Universiti Teknologi MARA

Quality Assurance and Enhancement Policy

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LIST OF ACRONYMS

AA	Academic Affairs
AKNC	*Anugerah Kualiti Naib Cancelor*
AR	Assistant Registrar
COPIA	Code of Practice for Institutional Audit
COPPA	Code of Practice for Programme Accreditation
CQO	Chief Quality Officer
ERR	External Review Report
HIA	Head of Internal Audit
HEA	*Hal Ehwal Akademik*
HODs	Head of Department
HQU	Head of Quality Unit
ILD	Institute for Leadership and Development
InQKA	Institute for Quality and Knowledge Advancement
IQA	Internal Quality Audit
JAF	*Jawatankuasa Akademik Fakulti*
JAN	*Jawatankuasa Akademik Negeri*
MEU	*Majlis Eksekutif Universiti*
JKIQU	*Jawatankuasa Induk Kualiti Universiti*
JKKAPS	*Jawatankuasa Kecil Akademik Pengajian Siswazah*
KIK	*Kumpulan Inovasi dan Kreativiti*
MOHE	Ministry of Higher Education
MQA	Malaysian Qualifications Agency
OBE	Outcome-based Education
PNC	*Penolong Naib Cancelor*
QA	Quality Assurance
QMS	Quality Management System
QU	Quality Unit
RC	Responsibility Centres
SRP	Self Review Portfolio
SRR	Self Review Report
TD	*Timbalan Dekan*
TR	*Timbalan Rektor*

EXECUTIVE SUMMARY

This policy is an attempt to collect and collate all circulars, decisions and practices of the university over the years in the quality management space. In view of recent changes within higher education, there is a need for the university to review, refine and reaffirm quality policies and practices. The key policy statements are listed below for discussion and decision.

General
1. Quality Assurance (QA) is local and central within UiTM. All RC (PTJ) must have a quality unit.
2. QA is the job of the CQO but assisted by Head of Quality Unit (HQU)
3. HQU must be senior, experienced and important (making explicit an expectation)
4. QA capacity must be maintained – adequately resourced (making explicit an expectation)
5. HQU sits in key decision making units within the RC (proactive and preventative) – Consistent with UiTM's new academic governance practice.

Quality Management System
6. QA requires a quality system. Quality Management System must be established, operated and improved which will be tested and attested by
   INQKA – Following through with 2004 decision to develop Quality Manuals describing the QMS.
7. Management Representative – TD/TR academic and Document Controller is the AR (Administration)

Review and Self –Review
8. QA requires regular (annual) and robust self reviews.
9. HQU conduct regular self reviews of all programmes of RC
10. InQKA carry out regular institutional review (COPIA audits)
11. InQKA carry out periodic programme reviews (COPPA & Programme Standards) – Newpolicy
12. HQU manage, monitor and follow up on all forms of external reviews external examiners, accreditation visits etc.).

Circulars and Instructions (External documents)

13. All documents issued by central units (Bursar, Registrar, HEA, HEP, ICAN Corporate Communication, RMI etc.) to list the relevant set of pre-existing documents which are superseded or amended (if any) as a good practice.

Maintaining Conformance to HE Standards

14. Organise and develop knowledge of all MQA standards relevant to the RCs programme offerings.

15. Maintain and regularly refresh evidence in relation to COPIA standards (ever-readiness).

16. Maintain softcopies of all quality related documents for review purposes.

Quest for Excellence

17. All RCs must participate in the annual AKNC award.

1. INTRODUCTION

This document describes the policy for quality assurance and enhancement applicable to all UiTM campuses, faculties and departments. Through this policy, all responsibility centres[1] (RC) shall ascertain the compliance with applicable standards and expectations. This policy governs the need for RC to monitor the effectiveness of its' activities aimed at meeting the said standards, and confirm corrective as well as improvement actions in meeting university's targets. This document will be referred to as The Quality Assurance and Enhancement Policy (QAEP).

2. SCOPE

The terms of this policy **APPLIES** to all campuses, faculties, departments, and academic centres (Centre of Excellence with academic programmes) and partners (to the extent this are included in the Memorandum of Agreement)[2].

3. PURPOSE

The Policy is intended to provide confidence to UiTM's stakeholders that academic standards are maintained despite greater autonomy to the campuses and faculties. It is not the intention of the policy to standardise the quality assurance structures and operations in all units. The Policy is derived from the expectations of Malaysian Qualifications Agency (MQA) and Ministry of Higher Education (MOHE) to act as a mechanism to ensure the decentralised campuses and faculties continue to maintain the same level of rigour in their quality assurance operations.

The Policy is intended to clarify the requirements and expectations of the university and to provide basic and common baseline standards for quality assurance activities in all its RC. The policy sets baseline requirements in terms of:

      i. the structure
      ii. responsibilities
      iii. resources and
      iv. operation

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[1] Responsibility Centres or PTJs are units which are formally invested with responsibility, authority and accountability for management of resources and staff to achieve stated objectives.

[2] The associate colleges running UiTM programmes must have equivalent practices that follow the terms and also the spirit of this code

This will ensure that all units have minimum quality assurance capability and capacity to evaluate the RC operation and draw the attention of management team at regular intervals for managing risks and taking timely corrective and improvement actions.

4. DEFINITION OF TERMS

4.1 **Quality**: Quality is defined as "fitness for purpose".The structures, systems and processes established, maintained and improved must ensure graduates, researches and services are suitable to and meet the internal and external stakeholders expectations as articulated in the various UiTM policies, regulations, manuals, guidelines and procedures.

4.2 **Quality Management System**: QMS refers to the structures, policies, processes, procedures, instructions and records which are established, operated and improved to achieve the qualitypolicies and objectives as described in the Quality Manual of the RC involved.

4.3 **Quality Assurance**: Activities planned and implemented to provide stakeholder's confidence in the institutional arrangements to produce graduates, research and services.

4.4 **External Review (ER)**: Activities planned and implemented by InQKA, an external party to the RC to examine the quality management system by which the RC seeks to meet all the requirements of COPIA, COPPA, ISO 9001, professional bodies and ranking bodies.

4.5 **External Quality Audit**: Activities planned and implemented by external parties to the RC to examine the quality management system by which the RC seeks to meet all applicable requirements.

4.6 **Head of Quality Unit (HQU)**: The individual who is officially appointed to lead the unit within the RC responsible for managing quality.

4.7 **Internal Audit**: Planned self-assessment of all processes within the Quality Management System of the RC.

4.8 **Special Audits**: Planned assessment of specific functions for example: financial, human resource, space, asset and others.

4.9 **Self Review**: Institutional or programme-based evaluation of an RC performance in meeting all internal and external requirements at regular intervals to identify and rectify weaknesses in the system. The outcome of a Self Review is the Self Review Report (SRR) which becomes an input to the ER.

5. RESPONSIBILITY FOR INTERNAL QUALITY ASSURANCE

The quality assurance responsibility is inescapably vested in the Vice Cancellor (VC). Operationally, this role is customarily devolved to specific QA units to undertake QA activities on behalf of the head of RC. Within the university, two levels of QA activities can be identified. InQKA plays a university-wide role while the QA units at the campuses, faculties, departments and other academic centres form the second level of QA.

5.1 The university level QA – Role of InQKA: InQKA is the overall QA unit for the university. It is invested with the responsibility for setting directions and quality policies that brings the university into compliance with national standards and expectations, and promotes good practices towards academic excellence. InQKA **SHALL**:

5.1.1 Through its regular audits, evaluate the robustness of the QA arrangements in campuses, faculties and departments to ensure that standards are met and assure the university top management that all standards are being met and when not met, action is taken to improve them.

5.1.2 Regularly review the policy of practice to ensure the creation, maintenance and improvement of a system of quality assurance that is appropriate to the needs of the university and stakeholders.

5.1.3 Liaise with external bodies and agencies on behalf of UiTM and communicate their requirements to and within UiTM.

5.1.4   Manage the institutional and discipline specific ranking and rating and periodic institutional audits.

5.1.5   Be informed of outcomes of any other quality audits carried out by the regulators from time to time.

5.1.6   Develop awareness of and capacity in quality, quality management, quality management system, standards, audits and reviews through training and development.

5.1.7   Create awareness about quality, quality assurance, standards and quality risks among Deans, Deputy Deans, Rectors, Deputy Rectors, programme managers and administrators via multiple channels inclusive of web and social media.

5.1.8   Follow through on all external reviews and accreditation reports of programmes and institutions.

5.1.9   Develop awareness of and provide mechanism to harness the innovative spirit of the staff in finding solutions to everyday problems.

5.2   The Campus, Faculty and Department level QA - Role of campuses, faculties and departments: Within this large and decentralised university, quality assurance cannot and should not be centralised under a single centre.

5.2.1   Every unit must be responsible for its quality assurance. In line with this understanding, every Dean, Rector, Director or Head of Department acting as the Chief Quality Officer (CQO) **MUST** establish a quality unit[3] which will assume responsibility for assuring the quality of institutional arrangements within the RC.

5.2.2   The basic functional structure of the quality unit is provided by InQKA (see Appendix 1) but the specific structure is left to the wisdom of each CQO subject to the terms of this policy.

5.2.3   The CQO of campuses, faculties and academic centres **SHALL** identify from amongst its academic staf DM51/DM52 or DM45/DM46 with at least 5 years experience with specific responsibilities and duties as outlined in Appendix 2.

5.2.4   The CQO of departments **SHALL** identify from amongst its senior staff with specific responsibilities and duties as outlined in Appendix 2.

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[3]   2007 DVC (HEA) circular directed the establishment of Quality Units in all Faculties, Campuses and Departments. This Code is merely reminding and restating the same message.

5.3 Role of Senate, Majlis Eksekutif Universiti (MEU), Jawatankuasa Induk Kualiti Universiti (JKIQU)

5.3.1   The Senate is the key organ within the university that approves requirements for all the awards and ensures that all academic requirements and standards are met at all times. All quality reports **SHALL** be duly submitted to the Senate for information, reflection and action.

5.3.2   The Mesyuarat Eksekutif Universiti (MEU) is the top management meeting which deliberates and decides on all management matters including those which are related to or have quality implications. All policy changes to quality management in UiTM **SHALL** be approved by MEU before implementation.

5.3.3   The Jawatankuasa Induk Kualiti Universiti (JKIQU) was established in 2015 to be the platform to discuss the quality management issues in UiTM. This body **SHALL** deliberate on issues related to quality, quality assurance, quality management and make suggestions to UiTM MEU/SENAT[4].

6. QUALITY MANAGEMENT SYSTEM (QMS)

All RC must have a documented QMS and continue to facilitate the maintenance of the system. All campuses, faculties and departments that had obtained external certification of the QMS to ISO 9001 standards must continue to build on the strength of the documented QMS, **irrespective of certification**. To this end, the RC must do the following:

6.1   Develop, maintain and improve a quality management system which comprises a quality manual/document which sets out the overall structure of the QMS and processes by which the requirements by all stakeholders are met or achieved.

6.2   Any new RC **MUST** organise to develop a documented QMS within a reasonable time frame.

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[4] Details of the JKIQU can be referred to the Dokumen Tadbir Urus Universiti

6.3   The QMS **MUST** encompass all activities entrusted to and carried out by the unit covering all levels of programmes and modes of delivery. The RC can develop separate (but subset of the main QMS) quality plan for a level.

6.4   Such a QMS **MUST** be based on the requirements of ISO 9001 standards latest version and is consistent with all the policies and regulations of the university.

6.5   The CQO of campuses and faculties **SHALL** appoint the Deputy Dean (AI) or Deputy Rector (A) or the second in command as Management Representative (MR) and Registrar (Administration) or the most senior administrative staff as the Document Controller to maintain the integrity of the QMS.

6.6   The Central or Corporate departments in issuing any guidelines, circular, instructions or policies must do the following;

6.6.1   All such communication must clearly state the scope of the guidelines, circular, instructions or policies (what or who does it apply to).

6.6.2   It must refer to all previous guidelines, circular, instructions or policies that are superseded in whole or in part by the latest issue.

6.6.3   All guidelines, circular, instructions or policies shall state the date the policies become effective.

7. STRUCTURE FOR QUALITY ASSURANCE

7.1   Organisational structure transmits the RC commitment to quality management and quality assurance. It is imperative that the structure, operation and personnel decisions demonstrate to the staff the RC commitment to quality in carrying out the mission of the university.

7.2   RC are free to designtheir own structure within the framework provided in the policy. Appendix1 provides a minimal structure for a quality unit. CQO of RC can and should design a structure that is appropriate for their size, scale and complexity. In developing the quality structure, CQO **MUST** not disregard the terms of this policy.

7.3   QU **MUST** be placed under the direct purview of the CQO of the RC.

8. BROADER ADVISORY ROLE OF HEAD QUALITY UNIT (HQU)

8.1   Quality should not only be inspected but expected, respected and considered in all decisions of the RC. HQU should be in a position to inform and be informed of decisions of the campuses, faculties and departments which has implications of quality. The presence of HQU in key decision mechanisms show the importance attached to quality and quality assurance. To enable this proactive role;

8.2   Assistant Vice Chancellor (AVC) for Quality **SHALL** be included at least as an ex-officio in the Senate, Jawatankuasa Induk Penilaian Akademik (JKIPA) and other appropriate fora and committees.

8.3   HQU **SHALL** be included at least as an ex-officio in Jawatankuasa Akademik Fakulti (JAF), Jawatankuasa Akademik Negeri (JAN), management meetings, curriculum committee at the campus and faculty level, OBE Committee and programme accreditation committee.

9. INTERNAL QUALITI AUDIT/ SELF REVIEW

Internal Quality Audit (IQA) or review is a key mechanism to ensure all requirements are being met. IQA is a planned and systematic assessment exercise intended to establish the extent to which policies and procedures governing all processes of a QMS, are, in fact complied with and corrective actions taken when and where there are deviations.

The Internal Audit team **MUST** maintain a degree of separation from the.operational units within the RC for it to discharge its role effectively. This separation or distance is necessary to ensure the unit objectively evaluates the quality of work of all others. The following sections state the specific responsibilities and requirements for an IQA.

9.1   **Responsibility for IQA:** The responsibility for IQA **SHALL** be vested in writing in the Head of Internal Audit (HIA). To discharge the internal audit responsibilities, a trained Head of Internal Audit (Ketua Sistem Audit (KSA)) must be appointed by the CQO.

9.2   **Effectiveness of IQA**: The purpose of IQA is to ensure that the QMS is maintained and improved. As an important and integral tool within any QMS, IQA must possess two attributes:

9.2.1   First, although IQA is overtly intended to check for compliance, it must always maintain a critical eye on the efficacy of the processes and procedures. Compliance is important but effectiveness must be the *raison de tre* of any audit.

9.2.2   Second, IQA's role in helping the management to improve the system must be evaluated periodically to ensure added value to the RC. This should be done by seeking the perceptions of the auditees at appropriate intervals and the data carefully analysed for improvement opportunities. In addition, the Internal Audit process shall also be subjected to an Internal Audit.

9.3   **Training for IQA:** Campuses, faculties and departments **MUST** plan for and maintain an adequate pool of trained auditors.

9.3.1   HQU, in collaboration with the HIA, **MUST** plan for audit resource needs recognising the turnover that is likely with auditors/academic staff assuming different roles from time to time at the RC.

9.3.2   HQU **MUST** plan for and the CQO provide adequate funds for the training of auditors. InQKA organises periodic IQA training programmes through ILD. InQKA's help can also be obtained in conducting in-house auditor training programmes.

9.4   **Planning for IQA**: The HIA responsible for IQA **MUST** plan the audit anually and accord appropriate budget for carrying out internal audits as outined in the relevant circular.

9.4.1   In planning the audit, special attention should be given to the areas that are important (e.g. assessment, teaching, research, ranking and rating, community engagement etc), have attracted significant attention or complaints in previous period/s. Audit resources should be deployed thoughtfully to secure maximum impact for the RC.

9.4.2   Ideally, the audit schedule should be spread over the semester rather than lumping all audits at a particular period of the semester. The lumping of audits removes the opportunity to observe acts or behaviours directly rather than just via records and documentation. For e.g. auditing the question vetting session when one is in progress rather than through records at end of the semester is a case in point. Where audit resources are limited, rolling audits should be considered to extend the audit schedule over two semesters with different areas being targeted in each period.

9.5   **Carrying out of the audits – SePADU:** Quality Board (*Lembaga Kualiti*) has in 2011 endorsed the university wide use of the online IQA system called SePADU.

9.6.   All IQA planning, scheduling, reporting, monitoring and follow up action **MUST** utilise the online SePADU system created and managed by InQKA.

9.6.2   All HQU and HIA **MUST** liaise with InQKA to ensure all auditors are registered and trained to use SePADU.

9.7   **Management Commitment to IQA:** IQA as an important tool in ensuring that the QMS is maintained and improved **MUST** be fully supported by the management of the university, campus, faculty or department.

9.7.1   This commitment **MUST** be demonstrated through management's interest in allocating time to review the IQA reports and taking or requiring follow up actions on audit findings.

9.8   **Analytics for IQA:** It is important that the IQA process, like all processes, is monitored through suitable measures. These measures should provide important insights into the management of IQA at the university and RC. The following measures can be developed for this purpose - planned vs. actual audits (deviation measure), no. of findings (volume measure), type of findings (category measure), severity of findings (importance measure), resolved vs. outstanding (action measure) and mandays used (resource measure).

9.9   **Liaise with InQKA:** As the central unit for quality in UiTM, InQKA acts as the conduit through which quality matters can be reported to or brought to the attention of the top management through JKIQU. For this to take place, all HQU **MUST** keep InQKA apprised of the plans, progress of their audits and any issues arising. It is to the advantage of the RC to report as truthfuly as possible so that appropriate corrective and improvement actions can be taken.

10. SELF REVIEW REPORTS AND EXTERNAL REVIEWS

10.1. **Overall Self Review Reports (SRR)**: All RC **MUST** produce an annual SRR based on the guidelines issued by InQKA. These reports **MUST** be a concise review of the progress, achievements and challenges over the stated period. The SRR and the review will address the standards contained in COPIA and the processes within the QMS that define its operations.

10.2 **Programme review reports**: RC **MUST** establish similar reviews at the programme level (*Koordinator Program*) which are consolidated at the centres (*Ketua Pusat Pengajian*). The SRR committee should also seek similar reviews by other units and departments which can be consolidated into a comprehensive SRR for the RC. This review should consolidate from Closing the Loop (CDL), Student Feedback Online (SuFO), Profesionalisma Pensyarah (PROPENS), External Examiner Reports, Professional Accreditation Reports and other surveys or audits and make <u>critical commentary</u> of the programme delivery for the period under review.

10.3 The annual SRR **MUST** be submitted for the attention of the top management of the RC for discussion and resolution on the actions to be taken to address areas of concerns or problems. Every SRR **MUST** involve a review of the previous SRR and the progress before examining the new issues. The CQO is responsible to submit the approved SRR to InQKA as input for the External Review.

10.4 **Institutional and Programme reviews @ External Review (ER)**: InQKA **MUST** carry out <u>regular</u> institutional (based on ISO 9001 and COPIA) and <u>periodic</u> programme reviews (COPPA-based) with the aid of the SRR of the RC concerned. InQKA <u>can exclude</u> professional programmes which are periodically audited and accredited by respective professional bodies from programme reviews. InQKA, working with the RC, **MUST** organise the review visits to all RC. These visits should ideally be carried out when the students are in campus. InQKA **MUST** provide a detailed audit plan to facilitate the review visit.

10.5 **Oral and written report**: The review visits **SHALL** conclude with an oral exit report highlighting the areas of concerns. Within a stipulated period, InQKA **SHALL** produce a written External Review Report (ERR) for the RC to comment and after adjustments (if any) submit these reports to JKIQU and subsequently to Senate and/or MEU.

10.6　**Following up on audit reports**: All ERR **SHALL** be carefully examined by the top management of the RC and prepare follow up actions aimed at addressing the concerns raised in the review or raising it with appropriate central units which may control the policies and practices which are at issue. The concerns raised must be analyzed according to the Corrective Action Procedure of the RC.

10.7　**Producing Follow up reports**: The follow up actions **SHALL** be carried according to their respective Corrective Action Procedure and reported prior to the next ER.

10.8　**Report areas of concern to relevant central units**: Recognising that areas of concerns may be within the purview of units outside the RCs, InQKA **SHALL** as soon as practical, discuss these concerns with such units for action. These units **SHALL** provide written actions to be taken including reasons for not taking action to InQKA.

11.　EXTERNAL EXAMINERS

11.1　**External examiners required**: External examiner plays a key role in evaluating the academic standards of a programme or groups of programmes. Malaysian Qualification Framework (MQF) requires external examiners for all programmes at or above level 6 of the framework. The HQU in collaboration with the academic affairs units of the campuses and faculties **SHALL** organize or take part in the external examiners visit and review. External examiner's review scope **SHALL** include all campuses and partner colleges (franchisees) which offer the same programme at least on a rolling basis.

11.2　**Follow up action**: External examiner reports **must** be examined by DD (A)/DR (A) and follow up actions planned in consultation with the relevant operational units. External examiner's observations and recommendation **SHALL** be reported within the semester or sooner to JAF/JAN and management meeting. The external examiner's reports and the follow up action planned or taken **must** be tabled in the Senate by the BHEA for information, reflection and action.

11.3　External examiner's reports must be shared with all respective RC offering the same programme.

12. ACCREDITATION VISITS AND REPORTS

12.1 **Organising programme accreditation**: The HQU liaising with the academic affairs unit and the programme managers **SHALL** ensure all arrangements are made for the visits. HQU should ideally carry out a pre-visit audit to test the readiness to face an external review of the programme.

12.2 **Plan action on findings**: Based on the comments of the auditors during the exit, HQU can formulate action plans for submission to the RC management. A copy of the accreditation report **SHALL** be provided to the HQU to review the progress by the RC in addressing the changes suggested in the report.

12.3 **Report to be tabled in Senate or relevant subcommittees**: An executive summary of the accreditation report and the proposed actions **MUST** be submitted to the Senate for information and action as appropriate.

13. MANAGING QUALITY RANKING AND RATING EXERCISE

UiTM has undergone various national and international ranking and rating exercises such as SETARA, D-SETARA, MyRA, Times Higher Education, QS and Webometrics. These ranking and rating are expected to continue into the future with greater reliance of results in higher education policies and decisions. Therefore, managing the quality for ranking and rating must be taken seriously with the responsibilitiy of RC being clearly identified. For ranking and rating purposes the CQO must identify a "champion" to manage the ranking and rating affairs of the RC.

Anugerah Kualiti Naib Canselor (AKNC) is an internal quality rating mechanism based on Malcom Baldridge framework. It streamlines and rationalizes their activities toward fulfilling their strategic goals. To be excellent, an RC must continuously test itself against the best in the class and place itself on a growth path which will bring it closer to the best.

To motivate all RC to seek and achieve excellence in their respective operations, all RC are encouraged to participate in the annual AKNC exercise organized by InQKA.

For national and international ranking and ratings, the "champion" **SHALL**:

13.1   Liaise with InQKA to collect, clean and validate required documentations and data within the stipulated time frame.

13.2   Organise and carry out self assessment using the stipulated instruments when so instructed by InQKA.

13.3   Inform and also propose to the campus or faculty on steps to strengthen policies, practices and standards to ensure continuous improvements in ratings.

14.   SELF REVIEW PORTFOLIO

14.1   **Self Review Portfolio**: Campuses, faculties and academic centres **SHALL** maintain a Self Review Portfolio (SRP) (akin to MQA 03) – institutional data and description of practices relevant to MQA COPIA standards. This SRP **MUST** be regularly updated to ensure currency of the practices. This report shall describe the RC practices that meet the COPIA standards within UiTM's overall framework or policies.

14.2   **Knowledge of Quality Standards**: All heads of RC and their senior managers **MUST** develop knowledge of all applicable programme and institutional standards – COPPA, COPIA, COPPA for Postgraduate (research), COPPA for Postgraduate (Coursework & Mixed Mode), standards of professional bodies and programme standards from MQA.

14.3   **Awareness programmes for all academic managers**: All academic managers **MUST** be knowledgeable about the relevant professional and MQA standards. To this end, all academic managers **MUST** attend such a programme organized in collaboration with the local ILD immediately after appointment.

15. BENCHMARKING

Excellence requires not just good execution and continuous improvement; it requires the RC to be the best in the field. This mandates comparison with relevant others in the field. For this reason faculty, campus and department **SHALL** benchmark with selected local and foreign units in the education industry. Performance against the benchmark **SHALL** be compared and reported in the annual SRR. The outcome of the benchmarking **SHALL** be reflected in quality improvement initiatives.

16. ENHANCEMENT AND IMPROVEMENTS

16.1 **Quality enhancement**: Quality assurance is not only about assuring all stakeholders that all present requirements are being met. Increasingly, it demands creativity and innovation to enhance the capacity to exceed the requirements.

16.2 **Innovation and creativity**: HQU shall with the aid of a KIK Coordinator encourage and manage the Creativity and Innovation Groups (Kumpulan Inovatif & Kreatif-KIK) in accordance with the guidelines issued by InQKA to ensure continual innovation and improvements in all institutional practices.

16.3 **Innovation reporting**: HQU, working in concert with other units within the RC, should encourage and also report on the effect of the innovations on the quality processes, quality objectives and quality system in general to their RC management.

16.4 **Process improvement:** HQU **SHALL** coordinate process improvements activities targeted for operational excellance. This shall include creation of a process register and all relevant metrics to measure and monitor its performance.

16.5 **Research on Quality Systems**: It is imperative that quality units carry out institutional research to validate the instruments and data collected, collated and reported on performance of their organisation.

17. STUDENTS IN QUALITY ASSURANCE

17.1   **Student's role**: The primary beneficiary of the quality assurance activities is the students who expect the university to deliver on its promises of an engaging learning experience on a consistent basis. Student's role should not be limited to providing feedback through student evaluation of teaching (SuFO). They should be appropriately involved in quality assurance, teaching and learning, research and community engagement.

17.2   **Engage student bodies and groups**: All RC **SHALL** endeavour to include students or their representatives in appropriate committees. Their participation and voice should provide a new perspective on the quality plans and also to create broader input and develop sense of ownership of quality among students.

17.3   **Engage students in reviews and audits**: RC **SHALL** involve the student representatives in quality surveys and in assessing validity of various instruments used by the university to gather data from the students.

18. MONITORING OF QUALITY

18.1   **Quality Metrics**: Collecting, collating and reporting key quality metrics (employers' feedback, students' feedback – SuFO, KPT Tracer study, PRO-PENS, staff feedback, climate survey, process indicators etc).

The QU MUST be involved in or become the custodian of key quality related data. All forms of surveys used to gather data about RC, its operations or staff MUST be collated, analysed and reported to the top management with appropriate actions as the analysis indicates, by the QU either on its own or in partnership within other units. These data MUST be tracked and trends noted or monitored and reported to top management at suitable intervals as a measure of quality of RC activities.

Even though there may be different interested units within the RC for the data collected, the QU shall become the ultimate repository and holder of Sufo, Pro-Pens Tracer Study, Staff feedback, employers survey etc.

An economical set of metrics **MUST** be identified for regular data collection and reporting to management. These metrics shall include the following;

        i.   Resourced used (mandays)
        ii.   Audit findings
        iii.   Types and levels of observations
        iv.   Customer satisfaction feedback
        v.   Continual improvement

19.   DOCUMENTATION AND DATA

HQU **MUST**, as matter of policy, maintain in good order, soft copies of all its reports and evidence which should be appropriately indexed to COPIA standards for easy reference and retrieval. INQKA and the HQU will ensure policies on documentation and data incorporate the requirement that soft copies be maintained in good order for use.

20. DOCUMENT CONTROL AND CHANGE

Subject	Records
Policy Owner	InQKA
Policy Implementation	May 2014
Policy Revision	May 2015
	June 2016
Policy Approval	JKE Bil. 4/2015 (25 March 2015)
Related Policies	1. COPIA, (2009), MQA 2. COPPA (2008), MQA 3. Assessment Policy 4. HQU Jobs Specification 5. QA Structure
Filename	Quality Assurance and Enhancement Policy 2014 Version 1.doc

Appendix 1: Functional Structure of Quality Unit

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│  Ketua Sistem Audit  │              │  JK Inisiatif Kualiti │
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┌──────────────┐ ┌────────┐ ┌──────────┐ ┌──────┐ ┌──────┐
│ Kepuasan &   │ │ Analisa│ │ Projek   │ │ KIK  │ │  5S  │
│ Maklumbalas  │ │ Data   │ │ Kualiti  │ └──────┘ └──────┘
│ Pelanggan    │ └────────┘ │ (AKNC    │
└──────────────┘            │ SRR,ER)  │
                            └──────────┘
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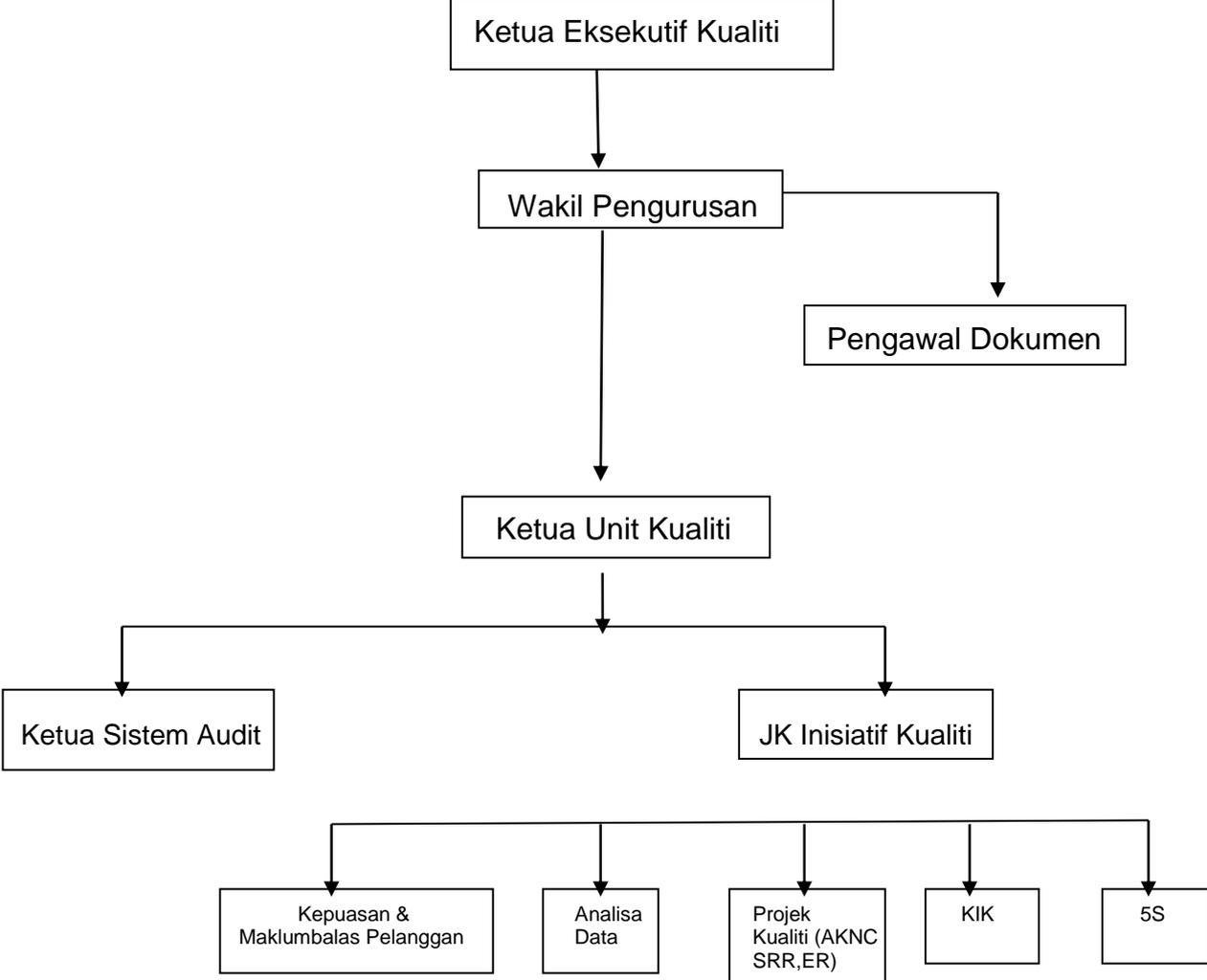
LAMPIRAN 2: TANGGUNGJAWAB KETUA UNIT KUALITI

Tanggungjawab Ketua Unit Kualiti (KUK):

KUK bertanggungjawab mentadbir Pelan Kualiti dan mempunyai kuasa untuk menguruskan semua kerja yang memberi kesan kepada kualiti. KUK akan memimpin aspek berkaitan pembangunan, pelaksanaan, komunikasi dan penyelenggaraan dasar-dasar dan prosedur sistem kualiti yang telah diluluskan dan sedang berkuatkuasa.

Tanggungjawab

1. Bertanggungjawab kepada Ketua PTJ untuk merangka, merancang dan mengurus pembangunan dan pelaksanaan matlamat, objektif, dasar, prosedur dan sistem yang berkaitan dengan kualiti dan jaminan kualiti.

2. Membangun, melaksana, berkomunikasi dan mengekalkan pelan kualiti bagi memastikan kepatuhan kepada semua keperluan peraturan, piawaian dan perundangan.

3. Menyediakan perancangan tahunan latihan dan aktiviti kualiti PTJ.

4. Merancang, menyelaras dan memantau pergerakan/aktiviti/infrastruktur kualiti PTJ dan UiTM (seperti 5S, KIK, Bulan & Hari Inovasi, perlaksanaan dan penyelenggaraan SPK, Penilaian Kendiri, Audit, AKNC).

5. Mengukur pencapaian proses-proses utama dan sokongan sistem pengurusan kualiti PTJ.

6. Mengurus analisis data pencapaian dan penyediaan laporan penambahbaikan.

7. Menyediakan permohonan peruntukan belanjawan tahunan aktiviti kualiti PTJ.

8. Menggerakkan pembudayaan kualiti di kalangan semua warga PTJ.

9. Mengemaskini maklumat berkaitan kualiti di PTJ dan menyampaikan kepada semua warga.

10. Bertindak sebagai pakar rujuk pelaksanaan kualiti PTJ.

11. Menjadi pengantara InQKA bagi menggerakkan kualiti selari dengan matlamat UiTM.

12. Menghadiri mesyuarat penyelarasan kualiti dan seumpamanya di peringkat UiTM.

13. Membantu InQKA melaksana Penilaian Luaran (External Review) di PTJ lain dan membuat laporan.

14. Mengurus dan mengambil bahagian dalam lawatan dan penilaian Pemeriksa Luar (External Examiner).

15. Menjadi <u>Timbalan Pengerusi Jawatankuasa Jaminan Kualiti PTJ</u> dengan terma rujukan yang telah ditetapkan oleh InQKA seperti berikut:

    15.1 Menyelaras perlaksanaan aktiviti jaminan kualiti PTJ mengikut keperluan COPPA dan COPIA dan Sistem Pengurusan Kualiti (SPK).

    15.2 Mengurus dan melaksana <u>Penilaian Kendiri PTJ secara berkala</u> dengan mengambil kira isu-isu Laporan Audit Kualiti / Penilaian Kendiri (dalaman atau luaran) atau maklumbalas pihak berkepentingan dan mencadangkan tindakan susulan.

    15.3 Melaporkan hasil Penilaian Kendiri kepada pengurusan dan warga PTJ.

    15.4 Membantu PTJ di dalam persediaan lawatan penilaian luaran.

    15.5 Menyediakan log penemuan Penilaian Kendiri PTJ dan cadangan penambahbaikan (jika ada).

    15.6 Membuat analisa keseluruhan perlaksanaan jaminan kualiti UiTM.

    15.7 Membantu InQKA menyediakan Laporan Penilaian Kendiri dan Cadangan Penambahbaikan jaminan kualiti UiTM.

    15.8 Menyelaras lawatan dan laporan akreditasi dan merangka pelan tindakan untuk dikemukakan kepada pengurusan PTJ.

Lampiran 3:Tanggungjawab dan Bidang Kuasa Wakil Pengurusan

1) Memastikan keperluan proses Sistem Pengurusan Kualiti diwujud, dilaksana dan diselenggarakan

2) Melapor kepada Pengurusan Atasan PTJ mengenai prestasi Sistem Pengurusan Kualiti PTJ dan sebarang keperluan penambahbaikan

3) Memastikan Staf PTJ diberi kesedaran mengenai keperluan pelanggan bagi penambahbaikan berterusan Sistem Kualiti PTJ

4) Bertanggungjawab sebagai pegawai perhubungan dengan pihak luar dalam hal yang berkaitan dengan Sistem Pengurusan Kualiti PTJ

5) Melapor kepada Pengurusan Atasan PTJ sekiranya keperluan sumber tidak mencukupi

6) Menyelaras penilaian dan pengurusan risiko