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## Guidelines for Academic Review

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### 1. Introduction

UCT's Senate-approved policy on Quality Assurance provides for five-yearly reviews of programmes and departments. These guidelines provide for the review of teaching and learning (see Section A) and of research (see Section B). Provision for the review of social responsiveness activities (including service learning) is under development.

This document aims to provide a set of detailed guidelines for use by academic units in preparing for reviews, and by review teams conducting the reviews.

The HEQC will from time-to-time publish criteria to inform institutional audits and programme accreditation in 2004. The guidelines presented in this document are intended both to reflect our own institutional priorities, and to anticipate the HEQC's criteria. These guidelines are thus provided for the broad guidance of reviews, and are not to be prescriptive. They signal areas of important concern, but units under review will exercise their discretion in how they address these issues. These guidelines may be amended again in the light of our experience of reviews, programme accreditation and institutional audit, and the Institutional Planning Department welcomes suggestions for revisions.

### 2. Principles

#### 2.1 Our model of QA

South Africa and UCT have chosen a variant of the Australasian model (rather than the more intrusive UK model) of quality assurance which emphasises self-evaluation and development, and which locates as much responsibility for QA as possible in the hands of academics themselves. No significant resourcing decisions are attached to the results of reviews and audits, and all efforts are made to avoid 'league-table' rankings based on audit reports. However, one consequence of poor audit reports could be that an institution may fail to win, or maintain, self-accreditation status, which would open the institution to more intrusive forms of review by the HEQC. UCT has identified the achievement of self-accreditation status (and thus continued autonomy in QA processes) as a priority. It is therefore essential that we demonstrate the strength of our own internal quality management processes.

The chief focus of the self-evaluation model is on the institution's *own capacity* to identify problems and needs, and to address them effectively; in other words the focus is primarily on the institution's quality management system (QMS). External audits (and our cycle of five-yearly reviews) will thus only look at samples of academic practice in order to validate the operation of our QMS.



This has implications for the nature of the self-evaluation that we do. Instead of presenting ‘best-face-forward’ accounts of our work, we rather aim to produce balanced accounts which acknowledge strengths as well as areas of real difficulty or new opportunities and which then initiate developmental processes to address these difficulties and opportunities. This approach acknowledges that teaching and learning, and research, are complex processes and that sometimes there are no quick or easy ‘fixes’. It acknowledges also that there is no single model of ‘best practice’, and that good professionalism is often characterised by the quality of debate, and even disagreement, circulating in any particular context.

In this system, a review process is an opportunity to conduct an ongoing developmental dialogue about professional issues within the unit under review, between the unit and senior management (if necessary), and between the unit and other stakeholders. The dialogue (and the demand for accountability) is thus bi-directional. By making the issues and problems of academic practice more visible and clearly understood, and tackling these ourselves, we enhance our control over our professional environment, at a time when academic autonomy is under threat globally.

## 2.2 Recurrent and cyclical processes

The five-yearly cycle of academic reviews should, as far as possible, draw on evidence of *ongoing, recurrent* planning processes, reflective practice, existing quality assurance mechanisms (like annual external examiner or other peer-review procedures), and continuing improvement initiatives. These annual recurrent processes are then summarised in a self-review portfolio (SRP) prepared in advance of the review, and this SRP provides the starting point for the review team’s deliberations. Our review process thus seeks to avoid the ‘roomsful-of-paper’ syndrome, and the disruptive upheavals needed to generate these.

Ideally, documentation of ongoing recurrent QA processes and improvement initiatives are collected centrally every year by unit heads in preparation for compiling the five-yearly self-review portfolio. The five-yearly review should, however, provide an opportunity to consolidate these recurrent processes of academic renewal.

Five-yearly academic reviews will focus on two areas: Firstly on the quality of the *academic activities* themselves (teaching, research and social responsiveness), and secondly on the quality of the *management system* which monitors these activities and initiates improvements where needed. The goal is to use the evidence of the former to affirm the effectiveness of the latter.

It is acknowledged that good academics continually evaluate and revise their practices, but that these processes often are focused at the level of courses, rather than the larger units of educational delivery (majors or programmes) which are now becoming the primary units of evaluation. The goal of more formalised quality assurance measures is, firstly, to make these reflective processes more visible and, secondly, to provide opportunities for synoptic evaluation across the larger organizational units that shape the student’s collective experience of the qualification. Equally, the QA processes of research are often highly individualised and focused on outputs, with little opportunity to reflect on the organizational conditions which may facilitate or frustrate research activities.



## Section A: Guidelines for the review of teaching and learning

### 3. 1 Review Processes

The review process consists of four broad phases: firstly, the self-review process, culminating in the production of a **self-review portfolio** by the unit under review (e.g. a department or research unit); secondly, the formal review of that unit conducted by the appointed review panel, culminating in the **review report**; thirdly, the follow-up action consequent on recommendations of the review report, which in turn is reflected in a **follow-up report** prepared annually and submitted by the unit to the Faculty. The Institutional Planning Department (IPD) will draw on these reviews (and other information), to prepare a **pre-audit report**, prepared for the institution as a whole, which summarises developments prior to the six-yearly institutional audits conducted by the HEQC. Documents from all four of these phases are then available for audit purposes.

The unit of review will be determined pragmatically by Deans in consultation with the DVC responsible for academic matters, and thus a unit may be a whole department, a research unit, or a cluster of programmes or majors. However, the unit of review should wherever appropriate encompass whole programmes or majors, since these generally comprise the primary *unit of educational delivery* to be evaluated.

A primary goal of the HEQC audits will be to appraise the strength of UCT's own quality management system (QMS), and we will need to present evidence of a history of effective self-evaluation at every level in the institution. To this end, Faculties should develop a schedule of reviews for academic units across the five-year cycle which ensures that every academic unit is formally reviewed once in the cycle. This five-yearly review of units, however, will need to consider the unit's own history of managing the quality of its own academic activities on a recurrent annual basis. For example, it is established practice that all courses taught at UCT are subject to peer-evaluation annually by external examiners. We will need to ensure that this is being done thoroughly and is well-documented, but we will also need to ensure that the larger units of educational delivery (majors or programmes) are also subject to regular self-evaluation (where this doesn't already happen, e.g. through a professional body). Units are thus expected to plan a schedule of self-evaluation which covers comprehensively the different levels of organization which structure our practices (e.g. departments, programmes/majors, courses), focusing on the particular issues distinctive to that level of organization. Differing questions, and differing sources of evidence, would be indicated in each case. Some of these differences are suggested (rather than prescribed) below:

#### **Course-level:**

- Appropriateness of disciplinary content
- Course design and methods
- Assessment design and methods
- Moderation of marking
- Responses to previous evaluations



***Major-level:***

- Appropriateness of overall goals of the major
- Contribution of parts to the whole
- Progression and coherence between units
- Cumulative development of key skills
- Final-year capstone or integrated assessment
- Equity and throughput considerations
- Responses to previous evaluations

***Programme-level***

- Same as for major-level, plus
- Administrative base
- Academic leadership
- Contribution of service courses to the whole
- Research initiatives associated with this programme
- Responses to previous evaluations

***Departmental-level***

- Contributions to fulfilment of strategic goals (dept., faculty, institutional and national)
- Research productivity and quality
- Postgraduate supervision
- Academic leadership
- Academic development and provision for student support
- Professional development of academic staff (research, education and leadership capacity development)
- Relationships between teaching and research
- Relationships outside the university (community, government and industry)
- Administrative capacity (and its development)
- Responses to previous evaluations

Faculties and departments may wish to use their external examiner budgets flexibly in order to bring peer-review to bear on these differing levels of evaluation (e.g. in one year to select external examiners to review a major or programme as a whole, rather than simply its constituent courses). In this way, a multi-dimensional record of continuing self-evaluation, and of ongoing responses to these evaluations, is built up for collation into a self-review portfolio ready for the scheduled five-yearly review.

It is essential that these recurrent self-evaluation activities are contained and clearly purposive. Work on quality assurance activities must proceed from a meaningful agenda of real issues, and should constitute a manageable workload for colleagues in the unit. *It will require significant leadership from unit managers (HoDs, programme convenors, etc) to ensure the self-evaluation activities are opportunities for development and renewal.* Where necessary, units under review can call on IPD and CHED to assist with these processes.



## 3.2 Criteria for Review

This section signals the key areas that are likely to be priorities in review and audit processes. It is not meant to be prescriptive, but instead to signal a range of concerns that are typically the subject of enquiry and development. Each unit of review should consider the areas noted below before making the case for the particular mix of priorities appropriate to their context at that time. Given limited resources, and evolving needs, these priorities are likely to shift over time. A faculty, or individual units of review, may decide on an evolving programme of priorities to be tackled systematically and sequentially during the course of a five-year review cycle. The logic informing this set of priorities should be clear in the eventual self-review portfolio. It is useful, however, to distinguish between two broad types of priority areas that review processes should focus on: the intrinsic priorities of a discipline, and the more general priorities of the institutional and national policy environments.

### 3.2.1 Intrinsic priorities

A unit of review should be evaluated for effectiveness both against the goals it has set for itself in the course of its recurrent planning and renewal processes, and against its own capacity to effectively monitor and manage its own activities. Any unit of review will typically have an evolving set of intellectual priorities, reflected in its curricula, research agendas and social responsiveness programmes. These priorities may be responsive to developments in the knowledge field, or to other drivers like social needs, the market or policy signals. Whatever drivers are informing these priorities, the ongoing processes of intellectual renewal are likely to be the most generative motivations informing academic review, and unit leadership could consider using these priorities as the primary engine for the self-review process.

Questions related to this focus could include:

- Which contemporary developments related to the discipline or profession are currently commanding attention within the unit?
- What innovations (e.g. in curricula, research or outreach) are being considered to best serve the distinctive characteristics and contemporary developments of the discipline or profession?
- What developments are underway, or being considered, in the unit to give effect to these innovations?

Typically, though, any unit will have distinctive issues and problems that it may be grappling with, and the treatment of these should constitute a major of focus of attention for reviews: What are the issues, what gives rise to them, and how have they been tackled in this context? Some disciplines have conceptual or skills areas that are perennial problems (e.g. the difficulty of achieving accurate learning about evolution in undergraduate biology), and an honest appraisal of how these have been tackled over time (together with evidence of any educational research, development and publication over the issue) would provide insight into the quality of the educational management in the programme or major. A central preoccupation of review teams will thus be how educational delivery is monitored, how



problems are identified, and the follow-up procedures that are subsequently pursued. In short, a key focus of interest in reviews (and audits) will be the quality *management* system at work within a unit of review, reflected in an established history of this kind of capacity.

### 3.2.2 General Priorities

In addition to the intrinsic priorities generated from within a unit of review, there will be a series of more general considerations claiming attention, emanating from faculty, institutional or national (including HEQC) levels, or simply from traditions of good practice. Ideally, these other considerations have already been interpreted and integrated where necessary within the unit of review's own frame of reference. Review processes offer an opportunity to assess again the congruence between internal and more general priorities, and to come to an accommodation between these (sometimes competing) demands. Review documentation should indicate an awareness of the range of priorities (intrinsic and general), should show which are relevant and appropriate to the unit under review, and should indicate which may have been selected for particular attention and how they have been treated.

Included in the more general priorities that review processes should take into account are:

- UCT's "Guides for Action" and other mission and policy objectives.
- The HEQC's criteria for programme accreditation and institutional audit

Each of these are briefly discussed below.

#### UCT's Guides for Action

In 2002, UCT produced a series of 'Guides for Action' as a set of high-level strategic priorities for the institution. These guides affirm UCT to be an institution which is:

- A medium-sized contact university
- Selectively comprehensive
- Research-led
- A 'glocal' player, addressing global and local knowledge and development priorities
- Committed to transformation

A unit's self-review process will need to reflect on the extent to which the unit has achieved its own objectives in this regard, and what modifications might be needed (if any) to the planning and management related to these goals.

#### The HEQC's Criteria for Accreditation and Audit.

The HEQC will from time-to-time publish criteria that will be used for the purposes of programme accreditation and institutional audit. The HEQC distributed a draft resource booklet to universities in 2003 which outlines internationally and locally acknowledged good practice in teaching and learning, and it is most likely that the HEQC's criteria will be loosely based on the benchmarks set out in the booklet. Self-review teams should acquaint



themselves with the HEQC's current documentation – IPD and CHED are available to assist in this regard.

Briefly summarised, the criteria applicable to teaching and learning are likely to include the following considerations which should be specifically addressed in self-review reports:

- Does the educational provision offered by unit under review accord with the planning priorities identified by the unit itself, as well as those implied in UCT's mission?
- Are the policies and procedures for the admission of students appropriate for the course of study, and for the diversity of students it aims to accommodate? Are there differing placement opportunities for students with differing levels of preparedness? Are the equity profiles of cohorts appropriate, both at entry and graduation levels?
- Is the curriculum properly aligned (i.e. there is a clear alignment between the goals, content, methods and assessments of the curriculum)? In other words, are the methods of the curriculum appropriate for the quality of learning it intends to achieve?
- Is the curriculum content appropriate in terms of currency, quality and quantity, including (where appropriate) responsiveness to changing regional and national social development needs?
- Has the assessment system for this programme or major been judged sufficiently valid and reliable?
- Are students attaining the exit-level objectives stipulated for a programme or major? Is the distribution of levels of achievement appropriate across the cohort (i.e. If excessive clusterings occur at some grade-levels, how are these accounted for)? Are external examiners satisfied with the performances produced by this cohort?
- Is there a monitoring system which identifies at-risk students timeously and arranges interventions where needed?
- Are the students generally satisfied with the programme, major or their experience of the department as a whole? What responses do the teaching team have to the comments made by students?
- Are external stakeholders (professional bodies, employers, etc) satisfied with the quality of the graduates from the programme or major?
- How does the programme or major fare against the national or international benchmarks it has chosen for itself?
- Are opportunities for social responsiveness (e.g. service learning) being considered and fulfilled?
- Are members of the teaching team satisfied with the leadership, administration, resourcing and facilities provided for the programme or major?
- Are student graduation and retention rates on the programme or major appropriate?
- To what extent is the programme or major achieving equity goals, in terms of appropriate representivity of designated groups in graduating cohorts?
- To what extent is teaching and learning informed by research, both research into the discipline and research into teaching and learning?



- Are the results of feedback and evaluation used to achieve improvements in educational delivery, and to further develop the professional expertise of academic staff? Have these results been fed back appropriately to the various stakeholders?
- Are the academic staff who teach the programme appropriately qualified? Do the academic staff who teach in the unit have opportunities for professional development as educators? What steps have been taken to achieve an appropriate equity profile for academic staff in the unit?
- Is the quality management system (both the annual recurrent processes, and the cyclical five-yearly reviews) manageable, effective and generative?

The value of a self review portfolio is likely to be reflected in the professional quality of the discussion of these issues noted above. In light of the experience of reviews conducted to date, units under review are urged to use support provided by the IPD and CHED to strengthen the unit's capacity to address these issues adequately.

#### 4. Evidence

The evidence assembled for review purposes will typically include both quantitative and qualitative information, which address the priorities noted above. These could include the following:

- **Patterns of performance:** Here quantitative data is obtained from the Institutional Planning Department, and is presented with a narrative interpretation, covering graduation and retention rates, equity profiles, achievement profiles, etc.
- **Evaluations of curriculum quality:** Typically these include external examiners' reports, the academic staff's own account, student evaluations, etc.
- **Curriculum management and resourcing:** An appraisal by the self-review team of the adequacy of staffing resources and administrative support (including considerations of qualifications, equity profile and professional development), the role of support facilities (libraries, ICTs, etc), the collaborative functioning of academic staff and the role of academic leadership in strengthening the quality of teaching and learning, etc.
- **Research:** Evidence could include data from annual research reports, postgraduate enrolments and completions, participation of younger staff members in 'emerging researcher programmes' etc.
- **Staffing:** staff qualifications, equity profile, staff numbers, staff development.
- **Improvement strategies:** Responses to evaluations, educational research and scholarship, curriculum innovations, professional development initiatives, etc.

The evidence, in the case of a clinical department, will take account of the service responsibilities of the department, the nature of the joint staff, and the importance (in respect of postgraduates) of the professional examinations.

Ideally the bulk of the evidence assembled for a five-yearly self-review portfolio should consist of the documentation produced for annual recurrent self-evaluation activities. Together these provide the resources for the compilation of a summary overview (typically



between 20 – 40 pages, depending on the size of the unit) which is presented, along with a limited amount of appropriate supporting documentation to the review team. Altogether, the self-review portfolio, with its accompanying documentation, should fit comfortably into a lever-arch file. The review team will then augment this evidence during the review visit through a programme of interviews with academics, managers, students and other stakeholders, and by requesting sight of any routine documentation (e.g. course outlines, a sampling of scripts from capstone assessment events where applicable, external examiner reports, published educational research, etc.).

## 5. Self-Review Process

The process of producing a self-review portfolio will vary from unit to unit, but some of the steps in the process may be as follows:

- Unit of Review identified by the Dean of the Faculty and communicated to the DVC, the IPD and QAWG;
- IPD, the Faculty and unit of review to agree on a timeline for the review, and the composition of the review panel;
- Head of unit under review assembles self-review team and develops a programme for the self-review process;
- IPD and CHED conduct information sessions with units of review;
- IPD supplies quantitative data and assists with the interpretation (for the SRP);
- Where appropriate, specialist expertise is recruited to assist with various aspects of the SRP (e.g. CHED for teaching and learning issues, R & I.D for research issues);
- SR team assembles existing information (external examiners reports, student evaluations, etc) and considers what further information needs to be generated;
- SR team identifies priority focus areas for the review (e.g. areas of particular concern or opportunities for development), and plans a process to tackle these;
- SR team proceeds with further data gathering or elaborates future development proposals;
- SR Portfolio is assembled, emphasising priority focus areas, areas of concern and future development opportunities;
- SRP is circulated within the unit for accuracy-check and unit's approval;
- SRP submitted to IPD.

The unit under review provides **eight** copies of the self-review portfolio to the IPD at least **two weeks before** the review panel visit, who then distributes these to the members of the formal review panel.

## 6. The Structure of the Self-Review Portfolio

The self-evaluation portfolio should consist of *descriptive* and *evaluative* components. The descriptive sections outline the nature of the unit under review, its goals and priorities, and the



criteria it takes into consideration to judge its own value and effectiveness. This section should also outline recent key developments and changes in the unit. The evaluative components (the main body of the SRP) will reflect assessments from various quarters on the unit's effectiveness, including views of the academics themselves, student evaluations, external examiners' reports or other peer reviews, research into teaching and learning, graduate tracer studies, and the views of any other relevant stakeholders, like employers and professional associations. A significant challenge will be to find ways of reflecting on the overall quality of the programmes or majors offered by the unit. A key component of this evaluation should thus be a reflection on the quality of the assessment systems of the programmes/majors, and the quality of performances achieved by students in the major assessment events of the programme (e.g. final-year integrative assessment projects).

The goal of the self-evaluation portfolio is not simply to present the strengths of a programme and disguise its weaknesses; rather the intention is to present a balanced view which reflects its achievements, but which also acknowledges difficulties and dilemmas, for example problems of resourcing or in the enabling environment, and (most importantly) the ambitions for the directions in which the programme should develop. Indeed, the strength of a self-evaluation portfolio is reflected in its critical insight into issues of curriculum, teaching and learning, and in its developmental vision. The strength of the unit under review is reflected in its capacity to fulfil such development plans.

Sound approaches to educational evaluation acknowledge that there are sometimes no easy solutions to educational problems, and that units have to adjudicate between competing priorities and manage on limited resources. There are, however, baseline standards of professional practice, which cannot be compromised without jeopardising our status as a leading HE institution, and the HEQC criteria and standards are an important statement of these standards. It is vital that our self-evaluations reflect our understanding and prioritisation of these standards, whilst also articulating the ways in which we strive for excellence.

The audience for the self-review portfolio is usually the staff of the unit itself, the review panel, and relevant management figures in the institution (e.g. Dean, DVC). The SRP is not usually intended for wider public distribution (unless the unit itself decides otherwise), and should be understood as a relatively confidential document containing frank discussion. The six-yearly HEQC audit panel may request sight of some SRPs, although they would be expected to honour the confidentiality of the SRPs.

Below is a suggested structure for a self-review portfolio, but self-review teams are of course welcome to structure the SRP as they see fit. Whatever structure is chosen, however, should attend in one way or another to the concerns outlined below:

- **Executive Summary:** Summary of key self-evaluation assessments, and proposals for development.
- **Description of the unit under review:** Particular strengths within the discipline or profession, strategic priorities for the unit, staffing complement and qualifications, range of educational provision, research units or programmes, student numbers, admission requirements, etc.



- **Management and resourcing of the unit:** Descriptive account of organizational structure of unit, management responsibilities (various portfolios), recurrent reporting procedures, etc. Resources available: physical and other infrastructure (if relevant to review).
- **Overview of recent developments in the unit** (E.g. Past three years, or since last review)
- **Priorities for this review:** Particular areas of focus, current priorities for development, current concerns. Relationship of these priorities with institutional and national (i.e. HEQC) priorities. Reasons for areas not prioritised in this review.
- **Teaching and Learning:** (See questions under ‘HEQC Criteria’ in section 3.2.2 above, pp. 6 - 7). At a minimum:
  - 1) Presentation and analysis of quantitative data provided by IPD, highlighting any salient issues, including enrolment patterns, retention and throughput rates, equity profiles at graduation, student achievement profiles, etc. Discussion of issues arising from these.
  - 2) Evaluative discussion of qualitative issues: e.g. currency of curriculum content, curriculum design issues (curriculum alignment and teaching methods), validity and reliability of assessment systems, etc.
  - 3) Goals for the professional development of academic staff as educators, and track record in this regard.
  - 4) Development priorities for teaching and learning.
- **Research:** (See “Guidelines for ‘Research’ Section” in Section 11 below, pp.16-17)
- **Social Responsiveness** (e.g. Service learning and outreach): Description and evaluation of existing programmes, and plans for development. This will have a particular character in the case of clinical departments where the service, on behalf of PAWC, is integral to the work of the unit.
- **Management capacity:** 1) Reflection on capacity within the unit to effectively manage both recurrent practices, and development and transformation priorities. 2) Reflection on the role of the wider institutional context in supporting the development of the unit.
- **Staffing:** Reflection on the extent to which adequate numbers of appropriately qualified academic staff are available to teach, the extent to which professional development opportunities have been taken up, and the equity profile of the unit.
- **Development strategies:** A summary of key areas of development proposed for the unit, the resources and conditions required to support these developments, timeline for the development programme, and allocation of responsibilities.
- **Transformation issues:** Consideration of the items listed above needs to be informed by an explicit discussion of how the unit has interpreted the notion of ‘transformation’ (i.e. social equity and responsiveness) for its own context.
- **Appendices:** A limited range of data sets and documents that are explicitly referenced in the course of the self-review portfolio.

## 7. The Review Process and Report

The review report drafted by the review team evaluates the treatment of the priority areas identified in the self-review portfolio, drawing on both the evidence presented in the portfolio



as well as on samples of evidence collected themselves during the review process. The review team is likely to cover all the considerations noted above, acknowledging that resource limitations mean that not all areas may be treated equally intensively at once by self-evaluation, and may make recommendations for future development priorities.

The goal of the review report will be to assess the effectiveness of the quality management system(s) at work in the unit of review, by comparison between, on the one hand, the recurrent documentation and the self review portfolio and, on the other hand, the range of evidence about practices-on-the-ground considered by the team. The QMS will thus be evaluated on its capacity to generate meaningful critical reflection on academic practices, and to mobilise effective responses to issues that emerge. The report will also consider any factors in the broader institutional context which might impact on the unit under review.

The review panel is appointed by the DVC responsible for academic matters after consultation with the Dean and Programme Convenor or Head of Department. The composition of the review panel will be determined having regard to the nature of the unit to be reviewed (department and/or programme; cluster of departments and/or programmes) but each review team will include

- (a) at least two members external to UCT (of whom at least one will be an academic from another university or similar institution and one of whom may represent employers or be drawn from a relevant employer group);
- (b) up to two internal members (who may not be members of the unit(s) under review); and
- (c) a member or nominee of the Centre for Higher Education Development (CHED) who will be an assessor member to the review panel.

External members must constitute at least 50% of the membership. The DVC appoints the chair of the review team, usually from amongst the internal membership. The Review panel is assisted by a servicing officer provided from the Institutional Planning Department, and an orientation to the review process will be provided by the IPD and CHED.

The review team receives the self-review portfolio, and may provide initial feedback and/or request additional documentation before convening the review visit. The structure of the visit will be informed by a reading of the self-review portfolio (See Appendix One for a typical structure of a review visit programme). During the visit, the team will meet interested parties, tour facilities and consider a range of evidence including examples of student performance from key assessment events. The review visit typically lasts two days, depending on the size of the unit of evaluation. At the end of the visit, the team will offer feedback in the form of preliminary findings.

The chair of the review panel, with assistance from the IPD secretariat, draws up the review report in consultation with the panel and submits this draft to the unit of review for an accuracy check. The review report, with appendices where needed, includes an executive summary, and provides a brief descriptive account of the programme in question (where this differs from the self-evaluation portfolio) followed by an evaluation and recommendations. In



particular, the report should consider *fitness-for-purpose* issues of access (including the profiles of cohorts in terms of race, gender, preparedness, etc.), curriculum design and coherence (including alternative pathways), validity and reliability of assessment, attainment profiles, and the educational management and self-review procedures, as well as any *fitness-of-purpose* issues that may be appropriate for the context under review.<sup>1</sup>

## 8. Structure of the Review Report

The typical form for a review report may be as follows, although review panels are at liberty to structure their reports as they see fit:

- **Executive Summary:** Key findings and recommendations.
- **Overview of Unit under Review:** A brief summary of descriptive material provided in the self-review portfolio.
- **Scope of the Review:** Priorities and limitations identified by the review panel.
- **Teaching and Learning:** 1) Evaluation of the quality of the curriculum (content, methods and assessment) and the quality of student attainment. 2) Evaluation of the effectiveness of the curriculum in maximising throughput, in catering to diversity of preparedness, and achieving appropriate equity profiles at graduation. 3) Evaluation of the unit's professionalism in relation to teaching and learning, including professional development afforded to teaching staff. 4) Evaluation of the quality of the unit's capacity to manage issues of educational change and transformation.
- **Research:** (See section 13, p. 18 below)
- **Social Responsiveness:** Evaluation of the unit's capacity to develop and fulfil its own social responsiveness agenda.
- **Management:** 1) Evaluation of the intellectual leadership capacity in the unit, and the unit's collective capacity to manage professionally both recurrent activities and change and transformation priorities. 2) Appraisal of the role of the institutional context (including senior management) in supporting the development of the unit.
- **Staffing:** Evaluation of the strength and qualifications of the staff against the goals of the unit, and the professional development activities undertaken.
- **Transformation:** The review report as a whole should be sensitive to the transformation priorities appropriate to the unit under review.
- **Recommendations:** Commentary on the development proposals contained in the self-review portfolio, and any additions to these. Recommendations for forms of support needed to assist the unit to fulfil its goals.
- **Appendices:** Including any additional data or documentation generated during the review process.

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<sup>1</sup> A *fitness-for-purpose* evaluation judges a unit's success against the mission and goals it has identified for itself, while a *fitness-of-purpose* evaluation assesses the appropriateness of the mission and goals themselves.



## 9. Post-Review Process

The completed review report (together with a copy of the self-review portfolio) is submitted simultaneously to the DVC responsible for academic matters and the Dean of the Faculty, normally within a month of the review visit. The Dean engages with the unit under review as suggested by the recommendations in the final review report, and reports on developments to the SEC. The DVC then initiates and convenes whatever meetings are necessary with the Dean, Programme Convenors, Heads of Department and appropriate support units in order to address issues arising from the review report. A plan of post-review development is agreed and documented, noting clearly the responsibilities of various organizational units to the development, the resource implications, and a time-line. The final review report is posted on the UCT intranet. The review report may be requested during the six-yearly HEQC audit of the institution.

Periodically, IPD and CHED will report to QAWG on trends and issues emerging from review reports, and a summary of review activities will be included in annual reports to Senate and Council.



## Section B: Guidelines for the review of research

### 10. An Approach to QA for Research at UCT

These guidelines for the QA of research at UCT have been informed throughout by national as well as international benchmarks for research and examples of best practice abroad. Many QA practices are already in place, institutionally as well as nationally (for example, research outputs, postgraduate theses and funding applications are all subject to peer review, and a variety of mechanisms exist which attempt in different ways to measure the quality of research.) A major point of further agreement is that, although the process should be strongly informed by the requirements of external stakeholders such as the DoE, it also should be driven internally by the strategic priorities and requirements of the university itself. In the case of UCT, where being “research-led” has been identified as a priority, we need to assess to what extent research carried out at the university informs and underpins the teaching and learning activities. The process also has to take discipline-specific conditions and criteria into consideration, for example to acknowledge that the criteria for research output from the College of Music will not necessarily be the same as those for Chemical Engineering.

Our process therefore acknowledges that various QA mechanisms already exist, and that we do not wish to duplicate these. Secondly, UCT’s approach to QA (and indeed, the HEQC’s approach) emphasises self-evaluation, especially for developmental and capacity building purposes, linked to institutional and national strategic priorities.

The strategy is informed by the following **key principles**:

- The QA of Research should be integrated as far as possible with the QA of teaching and learning
- The terms of reference for reviews should be informed by the requirements of the external stakeholders but also by the nature and priorities of the institution
- The Deans should have the discretion to combine departmental and research entity reviews into a single review (i.e. the unit of review should be flexible)
- Duplication of processes should be avoided (for example where research entities are subject to external reviews by recognised Research Councils)

The three **key goals** for a QA strategy for research are:

1. To assess the extent to which UCT is fulfilling its key strategic objective of being ‘research-led’, that is to promote research-oriented scholarship and teaching;
2. To assess how we manage our research development activities and build research capacity, and
3. To assess how we monitor, sustain and grow the excellence of our research output in terms of international standards.

The many action steps listed in the UCT “Guide for Action” are intended not only to address the specific objectives to which they are linked, but also to enhance a culture of scholarship, research collaboration and productivity whereby UCT can indeed claim to be “research-led”.



The strategic purpose of this guide is to give substance to this vision; in particular through the implementation of steps that will promote research-oriented scholarship and teaching, lead to appropriate reward systems, and generally enhance UCT's global competitiveness.

## 11. Guidelines for the 'Research' Section of the Self Review Portfolio

The following considerations should inform the 'Research' section of the **self-review portfolios** (or the SRPs of research units), although units may use their own discretion in the final structure of the SRP:

### 11.1 Descriptive Information

- Describe the nature of the research activities undertaken in the unit under review (e.g. an academic department or research **grouping**), whether these are from defined research groupings, or from individual researchers with distinctive specialisms. Outline the key focus areas and quantify their associated research outputs. Outline any structures or processes that exist to manage the research activities of the unit.
- Explain the mechanisms and practices for promoting research and sustaining and developing an active and vital research culture in the unit.
- Describe the nature and quality of the research infrastructure, including facilities for research students.
- Describe any arrangements which are in place for supporting interdisciplinary or collaborative research.
- Provide information on relationships with industry and commerce or other research users and where appropriate the account taken of Government policy initiatives and objectives.
- Describe the arrangements for the development and support of the research work of staff.
- Describe any arrangements for developing younger and / or new researchers and for integrating them into a wider, supportive research culture.
- Provide a statement about the main objectives and activities in research over the next five years. The panel's attention should be drawn to ongoing research work that is not producing immediate visible outcomes.

### 11.2 Questions on quality of research output

- What counts as 'research output' in the context of this unit of review? (Books, journals, patents, reports, materials, images, devices, performances, etc.)
- What self-defined goals and criteria have been established for the research activities of this unit of review?
- What measures of quality are applicable in your context (and what debates typically attend these measures?)
- How does your research grouping's output fare in terms of these goals, criteria and measures?
- What conditions contribute to your current output profile?



- What initiatives are underway, or are planned, to further strengthen the quality of your output in terms of these measures?

### 11.3 Questions on the development of research capacity

- What developmental goals does this research grouping have for future research projects or directions?
- What is the current profile of researchers in this research grouping in terms of qualifications and track record?
- What goals does this research grouping have in terms of this profile (e.g. succession planning, capacity gaps, equity issues etc), and how are these related to broader institutional or national goals?
- What initiatives are underway, or are planned, to address the capacity developmental goals of the research grouping?
- What conditions currently support or frustrate the rollout of capacity development initiatives?

Units under review may want to comment on how they fare in terms of a combination of the following evaluation criteria, which are based on existing practice as well as on world-wide examples of good practice. We acknowledge that the following approaches may not be universally applicable and that considerable debate exists over the use of these measures. It would be important for units to show how they are taking these debates forward in their own context of research:

- Quality of journal publications and other research outputs using appropriate international mechanisms of measure
- Quantitative assessment to measure the number of research outputs as with the DoE system for subsidy purposes.
- NRF Rating of academics, across all disciplines
- Level of collaborative work, nationally and internationally
- Level of relationship established through research with industry, civil society and government departments
- The critical mass of researchers, postgraduates and postdoctoral fellows within a specific research field
- Income generated through appropriately-costed contracts
- Internal and external funding

## 12. Review of Research Groupings

In 2003, research units at UCT commenced a URC-mandated review process, and there is no intention for this five-yearly cycle of URC research unit reviews to be duplicated. Wherever possible, this URC-driven process will be dove-tailed with the academic reviews co-ordinated by the IPD so that they happen at more-or-less the same time.



In the URC review process (administered by Research & Innovation), research groupings identified for review submit self-review portfolios to the Research Office according to an agreed timeline, usually to enable distribution of the portfolios to the review panel at least 2 weeks before the scheduled review date. The review visit typically lasts one day, depending on the size and scope of the unit to be reviewed.

The review panel consists of up to five members: two external reviewers (selected from amongst five nominees provided by the relevant faculty), the DVC responsible for research, the Dean, and the relevant Head of Department supported by staff from R&I.D and the IPD. To ensure consistency there should be some continuity built into the panel membership. The Research Office provides administrative support, supplying the review panel with the necessary documentation and servicing officer/s. The **review report** is drafted by the two external panellists, and is submitted to the DVC within four weeks. The DVC then submits a report to the Dean of the relevant Faculty and the head of the research grouping, who may comment before the report is tabled at the URC. The URC reserves the right to withdraw accreditation if the outcome of the review is negative. The Chair of the URC advises the research grouping of the outcome of the review. Both self-review portfolios and review reports are treated as confidential, although these may be requested during the course of an HEQC institutional audit. The results of these research reviews will be summarised for inclusion in the Annual Research Report to Senate and Council.

### 13. A Guide to the ‘Research’ Section of the Review Report

The following is offered as a guide for conducting the review process and completing the **review report**. Amongst other things, the reviewers are expected to comment on:

- The appropriacy of the unit’s title and classification: "Unit", "Centre" or "Institute" in terms of the University’s Senate-and-Council approved nomenclature in Annexure A.
- The extent to which the research grouping has adhered to “Guidelines for the ‘research section’ of the self review portfolio” in section 11 above.
- The strengths and weaknesses of the research grouping, based on the information provided in the self-review portfolio and the review visit.
- The quality of the research conducted in the unit.
- Linkages to other research groupings or networks.
- The focus, and future direction of the research grouping.
- The sustainability of the research grouping, including projected sources of funding, a staffing succession plan and the unit’s capacity-building programme
- An analysis of the review process and recommendations for future development.



## APPENDIX ONE: TYPICAL STRUCTURE OF ACADEMIC REVIEW PROGRAMME

<b>Faculty :</b> <b>Unit of Review:</b> <b>Review Dates:</b> <b>Venue:</b>
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### DAY ONE

8h30-9h15	Meeting of the Panel	Notes
9h15 - 9h45	<b>Briefing Session</b> 1) Input from the Director of Institutional Planning with reference to the University’s expectations regarding the Review Process. 2) Clarifying questions from Review Panel, etc.	
9h45 – 10h30	<b>Open Slot (Planning/ Reflection)</b>	Panel could use this time to confirm the day’s proceedings, eg. The line-up of staff and students who may be interviewed that day.
10h30 - 11h00	<b>Tea</b>	
11h00 - 12h00	<b>Staff Interview Slot</b>	Individually or in a group. Some Panels have used this slot to gain an overview and a deeper understanding of key elements raised in the Self-Review Portfolios.
12h00 - 13h00	<b>Lunch</b>	Working Lunch or Away from the venue
13h00 - 14h00	<b>Student Interview Slot</b> (This could be earlier in the day)	Individually or in a group
14h15 - 15h15	Open Slot (Planning/ Reflection)	
15h15 - 16h30	<b>Tea</b>	Slot could be used to reflect on additional documentation, review the day’s proceedings



<b>DAY TWO</b>		
		<b>Notes</b>
<b>8h30 - 9h00</b>	<b>Preparatory Meeting</b>	Chair briefly meets with Panel to confirm the day's proceedings.
<b>9h00 – 10h00</b>	<b>Interview: with the Dean</b>	If desired by the Panel, and ideally arranged prior to the Review Visit.
<b>10h30 - 11h00</b>	<b>Staff Interview Slot</b>	
<b>11h30 - 12h00</b>	<b>Touring Facilities</b>	If deemed necessary.
<b>12h00 - 13h00</b>	<b>Lunch</b>	Working lunch or lunch away from the Venue.
<b>13h00 - 14h00</b>	<b>Student Interview Slot</b>	
<b>14h00 - 15h00</b>	<b>Structuring</b>	Chair and Panel work out structure of the review report based on documentation received at IPD/ CHED information sessions and in terms of what has emerged during the review visit.
<b>15h00 - 15h15</b>	<b>Close of Review Meeting</b>  Meeting with self-review group and/ or selected academic staff linked to the self-review process to hear verbal report of the main findings. And to have an opportunity to make further input.  Director of Institutional Planning is invited to attend to note key commendations and recommendations.	

**Completion of the Review Report: Proposed Timeline**

**Week One:**

**Version One:**

IPD produces Version 1 of the Review Report to the Review Panel, for comment.

**Week Two:**

**Version Two:**

Chair of the Formal Review Panel, assisted by the Review Panel and the IPD, produces Version 2.



**Week Third:**

**Accuracy Check:**

IPD sends Version 2 to the Self-Review Team for an accuracy check.

**Week Four:**

**Final Version:**

Considering the input from the Self-Review Team, the Chair produces the final version of the Review Report, which the IPD simultaneously sends to the Dean and the DVC.

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## Annexure A

### Guidelines for Nomenclature

#### Unit:

- Operationally a unit is smaller than a centre or an institute;
- A focused research mandate that may span across disciplines or rest with one discipline;
- A formal management structure with a director and a team of researchers;
- Ongoing projects and measurable outcomes evolving from its focussed research theme;
- Able to apply for URC funding subject to seeking external funding.

#### Centre:

- Operationally a centre is larger than a unit;
- A broad research mandate that spans across disciplines;
- A formal management structure with a director of considerable international standing and a team of researchers, of whom two team leaders should be on the permanent UCT staff;
- Ongoing projects and measurable outcomes evolving from its broad research mandate;
- Able to apply for URC funding subject to seeking external funding;

#### Institute:

- Operationally an institute is larger than a centre and unit;
- A broad research mandate that spans across disciplines and implies extensive collaboration on a wide range of associated problems;
- A formal management structure with a director of considerable international standing and several research teams that constitute a large-scale network of cross-disciplinary researchers. At least two team leaders should be permanent UCT staff;
- Ongoing projects and measurable outcomes evolving from its broad research mandate;
- Sustainable over a long-term period and not in need of URC funding.



## Annexure B

### Acronyms used in these guidelines

CHED	Centre for Higher Education Development
DVC	Deputy Vice-Chancellor
HE	Higher Education
HEQC	Higher Education Quality Committee
HoDs	Heads of Departments
IPD	Institutional Planning Department
NRF	National Research Foundation
QA	Quality Assurance
QMS	Quality Management System
R&ID	Research and Innovation Department
SR	Self-Review
SRP	Self-Review Portfolio
URC	University Research Committee

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