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Quality Assurance at Stellenbosch University

Policy and Procedures: Support Units Evaluation (2011-2016)

Summary

Support units at Stellenbosch University (SU) are evaluated once during the 2011-2016 cycle on the basis of the evaluation system set out in this document.

In addition to, and integrated with the normal activities within support environments, the University implements a formal evaluation system for support environments, as of 2004.

The purpose of the SU evaluation system is to ensure development and accountability, and thus quality. The system comprises three building blocks, namely departmental self-evaluation, external peer review, and a follow-up report.

If possible and meaningful, the evaluation of support units take place based on an approach and model that is used by as many support units as possible. The approach and model should include the following:

- a. It must ensure that the support unit aligns its priorities and goals with the goals and strategic priorities of the University, as well as the national goals for higher education.
- b. It must make provision for a balance between general university standards to which all support units must adhere, and the environment-specific standards. The flexible implementation of this principle therefore allows support units to make use of quality assurance models that are specific to their environments or models with a specific relevance and marketing value for that environment.
- c. Support units that have develop evaluation criteria in the previous quality assurance cycle (2004 – 2009) are encouraged to use the same criteria or revise it if needed.
- d. Where a support service environment has not been evaluated in the former QA-cycle and no criteria have been developed, they are advised to consider the Baldrige-model (see attachment A) and adapt it to their unique environment.

The procedure for self-evaluation and peer review is set out in this document, as well as the composition of the evaluation panels and the differences between the evaluation process and the evaluation report. The roles of the Dean, the QC and the EC(S) are also explained.



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1. INTRODUCTION

The policy and procedure for the evaluation of support units during the 2011-2016 cycle are set out in this document.

Support units of the University will be evaluated on the basis of this system once during this cycle.

2. THE NATURE, PURPOSE AND SCOPE OF THE SYSTEM

2.1 Instrument for improvement

Stellenbosch University's system for the evaluation of support units is an *instrument for improvement*. The system is designed in so that it requires a support unit to think critically about its self-concept and activities, and to then articulate the results of this reflection.

2.2 Accountability

The system is also aimed at ensuring that support units can account for the quality of all their activities.

2.3 Evaluation of quality and systems for quality assurance

Unlike pure process- and system-orientated evaluations, the SU system for the evaluation of support units includes the evaluation of the quality of the academic content of activities of the unit as well as the effectiveness and efficiency of the unit's systems for quality assurance.

2.4 Continuity

The system makes provision for the specific needs and circumstances of the support units at SU. It is designed to ensure optimal continuity with the system of external evaluation of support units that has been used at the University since 2004.

2.5 'Quality' – institutional, national and departmental views

This system was developed as part of a quality assurance process, based on an understanding of "quality" as "excellence". However, viewed in isolation, "excellence" is an empty construct. It only acquires meaning when it is brought into relationship with the specific issues in which excellence is being pursued. In the University's *Strategic Framework 1999* and the SU Management's *Vision 2012*, excellence is connected to scientific practice, participation and role playing in South Africa and Africa, and to achievements in the establishment of a diverse university community.

The national quality assurance system is based on four ways of interpreting quality (cf. the HEQC Draft Audit Framework, 2003). All four these dimensions of quality are brought into the equation in an applied manner in SU's system of support unit evaluation:

1. Are the unit's objectives suitable, measured in terms of the vision and objectives of the faculty and the University?
2. Does the unit meet its objectives?
3. How does the unit deal with the tension that arises between cost-effectiveness and quality?
4. Does the unit's composition and functioning meet the faculty and the University's renewal objectives?

During the evaluation process, the unit develops and formulates *its own view of quality* that is *applicable to the unique nature of the unit*, against the background of the institutional and national views on quality. Support units are encouraged to think critically about this, since the unit's own view of quality can only be defined if they have thought in depth about their self-concept and formulated it.

2.6 Self-evaluation

The basis of the evaluation process as a whole is *self-evaluation* by the unit, which precedes the visit of the external peer review panel. This is the first building block in the process.

2.7 External peer review

External peer review forms the second building block of the evaluation process of the support units.

2.8 Follow-up

Those issues in need of attention that are identified during the self-evaluation process, verified by the external review, and that have been accepted by the EC(S), are followed-up and the support unit has to submit a follow-up report after two years. This is the third building block of the process.

2.9 Facets of support unit activities that are evaluated

The University's quality assurance system stipulates that the following facets of support unit activities have to be evaluated:

- a. Support units that have developed evaluation criteria in the previous quality assurance cycle (2004 – 2009) are encouraged to use the same criteria or revise it if needed.
- b. Where a support service environment has not been evaluated in the former QA-cycle and no criteria have been developed, they are advised to consider the Baldrige-model (see attachment A) and adapt it to their unique environment.
- c. Criteria of professional bodies.

2.10 Evaluation cycle

Support units are evaluated once every six years.

3. SELF-EVALUATION

3.1 Evaluation criteria

The evaluation criteria which the unit has drawn up are approved by the Quality Committee and are used during the self-evaluation and the external evaluation process.

3.2 Benchmarking

Benchmarking is the process whereby performance is measured against other internal and external reference points. It is expected from support units to continuously compare their levels of quality to those of other support units and/or similar support units at other institutions. These comparisons can also be used by support units to substantiate statements made in their self-evaluation report.

3.3 Evidence-based evaluation

Support units are expected to substantiate their evaluation with evidence. An example hereof is a client satisfaction survey that can be used to gather information and that can be utilised as evidence.

3.4 Self-evaluation as point of departure and basis

Self-evaluation is the point of departure and basis for the entire evaluation process.

The self-evaluation report must be submitted to the Head of the Responsibility Centre (RC-head) at least two months before the visit of the external review panel.

The evaluation process will only continue after the RC-head has approved the support unit's self-evaluation report. The self-evaluation report is then sent to the members of the external review panel by the RC-head a month in advance of the site visit.

3.5 The distinction between the self-evaluation process and the self-evaluation report

Self-evaluation is seen as a *process*. The results of this process are presented in the self-evaluation report. The reporting is therefore preceded by the process. The focus falls foremost on the process, because it is through the process that development and improvement takes place.

The target audience of the self-evaluation report is, firstly, the support unit itself. The self-evaluation report should be a 'living' document to which the unit can refer on a continuous basis in the planning and execution of all its activities.

3.6 Supportservice unit self-evaluation committee

3.6.1 Appointment and composition

The head of the support unit appoints the self-evaluation committee at least six months before the visit of the external review panel. The self-evaluation committee is composed as follows:

- a. the head of the support unit,
- b. representatives from the support service staff, appointed by the head in consultation with a full staff meeting, on condition that staff at different levels of seniority are represented on the self-evaluation committee. In the case of smaller support units, it is preferred that all the support service staff members serve in the self-evaluation committee;
- c. one or more representatives of the interest groups/clients of the unit,
- d. one or more representatives from the academic environment,
- e. one or more representatives from the student environment.

The head of the support unit may act as convenor of the committee, or he/she may appoint a senior member of staff for this purpose.

3.6.2 Status and role of the self-evaluation committee

- a. The support unit's self-evaluation committee gathers all the relevant information,
- b. The committee evaluates the quality of the unit's activities on the basis of the criteria,
- c. The committee compiles the self-evaluation report and reports it to the head of the unit,
- d. The head of the unit is ultimately responsible for the approval of the self-evaluation report and its submission to the RC-head.

3.6.3 Support for the support unit's self-evaluation committee

Once the self-evaluation committee has been appointed (i.e. at least six months before the visit of the external review panel), the committee may request the Division for Institutional Research and Planning to conduct a preparatory discussion aimed at their specific needs. In addition, the staff members of the Division for Institutional Research and Planning are available to provide the committee with support and advice on a continuous basis.

4. EXTERNAL PEER REVIEW

4.1 Composition of the panel

- a. The RC-head compiles a panel of leading experts in consultation with the unit concerned. The RC-head usually requests the unit to compile a list of names from which possible members of the panel can be selected. The RC-head obtains all the necessary information to ensure that the panel is

composed of disciplinary experts. The RC-head also ensures that the members of the panel do not have conflicting interests and that the same people are not repeatedly used to make up the panel.

- b. The panel must be appointed by the RC-head at least six months before the visit. The RC-head formally invites the panel members.
- c. A letter of appointment is prepared by the Division for Institutional Research and Planning and sent to evaluators via the RC-head's office. A carbon copy (cc) of the letter of appointment is sent to the Assistant Director: Quality Assurance.
- d. A copy of this policy and procedure is sent to each panel member with the formal letter of appointment, as well as the *Quality Assurance at Stellenbosch University: Points of departure and framework (2011-2016 cycle)*.
- e. A maximum of one panel member may have served in the previous external review panel during the last evaluation.
- f. The external panel consists of at least two members.
- g. The RC-head appoints one of the members of the panel as convenor (chair) of the panel.
- h. The panel pays a two-day visit to the unit (units may make use of more days, in consultation with the RC-head) and carry out the full scope of the evaluation as specified in this policy and procedure.

4.2 Responsibilities of the Convenor (chair) of the External Panel

The convenor is responsible for ensuring the following:

- a. That the panel's activities comply with the principles and procedures and expected outcomes of the SU quality assurance system (as explained in this document),
- b. Before the site visit:
 - i. If requested, the convenor may schedule an initial telephone conference at least two weeks before the site visit. A staff member from the Division for Institutional Research and Planning will provide the logistical support for the telephonic conferencing facilities. During this meeting, if convened by the convenor, the panel may finalise their site visit schedule, identify additional information required for the evaluation (not mentioned in the unit's self-evaluation report), negotiate the work distribution (e.g. for the preparation of questions on selected themes).
- c. During the site visit:
 - i. The convenor acts as chair during the panel discussions and interviews,
 - ii. Lead the process for identifying and formulating the panel's findings,
 - iii. Give an oral feedback to the unit at the end of the site visit,
 - iv. Set target dates for the writing and editing of the written report,
 - v. Decide on the work distribution for the panel members in terms of the writing and editing of the report.
- d. After the site visit:
 - i. The convenor accepts the responsibility for the finalisation and submission of the evaluation report to the RC-head within four weeks of the site visit.

4.3 Scope of the panel's task

The external panel is responsible for the following:

- a. Before the review visit:
 - i. Thoroughly study the unit's self-evaluation report,
 - ii. Thoroughly study the unit's previous external review report, as well as the follow-up report handed in by the unit,
 - iii. Prepare questions and points for discussion for use during the visit,
 - iv. Identify issues to which the unit should pay attention,
 - v. Compile the schedule for the site visit in a cooperative manner with the unit,
 - vi. Take part in a preparatory panel meeting at least one week before the site visit.
- b. During the visit:
 - i. Take part in the discussions with the various people and interest groups that have been identified for this purpose in terms of the University's procedure and programme,
 - ii. Gather additional information (if the information contained in the self-evaluation report is unclear or incomplete),
 - iii. Evaluate the validity of the unit's own performance evaluation (i.e. that of the self-evaluation),
 - iv. The panel communicates its preliminary findings to the head of the unit at the end of the site visit,
 - v. The panel drafts a preliminary report on their findings and give an oral feedback to the unit at the end of their visit.
- c. After the visit:
 - i. The convenor compiles a concept report,
 - ii. The convenor provides copies of the concept report to the members of the panel,
 - iii. The panel members make comments and approve the final version of the edited report,
 - iv. The convenor submits the report to the RC-head within four weeks after the conclusion of the visit.

4.4 Information for the panel

- a. The members of the panel receive the self-evaluation report with the supporting documentation at least four weeks before their visit to the unit. The evidence portfolio which is sent to the evaluators with the self-evaluation report contains at least the following material:
 - i. the vision of the University,
 - ii. the unit's strategic plan,
 - iii. the external evaluation reports from the previous cycles,
 - iv. a list of documents that will be available during the visits.

4.5 The visit by the external panel

During the visit of the panel, the external review panel follows a programme of which at least the following will constitute elements:

- a. closed panel sessions during which the members of the panel:
 - i. compare their provisional evaluation results,

- ii. make a list of the issues about which they want to request additional information,
 - iii. make a preliminary list of matters for attention that they want to point out,
 - iv. study the material that was made available onsite,
 - v. review the evaluation process to be used by the panel for the verification of the selected evidence,
 - vi. check whether the issues that were identified during the previous evaluation of the unit as requiring attention were followed up on,
 - vii. identify specific points of discussion for the interviews with the head of the unit, staff and students.
- b. discussions with the RC-head and other managers;
 - c. interview(s) with the head of the unit, heads of specific sub-units within the unit, staff of the unit, student leaders and other stakeholders;
 - d. view the unit's facilities;
 - e. one or two closed panel meetings during which the following is done:
 - i. Finalise the evaluation of the unit's criteria and the ratification/validation of the unit's self-evaluation decisions,
 - ii. Identify and formulate the issues to which attention needs to be paid,
 - iii. Compile the concept report.
 - f. a meeting of the members of the panel with the unit in order to provide the unit with feedback.

The documents that should be made available to the panel during their visit to the unit should include at least the following:

- a. the unit's management structure and leadership,
- b. strategic planning,
- c. list of interest groups/clients/service providers,
- d. development information,
- e. staff processes,
- f. management process and systems, and
- g. quality of outcomes.

4.6 Reporting by the panel

Within four weeks after the visit, the panel sends the consolidated, written report in the prescribed format to the RC-head, who will ensure that a copy is loaded onto the University's quality assurance database and that it is placed on the agenda of the Quality Committee.

The report should contain at least the following:

- a) a 1-page executive summary,
- b) the panel's ratifying decisions on the unit's self-evaluation on the basis of the criteria,
- c) the issues for which the panel feels the unit deserves a compliment, with motivation,
- d) the issues that the panel has identified that require further attention, with motivation.

5. RC-HEAD'S EVALUATION OF THE EVALUATION REPORTS AND THE ADVICE OF THE QUALITY COMMITTEE

- 5.1 After receipt of the final report by the external panel, the RC-head submits it to the head of the unit who responds to the report in writing and submits the response to the RC-head.
- 5.2 The RC-head submits the following documents to the QC:
 - a. the complete self-evaluation report,
 - b. the complete report of the external panel,
 - c. the unit's response to the report,
- 5.3 The RC-head together with the head of the unit attends the QC meeting at which the reports are tabled. At this meeting follow-up actions and issues for which the unit deserves praise are pointed out.
- 5.4 The QC is responsible for:
 - a. ensuring the integrity of the evaluation process by confirming that the evaluation was carried out according to the SU policy and procedure;
 - b. expressing an opinion from an institutional perspective regarding the quality and acceptability/validity of the four reports that are generated during the evaluation process (based on the reports that are submitted, the QC develops a set of standards according to which reports must be evaluated);
 - c. checking whether the issues for commendation as well as the issues that needs attention are clearly formulated and sufficiently motivated (based on relevant evidence);
 - d. institutional gauging/standardization;
 - e. making recommendations to the EC(S).
- 5.5 The following documents form part of the QC's report to the EC(S):
 - a. the report by the external panel;
 - b. the reaction of the unit to the report of the external panel;
 - c. the comments and recommendations of the RC-head, and
 - d. the summary and recommendations of the QC.
- 5.6 The complete reports are stored in the electronic document repository which is maintained by the Division for Institutional Research and Planning.

6. EVALUATION DECISION BY THE EXECUTIVE COMMITTEE OF SENATE, WITH THE IDENTIFICATION OF SPECIFIC FOLLOW-UP ACTIONS TO WHICH THE UNIT MUST PAY ATTENTION

- 6.1 The EC(S) considers the QC's report and based on the advice from the QC takes a decision on whether the report by the external panel, , is to be accepted/not accepted for example:
 - a. handled by the EC(S) themselves,
 - b. report to Senate,
 - c. firstly are referred to other committees of Senate,
 - d. referred to the Rector's Management Team (RMT) by the EC(S) for institutional handling.
- 6.2 On conclusion of the meeting of the EC(S), the RC-head is responsible for feedback to the department (appreciation, criticism, encouragement, etc.).

6.3 The Division for Institutional Research and Planning keep a register of the decisions taken by the EC(S) on quality assurance and continuously submit new decisions to the QC for its attention and discussion.

7. IMPLEMENTATION OF THE FOLLOW-UP ACTIONS

The RC-head, in cooperation with the head of the unit, is responsible for the implementation of the follow-up actions that are stipulated by the EC(S).

8. FOLLOW-UP EVALUATION AND REPORTING BY THE UNIT

The RC-head, in cooperation with the head of the unit, submits a follow-up report (including the original QC report) to the QC within two years after the completion of the evaluation report by the EC(S). The RC-head's follow-up report, together with the recommendations by the QC, is then submitted to the EC (S).

9. FOLLOW-UP EVALUATION DECISION BY THE EXECUTIVE COMMITTEE OF SENATE

The EC(S) considers the follow-up report and takes a decision on whether or not to accept it.

10. COVERING THE COSTS OF THE DEPARTMENTAL EVALUATION

1. The RC-head budgets for the external evaluation of units and allocated funds to the units for this purpose.
2. The heads of the units manage the spending of funds and are responsible for budget control.
3. The Senior Director: Institutional Research and Planning plays a supportive and coordinating role with regard to the budget for quality assurance. The Division for Institutional Research and Planning also keep records of all expenditure that is related to the support service unit's evaluation processes.
4. The funds are used exclusively for the following items:
 - a) the honoraria payable to the members of the external panel;
 - b) the travelling expenses of the members of the external panel;
 - c) the subsistence costs of the members of the external panel;
 - d) the formal reception given for the panel by the University; and
 - e) copying and postage costs that are specifically related to the work of the external panel.
5. All activities by the unit's self-evaluation committee are paid for from the unit's funds. The units budget for this in the year before they are evaluated.
6. Tariffs (for 2011 to 2016):¹
 - a) honorarium per local evaluator (for the task as a whole) is R2 633 for 2013, and which are yearly adapted with the general salary increase within the University. The honorarium for

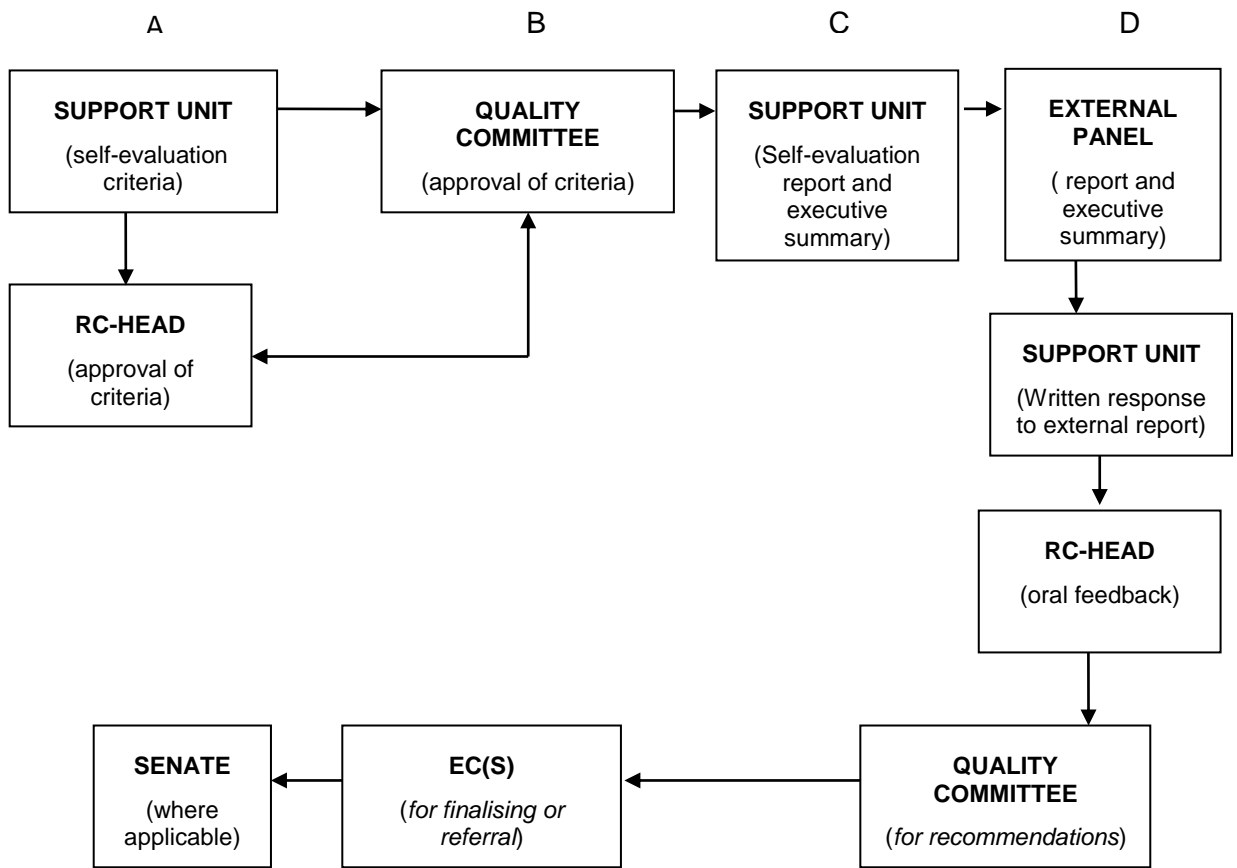
¹ These tariffs are reviewed yearly by the EC(S) based on advice from the QC.

international panel members is calculated as Rand amount x 2 (Rx * 2 / the exchange rate)
e.g. if the amount payable to South Africans is R1 820, the dollar amount given an exchange rate of \$1=R8 would be $R1820 * 2 / R8 = \$455$ - and/or at the discretion of the RC-head;

- b) travelling expenses from outside the Western Cape: return air ticket (economy class);
- c) travelling expenses within the Western Cape: normal university tariff per km; and
- d) university reception (in accordance with the University's rules for receptions by members of the executive management).

11. FLOWCHART: REPORTING

A. SUPPORT SERVICE UNIT EVALUATION



B. FOLLOW-UP

