



SHAHEED ZULFIQAR ALI BHUTTO **MEDICAL UNIVERSITY**

Institutional Quality Assessment and Effectiveness Office (IQAE), SZABMU

Self-Assessment Report (SAR)
Programme:
Department:
School/College:
Year of Review Cycle: 20__ - 20
Semester: Fall/Spring

Declaration

This Self-Assessment Report (SAR) has been prepared by the Programme Team of the **[Department/College Name]** of Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU). It covers the assessment of the **[Program Name]**, conducted under the [Semester/Annual System, Year 20__ – 20__], and has been compiled in accordance with the Programme Review for Effectiveness and Enhancement (PREE) requirements of the Higher Education Commission (HEC).

The Programme Team, as officially notified by the Head of the department of SZABMU/ Affiliated Institute **[NAME]**, has prepared the Self-Assessment Report as per the prescribed Self-Assessment Manual. This SAR is hereby submitted to the Dean's Office for review and onward submission to the Institutional Quality Assurance and Examination (IQAE) Office of SZABMU for further action.

S.no.	Name	Designation	Committee member
1.			Convener
2.			Member
3.			Member
4.			Member
5.			Member
6.			Member

Approved by:

Head of Department/College

Name:

Designation:

Signature and Stamp:

Date:

Dean of Department/College

Name:

Signature and Stamp:

Date:

Executive Summary

This Executive Summary presents a consolidated overview of the findings derived from the evaluation proformas administered as part of the Self-Assessment process for the [Name of Programme]. These instruments were employed to assess programme effectiveness, course delivery, teaching quality, student satisfaction, research progress, and stakeholder feedback, in support of continuous quality improvement.

During the review period, the total enrolment in the programme was [Total Number] students. Evaluation data were collected from [Number] students, representing a response rate of [Percentage], which is considered [e.g., adequate/satisfactory/high] for meaningful analysis. Student feedback obtained through the Student Course Evaluation Questionnaire, Graduating Student Survey, and Research Student Progress Review Form indicates [high/moderate/Low] overall satisfaction with teaching effectiveness, course organization, and faculty support. Key strengths identified include [e.g., subject knowledge/teacher accessibility/course relevance], while areas requiring improvement include [e.g., assessment practices/practical exposure/research supervision/learning resources].

Faculty feedback was obtained, providing faculty perspectives on course outcomes, assessment results, and instructional challenges. These reviews confirm that course learning outcomes are [e.g., largely/partially] aligned with programme objectives

External stakeholder input was gathered through the Alumni Survey and Employer Survey. Alumni feedback reflects [e.g., strong/adequate] alignment of programme outcomes with professional requirements, while employer responses highlight graduates' competencies in [e.g., discipline knowledge/professional conduct/teamwork] and identify opportunities for enhancement in [e.g., industry exposure/advanced skills/communication abilities].

Faculty capacity was reviewed through Faculty Résumés, confirming that the programme is supported by [e.g., adequately/highly] qualified faculty with relevant academic and professional experience. Further improvement opportunities were identified in faculty development and research engagement.

Overall, the evaluation proformas indicate that the programme is progressing [e.g., effectively/satisfactorily] toward achieving its stated objectives. The Programme Team has developed targeted recommendations and action plans with defined responsibilities and timelines to address identified gaps and to ensure ongoing improvement and quality assurance as follows:

Best Practices/Key Strengths:

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CRITERION 1: PROGRAMME MISSION, OBJECTIVES AND OUTCOMES

I. Institutional Mission Statement:

II. Program Objectives:

III. Program Objectives in line with the institutional mission

- 1.
- 2.
- 3.

• Program Objectives in line with the programme mission:

- 1.
- 2.
- 3.

- I. Outline the main elements of the strategic plan to achieve the programme objectives.
- II. Provide for each objective how it was measured, when it was measured, and improvements identified and made.

Standard 1.2: Program Objectives & Program Outcomes

S.no.	Program Objectives	Program Outcomes	How measured	Improvement Identified	Improvement made

Note: The program must have documented outcomes for graduating students. It must be demonstrated that the outcomes support the program objectives and that graduating students are capable of performing these outcomes. The outcomes of the objectives will be measured using the following tools:

- Employer Survey
- Alumni Survey
- Graduating Students Survey

- I. Describe how the programme outcomes support the programme objectives.
- II. Describe the means for assessing the extent to which graduates are performing the stated programme outcomes/learning objectives. This should be accomplished by the following:

- Employer Survey
- Alumni Survey
- Graduating Students Survey
- Senior projects presentations; these questions should be related to programme outcomes and outcomes examinations.

- III. The data obtained from the above sources should be analyzed and presented in the assessment report.

Standard 1.2 (b): Competency-Based Evaluation Based on the Graduating Student and Resident Proformas, rate the program's effectiveness in developing the following core competencies:

Competency Area	Rating from Student Feedback	Identified Gaps	Action Plan
Medical Knowledge			
Patient Care			
Interpersonal & Communication Skills			
Professionalism & Ethics			
Practice-Based Learning & Improvement			
Systems-Based Practice			

IV. It is recommended that the above surveys be conducted, summarized, and added to the self-assessment report. Departments should utilize the results of the surveys for improving the programme as soon as they are available.

Provide summarized action plans for improvement using these surveys. Graphical Summaries will be attached as an annexure.

Standard 1-3: The results of the programme's accreditation and the extent to which they are used to improve the programme must be documented.

I. Describe the actions taken based on the results of periodic accreditation.

E.g., Based on recommendations from the most recent accreditation review, the programme implemented targeted actions including curriculum mapping and revision to strengthen alignment with programme learning outcomes, enhancement of assessment practices, and increased use of student feedback in course improvement. Faculty development activities were initiated to improve teaching effectiveness and assessment design, while academic and administrative processes were streamlined to support quality assurance and compliance requirements.

II. Describe major future programme improvement plans based on recent accreditation.

E.g., In response to accreditation feedback, the programme plans to further strengthen outcome-based education practices, enhance practical and research components, and improve industry and community engagement. Additional initiatives include faculty capacity building, integration of digital learning tools, and systematic monitoring of programme outcomes through periodic review and data-driven decision-making.

III. List strengths and weaknesses of the programme.

E.g.,

Strengths:

- Qualified and experienced faculty with strong subject expertise
- Curriculum aligned with national standards and accreditation requirements
- Effective teaching, learning, and assessment practices
- Positive student, alumni, and employer feedback

Weaknesses:

- Limited industry exposure and experiential learning opportunities
- Need for further enhancement of research and practical facilities
- Inconsistent documentation of quality assurance activities

IV. List significant future development plans for the programme.

E.g.,

The programme plans to revise and update the curriculum in line with emerging disciplinary trends, strengthen industry linkages, and expand research and innovation activities. Future development initiatives also include the enhancement of learning resources, increased use of educational technologies, structured faculty development programmes, and continuous strengthening of quality assurance mechanisms.

Standard 1-4: The department must assess its overall performance periodically using quantifiable measures as follows.

I. Present student enrolments (undergraduate and graduate) during the last three years, indicating percentages of honors students, student-faculty ratio, average graduating grade point average per semester, average time for completing the undergraduate programme, and attrition rate.

1. Present Student/s

2. Graduates/Undergraduates enrolled in the last three years

S. No.	Name of Enrolled Students in the respective program	Year of Enrollment
1.		
2.		
3.		

3. Student-Faculty Ratio

4. Average graduating grade point/percentage

5. Average per semester/annual

6. Average time for completing the undergraduate/postgraduate program.

7. Attrition rate.

II. Indicate the percentage of employers that are strongly satisfied with the performance of the department's graduates. (Use employer surveys.)

a. Employer Satisfaction

Employer Form Outcomes

III. Indicate the median/average student evaluation for all modules and the percentage of faculty awarded excellence in teaching awards

IV. Present performance measures for research activities. These include journal publications, funded projects, and conference publications per faculty per year, and indicate the percentage of faculty awarded excellence in research awards.

b. Research Progress Details

The program faculty published research papers in different journals. (Attach list in Annexure).

Indicator	Description	Reporting Period	Actual No.	Status (✓ / ✗)	Evidence Required
Total Faculty Publications	Total number of research publications produced by program faculty (cumulative)	Up to the SAR year		<input type="checkbox"/>	Consolidated publication list
Funded projects	Number of research projects undertaken by	SAR reporting year		<input type="checkbox"/>	Grant award letters,

	programme faculty that received internal or external funding during the reporting period, including national, international, or industry-sponsored grants				funding approval documents, project progress/completion reports, and research office records.
Publications in SAR Reporting Year	Number of research publications published by program faculty during the self-assessment reporting year	SAR reporting year		<input type="checkbox"/>	Year-wise publication list
Publications with Student Co-Authors	Number of research publications in which enrolled students are listed as co-authors	SAR reporting year		<input type="checkbox"/>	Highlighted student co-authored papers
Percentage of Faculty Awarded Excellence in Research	Percentage of programme faculty who received recognized excellence or merit awards in research during the reporting period at the institutional, national, or international level.	SAR reporting year		<input type="checkbox"/>	Award certificates/letters, official announcements, HR or research office records.

V. Present performance measures for community services. This may include the number of short courses per year, workshops, and seminars organized.

VI. Indicate faculty and students' satisfaction regarding the administrative services offered by the department. Use faculty and student surveys.

Mention the Faculty: Student ratio level. Students' and teachers' satisfaction is judged in different ways. For students, this is done by faculty as well as IQAE staff by conducting in-class discussions to know students' views and through feedback provided by the students. While teachers' satisfaction is judged using the faculty Proforma.

Programme educational objectives are intended to be statements that describe the expected accomplishments of graduates during the first several years following graduation from the programme.

The student survey will ensure unbiased feedback from students. The gathered data was analyzed, and the results were provided to department officials for further necessary action.

The following is the list of courses that are being evaluated by the students, along with their course code and graded scores.

Course evaluation can be shown in the following graphical chart: (Please include a graphic analysis of the evaluation based on the data received)

Sr.	Course Name	Total No. Students enrolled in the course	No. of students who graded the course

Qualitative Theme	Key Evaluation Indicator (Student Course Evaluation Feedback)	Overall Student Response Trend	Result / Status
Theory–Practice Balance	Opportunities to apply theoretical knowledge in practical/clinical settings	E.g., the majority of students agreed that theoretical concepts were supported by practical/clinical exposure	E.g., Satisfactory
Research Culture	Development of research skills (literature review, data analysis, ethics)	E.g., Students reported moderate exposure to research-related activities within courses	E.g., Partially Achieved
Technology-Enhanced Learning	Effectiveness of technology use in teaching and learning	E.g., Students indicated basic use of digital tools with scope for enhancement	E.g., Satisfactory

Programme Outcome Area	Student Evaluation Indicator	Overall Result	Achievement Status
Knowledge	Understanding of core concepts	High agreement	Achieved
Skills	Application of theory to practice	Majority agreement	Substantially Achieved
Professional Attitude	Ethics, professionalism, communication	Consistent agreement	Achieved

Teachers Evaluation:

The teacher's evaluation by the students can be shown in a graphical chart. Following is the list of teachers who are being evaluated by the students, along with the serial number and graded scores

Sr.	Teacher Name	Course Name	Total No. Students enrolled	No. of students who graded

Teaching Quality Indicator	Student Response Trend	Result Status
Subject knowledge & clarity	E.g., Strong agreement	E.g., Achieved
Teaching methodology	E.g., Majority agreement	E.g., Substantially Achieved
Faculty accessibility	E.g., Moderate–high agreement	E.g., Achieved

Standard 1-5: The department/programme must take deliberate steps to engage all students, individually and collectively, as partners in the assurance and enhancement of their educational experience.

- I. Describe actions taken to involve students in the evaluation of teaching and learning.
- II. Describe actions taken as a result of student evaluation.
- III. Describe how actions are communicated to students.
- IV. Describe actions taken to engage students in decision-making about the quality of their higher education.
- V. Describe actions taken to recruit student members to appropriate deliberative committees. Describe the training given to students to enable their participation in decision-making committees.
- VI. Terms of reference of deliberative committees on which students sit.

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Indicative Evidences:

- Programme specification clarifying programme missions, objectives, and outcomes.
- An academic development plan clarifying how to develop programme structure, curricula, and resources.
- Analysis reports of the process adopted for development of the mission and subsequent goals, and periodic reviews of the mission and goals
- Analysis reports of the process of application of these goals and coordination for implementation
- Review reports of processes adopted to disseminate the mission and goals to faculty, students, and members of the governing body, and efforts to maintain the institution's commitment to the mission among members of the institution

CRITERION 2: CURRICULUM DESIGN AND ORGANIZATION**Standard 2.1:**

The curriculum must be consistent and support the programme's documented objectives.

- 1.
- 2.
- 3.
- 4.

Standard 2.2: Describe how the program content (courses) meets the program objectives and satisfies the accreditation bodies (PMDC/HEC)

Note: It can be stated that the curriculum is consistent or not, and supports the program's documented objectives or not

E.g., Program of _____ has been designed to support the objectives and are consistent. The department follows a standardized course syllabus in order to ensure consistency in knowledge delivered to the students. The following matrices show the relevance of the individual courses to the program objectives.

Course versus program objectives

S.no.	Courses	Program Objectives				
		Objective 1	Objective 2	Objective 3	Objective 4	Objective 5
	Mention course names					

Standard 2.3: Theoretical background, problem analysis, and solution must be stressed within the programme's core material.

E.g. Answer template

_____ department aims to improve the ability to apply concepts to practice, to develop thinking processes, increase writing skills and enhance professional credibility. _____ takes its students onto a great contribution in the workplace and offers a higher intellectual platform to develop capabilities beyond those generally attainable through normal work. The following matrices show a breakdown for the _____ program.

Table 1: Requirements of the Program

Elements	Courses
Theoretical background	Mention the names of the courses that come in this category
Problem analysis	Same as above
Solution design	Same as above

Compliance with Accreditation Requirements

Standard 2.4: The curriculum must satisfy the core requirements for the programme, as specified by the respective accreditation body.

The number of required credit hours to be completed by a student for each program is mentioned below:

Component	Minimum Required (as per Accreditation Body)	Program Offered (CH)	Compliance

Total Credit Hours (CH)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic Courses			<input type="checkbox"/> Yes <input type="checkbox"/> No
Core Courses			<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Training / Field Work			<input type="checkbox"/> Yes <input type="checkbox"/> No
CME / Electives			<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Learning CH			<input type="checkbox"/> Yes <input type="checkbox"/> No

Curriculum breakdown in terms of Core Basic/ Clinical courses & Elective Courses.

For each course in the program that can be counted for credit

Kindly paste the website link for the current curriculum

Does the current curriculum fully satisfy the general and specific requirements of the relevant accreditation body (e.g., HEC, PMDC, PDC, PNC, or other statutory council) for this program?

- Yes
- No
- Partially

Required Evidence:

- Approved curriculum document (latest version)
- Mapping matrix showing alignment with accreditation standards
- Approval minutes of statutory bodies (BoS / BoF / Academic Council)

B. Need for Curriculum Revision

Is there a documented need for curriculum revision based on any of the following drivers? (Tick all that apply)

- Accreditation body updated standards/guidelines
- HEC PSG-2023 compliance gaps
- Feedback from students
- Feedback from alumni
- Feedback from employers / clinical supervisors
- Program evaluation / SAR findings
- CQI outcomes or examination results
- Advances in discipline, technology, or healthcare needs

Required Evidence:

- Stakeholder feedback summaries
- CQI action plans

C. Decision on Curriculum Revision

Based on the identified need, does the curriculum require revision or updating?

- Yes
- No

If No, justify with evidence:

- Rationale for retaining the current curriculum
- Benchmarking data (national/international)

If yes, proceed to the next section.

E. Nature and Scope of Revision

What are the key areas requiring revision in the curriculum? (*Brief description required*)

- Program Learning Outcomes (PLOs)
- Course Learning Outcomes (CLOs)
- Course content/syllabus
- Teaching & learning strategies
- Assessment methods
- Clinical exposure/skills training
- Research, ethics, professionalism, or communication skills
- Credit hours/course sequencing

Required Evidence:

- Comparative old vs. revised curriculum matrix
- Revised CLO–PLO mapping

Approval and Implementation Status

Standard 2-6: Has the revised curriculum been formally approved by the relevant statutory and academic bodies?

- Yes
- No
- In process

Required Evidence:

- Approval notifications
- Minutes of statutory meetings
- Official approval letters

Dissemination and Transparency

Is the revised and approved curriculum publicly displayed on the University / College website?

- Yes
- No

Web link (if Yes): _____

Required Evidence:

- Screenshot or URL of published curriculum

Has the revised curriculum been formally disseminated to all relevant stakeholders?

Stakeholder	Yes	No	Evidence	Yes	No
Students	<input type="checkbox"/>	<input type="checkbox"/>	Orientation records/handbook	<input type="checkbox"/>	<input type="checkbox"/>
Faculty	<input type="checkbox"/>	<input type="checkbox"/>	Faculty meeting minutes	<input type="checkbox"/>	<input type="checkbox"/>
Affiliated hospitals/training sites	<input type="checkbox"/>	<input type="checkbox"/>	Official notifications	<input type="checkbox"/>	<input type="checkbox"/>

Accreditation / regulatory bodies	<input type="checkbox"/>	<input type="checkbox"/>	Submission acknowledgements	<input type="checkbox"/>	<input type="checkbox"/>
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Standard 2-5: The curriculum must satisfy general education, arts, and professional and other discipline requirements for the programme, as specified by the respective accreditation body/council.

Curriculum Component	Accreditation Requirement	Courses Included	Credit Hours
General Education	As prescribed by the accreditation body (e.g., communication skills, ethics, quantitative reasoning, ICT)		[No.]
Arts / Humanities	Required exposure to arts, humanities, or social sciences to support holistic education		[No.]
Core Discipline Courses	Mandatory core courses as specified by the accreditation council		[No.]
Professional / Applied Courses	Profession-specific courses required for practice and accreditation		[No.]
Electives	Discipline-related or interdisciplinary electives as per guidelines		[No.]
Practical / Laboratory / Clinical Work	Minimum practical/clinical/lab exposure as required		[No.]
Research / Capstone Project	Mandatory research, thesis, or capstone requirement		[No.]
Internship / Industrial Training	Field experience requirement (if applicable)		[Duration]

Standard 2-6: Information technology components of the curriculum must be integrated throughout the programme.

- Indicate the courses within the program that will satisfy the standard.
- Describe how they are applied and integrated throughout the program.

Standard 2-7: Oral and written communication skills of the student must be developed and applied in the programme. Conduct feedback surveys each semester for each course from students and faculty.

Indicate the courses within the program that will satisfy the standard.

Describe how they are applied.

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Indicative evidence

- Programme development policy
- Evidence of well-defined and coherent programme goals and objectives reflecting institutional mission, such as module specifications
- Evidence of the balance between theory and practice to achieve programme and institutional goals
- Mapping of programme specifications to the national qualification framework for higher education
- Defined student learning outcomes
- Graduate destinations

CRITERION 3: SUBJECT-SPECIFIC FACILITIES

Standard 3-1: Laboratory manuals/documentation/instructions for experiments must be available and readily accessible to the department and students.

- I. Describe the subject-specific facilities that are available for use in the programme under assessment.
- II. Explain how students and departments have adequate and timely access to the manuals/documentation and instructions.

III. Benchmark with similar departments in reputable institutions to identify shortcomings in laboratories.

Clinical Laboratories and Computing Facilities for _____ Program
Facility Type: Clinical Laboratory / Research Laboratory / Computing Facility

#	Facility / Lab Title	Location & Area (m ²)	Objectives	Software Available (if any)	Major Equipment/ Apparatus	Adequacy for Instruction	Safety Regulations	Remarks / Evidence
1						<input type="checkbox"/> Adequate <input type="checkbox"/> Partially Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Compliant <input type="checkbox"/> Partially Compliant <input type="checkbox"/> Non-Compliant	
2						<input type="checkbox"/> Adequate <input type="checkbox"/> Partially Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Compliant <input type="checkbox"/> Partially Compliant <input type="checkbox"/> Non-Compliant	
3						<input type="checkbox"/> Adequate <input type="checkbox"/> Partially Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Compliant <input type="checkbox"/> Partially Compliant <input type="checkbox"/> Non-Compliant	
4						<input type="checkbox"/> Adequate <input type="checkbox"/> Partially Adequate <input type="checkbox"/> Inadequate	<input type="checkbox"/> Compliant <input type="checkbox"/> Partially Compliant <input type="checkbox"/> Non-Compliant	

Facility Area	Student Evaluation Result	Adequacy Status
Laboratories / clinical facilities	E.g., Support learning outcomes (80%)	E.g., Adequate
Equipment & instruments	E.g., Functional and sufficient (90%)	E.g., Need Improvement.
Safety SOPs/Manuals	E.g., Available & implemented (100%)	E.g., Compliant

Standard 3-2: There must be adequate support for personnel for instruction and maintaining the laboratories.

Indicate for each laboratory: support personnel, level of support, nature and extent of instructional support.

Standard 3-3: The University infrastructure and facilities must be adequate to support the program's objectives.

- **Describe how the computing facilities support the computing component of your program.**

Note: Example for text template

SZABMU provides sufficient funds for the maintenance/upgrading of the existing facilities as well as for building the latest state-of-the-art computational and biology laboratory facilities.

OR

We have, or we don't have, computing facilities for postgraduates.

- **Benchmark with similar departments in reputable institutions to identify shortcomings in computing infrastructure and facilities.**

Standard 3-4: The University computing infrastructure and facilities must be adequate to support the program's objectives.

- **Describe how the computing facilities support the computing component of your program.**

Available or Not Available

- **Describe the number of computers available for students and Faculty**

Available or Not Available, and the number if available

- **Describe how students have access to the digital library through the institute/college.**

- **Describe how students' access to the digital library from home**

Available or Not Available

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Supporting evidence to be attached:

- Comprehensive analysis reports of subject-specific facilities accessible to students and other stakeholders

- Subject-specific facilities development procedure and plan
- Subject-specific facilities usage record
- Annual review reports of student involvement and satisfaction with the provided facilities, with practical recommendations for further improvement
- Student feedback on subject-specific facilities
- Video evidence of resources
- Print or electronic review reports of the availability of required subject-specific facilities reflected through student handbooks, catalogues, and newspapers

CRITERION 4: STUDENT SUPPORT AND ADVISING

Students must have adequate support to complete the program promptly and must have ample opportunity to interact with their instructors and receive timely advice about program requirements and career alternatives. To meet this criterion, the standards in this section must be satisfied.

Support Area	Student Feedback Result	Status
Academic advising	E.g., Generally supportive	E.g., Satisfactory
Faculty mentoring	E.g., Helpful guidance	E.g., Satisfactory
Support services	E.g., Accessible when needed	E.g., Satisfactory

Standard 4-1: Course Frequency & Program Completion

- **Does the department have a formal strategy for scheduling course offerings?**
E.g., Yes, the department follows a formal and documented course scheduling strategy approved by the relevant academic bodies. Course offerings are planned based on the scheme of studies, student enrollment trends, faculty availability, and resource capacity to ensure timely programme completion.
- **How often are required courses offered to ensure students can complete the program on time?**
E.g., All required (core) courses are offered at least once every academic year, with high-enrollment or prerequisite courses offered each semester to ensure students can progress through the programme without delay.
- **How often are elective courses offered?**
E.g., Elective courses are offered on a rotational and demand-based basis, typically once per academic year, ensuring sufficient choice and flexibility while optimizing faculty and resource utilization.
- **How are required courses outside the department managed to ensure sufficient availability?**
E.g., Required courses offered outside the department are coordinated through formal inter-departmental arrangements and academic committees to ensure adequate seat availability, alignment with the programme timeline, and smooth student enrollment.

Standard 4-2: Modules in the major area of study must be structured to ensure effective interaction between students, department, and teaching assistants.

- **How is effective interaction ensured when courses are taught by multiple instructors (faculty + faculty, faculty + TA)?**

- **Are course outlines with session dates provided to students before the start of the course?**

Standard 4-3: Guidance on how to complete the programme must be available to all students, and access to academic advising must be available to make module decisions and career choices.

- **How are students informed of program requirements?**
E.g., Programme requirements are communicated through the student handbook, orientation sessions, LMS, and the official website, with periodic reminders by the department to ensure clarity and compliance.
- **What advising system is in place, and how is its effectiveness measured?**
E.g., A structured faculty advising system is implemented with assigned mentors for each cohort; its effectiveness is evaluated through advising logs, student feedback surveys, progression rates, and timely completion statistics.
- **How is student counseling provided for academic, career, and professional issues, when needed?**
E.g., Academic and career counseling is provided through designated faculty mentors and departmental committees, with referrals to institutional counseling services when specialized support is required.
- **Do students have access to professional counseling services when needed?**
E.g., Yes, students have access to confidential professional counseling through the university's student support unit, with documented referral and follow-up mechanisms.
- **What opportunities exist for students to interact with practitioners or join professional societies?**
E.g., Students engage with practitioners through clinical rotations, guest lectures, workshops, and conferences, and are encouraged to join relevant professional bodies and student chapters for professional development.

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Indicative evidence:

- Comprehensive analysis reports of student support services accessible to students and other stakeholders
- Student support procedures and records
- Review reports of student involvement and satisfaction with the provided advising and counselling services
- Periodic assessment reports of advising and counselling services with practicable recommendations for further improvement
- Student feedback on advising and counselling services
- Video evidence of resources
- Print or electronic review reports of the availability of required students' advisory services reflected through student handbooks, catalogues, and newspapers

CRITERION 5: TEACHING FACULTY/STAFF

Faculty members must be current and active in their discipline and have the necessary technical depth and breadth to support the program. There must be enough faculty members to provide continuity and stability, to cover the curriculum adequately and effectively, and to allow for scholarly activities. To meet this criterion, the standards in this section must be satisfied.

Standard 5-1: There must be enough full-time faculty who are committed to the program to provide adequate coverage of the program areas/courses with continuity and stability. The interests and qualifications of all faculty members must be sufficient to teach all courses, plan, modify, and update courses and curricula.

- Each faculty member should complete a resume, prepared in a format shared
- Complete the following table, indicating program areas and the number of faculty in each area.

Note: Example for text template

Faculty Distribution by Program Areas

Program Area of Specialization	Courses in the Area and Average Number of Sections per Year	Number of Faculty Members in Each Area
Area 1.		
Area 2.		
Area 3.		
Area 4.		
Area 5.		
Total		

- Is the total number and composition of teaching staff sufficient to effectively deliver the programme curriculum and achieve the stated programme objectives?**
- Does the department conduct student feedback surveys each semester to evaluate the effectiveness of teaching and assessment practices?**

Share evaluation survey results.

Standard 5-2: All faculty members must remain current in the discipline, and sufficient time must be provided for scholarly activities and professional development. Also, effective programs for faculty development must be in place.

- 1. What criteria has the department established to determine whether teaching staff are current in their respective disciplines?**
(Please list and briefly describe the approved criteria.)
- 2. Based on the approved criteria and evidence provided in faculty CVs, how is currency in the discipline assessed for each teaching staff member?**
- 3. Based on this assessment, what percentage of teaching staff meet the criteria for being current in their discipline?**
(Provide calculation method and supporting evidence.)
- 4. How are these criteria formally approved, communicated, and periodically reviewed to ensure continued relevance and effectiveness?**
- 5. Are the criteria approved by the department and applied uniformly to all faculty?**
- 6. Is faculty currency reviewed periodically (e.g., annually) and documented?**
- 7. Describe the means for ensuring that full-time teaching staff have sufficient time for scholarly and professional development.**
- 8. Describe existing teaching staff development programmes at the departmental and institutional level. Demonstrate their effectiveness in achieving teaching staff development**
- 9. Indicate how frequently faculty programmes are evaluated and if the evaluation results are used for improvement.**

Standard 5-3: All faculty members should be motivated and have job satisfaction to excel in their profession.

- **What programs and processes are in place to promote faculty motivation and job satisfaction?**

E.g.

The institution has established structured faculty motivation mechanisms, including

transparent promotion and appraisal policies, recognition and award programs for teaching and research excellence, access to funded professional development opportunities, and workload policies that support work–life balance. These initiatives are communicated to faculty through official notifications and faculty handbooks.

- **Indicate the effectiveness of faculty development and recognition programmes in motivating faculty to enhance teaching quality, research productivity, and professional growth**

E.g.

Faculty development and recognition programmes have been effective, as evidenced by increased faculty participation in training, research output, and sustained engagement in academic and professional activities.

- **How is faculty feedback on motivation and job satisfaction obtained?**

E.g.

Faculty feedback is systematically collected through a standardized Faculty Survey, conducted on a regular basis. The survey captures faculty perceptions regarding workload, institutional support, professional growth opportunities, and overall job satisfaction.

- **How are survey results used to improve faculty motivation and satisfaction?**

E.g.

Faculty survey findings are reviewed by departmental and institutional committees, and identified gaps are addressed through targeted action plans. These include revisions to workload allocation, enhancement of recognition programs, and expansion of faculty development activities as part of the continuous quality improvement process.

How these are implemented is as follows...

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Indicative Evidence:

- Documented institution and programme's practices for faculty appointment, tenure, Precepts and procedures, supervision, promotion, and evaluation for both regular/full-time, part-time, adjunct, and other faculty members
- Dissemination of evaluation criteria and procedures, review reports of teaching effectiveness, and analysis of faculty peer review reports for teaching and scholarship
- Records of productivity in scholarship of teaching and research in the creation of knowledge, consistent with the mission of the institution
- Analysis reports of the correlation between faculty profile and performance, and student learning outcomes

CRITERION 6: INSTITUTIONAL POLICIES AND PROCESS CONTROL

Standard 6-1: The process by which students are admitted to the program must be based on quantitative and qualitative criteria and clearly documented.

The process must be periodically evaluated to ensure that it is meeting its objectives.

Area	Evaluation Questions	Evidence	Compliance
Admission Criteria	Are admission criteria clearly defined, documented, and approved at the institutional/faculty/department level? Do they include quantitative (academic scores, entry tests) and qualitative (interviews, prerequisites) components?	Approved admission policy, prospectus, website link	<input type="checkbox"/> C <input type="checkbox"/> PC <input type="checkbox"/> NC
Transparency & Implementation	Are admission criteria publicly communicated prior to admission and consistently applied during selection? Are decisions based on objective, documented procedures?	Admission advertisements, merit lists, committee minutes	<input type="checkbox"/> C <input type="checkbox"/> PC <input type="checkbox"/> NC
Credit / Program Transfer Policy	Is there a documented and approved policy for program/credit transfer, and is it implemented consistently in line with regulatory requirements?	Credit transfer policy, approval records	<input type="checkbox"/> C <input type="checkbox"/> PC <input type="checkbox"/> NC
Review & Evaluation	Are admission criteria and processes periodically reviewed (e.g., annually/biennially) to ensure they meet program objectives?	Review schedules, meeting minutes	<input type="checkbox"/> C <input type="checkbox"/> PC <input type="checkbox"/> NC
Use of Results (CQI)	Are evaluation findings used to improve admission criteria or processes as part of CQI?	Revised policies, CQI action plans	<input type="checkbox"/> C <input type="checkbox"/> PC <input type="checkbox"/> NC

Overall Compliance Status: Compliant Partially Compliant Non-Compliant

Strengths:

Standard 6-2: The process of monitoring students' progress to ensure timely completion of the program must be documented. This process must be periodically evaluated to ensure that it is meeting its objectives.

- **Describe how students are registered in the program.**
E.g., Students are registered through a centralized admission and enrollment system in accordance with HEC eligibility criteria and institutional policies. After merit-based selection, students complete course registration each semester through the university's LMS/ERP with approval from the Program Coordinator.
- **Describe how students' academic progress is monitored and how their program of study is verified to adhere to the degree requirements.**
E.g., Student progress is monitored through semester-wise GPA/CGPA tracking, attendance records, and continuous assessment. The Program Coordinator verifies course completion against the approved curriculum and degree requirements using transcripts, advising sheets, and automated ERP degree audits.
- **Describe how students not meet the standard are treated and/or supported.**
E.g., Students with low GPA or academic deficiencies are placed on probation and provided academic advising, remedial classes, tutoring, and reduced course load where required. Counseling services and mentoring are also offered to improve performance.
- **Indicate how frequently the process of registration and monitoring is evaluated, and if the evaluation results are used to improve the process.**
E.g., The registration and academic monitoring system is reviewed annually by the Departmental Board and Quality Enhancement Cell. Feedback from students and faculty, audit reports, and progression data are used to streamline procedures, update policies, and enhance student support mechanisms.

Standard 6-3: The process of recruiting and retaining highly qualified faculty members must be in place and documented. Also, processes and procedures for faculty evaluation and promotion must be consistent with the institution's mission statement. These processes must be periodically evaluated to ensure that they are meeting their objectives.

- **Describe the process used to ensure that highly qualified faculty are recruited to the program.**
E.g., Faculty recruitment is conducted through a transparent, merit-based process aligned with HEC criteria. Positions are advertised nationally, applicants are screened against approved qualification and experience requirements, and selection is made through departmental evaluation, teaching/research presentations, and interviews by statutory selection boards.

- **Indicate methods used to retain excellent faculty members.**
E.g., The institution ensures retention through competitive salary packages, research grants, conference funding, reduced teaching load for active researchers, faculty development programs, performance-based incentives, and clear career progression pathways.
- **Indicate how evaluation and promotion processes are in line with the institution's mission statement.**
E.g., Faculty evaluation and promotion policies emphasize quality teaching, impactful research, community engagement, and ethical practices, which directly support the institution's mission of academic excellence, innovation, and societal contribution.
- **Indicate how frequently this process is evaluated and if the evaluation results are used to improve the process.**
E.g., Faculty performance is reviewed annually through a structured appraisal system. The results are analyzed by the Quality Enhancement Cell to identify gaps, inform professional development plans, revise HR policies, and strengthen recruitment and retention strategies.

Standard 6-4: The process and procedures used to ensure that teaching and delivery of course material to the students emphasize active learning and that course learning outcomes are met. The process must be periodically evaluated to ensure that it is meeting its objectives.

- **Describe the process and procedures used to ensure that teaching and delivery of course material is effective and focus on students' learning.**
- **Indicate the percentage of students' satisfaction regarding the course material**

- **Indicate how frequently this process is evaluated and if the evaluation results are used to improve the process.**

Standard 6-5: The process that ensures that graduates have completed the requirements of the program must be based on standards, effective, and clearly documented procedures. This process must be periodically evaluated to ensure that it is meeting its objectives.

- **Describe the procedures used to ensure that graduates meet the program requirements.**

Program Outcomes	Describe how it was achieved
Knowledge	Thorough basic and clinical knowledge sufficient to manage the patient.
Skill	Thoroughly taking the history, clinical examination, and making a definite diagnosis. Thorough treatment of eye diseases (Medical and Surgical). Thorough research/ recent advances in Ophthalmology.
Attitude	Thorough communication and behavioral skills.

- Describe when this procedure is evaluated and whether the results of this evaluation are used to improve the process.

Standard 6-6: The programme produces information for external audiences about the learning opportunities it offers that is fit for purpose, accessible, and trustworthy.

- **Mission, values, and overall strategy are publicly available on the institution's website.**

Available or Not

- **The process for application and admission to the programme of study is clearly described to prospective students.**

Available or Not

- **Information is made available to prospective students to help them select their programme with an understanding of the academic environment in which they will be studying and the support that will be made available to them.**

Available or Not

Standard 6-7: Programmes produce information for students about the learning opportunities they offer that is fit for purpose, accessible, and trustworthy.

- **Information on the programme of study is made available to current students at the start of their programme and throughout their studies.**

Available or not.

- **Programmes set out what they expect of current students and what current students can expect of the Programme.**

Available or Not

- **When students leave their programme of study, they are issued with a detailed record of their studies, which gives evidence to others of the students' achievement in their academic program.**

Provided or Not.

Standard 6-8: Programmes are managed to high ethical standards when dealing with faculty, staff, students, and other stakeholders.

- **How does the Programme operationalize the institution's mission, values, and ethical principles in its academic and administrative practices?**

E.g.

The Programme aligns its academic delivery, assessment practices, and faculty conduct with the institution's mission and approved ethics policies. Ethical principles are embedded through documented codes of conduct, academic integrity policies, ethics approval requirements for research, and regular faculty and student orientation sessions. Compliance is monitored through departmental oversight, institutional ethics committees, and periodic audits.

- **How does the Programme safeguard the academic, professional, and personal interests of students, faculty, and staff?**

E.g.

The Programme safeguards stakeholder interests through clearly defined policies on academic progression, grievance redressal, harassment prevention, workload management, and occupational health and safety. Formal mechanisms such as grievance committees, disciplinary boards, and mentoring systems ensure due process, confidentiality, and timely resolution of concerns.

- **How does the Programme ensure equality, diversity, and inclusion in admission, teaching, assessment, and employment practices?**

E.g.

The Programme promotes equality, diversity, and inclusion by implementing non-discriminatory admission criteria, transparent assessment procedures, merit-based faculty recruitment, and inclusive learning environments. Principles are reinforced through institutional policies, gender equity measures, accommodations for special needs, and representation of diverse stakeholders in committees.

- **How does the Programme maintain transparency in communication, including academic integrity, complaints, and decision-making processes?**

E.g.

The Programme ensures transparent communication through publicly accessible policies, student handbooks, official notifications, and documented procedures related to academic integrity, assessment, and complaints. Clear reporting channels and defined timelines are communicated to stakeholders, and outcomes of complaints and appeals are recorded and reviewed as part of continuous quality improvement.

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Indicative Evidence:

- Marketing strategy
- Admissions policy
- Progression policy
- Certification policy
- Evidence of support programmes and services for students to improve the achievement of their educational goals and expected learning outcomes
- Periodic review reports of information provided on financial aid programmes, scholarships and grants
- Evidence of utilization of review reports of financial aid component to further improve these and to ensure the public information-sharing
- Evidence of utilization of review report results to further improve the policies of admission, retention, persistence, and so on
- Evidence of utilization of attrition data and drop-out analysis reports to investigate the reasons and to improve the situation for these students
- Effective teaching and learning environments with appropriate resources
- Demonstration of electronic resources to support teaching and learning, for example, a virtual learning environment (VLE)
- Staff development programme and evidence of staff attendance
- Examples of scholarship activities that support teaching and learning
- Observation of teaching and learning procedures, results of observations, and follow-up activities
- Programme and module handbooks
- Student support procedure and records
- Student tutorial procedure and associated records

- Student feedback on their learning experiences

CRITERION 7: INSTITUTIONAL SUPPORT AND FACILITIES

Standard 7-1: There must be sufficient support and financial resources to attract and retain high-quality teaching staff and provide the means for them to maintain competence as teachers and scholars.

- **How does the Programme ensure the availability of sufficient financial and institutional resources to attract, retain, and develop high-quality teaching staff?**

E.g.

The Programme is supported through an approved institutional budget that covers competitive faculty remuneration, funded faculty development activities, research support, and access to teaching and learning resources. Budget allocations are reviewed annually to ensure alignment with faculty recruitment, retention, and professional development needs, thereby supporting faculty competence as teachers and scholars.

- **How does the Programme support faculty in maintaining competence in teaching, research, and scholarship?**

E.g.

Faculty competence is maintained through funded participation in faculty development programs, research grants, CPD/CME activities, conference participation, and access to academic resources. Protected time for scholarly activities is provided in accordance with institutional workload policies and monitored through annual performance evaluations.

- **If resource gaps exist, how are they identified and addressed?**

E.g.

Resource adequacy is periodically reviewed through departmental assessments and faculty feedback. Identified gaps are documented and addressed through targeted budget revisions, phased resource enhancement plans, and CQI action plans approved by institutional authorities.

- **What is the level of adequacy of administrative and technical support available to the Programme?**

E.g.

The Programme is supported by dedicated secretarial staff, technical personnel, and adequately equipped office facilities. Administrative and technical support is sufficient to facilitate academic delivery, research activities, and routine operations, with periodic reviews conducted to ensure continued adequacy.

Standard 7-2: There must be an appropriate number of high-quality graduate students, research assistants, and PhD students.

- **Does the Programme have an appropriate number of graduate students, research assistants, and PhD students to support teaching and research activities? If Applicable.**

E.g.

The Programme maintains an appropriate and sustainable number of graduate students, research assistants, and PhD scholars, aligned with faculty capacity and research priorities. Student intake is planned to ensure quality supervision and effective engagement in teaching and research activities.

- **What are the trends in graduate student enrollment and faculty supervision over the last three years?**

E.g.

Over the last three academic years, the Programme has maintained a stable teacher-to-graduate student ratio, ensuring adequate supervision and mentoring. Enrollment trends are monitored annually and adjusted as needed to maintain academic quality.

Support Area	Evaluation Indicator	Overall Result Trend	Status
Financial & institutional support	Faculty workload allows effective teaching	E.g., Majority agreement	Adequate
Faculty development	Availability of faculty development opportunities	E.g., Positive agreement	Adequate
Research & scholarship support	Research culture and participation encouraged	E.g., Moderate–positive	Satisfactory
Administrative & technical support	Administrative support facilitates academic work	E.g., Consistent agreement	Adequate
Faculty supervision capacity	Faculty mentorship supports academic growth	E.g., Majority agreement	Adequate

Academic Year	Graduated Students	Research Assistants (If Any)	Enrolled Students	Faculty Members	Teacher: Graduate Student Ratio
Year 1					
Year 2					
Year 3					

Standard 7-3: Financial resources must be provided to acquire and maintain library holdings, laboratories, and computing facilities.

- **Describe the resources available for the library.**
Available or not
- **Describe the resources available for laboratories.**
Available or not
- **Describe the resources available for computing facilities**
Available or not

Resource Area	Student Evaluation Indicator	Result Trend	Availability Status
Library resources	Library resources support teaching activities	E.g., Positive	E.g., Available
Laboratory facilities	Laboratories/clinical facilities support learning	E.g., Positive	E.g., Available
Computing facilities	IT & e-learning resources support learning	E.g., Majority agreement	E.g., Available

Standard 7-4: The institution must have the infrastructure to support new trends in learning such as e-learning.

- Describe infrastructure and facilities that support new trends in learning.

Available or not

- Indicate how adequate the facilities are.

Available or not

Standard 7-5: The library must possess an up-to-date technical collection relevant to the programme and must be adequately staffed with professional personnel.

- Describe the adequacy of the library's technical collection.

Available or not

- Describe the support rendered by the library.

Available or not

Standard 7-6: Classrooms must be adequately equipped, and offices must be adequate to enable teaching staff to carry out their responsibilities.

- Describe the adequacy of the classrooms.

Available or not

- Describe the adequacy of teaching staff offices.

Available or not

Facility Area	Evaluation Indicator	Overall Result	Adequacy Status
Classrooms	The physical learning environment is conducive	E.g., Consistent agreement	E.g., Adequate
Teaching staff offices	Administrative support facilitates academic work	E.g., Positive	E.g., Adequate
Learning environment	Facilities support effective teaching	E.g., Positive	E.g., Adequate

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Indicative Evidence:

- Comprehensive analysis reports of student support services accessible to students and other stakeholders, a Mechanism for the resolution of student grievances and complaints
- Review reports of student involvement and satisfaction with the provided academic support services, co-curricular, and extracurricular activities
- Periodic assessment reports of student support and advising services with practicable recommendations for further improvement
- Review reports of programme resources, fundraising, and grant activities
- Review reports on the transparency of the system of all kinds of contracts and agreements regarding resource acquisition and sharing
- Review reports of endowment policies and procedures, if any
- Review reports of resource management.

CRITERION 8: INSTITUTIONAL GENERAL REQUIREMENTS

Standard 8-1: A. Institutional Alignment and Governance

1. How does your programme align with the university’s mission, vision, and strategic objectives?
2. What governance and decision-making structures exist at the programme and faculty levels? Are they effective and participatory?
3. How does your programme contribute to and benefit from the institutional strategic and academic plans?

Standard 8-2: Resource Allocation & Infrastructure

- 4. Are the physical and digital infrastructure (e.g., classrooms, labs, internet, LMS, library access) adequate for delivering the programme?
- 5. How does the institution ensure resource equity among programmes? Are you receiving adequate administrative and academic support?

Standard 8-3: Institutional Policies and Compliance

- 6. Does the programme comply with all relevant institutional regulations (HR, finance, academic conduct, grievance redressal, etc.)?
- 7. How are policies on inclusion, ethics, and academic integrity implemented within the programme?

Standard 8-4: External Stakeholder Engagement

- 8. What mechanisms exist for engaging employers, alumni, and professional bodies at the institutional level, and how does the programme benefit from these?

Standard 8-5: Institutional Support for Quality Assurance

- 9. How does the IQAE Office support your programme’s internal QA processes?
- 10. Is there adequate support for data collection, monitoring, and reporting for decision-making at the programme level?

Standard 8-6: Challenges and Continuous Quality Improvement (CQI)

- 11. What institutional-level constraints limit your programme’s performance (e.g., HR policies, delayed procurement, inadequate LMS)?
- 12. What recommendations or actions do you propose at the institutional level to improve programme delivery and enhancement?

Standard & Area	Key Institutional Aspect	Evaluation Indicator	Overall Evaluation Result	Compliance Status
Alignment & Governance	Programme alignment with mission & strategy	Students perceive curriculum relevance and coherence with institutional goals	Positive trend	Compliant

	Governance & decision-making effectiveness	Students and faculty report clear academic processes and decision pathways	Majority agreement	Compliant
	Institutional strategic support	Academic plans support programme delivery	Positive	Compliant
Resource Allocation & Infrastructure	Physical infrastructure adequacy	Learning environment supports effective teaching and learning	Consistent agreement	Adequate
	Digital infrastructure & LMS	IT and digital platforms support learning activities	Majority agreement	Adequate
	Administrative & academic support	Institutional support services facilitate programme delivery	Positive	Adequate
Policies & Compliance	Regulatory & academic compliance	Academic regulations are implemented consistently	Positive	Compliant
	Ethics, inclusion & integrity	Professional conduct and fairness are maintained	Consistent agreement	Compliant
External Stakeholder Engagement	Employer & alumni linkage	Programme relevance to professional practice	Positive	Compliant
	Professional body engagement	Curriculum reflects professional expectations	Majority agreement	Compliant
Institutional QA Support	IQAE support to programmes	QA processes are visible and systematic	Positive	Adequate
	Data monitoring & reporting	Evaluation data support academic decisions	Majority agreement	Adequate

Institutional Challenges & CQI	Institutional constraints	Students identify system-level limitations (e.g., LMS, processes)	Moderate concerns	Partially Addressed
	Institutional responsiveness	Mechanisms exist for addressing systemic issues	Positive	Adequate

Continuous Quality Improvement (CQI) Summary:

Programmes are required to enlist, in the table below, the identified performance gaps, their root causes, corrective and preventive actions taken or planned, defined timelines, responsible bodies, measurable re-evaluation methods, and current status to demonstrate implementation of Continuous Quality Improvement (CQI).

Identified Gap	Root Cause	Action Taken/Planned	Timeline	Responsible Body	Re-evaluation Method	Status

Indicative Evidence:

- University strategic and academic plans
- Organizational charts (faculty/programme governance)
- Infrastructure audit reports
- Student/staff feedback surveys
- Institutional policies (grievance, HR)