

POLICY DEVELOPMENT FRAMEWORK

QUALITY MANAGEMENT AND ASSURANCE

POLICY

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Department/Unit	Quality Management Directorate

1. Preamble

At CPUT, we commit to designing and developing a smart integrated quality management and assurance ecosystem that ensures the needs of CPUT staff, students and relevant stakeholders are a driving force behind the quality improvements and enhancement. A quality management and assurance system that is robust, transparent, credible and allows for consistent decision-making on the quality of academic offerings and institutional capacity. The quality management and assurance ecosystem will be agile and purpose-fit. A system that will ensure excellence, sustainability, accountability and transformation remain the key tenets of quality.

A cyclical and reflective quality assurance system involving evaluating institutional quality assurance arrangements and academic programmes will be put in place to ensure CPUT delivers a set of learning experiences which will support students in attaining their qualifications.

A quality improvement function will ensure a planned programme of activities and quality improvement plans are developed, approved, validated and monitored for continuous quality improvement.

A reflexive and generative approach to institutional quality engagements by staff, students and stakeholders will be designed to ensure a sustained improvement of quality over time and to create deeper understanding of quality and to find opportunities for solutions and innovation in order to stay agile and be relevant.

A smart and transformative quality culture will be propelled by streamlining, simplifying, differentiation and integration of quality management systems and processes, it will be driven by technology and innovation, and will bring about positive change in student and staff experiences.

2. Purpose

- 2.1. To ensure an enabling environment for a smart, integrated quality management and assurance ecosystem throughout the university.
- 2.2. To enable and enhance the quality assurance of institutional arrangements and programmes leading to qualifications, through a cyclical and reflective quality assurance system.
- 2.3. To ensure a commitment to continuous quality improvement.
- 2.4. To foster a culture of continuous professional development in quality assurance practice.
- 2.5. To create and foster a cyclical process of active participation, collaboration and reflexive engagements by students and staff to ensure a sustained improvement in quality over time.
- 2.6. To facilitate an institutionalised smart, sustainable, and transformative quality culture.
- 2.7. To ensure compliance with relevant legislation and frameworks.

3. Scope

3.1. Institutional Scope

- 3.1.1. This policy applies to the entire university.

3.2. Individual Scope

- 3.2.1. This policy applies to all CPUT stakeholders.

4. Objectives

- 4.1. The objectives of this Quality Management and Assurance Policy are the following:**
- 4.1.1.** To develop sustainable and effective mechanisms to ensure accountability and continuous evaluation of quality management systems and processes.
 - 4.1.2.** To enable continuous evaluation of institutional quality assurance arrangements in relation to the academic core functions of learning and teaching, research and community engagement, and institutional support functions.
 - 4.1.3.** To ensure a coordinated and collaborative effort in conducting internally and externally initiated quality reviews.
 - 4.1.4.** To ensure accountability for the quality of the academic core business, staff, support functions and student experiences through regular reporting and communication with stakeholders.
 - 4.1.5.** To provide mechanisms for continuous improvement, planning, monitoring and reporting.
 - 4.1.6.** To enhance the capacity of students and staff to engage in quality initiatives in ways that are individually and collectively transformative.
 - 4.1.7.** To promote a smart and transformative quality culture.
 - 4.1.8.** To enable the use of accurate, timely and relevant data, as well as information emanating from quality assurance activities for support, planning and informed decision-making.
 - 4.1.9.** To integrate an assurance approach to monitoring and evaluation of the performance of the university's strategic plan.
 - 4.1.10.** To align CPUT's quality management systems and processes with international quality standards, ensuring best practices in quality assurance and continuous improvement.
 - 4.1.11.** To establish mechanisms for regular evaluation and review of the policy itself, to ensure relevance and effectiveness.

5. Policy Principles

5.1. Quality Management Ecosystem

- 5.1.1.** To provide a framework for the development of responsive institutional quality management systems, strategies and approaches in line with institutional goals and national higher education imperatives.
- 5.1.2.** To support the design and development of faculty-based quality management systems.
- 5.1.3.** To support the design and development of institutional support function-based quality management systems.
- 5.1.4.** To ensure participation in the development, review and implementation of institutional policies and community of practice standards.
- 5.1.5.** To ensure alignment between quality indicators and strategic performance indicators.
- 5.1.6.** To ensure institutional responsibility and accountability for Institutional Quality Assurance (IQA), integration, fitness for purpose and fitness of purpose, differentiation, simplification, collaboration and innovation.
- 5.1.7.** To benchmark CPUT's quality management and assurance systems against regional and international standards, to foster a culture of excellence that meets best practices.

5.2. Quality assurance of institutional arrangements and qualifications

- 5.2.1.** To evaluate the extent to which institutional arrangements achieve the goals and purposes identified in Vision 2030, by conducting institutional reviews, faculty reviews, support unit reviews and functional area reviews.

- 5.2.2. To evaluate the extent to which academic programmes leading to qualifications can deliver a set of learning experiences that will support students in attaining their qualifications, by conducting programme, qualification and/or themed reviews.
- 5.2.3. To develop and implement scheduled and ad-hoc internal quality reviews in line with the quality review plan and/or ad hoc requests.
- 5.2.4. To coordinate external quality reviews, including but not limited to, professional body quality reviews, national reviews and institutional reviews.
- 5.2.5. To ensure regular reporting to, and communication with governance and management structures, and external quality assurance agencies.

5.3. Continuous Quality Improvement

- 5.3.1. CPUT shall develop quality improvement plans as a direct response to institutional reviews, faculty reviews, support unit reviews and functional area reviews.
- 5.3.2. CPUT shall develop quality improvement plans as a direct response to programme, qualification and/or themed reviews.
- 5.3.3. CPUT shall develop quality improvement plans as a direct response to external quality reviews.
- 5.3.4. CPUT shall develop annual monitoring plans and conduct validation on the progress of the Quality Improvement Plan (QIP) actions.
- 5.3.5. CPUT shall report and disseminate the outcomes of quality improvement activities in an effective, efficient and transparent manner, and measure the impact of these outcomes on quality culture.
- 5.3.6. CPUT shall monitor continuous activities for the control, assurance, and enhancement of quality as standard practice for the institution.
- 5.3.7. CPUT shall outline the areas of accountability by all stakeholders in the QIP process.
- 5.3.8. CPUT shall provide for the alignment of quality reviews with quality improvement planning.

5.3.9. CPUT shall provide processes and procedures for quality improvement plans.

5.4. Student and staff engagements in quality assurance

- 5.4.1.** To create opportunities for inclusive engagements involving both students and staff in various institutional initiatives.
- 5.4.2.** To co-create a safe space for student and staff engagements.
- 5.4.3.** To ensure active and meaningful participation of students and staff in quality reviews, departmental quality improvement plans and all other quality assurance activities.
- 5.4.4.** To encourage and support student and staff voices, to enhance a transformation of the quality management and assurance policy.
- 5.4.5.** To encourage honest and constructive dialogue among students, staff, and leadership, facilitating free sharing of feedback and insights.
- 5.4.6.** To encourage and support student and staff voices, to enhance a transformation of the quality management and assurance policy.
- 5.4.7.** To establish a reflexive feedback mechanism, collecting and acting upon feedback from students and staff to enhance teaching, research and innovation, community engagement activities and support services.
- 5.4.8.** To develop a quality improvement plan in response to student feedback and consistently monitor its progress for enhancement.
- 5.4.9.** To monitor and report on student and staff engagement in relation to CPUT's quality of provision.
- 5.4.10.** To encourage collaboration with other quality stakeholders on student and staff engagement, to institutionalise a smart and transformative quality culture.
- 5.4.11.** To actively engage students and staff in institutional planning and support services.

5.5. Smart and transformative quality culture

- 5.5.1.** To design and coordinate quality promotion plans and activities.
- 5.5.2.** To engage with staff and students on where and how quality can be improved and then provide workshops emanating from the feedback received .
- 5.5.3.** To capacitate staff and students on a generative and reflexive methodology for quality assurance.
- 5.5.4.** To conduct workshops on institutional quality best practices and innovation.
- 5.5.5.** To establish communities of practice, as and when required.
- 5.5.6.** To establish platforms for collaboration between communities of practice.
- 5.5.7.** To collectively identify areas of development and conduct capacity development activities for staff and students.
- 5.5.8.** To provide quality management and assurance support to all quality stakeholders.
- 5.5.9.** To promote a quality assurance approach that is developmental, generative, and reflexive.

5.6. Data Value Chain

- 5.6.1.** To ensure data identification from quality assurance activities is credible, accurate and relevant.
- 5.6.2.** To ensure data integrity is upheld.
- 5.6.3.** To ensure effective and efficient planning processes for data collection
- 5.6.4.** To ensure usability of data through improved quality, accuracy, completeness, consistency and reliability.
- 5.6.5.** To ensure that planning processes for data analysis are efficient and effective.
- 5.6.6.** To ensure reporting and responsible dissemination of data outputs from quality assurance activities.
- 5.6.7.** To ensure data output and outcomes are communicated as an integral part of the institutional quality management system so as to

inform consistent and sustainable decision-making, planning and quality improvements.

- 5.6.8.** To ensure monitoring and evaluation (M&E) processes are used to assess progress, monitor improvements and evaluate impact of the quality management systems at the various levels of the institution.
- 5.6.9.** CPUT shall implement robust security measures and access controls to protect data from unauthorised use.
- 5.6.10.** CPUT shall promote ethical standards for data collection, analysis, and use, ensuring compliance with the institutions' ethical guidelines on data management.

6. Quality governance: roles and responsibilities.

6.1. Role of Quality Assurance and Risk Management Committee (QARM)

- 6.1.1.** To provide informed, considered and strategic advice on higher education quality issues to all university stakeholders. The Committee interprets and debates national, regional and institutional policies with regard to CPUT's quality strategy and related objectives, with the view to formulating quality assurance policies and strategies for approval by the Senate and Council.
- 6.1.2.** To provide oversight on the extent to which institutional arrangements achieve the goals and purposes identified in Vision 2030 by ensuring that institutional reviews, faculty reviews, support unit reviews, themed reviews and programme reviews are regularly planned and conducted.
- 6.1.3.** To ensure overall monitoring and oversight of quality assurance and enhancement functions of the university.
- 6.1.4.** To ensure sustainable and consistent achievement of continuous quality improvement across all facets of the university by monitoring and providing oversight of progress in the implementation of the

Institutional Quality Improvement Plan (IQIP), Doctoral Quality Improvement Plan (Doc QIP), Faculty Quality Improvement Plans (FQIPs), Support Unit Quality Improvement Plans (SU-QIPs) and Departmental Quality Improvement Plans (DQIPs).

- 6.1.5.** To ensure that CPUT has implemented an effective policy and plan for quality assurance, that will enhance the university's ability to achieve its strategic objectives.
- 6.1.6.** To provide oversight of the IQIP and reporting on improvement actions to the Senate and Council. Although, the responsibility of ensuring the implementation of the IQIP lies with Senior Management. At CPUT, the institutional quality management system covers all aspects relating to the functioning of the University and is not the sole domain of either the academic or administrative function. For this reason, the Quality Assurance and Risk Management Committee is considered to deal with high-level aspects of quality management at the University and is therefore a joint committee of the Senate and Council.
- 6.1.7.** To provide oversight and receive reports on the functioning of integrated quality structures, for example, the Institutional Quality Forum and the Student Quality Desk.
- 6.1.8.** To be responsible for the enforcement of the Quality Management and Assurance Policy.

6.2. Role of the Quality Management Directorate (QMD)

- 6.2.1.** Integrates institutional systems, policies, processes, implementation, monitoring and evaluation of the institutional core functions of learning and teaching, research, community engagement, as well as the support units of the university.
- 6.2.2.** Encourages and enables the establishment of internal quality assurance forums within university functional units to identify, implement, and promote best practices as quality promotion strategies.

- 6.2.3. Support and monitor performance of the Institutional Quality Forum (IQF), Faculty Quality Forum (FQF) and Student and Staff Quality Desks (SSQDs).
- 6.2.4. Shares understanding, experience, ideas, and information with the FQFs and IQF.
- 6.2.5. Instils a culture of continuous quality improvement in the academic, research, community engagement and support units.
- 6.2.6. Creates dependable and consistent quality methods and assessment criteria to encourage and improve the university's academic performance.
- 6.2.7. Creates and implements quality criteria and set parameters for all academic activities at the university.
- 6.2.8. Distributes information on numerous academic quality characteristics of higher education.
- 6.2.9. Maintains a full and orderly record of academic quality-related actions throughout all aspects of its operations.
- 6.2.10. Implements and establishes quality improvement initiatives as per the higher education regulatory framework.
- 6.2.11. Fosters a culture of continuous improvement by capacitating students and staff on quality assurance practices and processes.

6.3. Role of Faculty Dean

- 6.3.1. Takes overall responsibility for the faculty quality management system (FQMS).
- 6.3.2. Ensures development, monitoring and reporting on the FQMS.
- 6.3.3. Reports to the Faculty Board and accounts to the institutional Quality Assurance and Risk Management Committee on quality management and assurance matters.
- 6.3.4. Ensures that faculty strategy supports quality improvements and enhancement.
- 6.3.5. Takes responsibility for faculty quality reviews.

- 6.3.6. Leads the development of the faculty self-evaluation report.
- 6.3.7. Ensures the development, management, monitoring of and reporting on Faculty Quality Improvement Plans.
- 6.3.8. Ensures that HODs provide quarterly reports on departmental/programme quality reviews and/or departmental quality improvement plans.
- 6.3.9. Oversees QMA policy implementation with the faculty.
- 6.3.10. Provides support to HODs on quality management and assurance matters.
- 6.3.11. Provides support to the Assistant Dean. The Assistant Dean is the chairperson of the FQF and he/ she takes overall responsibility for the functioning of the FQF.
- 6.3.12. He/she is the chief accounting officer for quality assurance in his/ her faculty.

6.4. Role of Academic Heads of Departments

- 6.4.1. Takes overall responsibility for the development, monitoring and reporting of the departmental quality management system (DQMS), with the support of, and in consultation with, staff and students.
- 6.4.2. Report to the Dean and the FQF Chair on the development, monitoring and reporting on quality management and assurance matters.
- 6.4.3. Ensure departmental management plans support quality reviews and improvements.
- 6.4.4. Take responsibility for all departmental quality reviews, including qualification and programme reviews.
- 6.4.5. Lead the development of Self-Evaluation Reports for programme and qualification reviews.
- 6.4.6. Ensure development, management, monitoring and reporting on Departmental Quality Improvement Plans.
- 6.4.7. Ensure that quarterly reports on departmental/programme quality reviews and/or departmental quality improvement plans, and related

quality management and assurance matters are submitted to the Dean and the FQF Chair.

- 6.4.8. Take responsibility for quality improvements within the purview of a department and take accountability for reporting on institutional matters.
- 6.4.9. Take overall responsibility for quality assurance and promotion matters in his or her department.
- 6.4.10. Promote and provide a platform for generative and reflexive engagements with students and staff.

6.5. Role of Support Unit Director

- 6.5.1. Takes overall responsibility for a support unit quality management system (SU-QMS).
- 6.5.2. Ensures development, monitoring and reporting on SU-QMS.
- 6.5.3. Reports to the line manager and the IQF on quality management and assurance matters.
- 6.5.4. Ensures that the Support Unit Strategic Plan supports quality reviews and improvements.
- 6.5.5. Takes responsibility for the Support Unit Quality Review.
- 6.5.6. Leads the development of Self-Evaluation Reports for the Support Unit Quality Reviews.
- 6.5.7. Ensures development, management, monitoring and reporting on Support Unit Quality Improvement Plans.
- 6.5.8. Ensures that quarterly reports on quality reviews and/or quality improvement plans and related quality management and assurance matters are submitted to QMD for consolidated reporting to QARM and other relevant governance committees.
- 6.5.9. Takes overall responsibility and accountability for quality improvements.
- 6.5.10. Takes overall responsibility for quality assurance and promotion matters in his/her support unit.

6.5.11. Oversees QMA policy implementation within their respective support units.

6.5.12. Is the chief accounting officer for quality assurance in his/her support unit.

6.6. Roles and responsibilities of academic and support staff.

6.6.1. Together with the HOD/Director, develop and monitor the implementation of departmental quality management systems.

6.6.2. Play an active role in quality promotion and enhancement within their respective departments/directorates.

6.6.3. Participate in critical reflection and staff engagement sessions.

6.6.4. Actively participate in the development of the Self-Evaluation Reports.

6.6.5. Assist with the coordination of quality reviews site visits.

6.6.6. Update and maintain the quality of subject files.

6.6.7. Participate as interviewees in quality reviews site visits

6.6.8. Develop quality improvement plans together with the HOD/Director

6.6.9. Assist in the monitoring, evaluation and reporting on QIP plans

6.6.10. Ensure students are actively and intellectually engaged in learning and teaching activities.

6.6.11. Provide relevant information and documentation regarding quality reviews (including Statutory Body Accreditation) as per HOD/Director's request.

6.6.12. Participate in quality conversations and quality promotion activities.

6.7. Role of the Institutional Quality Forum (IQF)

6.7.1. Provides a platform for cooperative and collegial quality engagements with all sectors of the university.

6.7.2. Provides consultative oversight, collegial engagement and the collective impact required to design, develop and monitor the QMS, relevant quality frameworks, policies, procedures and guidelines required to promote smooth functioning, as well as a common understanding of CPUT's quality strategy.

6.7.3. Provides a platform for the dissemination of best quality practices.

- 6.7.4. Shall identify opportunities for improvement in quality assurance processes and practices and make recommendations for enhancement.
- 6.7.5. Shall promote a culture of quality and continuous improvement throughout the institution.
- 6.7.6. Ensures overall monitoring and oversight of the FQFs and recommend the terms of reference of the FQFs for approval by respective Faculty Boards.
- 6.7.7. Ensures overall monitoring and oversight of the SSQDs and recommend the terms of reference of the SSQDs for approval by QARM.
- 6.7.8. Supports the implementation of the QMA policy.

6.8. Role of Faculty Quality Forums (FQFs)

- 6.8.1. Provides a platform for cooperative and collegial quality engagements with all sectors of the Faculty.
- 6.8.2. Provides consultative oversight, collegial engagement and the collective impact required to design, develop and monitor the FQMS and the Quality Management Practice Standards.
- 6.8.3. Provides a platform for the dissemination of best quality practices.
- 6.8.4. Provides oversight on the design, development and monitoring of the departmental quality management systems.
- 6.8.5. Shall participate in the discussions around the annual qualification review schedule.
- 6.8.6. Provides a faculty perspective on the implementation of quality policies, processes, procedures and systems at the faculty level.
- 6.8.7. Reports on quality matters to the Faculty Board and IQF.
- 6.8.8. Provides support to the Dean and Assistant Dean in the development, monitoring and reporting on the Faculty Quality Improvement Plan.
- 6.8.9. Ensures that relevant matters are included and monitored in the Faculty Quality Improvement Plan.
- 6.8.10. Ensures that the QA policy is implemented and adhered to.

6.9. Role of Student Quality Desk

- 6.9.1. Provides a platform for cooperative and collegial quality engagements with all students.
- 6.9.2. Provides consultative oversight, reflexive engagement and ensures the collective impact required to design, develop and monitor student engagement in quality assurance matters.
- 6.9.3. Provides a platform for the sharing of best quality practices and reflection on potential risks to the quality of provision at CPUT.
- 6.9.4. Obtains feedback from students on all aspects of the quality of student experiences.
- 6.9.5. Fosters and strengthens the relationship between QMD and students by inviting and encouraging student participation in relevant quality assurance activities.
- 6.9.6. Leads student quality assurance and promotion activities.
- 6.9.7. Establishes a framework for meaningful student engagement with the view to assist the institution in achieving the goal of student engagement in line with V2030.

6.10. Role of Staff Quality Desk

- 6.10.1. Provides a platform for cooperative and collegial quality engagements with all staff.
- 6.10.2. Provides consultative oversight, reflexive engagement and ensures the collective impact required to design, develop and monitor staff engagement in quality assurance matters.
- 6.10.3. Provides a platform for the sharing of best quality practices and reflection on potential risks to the quality of provision at CPUT.
- 6.10.4. Obtains feedback from staff on all aspects of the quality of staff experiences.

- 6.10.5.** Fosters and strengthens the relationship between QMD and staff by inviting and encouraging staff participation in relevant quality assurance activities.
- 6.10.6.** Provides staff with strategic and operational guidance on institutional and regulatory quality assurance systems.
- 6.10.7.** Leads staff quality assurance and promotion activities.
- 6.10.8.** Establishes a framework for meaningful staff engagement.
- 6.10.9.** Collaborates closely with all colleagues in their respective functional units to assure quality through the implementation, evaluation, and improvement of all processes and outputs carried out within their area of responsibility.
- 6.10.10.** Involve staff agents in their own activities that foster a sense of identity and belonging within a Faculty/Support Unit.
- 6.10.11.** Uses a reflexive-generative method to continuously engage the necessary stakeholders.

6.11. Role of Statutory and non-statutory professional bodies and associations

- 6.11.1. The professionally oriented qualifications may enable graduates to meet the requirements for registration as professional designations with professional bodies, CPUT therefore commits to ensuring that these qualifications, as far as possible, adhere to the professional body requirements.
- 6.11.2. For qualifications linked to professional registration, both CPUT, through the Quality Management Directorate, and the professional body involved, should seek to ensure that its quality assurance processes are, as far as possible, aligned.
- 6.11.3. In relation to quality assurance reviews, CPUT, through the Quality Management Directorate, should ensure that the respective roles and responsibilities of QMD and the professional body involved, are

outlined in a manner that promotes respect, simplification and collaboration, and avoids duplication of processes.

6.11.4. The Quality Management Directorate, under the guidance of the Office of the Vice Chancellor, is the custodian of the quality assurance function at CPUT and therefore all external quality assurance reviews must be communicated and conducted via QMD.

6.11.5. During site visits, QMD must give a presentation to the external review panel members, outlining the institutional quality assurance systems and processes under which the quality assurance review is guided.

6.12. Role of Communities of Practice (CoPs), definition of CoPs and members of CoPs

6.12.1. A Community of Practice (CoP) is defined as a group of higher education professionals who share a common interest in quality assurance. The community collaboratively shares best practices, knowledge, experiences and tools to enhance quality standards at the university.

6.12.2. Members of the CoP are DVCs, deans, academics, and quality assurance professionals within the university.

7. Commonly Used Terms & Definitions

- 7.1. **Communities of Practice** are expert groups of peers representing knowledge fields and disciplines, or professional practices.
- 7.2. **Departmental matter** is a finding that its closure depends on the Head of the Academic Department or Support Unit Director to resolve.
- 7.3. **Differentiation** refers to institutional functional differences and their differences with respect to identities, missions and quality management maturity.
- 7.4. **External Quality Assurance (EQA)** is the means by which an external quality agency ensures that institutions have Internal Quality Assurance (IQA) systems in place to manage the quality of their activities and educational provision. It also ensures that the qualifications and programmes that they offer have been peer-reviewed to ensure that the provisioning meets the quality standards and criteria of the Council on Higher Education (CHE).
- 7.5. **External Quality Assurance Stakeholders** refer to the Council on Higher Education (CHE), the Department of Higher Education and Training (DHET); the South African Qualifications Authority (SAQA); Umalusi; the Quality Council for Trades and Occupations (QCTO); Professional Bodies; quality agencies, industry partners, quality practitioners, non-profit organisations; alumni.
- 7.6. **Generative methodology**, in the context of the QAF, is a method for developing and reflecting on standards and their associated guidelines that creates a deeper understanding in the users of the standards and guidelines to find opportunities for solutions and innovation in order to stay agile and be relevant
- 7.7. **Institutional Matter (IM)** is a finding that its closure depends on the direct intervention of the relevant support unit or line manager and therefore resides outside the purview of the Head of the Academic department or Support Unit Director.
- 7.8. **Internal Quality Assurance (IQA)** refers to the integrated institutional system, policies and processes used to manage the quality of an institution's core and associated functions of learning and teaching, research and community engagement.

- 7.9. National Review** a peer-driven evaluation of an aspect of the provision of education provisioning by Higher Education Institutions (HEIs) across the sector, e.g. programmes or qualifications, aimed to ensure that threshold standards are being met.
- 7.10. Programme** refers to a purposeful and structured set of learning activities designed to enable a student to meet the outcomes necessary for the award of a qualification.
- 7.11. Professional Body** is an organisation of expert practitioners in an occupational field, including an occupational body that may be statutory or non-statutory.
- 7.12. Quality** is understood to encompass fitness of purpose, fitness for purpose, value for money and transformation.
- 7.13. Qualification** refers to a formal recognition and certification of learning achievement awarded by a higher education institution and that is registered on the South African National Qualifications Framework.
- 7.14. Quality Assurance** in higher education in South Africa involves evaluating and providing evidence of the extent to which institutions have put in place the measures needed to achieve i) the goals and purposes they have identified for themselves and ii) programmes that are able to deliver a set of learning experiences which will support students in attaining the qualifications to which they lead.
- 7.15. Quality Culture** refers to a set of interrelated and enacted assumptions, values, attitudes, activities and behaviours, shared by most academic and support employees at an institution that, together, function to deliver the desired quality of learning and teaching, research and community engagement determined by the vision, mission and strategic goals of that institution.
- 7.16. Quality Enhancement** is the development and implementation of initiatives by an institution to raise its standards and the quality of its provisioning beyond threshold standards and benchmarks.
- 7.17. Quality Improvement** is the development by an institution of a planned programme of activities (Quality Improvement Plan) to institutionalise a quality culture and to provide for better quality than existed previously. This may be a direct response to an internal institutional review or an external peer review, e.g., by the CHE or a professional body.

- 7.18. Quality Management** comprises an integrated quality assurance system that includes quality support, ongoing quality development and enhancement, and concomitant quality monitoring. The emphasis is less on assuring that quality thresholds are met than on assuring an integrated, deliberate, continuous, systematic and measurable improvement in student experience, such that these improvements support students' own efforts to achieve success.
- 7.19. Quality Management System** A quality management system refers to the institutional arrangements for assuring, supporting, developing and enhancing, as well as monitoring the quality of learning and teaching, assessment, research, and community engagement.
- 7.20. Quality Promotion** is the development of a programme of activities to institutionalise a quality culture in higher education in addition to the institution's commitment to continuous quality improvement.
- 7.21. Quality Review** is a peer-driven evaluation of an aspect of the provision of education by HEIs across the sector.
- 7.22. Reflective and generative methodology** is an approach that helps practitioners to reflect on the institutional status quo and to develop standards and their associated guidelines. Such an approach creates a deeper understanding of the standards and helps the practitioners to find solutions to difficulties and opportunities for innovation in order for the institution to remain relevant and responsive.
- 7.23. Reflexivity** in the context of the QAF, is the cyclical process of reflection on and in action for a sustained improvement of quality over time.
- 7.24. Staff Engagement** is a planned and purposeful process in which academics, support and management staff interact and exchange ideas, impart knowledge and search for solutions to academic and academic support challenges.
- 7.25. Standards** are codes of practice for quality assurance in higher education, considered and adhered to by HEIs in all aspects of their activities and all types of higher education provision.
- 7.26. Stakeholders** can be defined as any individual, group or constituency that will be affected directly or indirectly by the quality management and assurance systems and processes and include(s) students, staff, alumni, the public, future employers, professional bodies and others.

- 7.27. Student Engagement** is a planned and purposeful process in which academics, support and management staff interact with students to exchange ideas, impart knowledge and search for solutions to academic and academic support challenges.
- 7.28. Student Experience** is regarded as students' comprehensive and holistic engagement with a particular institution, their own efforts and experience of various modes of learning and teaching, curricular design within programmes, assessment practices, access to and use of appropriate learning resources, the management of student enrolment as well as academic and non-academic student support and development.
- 7.29. Support Unit** is an area of function that supports the academic core business.
- 7.30. Transformation** refers to social equity, quality and fundamental institutional cultural and academic change.

7. Breach of Policy

Failure to comply with this Policy by a member of the University Community may be considered a breach of the Code of Conduct and may result in disciplinary action.

8. Appeals process for qualification reviews.


If for some reason, a department cannot undertake a scheduled review, the HOD is required to formally motivate a postponement to the Dean. If the Dean approves the motivation, the Dean is required to communicate with the Director: QMD and determine if a postponement is possible. The Director: QMD will consider the request in the context of QMD duties and resource constraints. It is possible that a request might not be agreed to. Should the Dean wish to take the matter further, the Director: QMD will call for the QARM Ad Hoc committee to confer on the matter. The QARM Ad Hoc committee will be the final arbitrator and the decision will be recorded at the next meeting of QARM.

9. Responsibility

In this section, the details of the responsibilities of each relevant department/ person are presented.

Accountability and Authority:	
Implementation:	Office of the Vice Chancellor
Compliance:	University staff, students, and external stakeholders
Monitoring and Evaluation:	Quality Assurance and Risk Management Committee (QARM)
Development/Review:	Quality Management Directorate
Approval Authority:	Council
Interpretation and Advice:	Quality Management Directorate

Policy Development Framework				
Policy Type(s):	A: Administrative Policy B: Institutional Governance Policy C: Academic Policy			
Policy Group(s): Delete categories that are not relevant	A: Governance and Academic			
Type:	Policy	<input checked="" type="checkbox"/>	Guideline	<input type="checkbox"/>
Tick document category	Procedure	<input type="checkbox"/>	Regulation	<input type="checkbox"/>
CPUT Statute and/or Regulation Reference no. and date:	<ul style="list-style-type: none"> • CPUT Statute, Government Gazette No. 46382 , 20 May 2022. 			
Relevant Legislation and/or Policy, Codes of practice, Professional authorities:	<ul style="list-style-type: none"> • Constitution of the Republic of South Africa Act, 1996 (Act No. 108 of 1996) (The Constitution). • Higher Education Act, 1997 (Act No. 101 of 1997) as amended. 			

Relevant Institutional Policies/ documents/manuals/ handbooks	<ul style="list-style-type: none"> • CPUT Statute, Government Gazette No. 46382 , 20 May 2022. • CPUT Ethics Framework. • Cape Peninsula University of Technology Strategic Plan: Vision 2030. • CPUT Code of Conduct for Staff. • CPUT General Handbook: Academic and Student Rules and Regulations. • CPUT Code of Conduct for Council Members. • CPUT Faculty/Department Rules and Regulations. • CPUT ERM Policy. • CPUT Compliance Management Policy. • CPUT Compliance Management Programme. • CPUT Learning and Teaching and Assessment Policy. • Higher Education Qualifications Sub-Framework, (HEQSF). • National Qualifications Framework (NQF) Act, Act 67 of 2008. • Postgraduate Education and Research NQF Levels 9 and 10 policy. 				
Policy Reference and Version no.:	The next number in the document index. To be inserted by the Compliance Office.				
Consultation Process To be verified and signed off before approval					
Policy Owner/Sponsor					
Compliance Officers	Compliance Owners				
Certification of Due process: To be verified and signed once approved by the relevant authority	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Vice Chancellor </div> <div style="text-align: center;"> 29.07.2024 Date </div> </div>				
Approval Date		Commencement Date		Review Date	

REVISION HISTORY: Only applicable to amended or reviewed Policies. Record details of amendments/revision.					
Version No.	Approved/ Rescinded	Date	Approving Authority	Resolution Number/ (Minute number)	Date for next review (start date for review process)
1.0	approved	22/06/24	Council	7.1.1	

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Policy Group (Broad Policy field)	Governance and Administration
Subject (Policy sub-field)	Policies
Reference Number	
Version Number	
Key Words:	Policy, Policy template, Policy framework, Policy approval, Policy review

