up possible sources of evidence against each indicator. This is because such lists encourage a reductionist view; seem to prescribe a specific way of doing things; and focus on *where* to look rather than *what* to look for.

Figure 20: Objective forms of evidence

Objective forms of evidence include:	
Organizational documents	<i>For example policies and procedures, staff and student handbooks, website, charter, strategic plans, curriculum documents</i>
Statistical information	<i>For example retention and completion rates</i>
Records	<i>For example meeting minutes, assessment results, moderation results, health and safety records, needs assessment for learners, performance management documents, interviews</i>
Direct observation	<i>For example observing a teacher in class, or watching how results are recorded and uploaded to a central database</i>
Knowledge assets	<i>For example course materials, lesson plans, research outputs, 'lessons learned' from projects</i>
Reports and plans	<i>For example moderation action plans, self-review reports, annual report</i>
Third-party evidence	<i>For example learner/tutor/employer feedback forms, sector survey</i>

There are two key methods that can be applied to enhance the efficiency and credibility of the self-review: **sampling** and **triangulation**.

What is sampling

Sampling is the practice of selecting a portion of a set of information from which inferences can be made about the whole

What is triangulation?

Triangulation is the synthesis and integrated analysis of data from **multiple sources**

Sampling

The concept of sampling recognises that it is not practical to try and look at every piece of evidence in every area. For example, if you are looking at a particular course, it is not practical to look at all the lesson plans for every single module; or all the learner records (like enrolment, needs analysis, and results). Sampling involves a considered judgment about how much you need to look at in any one area, and is dependent upon factors such as the amount of importance placed on this area through your scoping exercise; and the volume of evidence that exists.

Figure 21: Example 2: Sampling Horizontally

5. Resources, Knowledge and Information Management	
Faculty of Nursing	Faculty of Hospitality
Rating =0.7	Rating =0.8
Resources and facilities needed updating consumable resources are sometimes scarce and don't fit the organisation's mission to be "the best provider of nursing education in the country" computer systems don't track and provide good information on resource needs, usage and expenditure	systems are in place for ordering consumables (food and beverages), but it is difficult to get all orders approved and to respond to market needs e.g. obtaining new types of beverages most equipment (ovens, coffee machines etc) was adequate while not particularly modern, with some notable gaps
<p>What does the information in this example tell us?</p> <p>There are common issues here, which suggest common causes. The causes could be systems and procedures for ordering goods; an ineffective facilities management unit; lack of funds; or lack of a resource management plan that evaluates current and future needs. Common issues suggest that the reviewers need to sample judiciously across programmes rather than look at any specific programme in-depth.</p>	

Figure 22: Example 3: Sampling vertically

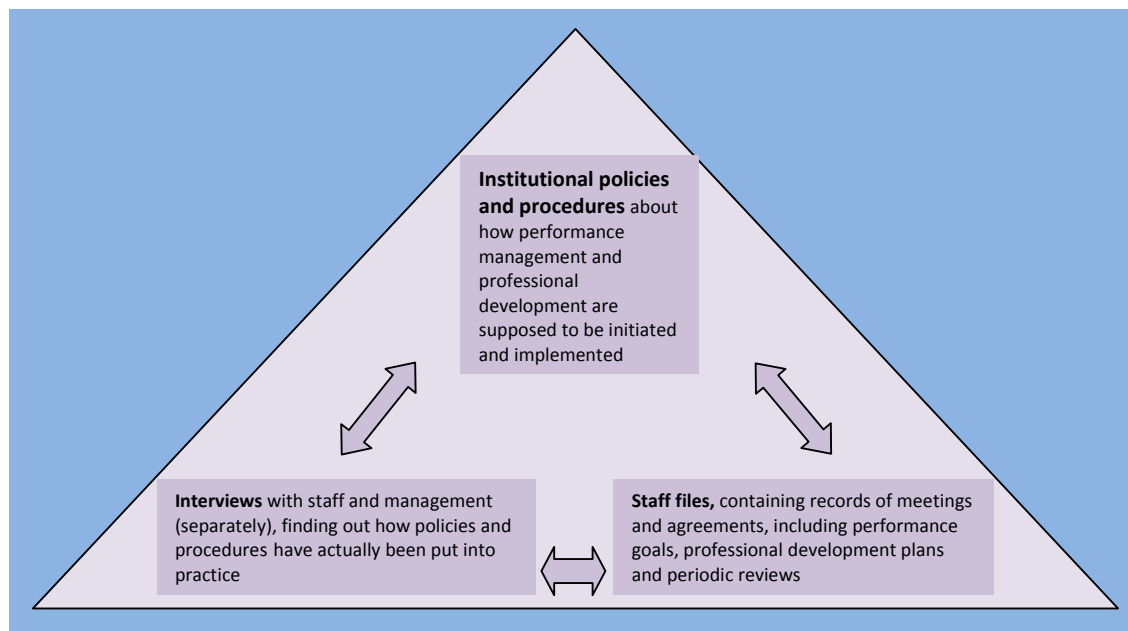
3. Learner and Knowledge Society Focus	
Faculty of Nursing	Faculty of Hospitality
Rating =1.7	Rating =0.7
Staff said that there is a rigorous process of programme development, design and review; experienced educators; structured lesson planning in place; regular performance planning for educators; and a good system for getting feedback from learners and stakeholders that enables programme planning to meet learner and industry needs.	Programmes are rarely reviewed, having been offered for a long time as one of the original faculties before the organisation became a university, with many of the original staff. Learner feedback indicated that restaurant service and cookery courses often involved too much theory and too few practical elements. Despite this, tutors and management never met to discuss learner feedback and review either the programmes themselves or the lesson plans for the programmes.
4. People management	
Faculty of Nursing	Faculty of Hospitality
Rating =1.1	Rating =0.6
(but 3.10 = opportunity for improvement (0.5)) under resourced and generally too busy to get involved in research but all staff routinely participate in professional development	staff has been out of industry for quite a long time and do not show much interest in engaging in professional development to keep their skills current.
<p>What does the information in this example tell us?</p> <p>Two faculties paint different pictures of their systems for these two areas. The Faculty of Hospitality is lagging behind in both areas.</p> <p>The area of concern is more localised and we want to get to the bottom of the specific circumstances in this faculty that are resulting in poorer than expected performance. This means in-depth vertical focus so we are likely to take a bigger sample than if the problem was more widespread. We are likely to spend time looking at all Faculty of Hospitality staff files; finding out how staff were recruited in terms of their qualifications and experience; what kind of performance management has been undertaken, what the system is for enabling staff to undertake professional development. Furthermore we may be interested in looking at the process for programme design and review across all the programmes that this faculty offers.</p>	

To understand the significance of the evidence we are looking at, we must now look at the concept of **triangulation**.

Triangulation

Triangulation means correlating between different sources of evidence. Triangulation could occur between any of the sources of evidence described in Figure 20 (Objective Forms of Evidence). Let's take the example of the specific staffing issues in the Faculty of Hospitality. To triangulate the evidence, we could choose to correlate three pieces of evidence:

Figure 23: Example 4: Triangulating evidence.



On your **Scoping and Evidence Guide** you will record notes about each of these three sources of evidence. Making an informed judgement depends on having more than one source of evidence, since any one piece of evidence by itself doesn't give you the full picture. Knowing the organisation's policies and procedures doesn't indicate the extent to which they have been put into practice; looking at staff files doesn't give the full picture as staff may have gone to conferences, training courses or secondments into industry which have not been recorded; and interviews will give the biased opinions of individuals. Triangulation means comparing the evidence from several sources and reaching a conclusion according to which aspects of the evidence correlate.

Step seven: Make judgements

The self-review team makes judgements about the performance of the institution in relation to the six thematic results questions.

- How effectively does the institution communicate with its stakeholders?
- How well does the institution provide the outcomes that its stakeholders need and value?
- How effectively does the institution engage with local and international communities
- How effective are the institution's innovative and creative responses to a changing environment?
- How effectively does the institution develop the capacity of its people to provide valued outcomes for stakeholders
- How well does the institution monitor and improve its performance?

In order to make judgements the self-reviewers need to analyse the question (what’s included?); reflect on what is really important; consider the quantitative and qualitative evidence they have collected and place the institution on a continuum of poor to good practice in relation to that question, using the descriptive statements of the three tier rating system.

Steps eight to ten: Prepare a self-review report

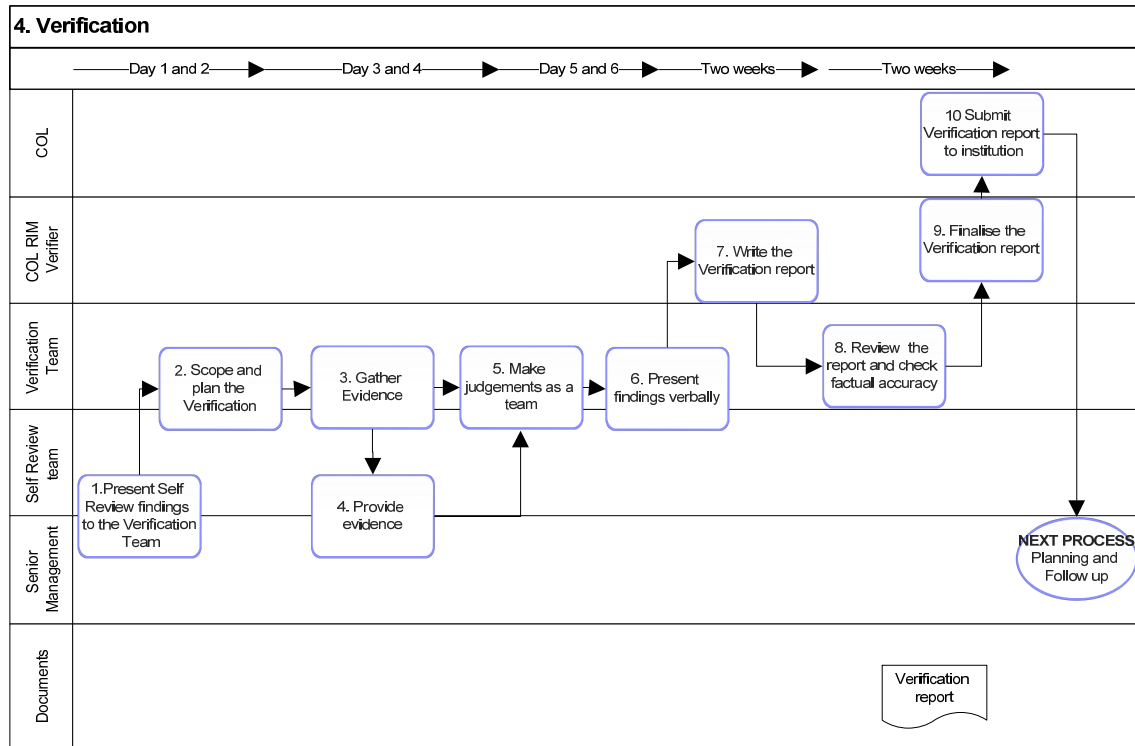
A template for reporting the self-review findings, structured by thematic question, is suggested in Appendix 5. Your report should focus on your evidence-based judgements in relation to all six themes or evaluative questions. In addition you should report on your analysis of the causal relationship between enablers and results in any other critical focus areas and the conclusions of those investigations.

It is important to keep comprehensive records of your process and judgements and the evidence that you used, for verification purposes.

When the self-review report is finished to the satisfaction of the self-review team and endorsed by the management of the institution, it should be submitted to COL and disseminated (together with the survey report and scoping and evidence guides of the individual self-review team members) to the verification team. Verification should follow soon after the completion of the self-review, in order to maintain momentum and get the input of the verification team into the proposed improvement plans as soon as possible.

8 Process Four: Verification of self-review

Figure 24: COL RIM Process Four: Verification of Self-review



Who does it?

A core group of internal verifiers (4-10 people) includes representatives from across the campus, from different faculties and departments. The verifiers are likely to be staff members with a keen interest in quality improvement. If possible there should be no overlap with the self-review group. The involvement of External Verifier(s) to lead the verification is highly recommended and is essential for becoming 'COL RIM Verified'

How long does it take?

Each team member is likely to spend about ten working days on this exercise including:

- 2 days preparation
- 2 days workshop
- 5 days verification
- 1 day contribute to final report

The overall author of the report will need additional time for writing.

The institution may consider calling for volunteer internal verifiers in the first instance, to attract genuinely interested people, and making up a representative group by nomination, if necessary. It is important to select an entirely new team that is different from the self-review team because the internal verifiers bring fresh eyes, new perspectives and further objectivity to the process.

Point to note: Selecting internal verifiers

An internal verifier, working in a team led by an external verifier, is trained in audit methods; systemic thinking and reflective evaluation; and applies new skills in the evaluation and verification of the self-review report under the leadership of an expert. They are the potential champions for quality in their respective departments, who can accelerate the diffusion of new thinking through the institution. They should be selected for enthusiasm rather than status and further encouraged to develop further strengths in quality management and to take leadership roles in the quality management of the institution.

The verification exercise has three key objectives:

- **To verify the self review report.** This requires an investigation focused on verifying the approach, method and findings of the self review.
- **To build quality management capacity at the institution.** Verifiers are trained by the lead external verifier in methods of investigation, including necessary skills and qualities to carry out the role, and methods employed such as interview techniques, sampling and triangulation of evidence. The aim is to build staff capacity for the implementation of recommendations.
- **To make recommendations for improvement actions** based on defensible judgements on the institution's performance in relation to the six thematic questions.

Prior to the presentation of the Self Review report by senior management (see Step one below) the verifiers should study the self-review report, familiarise themselves with its contents, and ask some big questions, for example, to what extent is the report:

- Responsive to issues highlighted in the survey report?
- Inclusive of feedback from all stakeholder groups?
- Informed by verifiable facts and evidence from multiple sources?
- Improvement oriented in its recommendations?
- Focused on what really matters?

Step one: Presentation of the findings of the self-review

In this step the self-review team and senior management present the process and findings of the self review to the verification team. Any matters requiring clarification are addressed. This is an important step, not least because the self-review team and senior management take ownership of the information, and there is opportunity for an open discussion about the basis on which judgements were made. This is an opportunity to question any assumptions that may underpin the findings and recommendations of the report.

Step two: Scope and plan the verification

This step commences with team building for the verification team; brief review of the COL RIM and how it works; and review of audit principles and methods.

Scoping is informed by analysis of the survey report and the self-review report and the Scoping and Evidence guides of the self-reviewers. The scope of the verification will depend on:

- Evidence of gaps in the scoping of the self-review (especially insufficient focus on areas of particular concern as indicated by the survey report)
- Any big differences between survey and self-review ratings
- Any concerns about the extent to which conclusions and ratings are based on adequate sampling and triangulation of fact-based and verifiable evidence, and adequate involvement of relevant stakeholders
- Coherence between judgements/conclusions and ratings
- Coherence between ratings/ conclusions and recommendations
- The extent to which the self-review report focuses on what really matters to stakeholders, and makes informed and pragmatic and coherent recommendations for leveraging improvement in critical areas.

The verification aims to verify ratings against the six thematic questions (with some judicious sampling) and all the conclusions and recommendations of the self-review report, but it also pursues its own justifiable lines of enquiry and may come up with additional recommendations, and may adjust any self-review ratings that are not defensible.

Steps three to five: Gather evidence and make judgements

The verifiers will use the same methods as the self-reviewers, namely sampling and triangulation, based on objective evidence. It is likely that the verifiers will identify at least some of the apparent gaps and/or inconsistencies suggested above, and they may add value by approaching issues from a different angle from the self-review team, and helping to paint a richer and more systemic picture of how the institution is performing and how it could improve its outcomes.

For example, the verifiers may conclude that the sampling of evidence undertaken by the self-review team in investigating an apparent resource issues across all faculties was not in-depth enough to expose the source(s) of the problems (and therefore the improvement plan may not leverage change effectively). The verifiers might choose to look more closely at organisational documents (resource management plans, asset registers), aspects of the quality management system (policies and procedures for ensuring that programmes are adequately resourced), and/or interviews with selected staff. The purpose of this is not to rework the self-review but to gather more evidence where needed, particularly where issues have been identified as significant and/or recommendations imply considerable change for the institution.

The only 'quality mark' available to institutions through the COL RIM is that the self-review report is externally verified. In other words, the institution is confirmed as willing and able to do a factual evidence-based analysis of its performance, identify issues to be addressed and make plans to do so. The profile of a COL RIM verified institution is one that demonstrates that it has the capacity to respond to a changing environment and strives to meet stakeholders' needs and expectations.

Point to note: Verification is the summative outcome of the COL RIM process

The outcome of verification will be positive, even if self-review identifies multiple quality problems to be addressed, if the self review demonstrates:

- Thorough investigation with a high degree of integrity and rigour
- Good analysis and reasonable evidence-based judgments
- Honest conclusions and sound recommendations that will be effective in improving outcomes.

Conversely a negative outcome will result if the self-review misses key issues from the staff survey and other sources, conducts inadequate sampling and triangulation, considers anecdotal evidence and comes to conclusions that are not evidence-based.

Since the COL RIM is a developmental model it is appropriate to recognise a level of achievement between ‘Verified’ and ‘Not Verified’. Figure 25 distinguishes three levels of performance for deciding where to place the institution on the continuum.

Figure 25: Rubric of descriptors for making a Verification judgment

Not verified	Threshold	Verified
<ul style="list-style-type: none">• Incomplete investigation of the issues• Inadequate analysis of cause and effect• Findings and conclusions based primarily on anecdote and opinion• Lack of involvement of key stakeholder groups• Recommendations have a limited evidence base	<ul style="list-style-type: none">• Scope limited to some key issues only• Investigation rigorous in some areas only• Some analysis of cause and effects• Most judgments evidence based and recommendations are improvement oriented• Most key stakeholder groups included	<ul style="list-style-type: none">• Scope inclusive of all results and identified issues of concern• Thorough investigation with a high degree of integrity and rigour• Good analysis and reasonable evidence-based judgments• Honest conclusions and sound recommendations that will be effective in improving outcomes• Inclusive of feedback from all key stakeholders

Step six: Present the findings of verification verbally

In the course of its analysis and verification process, the verification team records the rationale for its activities and its findings. The aim is to have a rough draft of the verification report ready on the last day of the verification process so that the team can report its findings verbally prior to finalising the report. A suggested outline for the verification report is provided in Appendix 6.

The verification team presents its findings verbally to the self-review team, other members of the institution’s governance and management, and staff as appropriate. The aim is to provide an opportunity for discussion prior to finalising the verification report.

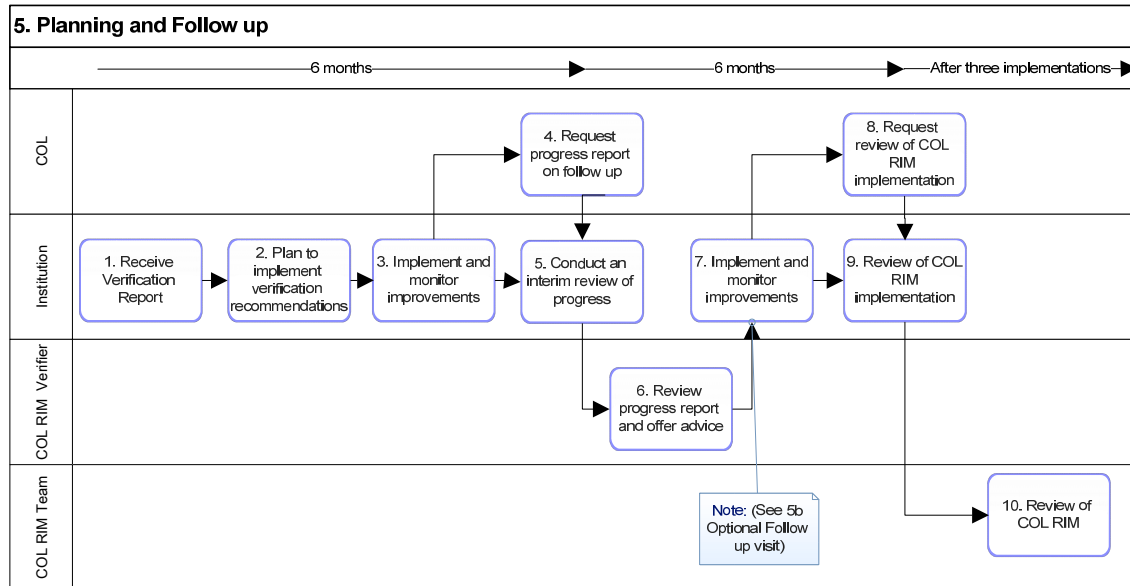
The verbal presentation is an opportunity for the External Verifier to relate concepts of quality management and quality improvement to the specific issues to be addressed in your institution i.e. to look at actual practice and specific issues in relation to international theory and practice.

Step seven to ten: Finalise the verification report

The External Verifier drafts the report and sends it to the internal verifiers for clarification of any outstanding issues, factual accuracy checking and final agreement on the working of the recommendations. The report is then formally submitted to the senior management of the institution

9 Process Five: Planning and Follow up

Figure 26: COL RIM Process Five: Planning and follow up

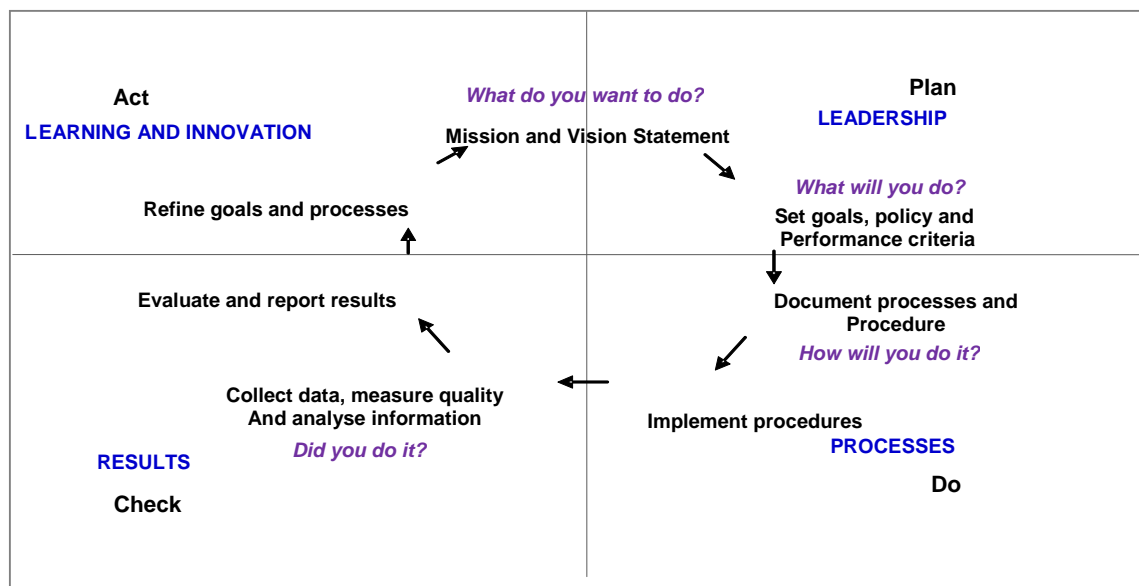


Steps one to three: Planning and implementing improvements

Strategic planning

In a quality managed institution a review process is a learning process that leads to refining or resetting goals, and planning to achieve them. Once you know what your 'current reality' is, in relation to your 'desired performance', and what your goals are for improving on the current situation, these should be included in the strategic plan for the institution, so there is an official mandate for addressing the identified issues. The strategic plan is a key document (or road map) which drives the institution forward. It answers the key question, 'What will you do?' which is one of four key quality questions in the Plan, Do, Check, Act (PDCA) cycle of quality management shown in Figure 27.

Figure 27: The cycle of quality management



Action planning

Action plans are the means by which the improvement goals of the strategic plan are put into action. Action plans are detailed plans which show who is ultimately accountable, who is going to do what, in what timeframe, and what the outcome will be. Often action plans will be implemented by ad hoc quality improvement project teams made up of nominated individuals from relevant parts of the institution.

Quality Management System (QMS)

A QMS has three core sets of information:

- Policies of the organisation
- Procedures to implement those policies
- Task instructions that describe how certain activities will be performed

The purpose of a QMS is to provide coherence between the intentions and the actual practice of the institution. Definitions of quality management concepts are provided in Appendix 1.

You should design your QMS to suit your organisation. It doesn't need to be contained in one document. You may use a range of related documents such as research strategy, teaching manual, administration manual, health and safety manual, procedures for international students, and so on. All these represent parts of the system. If your QMS is a set of manuals or documents, it is important that you have a system for cross-referencing the documents and ensuring that they are updated and remain current.

Your quality management system should be:

Coherent: Policies and procedures fit together (without any incongruence) to provide a complete blueprint of how your institution operates, covering all statutory or other requirements that your organisation needs to comply with in order to operate. Policies and procedures should be appropriate to the size, nature and complexity of the provider.

Current/applied: The QMS reflects actual practice, i.e. what people are actually doing. The QMS should be a working document that staff members can use to follow the correct procedures in their daily activities.

Point to note: Good management systems:

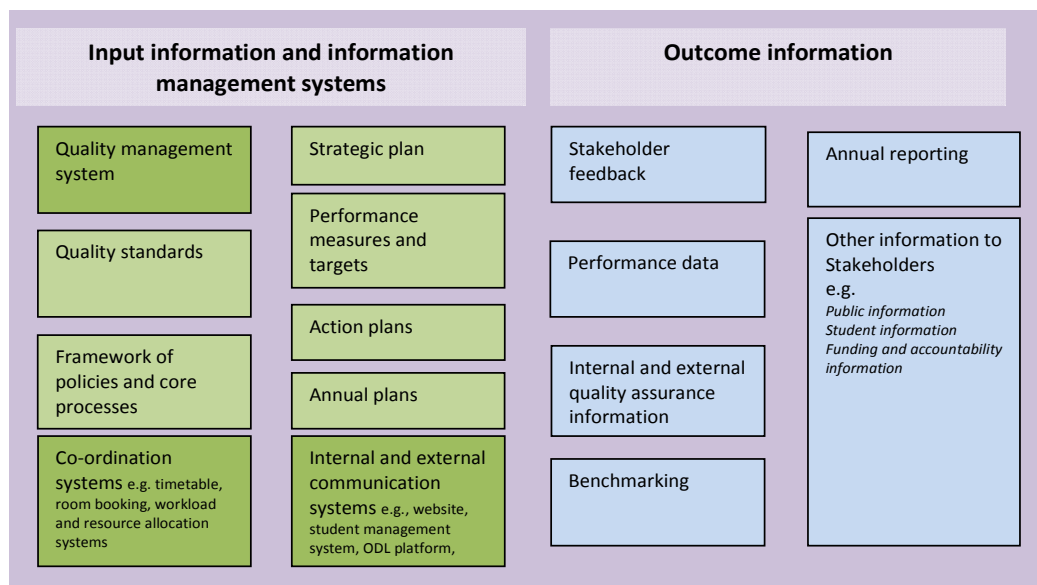
- Are straightforward and suit the needs of your organisation
- Are user-friendly for everyone involved in the smooth running of the organization, including new staff
- Can be easily updated, whether they are paper-based or electronic
- Are improvement oriented i.e. review of performance and follow up actions are embedded into the practices of all parts of the institution.

Quality management depends not just on having a set of documents but on implementing a system. Quality improvement depends, not only on implementing a system, but on monitoring its effectiveness in achieving the goals of the institution. Several theorists have made the point that it is perfectly possible to develop and implement a QMS with absolutely no improvement to quality.

Types of information for quality management

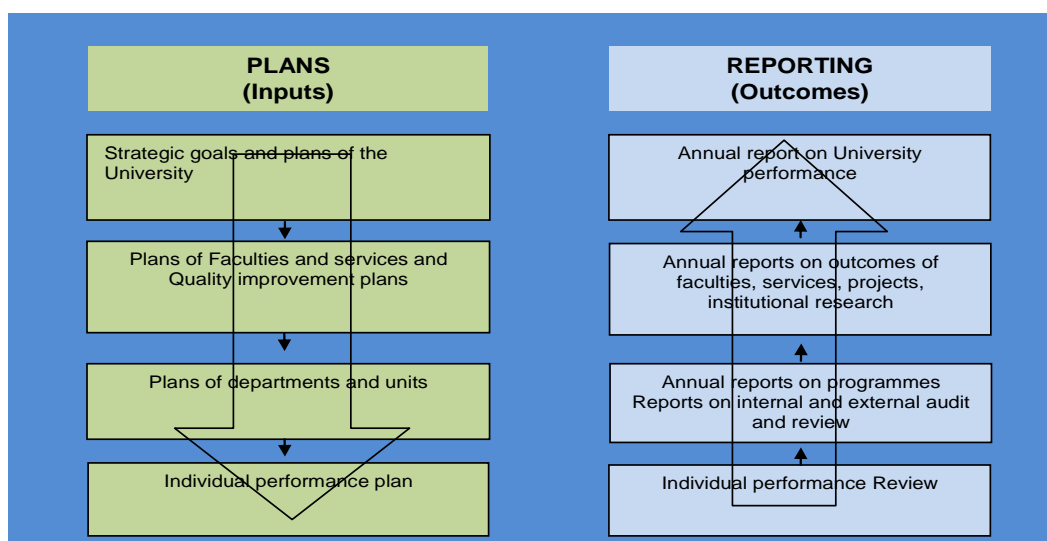
Figure 28 shows two types of information that a quality managed institution needs. Input information and systems set out what the institution wants to achieve and how it will be done. Outcome information tells the organisation how well its processes are working, and whether it is achieving its goals; and it lets stakeholders know how well their needs are being met.

Figure 28: Two types of information



How information flows

Figure 29: Planning cascades; review and reporting escalate



Planning and policy cascade through the institution and reporting escalates upwards through the hierarchy, as shown in Figure 29. If the self-review process shows that there are information gaps, bottlenecks, dissemination failures, lack of coherence or other common information management

problems then the organisation should consider whether its infrastructure for quality and information management is enabling the cascading and escalating of the two types of information.

Problem solving and organisational culture

Problem solving is at the heart of quality improvement. A quality problem can be defined as a gap between what is expected and what is observed, which hinders a worker's ability to complete his or her tasks.

There are two types of problem solving approach. The first is described as first order problem solving (or single loop learning). This type of problem solving does not lead to organisational learning: in fact it impedes organisational learning. It involves circumnavigating or overcoming immediate obstacles as they occur, and finding quick fixes or ways around the problem. For example, if official class lists are incorrect, educators might just add the missing names to their own copy of the class list, and carry on with the academic matters that are their core concern. Such quick fixes are intrinsically motivating since they enable the person to continue with his/her work without interruption, with a sense of competence and independence. Such responses do not contribute to seeking the underlying causes of problems, or to making improvements to the system so that such problems are prevented in future. Short term success diminishes motivation to remove the underlying causes of problems. Thus, working around problems directly contributes to their persistence, and failure to report recurrent problems reduces the organisations ability to detect them and results in loss of data to justify and inform improvement.

Second order problem solving (or double loop learning) requires sensitivity to the existence of systemic problems and motivation to improve the system. In the example above, an educator would demonstrate double loop learning by informing the administrator who is responsible for the management of the data that is used for producing class lists, of the existence of the problem and providing any useful information about it (such as the missing names seem to be of students who are repeating the course). Second order problem solving is more time consuming than single order, it may involve communicating outside of one's immediate colleagues (and comfort zone), it increases a sense of dependence on others, and it is less intrinsically motivating since there is no immediate result.

Research shows that how employees respond to problems is a critical factor in enabling or preventing positive organisational change. This means that your institution needs to develop a culture in which the reporting the symptoms of systemic problems is seen as positive engagement with institution. Responsive internal customer services and effective information channels are critically important for reinforcing this behaviour.

Reporting to stakeholders

A review and improvement process should lead to reporting to stakeholders on how well the institution is performing, and what plans it has for improvement. Once a cycle of planning, reviewing and reporting is established, reporting to stakeholders usually takes the form of an annual report on the previous year's achievement, which is made available to the public. Reporting for accountability purposes may include technical and financial details which are not relevant for other stakeholder purposes, and reported separately. As far as possible one report should meet multiple purposes.

Steps four to six: Mid term review of progress

The implementation of plans needs to be monitored. Review processes (like self review and verification) bring little return on investment if there are no improvement outcomes. The tangible benefits of the process depend on following through and actually implementing plans for improvement. It is very common for review outcomes to be swept under the carpet, and after a while all those good intentions are forgotten, but the problems remain. A mid term review helps us to re-group and re-orient ourselves and check that we are moving steadily in the right direction.

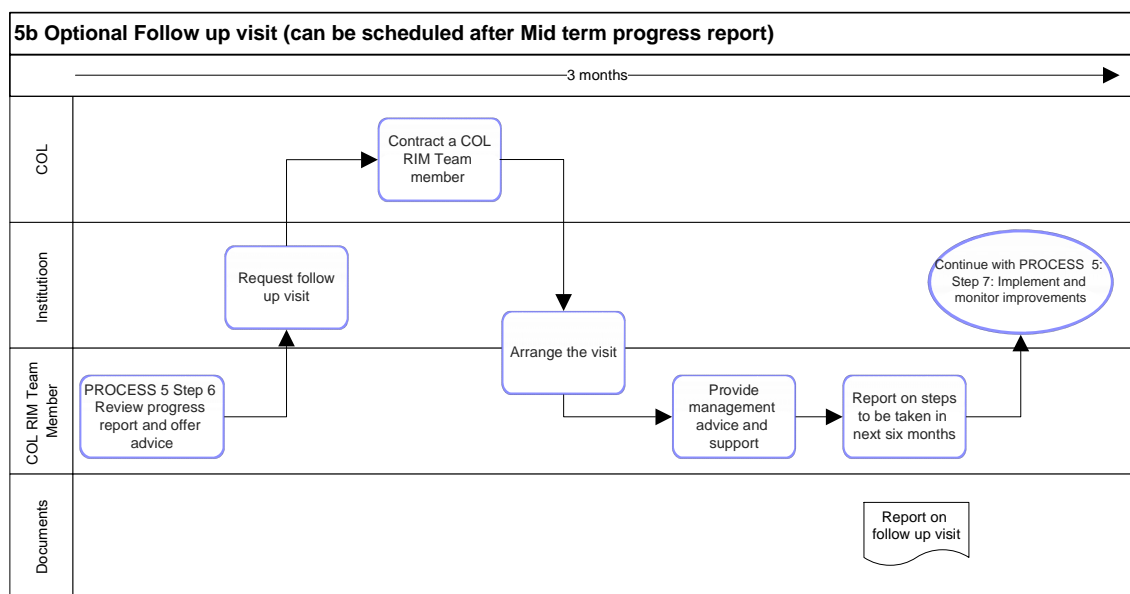
The process of quality improvement is a journey from a fixed point of departure (your current reality) towards a desired future. The important questions are (i) where are you now (ii) where do you want to

go? These two questions set up a creative tension which can structure and motivate movement towards the goal. An interim review of your progress is motivating and it also checks on the target destination, which may have moved a little, since things change continuously, both in the external and internal environment.

Six months after Verification you will be asked to report back to COL on your progress towards addressing the issues that were identified in the Self Review and Verification reports, and in particular how you are going about implementing the recommendation of the Verification Report. Your report will be sent to the External Verifier who will comment on your approach to planning and follow up, and on your progress, and offer advice.

At this stage the institution may request an optional follow up visit. This is appropriate if the institution is struggling to implement the recommendations; or feels it needs external input to give momentum to the improvement initiatives; or practical advice on how to enhance basic quality management practices, so that improvements can be made. The process for a follow up visit is shown in Figure 30.

Figure 30: Optional Follow up visit



Steps seven to ten: Feedback to COL on COLRIM process and outcomes

A year after verification (or 15 months if there has been a follow up visit) COL will approach you for an update on your progress and to give feedback on your experience of the COL RIM process.

Appendix 7 provides a template for feedback on the COL RIM from users. Respondents will include staff and external people who were closely involved in the survey, self-review and verification processes. The feedback template seeks to find out:

- How useful were the processes and outcomes of:
 - The staff survey and survey report
 - The self-review process and report
 - The verification process and report
 - The follow up that has occurred since the implementation began (action plans, improvements, infrastructure and systems changes)
 - Information sharing with stakeholders (reporting for accountability and sharing the review outcomes with other internal and external stakeholders).
- What feedback can you give to COL to help it improve the fitness of the COL RIM for the purposes that it sets out to achieve (in the features and principles) and the design of its components and processes?

COL uses feedback from participants for the purpose of continuously improving the COL RIM so that it meets stakeholder needs and adds value for stakeholders. Over time and with the agreement of participating institutions COL will be able to provide institutions with benchmarking information.

Appendix One: Some Definitions

Credibility	is an outcome of reliable and trustworthy evaluation. It is based on the independence and qualification of evaluators; and on defensible evaluation methods.
External quality assurance	is independent and credible evaluation of education quality.
Higher Education	includes <i>all post-secondary school education and training</i> at tertiary level, including degree study and technical and vocational education and training.
Meta Review	is a quality assurance process for reviewing and improving a whole system of quality assurance (e.g. the COL RIM). It is cyclic in nature and relies on evidence of the effectiveness of its components and processes and the outcomes for stakeholders.
Quality assurance	is a systematic approach to continuously reviewing and improving performance for the purpose of ensuring that all stakeholders' needs are met. Quality assurance implies open and self reflective behaviour, transparency of information, good communication and commitment to improving organisational effectiveness.
Quality education	is 'fit for purpose' in that it focuses primarily on the needs of the learner; consistently provides good outcomes for learners, and adds value for all stakeholders
Quality improvement	makes use of comprehensive evidence-based data about an area of concern and applies a structured method to designing and implementing and evaluating the success of interventions
Quality management	is a systematic and organized approach to processing information and ensuring quality outcomes
Quality policies	state the plans or methods of action by which the required outcomes will be achieved
Quality procedures	are the actual arrangements i.e. sequence of tasks, timeframes, roles and responsibilities etc. for carrying out quality processes
Quality processes	are the organized activities through which policies are implemented.
Self-review	involves critical evaluation of 'current reality' that is authentic, outcome focussed, results in evidenced based judgements, and leads to improved outcomes. Self-review should establish 'where we are now' in relation to 'where we want to be' and propose actions and measures to narrow the gap between 'current reality' and the goals of the institution.
Verification	is an independent statement that judgements made by the institution about educational quality are based on defensible evaluation methods and are true.

Appendix Two: Memorandum of Understanding for the COL RIM

Memorandum of Understanding for implementing the COL RIM

The institution and COL agree that:

Quality is an emergent property of the institution's own systematic review and improvement of its own performance

COL and The institution will work together to achieve the **goals of the COL RIM** which are to:

- Combine internal and external quality assurance mechanisms.
- Strengthen internal systems for quality assurance; build capacity by developing staff capability to implement the model.
- Focus on the high level evaluative questions. Consistent high quality of learning experiences and outcomes is the goal of all quality assurance activities.
- Ensure that quality assurance activity enhances transparency, open discussion about quality issues, genuine problem-solving approaches and provides the information that all stakeholder groups need.
- Maximise synergies between internal quality assurance reporting and external accountability and reporting requirements.
- Seek real engagement with internal and external stakeholders about what their needs and concerns are.

The institution agrees to foster these **approaches to internal quality assurance**:

- Embed self-review as a regular review activity and planning tool
- Be open and transparent about issues of concern, and rigorous in your exploration of cause and effect
- Use performance indicators and a fact-based approach to making judgements and decisions about improving quality
- Involve all stakeholder groups in internal and external quality assurance processes

The institution agrees to combine **internal and external verification of the self-review**:

- Using external verification for enhanced credibility, staff development, and capacity building purposes
- Involving internal staff as key players in external verification
- Involving credible external verifiers who have quality management expertise and can help build capacity
- Ensuring that external quality assurance is carefully planned and scoped to focus on high level evaluative questions, key current issues and leverage points.

PEOPLE	
Liaison people for this implementation:	
For the institution	Name Email address Telephone number
For COL	Name Email address Telephone number
Self review Team for this implementation	
Self Review Team membership	List the names and roles of 4-10 proposed members
Self Review Team availability	Are these people able to dedicate 10 full days including a block of at least four days to this process during the three month period for the self review?
Verification Team for this implementation	
Proposed Verification Team membership	List the names and roles of 4-10 proposed members
Verification team availability	Can these people be made available for entire duration of the verification visit?
Proposed External Verifier and any other external people for this implementation	
External Verifier	Name Email address Telephone number
Trainee External Verifier (if any)	Name Email address Telephone number
Other COL RIM Team member (for preparation visit if any)	Name Email address Telephone number

TIME		
A schedule for COL RIM implementation is agreed as follows:		
Preparation visit (optional)	Enter the agreed date (subject to COL Team member being available) or delete this row if there is to be no preparation visit	
Staff survey process complete	<p>If there is to be no preparation visit enter a date two months from the date of the signing of this document</p> <p>If there is to be a preparation visit enter date eight weeks after preparation visit</p>	
Self-review report endorsed by Vice chancellor/President /CEO and submitted	<p>Enter a date three months after the above date.</p> <p>It is very important that this deadline is adhered to, since the commitment of the external verifier depends on it.</p>	
Verification visit	<p>Enter dates for a visit of six working days one to three weeks after the submission date above</p> <p>This date should not fall within a semester break</p>	
Verification report to be submitted to the institution	Enter a date four weeks after the verification visit ends	
Mid term review	Six months after date of the verification report	
Feedback to COL	Six months after mid term review	
SCOPE		
Indicators to be excluded	List the indicators to be excluded from the process	
Cost sharing arrangement:		
<i>Detailed budget to be prepared separately</i>		
Direct costs:	To be covered by the institution	To be covered by COL
Preparation visit (if any)	√ or X (negotiable)	√ or X
Survey analysis and report	This cost will normally be covered by the institution	X
Verification visit	√ or X (negotiable)	√ or X
Signed by:		
Signed for the institution:		
On Date		
Signed for COL:		
On: Date		

Appendix Three: Suggested outline for the survey report

1. Introduction
 - 1.1 Response rate
 - 1.2 Method and presentation of results
2. Findings by performance area

	Rating:	Findings by variable	Comments of respondents:	Survey analysts' comment on findings
Managing change strategically				
Stakeholder and partner orientation				
Learner and knowledge Society focus				
People management				
Resources, Knowledge and Information Management				
Impact on Society outcomes				
Teaching and learning outcomes				
Research, innovation and entrepreneurial outcomes				
Staff outcomes				
Support system outcomes				

3. Findings by evaluative question

	Rating	Comment on why this rating seems appropriate
How effectively does the institution communicate with its stakeholders?		
How well does the institution provide the outcomes that its stakeholders need and value?		
How effectively does the institution engage with local and international communities		
How effective are the institution's innovative and creative responses to a changing environment?		
How effectively does the institution develop the capacity of its people to provide valued outcomes for stakeholders		
How well does the institution monitor and improve its performance?		

4. Conclusions
5. Recommendations

Appendix Four: Suggested outline for a scoping and evidence guide

	Includes issues raised in the survey	Survey rating	Scoping notes <i>People you will talk to, documents you will look at, questions that you want your investigation to answer</i>
Communications			
Needs orientation			
Etc (six pre-identified evaluative questions)			
Other themes or areas where you think you should focus			

Appendix Five: Suggested outline for self-review report

Executive summary

In the assessment of your team what are the key strengths of the institution

In the assessment of your team what are the key weaknesses that the institution needs to address

In brief what are your improvement plans

1. Introduction to the Self-review of Institution (Months, Year)

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

When did the COL RIM process start, who was involved, what were your roles, what were your processes, what was your learning experience.

2 Scope of the Self-review

Explaining which areas were chosen for focus and why:

3 Implementation of the Self-review

3.1 How you decided to go about the review and the rationale for your approach

3.2 Your observations on the methods you used to gather evidence and on the quality and quantity of evidence gathered.

3.3 How (as a team) did you make judgements based on evidence and decide on ratings.

3.4 Record of evidence used.

	Departments where we made observations		People we interviewed			Documents we looked at	
	Dept	Date	Name	Role	Date	Title	Location
Communications							
Needs orientation							
etc							

3.6 What did you learn from the process, what you think the benefits are, how you might do it differently next time?

4. Findings of the Self-review

As far as possible your report should seek to answer the evaluative questions, based on your cause and effect analysis and evidence-based judgements. In addition you should report on your analysis of the causal relationship between enablers and results in any **other critical focus areas** and the conclusions of those investigations. This is the main body of the report

5. Ratings by theme, based on your evidence-based judgements:

	Rating of the self review team	Comment on why this rating seems appropriate
How effectively does the institution communicate with its stakeholders?		
How well does the institution provide the outcomes that its stakeholders need and value?		
How effectively does the institution engage with local and international communities		
How effective are the institution’s innovative and creative responses to a changing environment?		
How effectively does the institution develop the capacity of its people to provide valued outcomes for stakeholders		
How well does the institution monitor and improve its performance?		

5. Recommendations of the Self-review

Recommendations should include statement of the problem, the systemic context of the problem (where is the likely source and where and how is it impacting on performance), proposed solution and expected outcome.

Date of this report:

Appendix Six: Suggested outline for the verification report

1. Executive Summary

1.1 Key findings and recommendations

In the assessment of the verification 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-review process and outcomes?

List the recommendations of the report

2. Introduction

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

When did the COL RIM process start and what were the steps leading to the Verification

2.1 Scoping the verification

Explain which areas were chosen for focus and why:

2.2 Verifying the self review

Briefly explain your approach to reviewing evidence, gathering new evidence and making judgements in the verification focus areas.

3. Verification outcome

What was the outcome of the Verification? 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?

4. Detailed findings by theme

Narrative on evidence that was used to make judgements in relation to the six evaluative questions

Ratings for each evaluative question based on evidence considered during the Verification

5. Learning about the COL RIM

Appendix One – Evidence Guide

Date of this report:

Appendix Seven: Template for providing information for COL RIM Meta Review

Your information is confidential to the COL RIM Meta review group. COL RIM Meta review reporting protects the identity of individuals and institutions.

Today's date		
Your Name:		
Your institution:		
Your main role in the COL RIM process:		
<i>Please write your responses to these questions. Focus on the parts of the process that you were directly involved in; and the outcomes and which directly affect you</i>		
The staff survey and survey report	How well did the survey process work?	
	How useful was the survey report?	
	What improvements can you suggest for this part of the COL RIM processes	
The self-review process and report	How well did the self-review process work?	
	How useful was the self-review report?	
	What improvements can you suggest for this part of the COL RIM processes	
The verification process and report	How well did the verification process work?	
	How useful was the verification report?	
	What improvements can you suggest for this part of the COL RIM processes	
Follow up and outcomes	What attitudinal changes do you notice?	
	What infrastructural changes have been implemented?	
	What systems changes have been implemented?	
	What other improvements have been implemented as a result of the COL RIM outcomes?	
	How are your stakeholders benefiting for the COL RIM implementation?	
<i>Please write your general feedback on the model and its implementation, and general comments on the benefits to the institution and to stakeholders:</i>		

Appendix Eight: COL RIM Quality Indicators

1. Managing change strategically	1.1 The vision and mission of the institution reflect national and community goals and the identified interests and needs and expectations of its stakeholders
	1.2 Ongoing strategic planning is informed by information about institutional performance and external environmental information
	1.3 Policy and strategy are communicated and deployed through a current and coherent framework of key processes that ensure consistent and coordinated delivery of services and the achievement of institutional goals
	1.4 Performance is reviewed regularly against agreed performance targets and improvement plans are implemented and monitored
	1.5 Policies and procedures support lifelong learning goals (e.g. inclusiveness, access, progression, credit transfer, non-formal learning opportunities, transparency, flexible delivery)
	1.6 Finances are managed to support the institution to achieve its goals
2. Stakeholder and partner orientation	2.1 Leaders create and maintain relationships with internal and external stakeholders that are characterized by high expectations, engagement in decision making and commitment to common goals
	2.2 Identified stakeholders are informed about the performance and plans of the institution and the services it offers in relation to their own interests and needs and expectations
	2.3 There are structured processes for eliciting and using feedback from stakeholders to inform decision making
	2.4 Strategies, policy and agendas are implemented to encourage and support educators to engage and collaborate with local and international communities to achieve common goals
	2.5 Relationships with partners and suppliers locally and internationally are formalized
3. Learner and knowledge society focus	3.1 Programmes are designed and developed to meet learners' needs and reviewed regularly to ensure that they remain current and relevant to present and future needs
	3.2 Teaching and learning methods and delivery modes are deployed to meet the needs of learners and other stakeholders
	3.3 Learners are provided with information and support services that are learner/client-centred and support the academic, social and personal development of all learners
	3.4 Educators and learners develop effective relationships for teaching and learning
	3.5 Assessment and feedback to learners supports learning and provides useful information to stakeholders
	3.6 Quality assurance of assessment ensures that assessment outcomes are valid and fair and assessment information is reliable
	3.7 Strategies, policy and agendas are implemented to encourage and support educators to engage in relevant research
	3.8 Strategies, policy and agendas are implemented to encourage and support educators to be innovative and creative in meeting the needs of learners
4. People Management	4.1 Appropriately qualified and experienced educators are effectively attracted, recruited, and integrated into the institution
	4.2 Educators participate in improvement-oriented performance management and are supported to engage in professional development activity
	4.3 Allocation of workload is fair and transparent and reflects the vision, mission and goals of the institution
	4.4 Staff contribute to interdisciplinary teams and collaborative projects with local and international colleagues to achieve valued outcomes
	4.5 Staff establishment is adequate for the size and diversity and strategic direction of the institution
5. Resources, facilities knowledge and information management	5.1 Allocation and maintenance of facilities and resources is adequate for the mode and type of teaching and learning, and for the number of students and reflects the vision and mission and goals of the institution
	5.2 Infrastructure for communication flow, quality assurance and accountability is clear
	5.3 Performance information (such as data on staff and learners) is well managed, accessible and used for planning and improvement purposes
	5.4 Users are adequately trained to make innovative use of equipment and information management technologies

6. Impact on society outcomes	6.1 Practices and operations in all parts of the institution are legal and ethical; and financially stable and sustainable
	6.2 The institution engages positively with its stakeholders and demonstrates accountability
	6.3 The institution meets stakeholder expectations and public perception of the institution is positive
	6.4 The institution demonstrates leadership in public and academic debate and contributes to the development of local and international communities
7. Teaching and learning outcomes	7.1 Learners persist with their studies and progress steadily
	7.2 Learners achieve their goals (including developing of their skills and knowledge and completing formal qualifications)
	7.3 Learners are generally satisfied with all aspects of their academic, social and personal development experiences
	7.4 Graduates of the institution are employable in their field(s) and eligible to progress to higher levels of study
	7.5 Improvement and excellence in teaching are recognised and rewarded
8. Research, innovation and entrepreneurial outcomes	8.1 Innovation and creativity and partnerships are used to develop relevant products and services
	8.2 Research outputs are relevant to national development goals and institutional goals and meet international standards
	8.3 Excellent research performance is recognized and rewarded
	8.4 Creative and innovative approaches to meeting the needs of learners are recognized and rewarded
9. Staff outcomes	9.1 Staff are retained and empowered to achieve performance targets and progress their careers within the institution
	9.2 Staff are actively involved in the organizational, social/cultural and academic life of the institution
	9.3 People's performance contributes to the achievement of institutional goals and shows ongoing development of new knowledge and skills
10. Support system outcomes	10.1 The institution is making progress towards achieving the goals of lifelong learning
	10.2 The institution practices fact based decision making and continuous improvement in all key performance areas
	10.3 Uptake and satisfaction with internal and external services shows that these continue to meet stakeholder needs
	10.4 Information management and communication systems effectively support the achievement of institutional goals

Appendix Nine: Three levels of performance

SECTION ONE	Enabler Indicators	Opportunity for Improvement	Threshold (Improvement orientation)	Good practice
		High risk, reactive, unsystematic, lack of coherence, little or no review and improvement	Systematic, coherent approach to managing core processes, some quality improvement based on data, management of key risks	Seamless deployment of systems, proactive double loop problem solving, fact based decision making, continuous improvement, focus on outcomes
1. Managing change strategically	1.1 The vision and mission of the institution reflect national and community goals and the identified interests and needs and expectations of its stakeholders	Any one of the following describes your situation: <ul style="list-style-type: none"> Key stakeholders (like staff and students) are not familiar with the mission and vision They regard the mission and Vision statements as irrelevant They feel that more important purposes are omitted 	Key stakeholders can see the relevance of the vision and mission of the institution to the country and the local community as well as to their own needs and expectations	The institution consulted widely on the mission and vision and all stakeholders feel that it embodies the important purposes of the institution and the absolute commitment of the institution to meet their needs and expectations
	1.2 Ongoing strategic planning is informed by information about institutional performance and external environmental information	Any one of the following describes your situation: <ul style="list-style-type: none"> Internal stakeholders don't know what the process is for strategic planning Internal stakeholders are unfamiliar with the plan Internal stakeholders can't see the relevance of the plan to the internal and external realities of the institution. 	The strategic plan is developed with input from stakeholders and is clearly responsive to information about how the institution is currently performing in relation to the current and future needs of the country and the community	Strategic planning is based on thorough evidence-based analysis of the strengths and weaknesses of the institution and comprehensive environmental scan; and all stakeholder groups are involved in planning and have input into goal setting
	1.3 Policy and strategy are communicated and deployed through a current and coherent framework of key processes that ensure consistent and coordinated delivery of services and the achievement of institutional goals	Any one of the following describes your situation: <ul style="list-style-type: none"> Policies are contradictory Policies are out of date Policies are inaccessible so people don't know about them and use them People don't know what the processes are or the reasons why things are done the way they are; It's not clear who is responsible for the tasks and the outcomes of processes 	The core processes of the institution (like enrolment, assessment and results, performance management, or promotion) reflect policy intentions and are clearly documented so that everyone knows what to do, and what happens next, and what the required outcomes are	An up-to-date, coherent and comprehensive framework of policies is accessible. Explicit linkages are shown to other relevant policy documents, and to templates and user-friendly procedures for implementation.
	1.4 Performance is reviewed regularly against agreed performance targets and improvement plans are implemented and monitored	Any one of the following describes your situation: <ul style="list-style-type: none"> Staff are not aware of institutional or departmental performance targets relevant to their area of work Some aspects of institutional or departmental performance may be reviewed but little or nothing gets done with the recommendations that are the outcomes of review. 	Some aspects of performance are rigorously reviewed (like regular external review of programmes) but there may be no systematic review of other important performance areas (like resource allocation and maintenance) and/ or performance is reviewed but to little effect as identified issues are not systematically addressed	The institution has performance measures and performance is regularly reviewed, at all levels and in all areas of the institution. Review is followed up with action planning for improvement and the implementation and outcomes of such plans are closely monitored.

SECTION ONE	Enabler Indicators	Opportunity for Improvement	Threshold (Improvement orientation)	Good practice
	1.5 Policies and procedures support lifelong learning goals (e.g. inclusiveness, access, progression, credit transfer, non-formal learning opportunities, transparency, flexible delivery)	The institution caters only for traditional learner cohorts (school leavers, full time, face to face) and not for non-traditional learners (like mature or rural or international or disabled students) who need special support or recognition or flexibility	The needs of some non-traditional and minority learner populations are recognized and policies and procedures are being developed to improve their access to tertiary education and to support their success	A strategy for lifelong learning includes policies, procedures, regulations, technologies, information, services and infrastructure to meet the access and support needs of lifelong learning
	1.6 Finances are managed to support the institution to achieve its goals	Any one of the following describes your situation: <ul style="list-style-type: none"> Staff of the institution cannot see clear rationale behind funding allocation decisions Funding seems to be based mostly on what you got last year and whose voice is loudest 	Staff are confident that financial management is sound and allocation of funding is fair	A systematic approach to funding allocation assures that the institution distributes funding fairly and equitably and invests transparently in achieving the goals of the institution
2. Stakeholder and partner orientation	2.1 Leaders create and maintain relationships with internal and external stakeholders that are characterized by high expectations, engagement in decision making and commitment to common goals	Any one of the following describes your situation: <ul style="list-style-type: none"> Leaders have weak relationships with people that report to them and other stakeholders (like students and industry /professional groups) People don't know much about the direction and plans of the institution People don't feel that they are involved in decisions about things that affect the whole institution. 	Leaders have good relationships with their staff and stakeholders and people feel involved in the planning and decision-making of the organization and committed to its vision and mission	Leaders are role models of excellence who engage actively with all stakeholder groups and inspire a culture of excellence and commitment to world class performance
	2.2 Identified stakeholders are informed about the performance and plans of the institution and the services it offers in relation to their own interests and needs and expectations	It is difficult for internal and external stakeholders (like staff and students and the public) to do any one of the following: <ul style="list-style-type: none"> Find out exactly what the institution offers Access information about the institution's performance in relation to what they need and expect Find out what the institution's plans are. 	The institution publishes information about its programmes and services and reports annually about its performance and plans	Stakeholders can access and navigate with ease through comprehensive information about the institution's programmes and services, performance and plans, and make informed comparisons with other institutions and informed decisions about how the institution meets their own needs and expectations
	2.3 There are structured processes for eliciting and using feedback from stakeholders to inform decision making	Any one of the following describes your situation: <ul style="list-style-type: none"> Feedback from students and staff and other stakeholders (like industry/professional groups) is not collected Feedback from stakeholders does not influence the way things are done 	Some feedback is collected from some groups of stakeholders and such feedback is discussed and has some impact on the further development (i.e. improvement) of programmes and services	Feedback is collected systematically and regularly from all key stakeholder groups and used to make improvements that meet stakeholders' express needs. The collection of feedback is followed by reporting back to stakeholders about how their feedback is being used to improve programmes and services.
	2.4 Strategies, policy and agendas are implemented to	People feel that they are far too busy with teaching to be involved in outside activities, and/or there are no benefits to the individual for getting involved in activities with local and	Teaching and research and administration staff all have professional networks of local and international colleagues and partners, and there are some institutional incentives for	Engagement with local and international communities and collaborative effort to achieve common goals is enabled in employment contracts, performance agreements, and in the

SECTION ONE	Enabler Indicators	Opportunity for Improvement	Threshold (Improvement orientation)	Good practice
	encourage and support educators to engage and collaborate with local and international communities to achieve common goals	international groups; it is just extra work	collaborative work and engagement with communities	Seamless deployment of systems, proactive double loop problem solving, fact based decision making, continuous improvement, focus on outcomes
	2.5 Relationships with partners and suppliers locally and internationally are formalized	Any one of the following describes your situation: <ul style="list-style-type: none"> • The institution does not have formal preferred supplier relationships • The institution does not have formal partnerships or working relationships with other institutions or professional/industry or accreditation bodies • Such relationships exist on paper but there is little evidence of any mutual benefit 	The institution has formed a variety of formal relationships, and documented the terms and agreements and expected outcomes of those relationships	The institution actively seeks to formalize relationships with suppliers and other partners to achieve strategic goals, and systematically evaluates the benefits of such arrangements
3. Learner and knowledge society focus	3.1 Programmes are designed and developed to meet learners' needs and reviewed regularly to ensure that they remain current and relevant to present and future needs	Any one of the following describes your programmes: <ul style="list-style-type: none"> • out-of-date • poorly designed • irrelevant • too theoretical • low demand • not meeting stakeholders' needs 	Programmes are reviewed regularly and updated and there is clear demand for them and positive feedback from learners and employers	Programmes are reviewed against international standards and relevant internal performance data (including stakeholder feedback); and evaluated for 'fit' with strategic goals; and continuously improved to enhance their relevance and effectiveness in meeting stakeholder needs; or discontinued if they no longer meet the evolving needs of stakeholders.
	3.2 Teaching and learning methods and delivery modes are deployed to meet the needs of learners and other stakeholders	Teaching methods and delivery modes (which may consist mostly of 'chalk and talk') may not be meeting individual learner's needs, since many of them withdraw or fail courses	A variety of methods and modes are deployed which are designed to meet specific learner needs; and educators strive continuously to engage learners and enhance their learning experiences and achievements through the implementation of effective teaching methods and modes	Innovative and demonstrably effective responses to learner needs and aspirations are embedded into the practices of the organisation and ensure that high levels of learner engagement and motivation are sustained
	3.3 Learners are provided with information and support services that are learner/client-centred and support the academic, social and personal development of all learners	Any one of the following describes your situation: <ul style="list-style-type: none"> • It's very confusing for learners because they find out piecemeal about how their programme works; what's expected of them; and what services are available, and how to access those services • There is low uptake of support services because learners don't know about them or because they are not learner-centred and do not effectively support learning and well being 	Information about the institution, its programmes and regulations and processes and services is made available to learners in a timely way, and learners are actively invited to access academic and personal development and support services that meet their needs	The institution regularly updates and distributes comprehensive and user-friendly information on all aspects of programmes and services; and effectively orients learners to the institution; and uses referral systems for its support services
	3.4 Educators and learners develop effective relationships for teaching and learning	Learners rarely see their teachers outside of big classroom situations and opportunities for one-to-one interaction are limited	Teachers set aside time for consultation with individual learners.	Learners find their teachers accessible and benefit from structured opportunities to discuss their concerns and their progress

SECTION ONE	Enabler Indicators	Opportunity for Improvement	Threshold (Improvement orientation)	Good practice
	3.5 Assessment and feedback to learners supports learning and provides useful information to stakeholders	<p>High risk, reactive, unsystematic, lack of coherence, little or no review and improvement</p> <p>Any one of the following describes information on assessment in your area:</p> <ul style="list-style-type: none"> • Too little feedback to be helpful • Feedback comes too late • Assessment information does show what the learner can do, how well and under what conditions. 	<p>Systematic, coherent approach to managing core processes, some quality improvement based on data, management of key risks</p> <p>Feedback to learners is comprehensive, sufficient and timely, so that learners know what they have to do to succeed; and assessment information is useful for other stakeholders</p>	<p>Seamless deployment of systems, proactive double loop problem solving, fact based decision making, continuous improvement, focus on outcomes</p> <p>Different types of assessment activity are integrated into programmes of learning, including formative and summative assessment; and learners get feedback on their progress at regular intervals. Graduates have comprehensive information about their performance to pass on to employers or other providers</p>
	3.6 Quality assurance of assessment ensures that assessment outcomes are valid and fair and assessment information is reliable	<p>Any one of the following describes your situation:</p> <ul style="list-style-type: none"> • Individual staff members design assessment items and assess learners without any moderation (i.e. quality control by other colleagues). • Results are not systematically quality assured and approved before learners are advised of their results 	<p>Some form of moderation (e.g. pre assessment and post assessment) takes place in most areas and the accuracy and reliability of results is assured before results are released to learners.</p>	<p>All courses of all programmes are subject to moderation regimes; and results and eligibility to graduate are approved by mandated quality assurance groups</p>
	3.7 Strategies, policy and agendas are implemented to encourage and support educators to engage in relevant research	<p>Any one of the following describes research in your area:</p> <ul style="list-style-type: none"> • Few staff members do any research because they don't have the time or the interest • Research activity is not supported by management • Research is not recognised and rewarded 	<p>Policies and plans are in place to support and encourage research</p>	<p>The institution supports a thriving research culture with a coherent framework of policies and procedures that enable staff to produce high quality and quantity of relevant research.</p>
	3.8 Strategies, policy and agendas are implemented to encourage and support educators to be innovative and creative in meeting the needs of learners	<p>Traditional teaching methods are not working for today's crowded classrooms and diverse student populations, and high expectations, and teachers are struggling and not finding new ways of managing in a new environment</p>	<p>A framework of policies and plans are in place to encourage the development of new and innovative approaches to meeting learners' needs</p>	<p>There is a dialogue within the institution about methods and technologies for teaching and learning; and an environment that encourages experimentation; and good practice and new ways of working are disseminated and supported</p>
4. People Management	4.1 Appropriately qualified and experienced educators are effectively attracted, recruited, and integrated into the institution	<p>The institution has many unfilled teaching vacancies</p>	<p>Staff are effectively recruited and integrated into the institution</p>	<p>The institution is known as a good employer and highly qualified applicants compete to fill vacancies; and all new employees are systematically inducted to the organisation</p>
	4.2 Educators participate in improvement-oriented performance management and are supported to engage in professional development activity	<p>There is no performance management system</p>	<p>All staff have agreed performance plans and their performance is evaluated against agreed targets</p>	<p>Performance management is part of a coherent human resource management framework that enables and rewards good performance and applies appropriate interventions to poor performance</p>

SECTION ONE	Enabler Indicators	Opportunity for Improvement	Threshold (Improvement orientation)	Good practice
	4.3 Allocation of workload is fair and transparent and reflects the vision, mission and goals of the institution	Any one of the following describes your situation: <ul style="list-style-type: none"> There is no consistent system for allocating workload The system for allocating workload is not fair Workload seems unevenly distributed 	The approach to workload allocation is transparent (i.e. based on known criteria) but some people may still have higher workloads than others	A workload allocation model is coherent with internal funding allocation, performance management and promotion systems; and ensures that allocation is fair and transparent, and meets the needs of the institution and individuals.
	4.4 Staff contribute to interdisciplinary teams and collaborative projects with local and international colleagues to achieve valued outcomes	Any one of the following describes your situation: <ul style="list-style-type: none"> People tend to work alone People don't know what other people are working on There is no incentive for working with others There is little interest in exploring or pursuing new ideas and new ways of working 	The institution values team work and routinely forms project teams that include partners and that cross departmental boundaries, and teams are encouraged to be creative and innovative in their approach to issues.	Staff collaborate and add value in many spheres outside of their own department and 'comfort zone'; and collaboration within the institution and with external partners results in innovative proposals and new ways of working; and such proposals and new approaches are considered at the highest levels of the institution and followed up with implementation and action planning
	4.5 Staff establishment is adequate for the size and diversity and strategic direction of the institution	Any one of the following describes your situation: <ul style="list-style-type: none"> Methods and/or criteria for quantifying staffing needs are unclear Some staffing decisions seem unjustifiable (i.e. decisions to increase or decrease staff establishment) 	There is a clear system for quantifying staffing needs that includes factors such as student numbers, level, field and diverse learner needs.	Staffing is established to meet the needs of learners and fulfil the goals of the institution through a system that is fair and transparent and internationally benchmarked
5. Resources, facilities knowledge and information management	5.1 Allocation and maintenance of facilities and resources is adequate for the mode and type of teaching and learning, and for the number of students and reflects the vision and mission and goals of the institution	Any one of the following describes your situation: <ul style="list-style-type: none"> Facilities and /or resources are not adequate for the number of learners or type or mode of education and training Facilities and resources are not well used because of lack of access, lack of training or lack of technical support 	Transparent systems for allocating and maintaining facilities and resources ensures that teaching and learning and wellbeing needs of stakeholders are consistently met across the campus	Allocation and maintenance of facilities and resources, and high levels of support for the innovative use and upgrading of technologies meet and exceed current needs and expectations and anticipate future needs and expectations
	5.2 Infrastructure for communication flow, quality assurance and accountability is clear	Any one of the following describes your situation: <ul style="list-style-type: none"> People often miss out on important information because they are not informed or because they receive far too much information People aren't clear what the processes of quality assurance are, and who is responsible and who is accountable for quality outcomes 	There are clear systems for communicating, planning, reporting and quality assuring outcomes	The institution has effective systems for assuring that information is filtered and channelled in a timely manner, and that the right people get the information that they need at the right time
	5.3 Performance information (such as data on staff and learners) is well managed, accessible and used for planning and improvement	Any one of the following describes your situation: <ul style="list-style-type: none"> The institution does not collect data on patterns of enrolment, retention, progression and completion Information collected is inaccurate or inaccessible and doesn't give us a true picture of what is happening We don't know whether this information is collected or 	The institution has systems for managing performance information and useful reports can be generated	The institution has systems for managing information on all aspects of performance (including teaching and learning, research, staffing, finances, facilities and resources etc) and data is widely accessible and widely used for improvement planning purposes

SECTION ONE	Enabler Indicators	Opportunity for Improvement	Threshold (Improvement orientation)	Good practice
		High risk, reactive, unsystematic, lack of coherence, little or no review and improvement	Systematic, coherent approach to managing core processes, some quality improvement based on data, management of key risks	Seamless deployment of systems, proactive double loop problem solving, fact based decision making, continuous improvement, focus on outcomes
	purposes	what is done with it		
	5.4 Users are adequately trained to make innovative use of equipment and information management technologies	People are not trained to use the equipment and information technologies that are available so there is little benefit to be had from them	Training and technical support is available for staff to help them make good use of equipment and technologies	Training opportunities and high levels of technical support and interdisciplinary engagement with issues of concern combine to facilitate innovative use of equipment and technologies and good return on investment

SECTION TWO	Results Indicators	Opportunity for Improvement	Threshold (Improvement orientation)	Good practice
		High risk, reactive, unsystematic, lack of coherence, little or no review and improvement	Systematic, coherent approach to managing core processes, some quality improvement based on data, management of key risks	Seamless deployment of systems, proactive double loop problem solving, fact based decision making, continuous improvement, focus on outcomes
6. Impact on society outcomes	6.1 Practices and operations in all parts of the institution are legal and ethical; and financially stable and sustainable	Practices in some areas are a risk to the reputation of the institution	The institution has controls in place and ensures that there are no abuses of the system or opportunities for individuals to profit at the expense of the institution	The institution has a framework of policies and procedures that effectively prevent practices that are not legal and/or ethical and/or not coherent with the intent and purpose of the institution; and are designed and deployed to protect the integrity of the institution
	6.2 The institution engages positively with its stakeholders and demonstrates accountability	The institution does not collect, or is not responsive to, stakeholder feedback and concerns (including internal stakeholders, students, employers, professional, regulatory and funding bodies)	The institution is influenced by feedback from its stakeholders, demonstrates responsiveness to their concerns and meets accountability requirements	The institution involves stakeholders in planning and decision-making; demonstrates high levels of responsiveness to stakeholders' explicit and implicit concerns and meets or exceeds all accountability requirements
	6.3 The institution meets stakeholder expectations and public perception of the institution is positive	Any one of the following describes your situation: <ul style="list-style-type: none"> The institution is not a first choice for most school leavers Internal or external stakeholders complain about the performance of the institution 	The institution is generally respected by the community and attracts students locally and internationally	The institution is a first choice for school leavers; is highly thought of in the community; and publically celebrates its successes and achievements
	6.4 The institution demonstrates leadership in public and academic debate and contributes to the development of local and international communities	Any one of the following describes your situation: <ul style="list-style-type: none"> People of the institution generally don't get involved in academic and/or public debate People of the institution generally don't get involved in local and international communities 	People of the institution contribute to public and academic debate and the institution offers services and hosts events for the public	The institution is influential in forming public opinion on national and community issues and offers a range of services and events designed to engage and develop the local community; furthermore the institution makes valuable contribution to the development of international communities (such as benchmarking partners or research communities)
7. Teaching and learning outcomes	7.1 Learners persist with their studies and progress steadily	Any one of the following describes your situation: <ul style="list-style-type: none"> There is no data on enrolment, retention and success that I know of 	Data show improvement in retention and success rates	Data shows high rates of retention and success

SECTION TWO	Results Indicators	Opportunity for Improvement High risk, reactive, unsystematic, lack of coherence, little or no review and improvement	Threshold (Improvement orientation) Systematic, coherent approach to managing core processes, some quality improvement based on data, management of key risks	Good practice Seamless deployment of systems, proactive double loop problem solving, fact based decision making, continuous improvement, focus on outcomes
		<ul style="list-style-type: none"> These data show high rates of withdrawal and failure 		
	7.2 Learners achieve their goals (including developing of their skills and knowledge and completing formal qualifications)	<p>Any one of the following describes your situation:</p> <ul style="list-style-type: none"> There is no data on completion of qualifications that I know of These data show that a low proportion of learners complete qualifications within the expected duration 	Data show improvement in completion rates over time	Data shows high rates of completion of qualifications; and learners who do not complete qualifications achieve their other explicit goals
	7.3 Learners are generally satisfied with all aspects of their academic, social and personal development experiences	<p>Any one of the following describes your situation:</p> <ul style="list-style-type: none"> There is no data on learner satisfaction that I know of These data show that learners are generally not satisfied 	Learners are generally satisfied with their learning experiences and data shows improved satisfaction over time	Learners are very satisfied with all aspects of their learning experiences and satisfaction rates improve over time
	7.4 Graduates of the institution are employable in their field(s) and eligible to progress to higher levels of study	<p>Any one of the following describes your situation:</p> <ul style="list-style-type: none"> There is no data on graduate destinations that I know of These data show that many graduates are unemployed for long periods after graduation, or take jobs requiring lower qualifications 	Data on graduate destinations show that most graduates gain appropriate employment in their field within a short period after graduation	Data on graduate destinations show that graduates are highly sought after
	7.5 Improvement and excellence in teaching are recognised and rewarded	Improvement and excellence in teaching are not recognised	Improvement and excellence in teaching are recognised and rewarded	Improvement and excellence in teaching are recognised and rewarded in every teaching team
8. Research, innovation and entrepreneurial outcomes	8.1 Innovation and creativity and partnerships are used to develop relevant products and services	There is no development of products and services or these are not relevant to stakeholders	Relevant products and services are being developed in one or more area of the institution's operation	There is a flourishing culture of innovation and creativity and the institution has developed products and services that are relevant to national and community goals and have commercial application
	8.2 Research outputs are relevant to national development goals and institutional goals and meet international standards	There are no research outputs or there is no data on the research outputs of the institution that I know of	The institution meets its own targets for quantity and quality of research	There is a flourishing research culture and the institution publishes internationally in several areas of expertise; and research findings contribute to national development goals
	8.3 Excellent research performance is recognized and rewarded	Excellence in research is not recognised	Excellence in research is recognised and rewarded	The research performance of teams and individuals across the campus is recognised and rewarded, and research findings are disseminated and celebrated within and outside the institution

SECTION TWO	Results Indicators	Opportunity for Improvement High risk, reactive, unsystematic, lack of coherence, little or no review and improvement	Threshold (Improvement orientation) Systematic, coherent approach to managing core processes, some quality improvement based on data, management of key risks	Good practice Seamless deployment of systems, proactive double loop problem solving, fact based decision making, continuous improvement, focus on outcomes
	8.4 Creative and innovative approaches to meeting the needs of learners are recognized and rewarded	Creative and innovative approaches to meeting the needs of learners are not recognised	Creative and innovative approaches to meeting the needs of learners are recognised and rewarded	The creative and innovative approaches of individuals and teams are recognised and rewarded across the campus and such approaches are widely disseminated within and outside the institution
9. Staff outcomes	9.1 Staff are retained and empowered to achieve performance targets and progress their careers within the institution	Any one of the following describes your situation: <ul style="list-style-type: none"> There is no data on staff turnover that I know of Staff turnover is high There is no data on staff satisfaction that I know of Staff are generally unsatisfied with conditions of employment 	Staff are generally retained at least for the duration of one contract, and there are support systems in place, and data show that staff are satisfied with their conditions of employment	Staff are retained and tangible and intangible turnover costs are low; and staff are supported to develop their capacity and progress their careers within the institution; and staff are highly satisfied with their conditions of service and the opportunities provided by the institution
	9.2 Staff are actively involved in the organizational, social/cultural and academic life of the institution	Any one of the following describes your situation: <ul style="list-style-type: none"> People don't voluntarily get involved in professional and social activities and events on campus There are no such activities and events to get involved in Mandatory activities and events are poorly attended There is no data on attendance at mandatory events 	Individuals voluntarily participate in professional and social events on campus and mandatory events are well attended	The institution facilitates and animates and encourages initiative in designing and hosting events that enhance a vibrant organisational culture
	9.3 People's performance contributes to the achievement of institutional goals and shows ongoing development of new knowledge and skills	Any one of the following describes your situation: <ul style="list-style-type: none"> The performance of individuals is not appraisal Performance appraisal shows poor alignment of individual performance with institutional goals Performance appraisal shows that people are not developing their skills and knowledge 	Performance review identifies (for intervention) some individuals whose performance is not fully aligned to institutional goals and /or individuals who are not developing their skills and knowledge	Performance review across the institution shows that all individuals are contributing to the achievement of institutional goals and continuously improving their skills and knowledge
10. Support system outcomes	10.1 The institution is making progress towards achieving the goals of lifelong learning	The institution cannot demonstrate any progress towards making education more accessible	The institution is active in pursuing ways of making its education and training more accessible	Data shows that measures taken by the institution to meet the needs of lifelong learners have effectively increased the participation and success of a wider range of learners
	10.2 The institution practices fact based decision making and continuous improvement in all key performance areas	The institution does not have key performance targets or does not use performance information for improvement purposes	The institution uses performance information to plan improvements and records positive progress towards targets, showing steady improvement over time	The institution continuously reviews performance information and uses it to inform improvement planning and the achievement of internationally benchmarked performance targets
	10.3 Uptake and satisfaction with internal and external services shows that	Uptake and satisfaction with services is not measured	Analysis shows that uptake of services and user satisfaction with those services is improving	Analysis shows that there is high uptake and high satisfaction with services and these are meeting the needs of learners, staff and other stakeholders

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	these continue to meet stakeholder needs			
	10.4 Information management and communication systems effectively support the achievement of institutional goals	Information services (e.g. internet, institutional network, open and distance learning platforms, data management systems) are inadequate for achieving the goals of the institution and/or not consistently available	Information management systems systematically provide the information that the institution needs to improve quality outcomes.	Information management systems effectively support the institution to achieve its goals and develop new ways of meeting current and future needs

Commonwealth of Learning
1055 West Hastings Street, Suite 1200
Vancouver, BC V6E 2E9

Canada

T. 604.775.8200

F. 604.775.8210

E. info@col.org

www.col.org

