CHE

COUNCIL ON HIGHER EDUCATION

SUPPLEMENTARY GUIDE FOR THE INSTITUTIONAL AUDITS OF PRIVATE HIGHER EDUCATION INSTITUTIONS

2021

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Contents

Abbreviations and Acronyms

AU	African Union
CEO	Chief Executive Officer
CHE	Council on Higher Education
DE	Distance Education
DHET	Department of Higher Education and Training
EQA	External Quality Assurance
HE	Higher Education
HEQC	Higher Education Quality Committee
IAC	Institutional Audit Committee
IQA	Internal Quality Assurance
PHE	Private Higher Education
PHEI	Private Higher Education Institution
QA	Quality Assurance
QAF	Quality Assurance Framework
QC	Quality Council
SAQA	South African Qualifications Authority
SER	Self-Evaluation Report

1. Introduction

The new Quality Assurance Framework (QAF), approved by the Higher Education Quality Committee (HEQC) of the Council on Higher Education (CHE) in September 2020, is the overarching and guiding policy framework for internal and external quality assurance (QA) for Higher Education Institutions in South Africa from 2024 onwards. The *Framework for Institutional Audits* (hereafter, the *Framework*), approved by the HEQC in March 2021, is aligned to the QAF in important ways and assists in the preparatory work towards its full implementation in 2024. The *Manual for Institutional Audits* (hereafter, the *Manual*) is aligned to the *Framework*, setting out operational details to guide the implementation of institutional audits for all institutions in the higher education sector in South Africa, including private higher education institutions (PHEIs).

This *Supplementary Guide for Institutional Audits of Private Higher Education Institutions* (hereafter, the *Supplementary Guide*) accompanies the *Framework* and *Manual* in providing practical and more detailed guidance on preparing for and implementing an institutional audit. The *Supplementary Guide* foregrounds the HEQC's expectation that institutions embed and integrate robust mechanisms for programme review within their IQA systems, accounting for these during the broader external quality assurance process (EQA) of institutional audits. It is important to note that this *Supplementary Guide* does not differ or detract from the *Framework* or the *Manual* and that definitions and abbreviations are used in the same way in all three documents. The intention is that private higher education institutions (PHEIs) undergo the same institutional audit process as public universities do, as it is described in the *Framework* and *Manual*.

The purpose of this *Supplementary Guide* is:

- To provide support to PHEIs in the implementation of the *Framework* and *Manual*, particularly those that may not previously have undergone institutional audits, and
- To explain to PHEIs how the institutional audit outcomes lead to the HEQC's regulatory decisions to accredit programmes and PHEIs, as well as how they lead to the necessary recommendations to SAQA to register qualifications on the NQF and finally to the recommendations submitted for the DHET to consider during the departmental re-registration of the institution for a further period.

The move away from the current re-accreditation process for programmes to one of institutional audits represents a paradigm shift in the regulatory landscape. A primary benefit of this shift is to ensure the introduction of more rigorous internal quality assurance (IQA) processes, regular review cycles, ongoing improvement of the core QA functions at all levels within the institution, and, ultimately, its alignment to the QAF. In the context of this shift, the role of the HEQC becomes evaluating institutional IQA systems for their integrated management of core QA functions.

The *Framework for Institutional Audits* (2021, p. 9) defines a quality management system as *the institutional arrangements that assure the quality of learning and teaching, assessment, research, and community engagement. Such an integrated, internal system supports, develops, enhances and monitors the institution's delivery of the core functions of higher education.* The institutional audit process serves to support the HEQC in confirming to the Registrar (DHET) that quality provision is taking place at the institution (or not) and for the DHET to consider the registration of the institution and its programmes for a further timeframe (or not).[1] The HEQC also undertakes to communicate the institutional audit outcomes to SAQA for it to re-register institutional qualifications (and the programmes leading to them).

The shift from re-accreditation to institutional audits for PHEIs will be implemented as follows:

1) All open and current re-accreditation processes will be completed by the Accreditation Directorate of the CHE.
2) Institutions whose registration with DHET terminates in 2021 will undergo the current re-accreditation process by the Accreditation Directorate of the CHE.
3) Institutions whose DHET registration terminates in 2022 will undergo the institutional audit process as provided for in the *Framework* and *Manual* and this *Supplementary Guide*. The audit process will then apply consistently to all institutions on the DHET Register that come up for re-registration.
4) New institutions with provisional registration on the DHET Register from 2022 and onwards, will undergo institutional audits. Such institutions will not require a completed cohort of students, as is currently the case for re-accreditation.
5) PHEIs are required to be aware that the new *Quality Assurance Framework* (QAF) is to be implemented from 2024 onwards.

The *Framework* is the primary source document for understanding institutional audits, while the *Manual* is an operational guide on how to implement the *Framework* at an institutional level. The *Supplementary Guide*, being a supportive tool, neither supplants the *Framework* nor the *Manual*, nor is it a prescriptive document for PHEIs. Rather, the *Guide* is a procedural document that is cognisant of the nuances of private higher education provision. It is thus intended to provide essential supportive guidelines and explanations that help PHEIs prepare for and implement institutional audits. Because these audits will in future form the basis of the HEQC's recommendation to the DHET for the amendment of the registration of an institution,

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[1] The DHET (as Registrar) requires a recommendation from the HEQC on whether an institution continues to meet the standards for accreditation to remain accredited. Continued accreditation of an institution's programmes (the mandate of the CHE) is a pre-requisite for continued registration of the institutions (the mandate of the DHET).

as well as provide support for the recommendation to SAQA to re-register the institution's qualifications on the NQF.

2.   Background

The CHE performs its quality assurance and quality promotion functions in terms of the HE Act, and in its capacity as the Quality Council (QC) for higher education, in terms of section 25 of the National Qualifications Framework Act, (Act No. 67 of 2008, as amended), (hereafter the NQF Act)[2]. The Higher Education Act, 1997, (Act No. 101 of 1997), (hereafter, the HE Act),[3] requires that all PHEIs be registered with the DHET to operate legally, over and above the requirements that their programmes be accredited by the CHE and their qualifications registered on the NQF by SAQA. As contemplated in the HE Act, the act of registration means that the DHET (as Registrar) grants an institution the legal authority to offer higher education programmes and to award higher education qualifications[4]. The purpose of registering PHEIs offering higher education is to ensure that:

a. PHEIs offer an acceptable quality of education in accredited programmes;

b. Students receive exposure to higher education from PHEIs that have the resources, capacity and expertise to deliver quality programmes;

c. Students enrolled with PHEIs obtain qualifications that are registered on the NQF; and

d. The education system of all PHEIs continues on a path of transformation in accordance with government policy and regulation. [3]

For an institution to be registered, the DHET must also be satisfied that it is:

a. Financially capable of fulfilling its obligations to prospective students;

b. Able to provide quality higher education that will –

o   maintain acceptable standards; and

o   comply with the requirements of the CHE.[5]

Institutional registration by the DHET is currently for a period of five years. However, this is determined by a variety of factors such as performance as indicated in the annual reports required by the DHET; the redress of any complaints directed towards the institution; and the registration review cycle prescribed by the DHET. Formerly, as PHEIs reached the end of their registration period, the PHEI would be required to

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[2] S. 7(1) of the HE Act.
[3] Regulations for The Registration of Private Higher Education Institutions, 2016. A Guide for Completing the Application for Registration as a Private Higher Education Institution. (Guide APX-01). Department of Higher Education and Training.
[4] Government Gazette, 31 March 2016, Department of Higher Education and Training. R. 383, Higher Education Act (101/1997): Regulations for The Registration of Private Higher Education Institutions, 2016 39880.
[5] Summarised from the Higher Education Act 101 of 1997 (53), (1) (b).

engage with the CHE in a re-accreditation process of all accredited programmes offered. This re-accreditation process was informed by the current HEQC guidelines set out in the *Criteria for Programme Accreditation* (2004, amended in 2012)[6]. Programme re-accreditation leading to continued institutional registration with the DHET was managed through the Accreditation Directorate of the CHE.

Programme re-accreditation has included a review of institutional programme offerings by peer academics and institutional site visits. Flowing from the above reviews, programme re-accreditation outcomes led to a recommendation by the HEQC to the DHET for the continued registration of an institution for a further five years based on the accreditation of its programmes. This recommendation was based on whether the existing reviewed programmes met or exceeded minimum criteria. In cases where programmes were not fully accredited and had conditions, the DHET extended the registration period annually until all conditions were met. In cases where the accreditation of programmes was withdrawn, the institutions entered into a teach-out period negotiated with the DHET.

Programme re-accreditation is to be replaced by institutional audits from 2022 onwards. While the regulatory expectations described above remain in force for PHEIs, the shift from re-accreditation as the mechanism for assuring quality to institutional audits emphasises the critical importance of robust internal quality assurance mechanisms that look both at institutional-level and programme-level processes as an integrative approach to quality. The shift to institutional audits is the focus of this *Supplementary Guide*.

3. Institutional Audits

3.1 Institutional Audit Processes

Institutional audits will replace the current programme re-accreditation process for PHEIs that are due for amendment of their registration with the DHET in the year 2022 and for all institutions in subsequent years. These institutions will be timeously informed, and the institutional audits are to be initiated late in the 2021/2022 financial year. Where the accreditation of programmes or the registration of qualifications lapses prior to an institutional audit, institutions should communicate with the CHE. It is envisaged that institutional audits will take approximately 18 months to complete, depending on the size of the institution. The time frames and processes for an institutional audit are described in the *Manual*.

Institutional audits are structured according to CHE Standards and Guidelines as outlined in the *Framework* and *Manual*. As their starting point, institutional audits locate quality assurance as a primary, internal responsibility in the individual higher education institutions (HEIs), whether public or private. All HEIs are consequently responsible

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[6] CHE: *Criteria for Programme Accreditation*, 2004.

for their internal quality management systems and quality management processes, which comprise the following:[7]

   a. *A quality assurance system* that includes planning, policies, systems, strategies and the resources used by an institution to satisfy itself that its quality requirements and standards are being set, met and periodically reviewed;

   b. *Quality support* as the active, actioned support provided by the implementation of the quality management system to develop, sustain, and enhance existing levels of quality; and

   c. *Quality monitoring,* as that part of the system that records and reports back to the institution – and by extension, to the HEQC of the CHE as the external quality assurer – on the critical aspects identified in the institutional QA policies and systems, and includes matters of sustainability, positive development, and the use of resources.

In accordance with the DHET registration cycles, the CHE – in consultation with each institution – determines the specific scope and focus areas for the institutional audit, based on the HEQC-approved Standards. The focus areas for an institutional audit are determined by the institution's history, identity, the context of its mission, vision, strategic plans and goals, and its unique niche area(s) as well as its learning and teaching strategy/-ies (previously known as mode of delivery). In the institutional audits being initiated in 2021/2022 onwards, all four focus areas will be used.

The institution is also required to commit to the institutional audit process and its outcomes, including the HEQC's recommendation, based on the institutional audit report, to the DHET regarding the continued registration of the institution. The audit is completed with the placement of an executive summary of the institutional audit report on the CHE website.

Since the audit may contain specific recommendations about qualifications and programmes, institutions are required to submit their improvement plans and report on them since the audit. Furthermore, the institutional audit outcomes then form part of the baseline for the institution's track record used for the implementation of the QAF in 2024.

3.2   Institutional Audit Standards and Guidelines

In the institutional audit process, the unit of analysis is the institution itself and not the programme(s). All PHEIs take responsibility for their own IQA systems and mechanisms, especially as they relate to existing programme and qualification offerings. Programme data are nonetheless taken into account as important evidence of institutional processes.

An institutional audit evaluates all the institution's internal QA mechanisms and not those of a particular programme. The methodology used for institutional audits continues to be based on the twin pillars of self-reflection (in a self-evaluation report

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[7] CHE (June 2004) *Framework for Institutional Audits*, p. 4.

based on a portfolio of evidence) and on peer review. The preparation for the audit culminates in a site visit, which may either be on-site or virtual, depending on prevailing circumstances. (Refer to the *Manual for Institutional Audits 2021* for more detail).

All commendations and recommendations arising from an institutional peer review (as per the draft audit report) are considered by the Institutional Audits Committee (IAC), a sub-committee of the HEQC, to evaluate the institution's IQA systems for managing the core academic functions at all levels in an integrated way.

The draft audit report is compiled and then shared with the institution to allow any factual errors to be corrected, and to allow the institution to make a representation to the HEQC if any of the outcomes are contested. The final audit report forms the basis of a recommendation by the HEQC to the DHET for *inter alia*, the amendment of registration of the institution, and to SAQA for the re-registration of the institution's qualifications on the NQF. The institution is required to respond to the final audit report with improvement plans, that the HEQC then monitors through regular institutional reporting. Each institution's improvement plan determines its own timelines and reporting framework.

At the conclusion of the process, an executive summary of the institutional audit outcomes is posted on the CHE website.

The accreditation of all new programme offerings by PHEIs continue to be based on the programme criteria outlined in the *Criteria for Programme Accreditation* (2004, amended in 2012), based on the new Application Form, launched in 2021, for implementation in 2022. It is anticipated that new Standards and Guidelines will, in due course, be developed to support the implementation of qualification accreditation in the QAF by 2024.

3.3   Institutional Audit Outcomes

The audit report consists of **commendations** for outstanding practice at the institution related to any one of the Standards in the *Framework* and *Manual.* Commendations will only be for exceptional work and are not given to institutions that only meet the expected standards.

Areas for improvement are indicated as **recommendations** that are formulated in terms of the SMART principles, i.e., the recommendations will be specific, measurable, achievable, realistic, time-bound, and identified as being at one of the following audit level outcomes:

a. **Not functional:** Areas of serious concern exist in the institution's quality management system in that there is either no quality management system in place in the institution or the quality management system is not found to be at all functional in terms of the identified Standard.
b. **Needs substantial improvement:** The institutional quality management system is not fully developed or functional in terms of the identified Standard and needs substantial improvement.

c. **Functional:** The institutional quality management system meets expected thresholds in terms of the identified Standard, but some minor areas may need further improvement.

d. **Mature:** The institutional quality management system, as measured against the identified Standard, is generally mature, integrated and coherent, and is effective in achieving its purpose of enabling student success, instituting good teaching and learning practices, supporting ground-breaking research, including local research, as well as managing impactful, integrated and ethical community engagement, good governance and sustainability (as appropriate for the institution).

An institution then uses the recommendations as the basis for the development of its improvement plans and its implementation of continuous improvement. The improvement plans will have varying timeframes depending on the nature of the recommendations and the improvements being done. Reporting to the HEQC should be completed within the recommended timeframes.

Institutions should note that, in preparation for the implementation of the QAF in 2024, the CHE will develop an institutional QA Dashboard that serves as a track record for each institution. The QA Dashboard will record all EQA activities, such as the accreditation of new programmes and qualifications, institutional audits, national reviews, and valid complaints received, creating a holistic institutional picture. This picture of the quality assurance maturity of an institution will then form the basis of ongoing CHE engagement with the institution as the QAF is implemented. The outcomes of the institutional audits thus form a critical part of the QA Dashboard developed by the CHE for every institution.

3.4 Audit Report Process and Regulatory Recommendations

The Chairperson of the Audit Panel is required to present the draft audit report to the IAC. After the IAC has evaluated the draft audit report, it is sent to the institution to make any factual corrections and to make substantiated and evidence-based representations on the outcomes, if required. These representations must reach the CHE within the stipulated timeframes so as not to delay final decisions being taken. The IAC then considers the final audit report and makes recommendations to the HEQC as outlined above.

The regulatory recommendations, based on the final audit report, that the HEQC makes, are two-fold:

- Firstly, the HEQC makes recommendations to the DHET for the continued registration of the PHEI for a specific period, based on the outcomes in the final audit report. See (i-iv) below.
- Secondly, the HEQC makes recommendations to SAQA for the registration of the PHEI's qualifications for a specific period, once again based on the outcomes in the final audit report. See (a-d) below.

Since these two sets of recommendations are closely related to each other, there is some similarity between (i-iv), the recommendations to DHET, and (a-d), the recommendations to SAQA. While the institutional audit outcomes for each of the 16 Standards as described in 3.3 (a-d) above, form the basis of these two sets of recommendations, they are not the same as the colour-coded categories below.

Based on the assessment of the overall internal quality assurance system of the institution, the audit report makes **one of the following recommendations regarding the continued registration of the institution with the DHET**:

i. *Green category*: The institution meets or exceeds all the quality assurance standards and therefore remains accredited. A new registration cycle for a period of six years is recommended to DHET, irrespective of the one-year improvement plan for continuous improvement that still may have to be attended to, with a subsequent review/audit to be conducted after six years (green category).

ii. *Yellow category*: The institution meets some of the quality assurance standards (or meets them partially) and therefore remains accredited with the condition that the institution submits an improvement plan within the agreed-upon timeframes. A new registration cycle for a period of three years is recommended to the DHET. The HEQC allows the institution to attend to a one, two- or three-year improvement plan (yellow category). Once the HEQC approves the close-out report for the improvement plan, the institution remains fully accredited for another three years (move to green category), after which the HEQC will then undertake another institutional audit. If the institution does not complete the improvement plan in the allocated time, the institution is moved to the orange category (see (iii) below).

iii. *Orange category*: The institution is only considered for a registration recommendation after the successful completion and close-out of an intensive and dedicated improvement plan (still within the orange category). A new registration cycle for a period of three years is recommended with a move to the yellow category. If, however, the institution does not complete the dedicated and intensive improvement plan within the stipulated time frame, the HEQC withdraws its accreditation of the institution and all its programmes, and makes the recommendation to the DHET to reconsider the registration of the institution (i.e., to move the institution to red category). Appropriate teach-out plans for affected students must then be developed by the institution in consultation with both the CHE and DHET.

iv. *Red category*: The HEQC withdraws the accreditation of the institution and its programmes, and the DHET is requested to reconsider the registration of the institution, placing it in the red category. The HEQC may require that the institution not register new students. The institution is obliged to teach out its current students in consultation with the CHE and DHET. There is no possibility for rehabilitation in this category. Once an institution has completed all the

teach-out processes, it may then lodge a completely new application. It is important to note the following:

- o An institution in the red category (after representation from the institution and a final HEQC decision) has its accreditation withdrawn completely and the DHET is informed accordingly.

- o The red category is reserved for completely dysfunctional institutions and is used for the protection of students.

The HEQC will also make one of the following recommendations to SAQA:

a. PHEIs in the *green category* continue to have their qualifications (and the programmes leading to them) accredited, and a recommendation is submitted to SAQA to re-register their qualifications on the NQF.

b. PHEIs in the *yellow category* continue to have their qualifications (and the programmes leading to them) accredited, with a recommendation to SAQA to re-register their qualifications (and the programmes leading to them) for a further registration period of three years, conditional upon the successful implementation of the improvement plan within the specified period. If an institution does not complete the improvement plan within the allocated time, the institution is moved to the orange category, (c) below, and managed accordingly.

c. PHEIs in the *orange category* continue to have their qualifications (and the programmes leading to them) *provisionally* accredited, with a recommendation to SAQA to re-register their qualifications (and the programmes leading to them) for a period related to the length of the programmes on offer at the institution. An institution falling into this category must implement an intensive and dedicated improvement plan, specifically as related to Standards 5, 6, 13, 14, 15 and 16. The improvement plan may focus on particular programmes and/or qualifications or may focus on the institution as a whole depending on the recommendations of the HEQC. The improvement plan may be more than one year long, in which case particular milestones will be stipulated for the first year. If the milestones within the first year, or any year after that, are not reached, the HEQC recommends the de-registration of one or more of the qualifications (and the programmes leading to them) to SAQA. If the improvement plan is successfully implemented, a registration period of three years for the qualifications may be recommended to SAQA.

d. For PHEIs in the *red category*, the HEQC makes a recommendation to SAQA that their qualifications, and the programmes leading to them, are de-registered once pipeline of students have been taught out, according to a plan approved by the HEQC and DHET.

The executive summary of the final outcomes of the institutional audit are published on the CHE website in terms of the CHE's mandate for public accountability.

4.   Mapping the Current onto the New

4.1   The institution as the unit of analysis in institutional audits

The *Framework* prescribes the institution as the unit of analysis and assigns the primary responsibility for quality assurance to the institution. A critical challenge for institutional audits lies in differentiating institutions in terms of size, structure and purpose across the private higher education sector. In light of this variability, and as part of the preparation required for the particular institutional audit, each institution is expected to define itself, describing and identifying the locus of responsibility for the various standards required by an institutional audit. The institution's ability to define itself impacts directly on the meaningfulness and quality of the institutional audit conversation with the CHE. The institution is required to define itself based on the guiding principles reflected within the matrix entitled *Institutional Types in the Private Higher Education Sector in South Africa* (see **Annexure A, Table 1**). Its self-definition forms an integral part of the institutional *Self-Evaluation Report (SER).*

Two guiding principles inform the completion of the matrix:

a) Identifying the Unit(s) of Analysis:

The DHET Certificate of Registration determines the *institutional* unit of audit by having clearly identified the company legally responsible for the learning programmes; the Head or Chief Executive Officer (CEO) of the company; the Directors of the institution, and where applicable, any other company or organisation on which the institution is dependent, as per its registration with the DHET. The institution must be accredited by the HEQC to offer accredited programmes and qualifications registered on the NQF by SAQA, as these have been registered by the Registrar in the DHET. The institution must clearly indicate the legal entity (as per company documents) responsible for awarding the NQF-registered and CHE-accredited qualifications. Site(s) of delivery, programme(s), and modes of delivery must also be clearly indicated as they appear on the Certificate of Registration supplied by the DHET.

b) Establishing the Locus of Control and Delivery:

Institutions are required to provide thematic descriptions of governance, academic operations, student services, and institutional IQA responsibility, including the sharing of personnel and resources in terms of the matrix provided in **Annexure A, Table 1**. The matrix allows for seven possible institutional types against which the PHEIs can align themselves. The institutional types range from a "*single entity accredited to offer programmes in contact or distance education from a single registered site"* to a "*single entity with a single DHET registration, accredited to offer programmes in contact and/or distance education from multiple sites of delivery".* For the sake of clarity, larger PHEIs are required to differentiate the sites of delivery of their accredited qualifications as well as the body (i.e., legal entity registered with the DHET) responsible for awarding certificates. PHEIs operating under a parent company, or other form of

association with any other organisation (such as, for example, an international higher education institution), are required to:

1. Identify the Head or Chief Executive Officer (CEO) of this company and/or other association;

2. Provide Proof of Registration with the DHET of the legal entity responsible for providing higher education, together with the names and designations of the Director(s) and Shareholder(s);

3. Indicate the registered site(s) of delivery (including online delivery) of the institution as per the DHET Certificate of Registration; and

4. Establish where overall governance responsibility lies.

The matrix identifies five thematic areas for institutional reflection that broadly frame the institutional audit processes and the SER. These include:

1. Governance, Management and Leadership (Institutional and Academic).

2. Academic Operations (Inclusive of Learning, Teaching and Assessment).

3. Student Support Services.

4. Finances and Infrastructure.

5. Institutional QA Responsibility.

The point of acknowledging a differentiated private higher education sector is to provide parity across institutions by setting clear parameters for institutional self-definition in the process leading up to the institutional audit. The matrix thus serves as a self-definitional starting point. After the institutional audit is initiated, based on the DHET's date of institutional registration, the institution is required to complete the matrix to enable the CHE to engage with it, based on a meaningful, differentiated scope of the audit.

4.2   Defining the Core Functions of Higher Education for PHEIs

Embedded within the context of the institutional audits and reporting mechanisms are the conventionally accepted core functions of higher education, for which institutions must give account, namely:

a. Learning and Teaching;

b. Research; and

c. Community Engagement.

Within its SER, the institution offers a conceptualisation of how these core functions are addressed. Institutions are responsible for framing and motivating their particular understanding of the core academic functions within their institution, especially where these may differ in the private sector from those in the public sector. Part of being able to argue its position requires the institution to provide a conceptual framework of accountability for these three core functions, e.g., how the institution understands

scholarship of learning and teaching; what research means and looks like for the institution, as well as how academic staff are supported to engage in research.[8] Institutions are challenged to provide a definition and broad framing of these core functions that describes the relationship between them, indicating where the institutional focus lies and why[9], as well as its consideration of how best to express its conceptualisation of each of the core functions, e.g., through a position paper, or a set of summary statements for each function.

The Conceptualisation of these Core Functions:

The following explanations serve as points of departure for the individuated conceptualisation of each of the core functions within the private higher education institution, are not intended to be exhaustive and are not prescriptive. Instead, the explanations function as signposts or general points of orientation. The conceptualisation is inevitably affected by the size and nature of the institution, as well as its vision, mission and strategic goals and by the purposes of its qualifications, which all form the basis of the differentiated institutional audit.

4.2.1 Learning and Teaching

The programme accreditation guidelines in the *Criteria for Programme Accreditation* (2004, amended in 2012), present all PHEIs with the opportunity to offer their conceptualisation of learning and teaching. Within this context, learning and teaching are typically framed in terms of mode, method, as well as learning and teaching strategy. By contrast, the *Framework* and *Manual for Institutional Audits 2021*, which focuses on institutional quality assurance processes, offers a unique opportunity for each institution to reflect on the underlying, often hidden, learning and teaching strategies and pedagogy[10] that inform and expand the approach and strategy accounted for in the programme accreditation process. While pedagogy is implied within programme accreditation processes, its crystallisation and articulation are more meaningfully foregrounded within the institutional audit process. By making the pedagogy of learning and teaching more explicit, its place at the heart of institutional life and praxis becomes clearer, and allows each institution to engage in a more reflective process for analysing the quality of its learning and teaching, as well as its assessment practices. The analytic opportunity allows the institution to unpack the

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[8] There is an important added emphasis outlined in HEQC policy that states, *"The HEQC is of the view that of the three core functions of higher education, namely, teaching and learning, research and community engagement, the one that is in greatest need of immediate attention and improvement if the national need for more highly skilled graduates is to be addressed, is teaching and learning. South Africa cannot advance socially or economically if the current low participation and high attrition rates in higher education persist".* CHE *Framework for Institutional Quality Enhancement in the Second Period of Quality Assurance* (January 2014, p. 2).

[9] That is, while there may be a broad definitional consensus which serves as a stable point of reference for the core functions, each institution will accentuate the core functions in different ways, offering systematically related understandings that make sense of the institution's fitness of and for purpose.

[10] Pedagogy, in this context, broadly reflects an umbrella term referring to the 'art and craft of teaching' more generally, and refers to a range of approaches to learning, teaching and assessment that may include the technical and related emphases carried in such concepts as andragogy and heutagogy and includes the philosophical underpinnings of the use of technology in learning, teaching and assessment.

relationships between these functions more comprehensively. Moreover, by foregrounding its pedagogy, each institution can help the CHE to understand how learning, teaching and assessment structures and processes are conceptualised within their context, particularly in order to inform continuous curriculum and pedagogical review and renewal.

4.2.2 Research

The DHET defines what constitutes research, representing a broad consensus of what is measured as a research output which may include creative outputs. The definition is tethered to a complex subsidy system not applicable to PHEIs. Therefore, the research function within the PHE sector will have a different feel about it than in public universities.

The DHET's definition of research output is "*textual output where research is understood as original, systematic investigation undertaken in order to gain new knowledge and understanding. Peer evaluation of the research is a fundamental prerequisite of all recognised output and is the mechanism of ensuring and thus enhancing quality*" (2003, 3), a definition which is also intended to include creative outputs.[11] Since the recognition of output is a function of the university subsidy system not applicable to private providers, it is crucial to consider the range of possible activities undertaken by PHEIs to enhance understanding or contribute new knowledge that might loosely meet aspects of this definition. PHEIs may want to use the DHET's definition as a starting point and reflect on its praxis, noting departures from and intersections with the definition as they conceptualise their position. Alternatively, PHEIs may frame research as one scholarly activity among several others and allow such framing to define the institutional position and understanding of research as a particular scholarly activity.[12] PHEIs may also consider showing how they have (innovatively) applied and/or incorporated research within their institutions. For example, institutions may create reflective and generative spaces where faculty and staff engage with the implications of a critical text on higher education decolonisation. Again, the overarching idea around research is that PHEIs are encouraged to be involved in some form of research. The following research-related Standards will apply to PHEIs:

a. Research as part of curriculum development and renewal (Standard 14).

b. The scholarship of learning and teaching (Standard 14, Guideline 14.9).

c. The development and support for staff to do research at all levels (Standard 5), particularly as it relates to professionalisation (Guideline 6.9).

d. Institutional research (Standards 7 and 16).

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[11] DHET *Policy and Procedures for Measurement of Research Output of Public Higher Education Institutions*.

[12] There is sufficient interpretational scope for institutions to offer a defensible (i.e., researched and argued) position or understanding of research within the particular institutional ecosystem that gives meaning to and expression of their vision, mission and strategic objectives.

4.2.3 Community Engagement

Community engagement (CE) has been conceptualised and operationalised in many different ways across the private higher education sector. While attempts to standardise and stabilise definitions proliferate, the practice of CE will be contextually diverse and contingent on several factors such as human capacity, geographical location, institutional objectives, and other environmental imperatives. Given that there is no 'one-size-fits-all' definition, institutions need to articulate their understanding of CE. The conceptualisation accounts for and considers the following factors:

a. The relationship between CE and the curriculum at all levels, including postgraduate qualifications;

b. How the learning and teaching strategy, including contact, distance and blended and online learning, impacts, informs or redefines CE;

c. The broader social purpose and motivation for CE, what some might refer to as the 'triple-bottom-line': the reason for being (people), social ambition (planet), and profit.

d. The implications of CE for socially robust knowledge production, where possible, particularly in the niche area of the institution;

e. The operational and pedagogical implications for cultivating human and intellectual resources to address pressing contextual, social challenges and the process of educating students to be leaders for change as an expression of graduate attributes;

f. The long-term sustainability of CE projects for both the institution and the community which is the focus of the project; and

g. The quality assurance mechanisms in place for CE.[13]

5.   Understanding the relationship between institutional and programme-level quality assurance

5.1   Institutional Standards and Guidelines vs Programme Accreditation Criteria

The most substantial difference in this new way of ensuring IQA within the PHE sector is that institutional audits will be at the level of the institution whereas previous interactions between the PHEIs and the CHE were at the programme level. The Standards and Guidelines (Standards and Guidelines) outlined in the *Framework* and *Manual* may initially be unfamiliar to PHEIs, given prior interactions with programme-

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[13] See *A Good Practice Guide and Self-evaluation Instruments for Managing the Quality of Service-Learning* (CHE, 2006).

level criteria based upon the *Criteria for Programme Accreditation* (2004 and its 2012 amendment).

Key differences:

A number of distinctive differences exist between programme-level criteria[14] and institutionally-focused Standards and Guidelines:

a. Standards and Guidelines pertain to quality assurance *at an institutional level* while programme-level criteria relate to the quality assurance of specific programme(s) within the institution. For example:

   o **Standard 6** of the ***Framework*** and ***Manual*** reads, "*Human, infrastructural, knowledge management and financial resources support the delivery of the institution's core academic functions across all sites of provision along with the concomitant quality management system, in accordance with the institution's mission*". The emphasis here is upon 'institution', 'system', and 'institutional mission'.

   o By comparison, **Criterion 7** of the ***Criteria for Programme Accreditation** (*2004*)* reads, "*Suitable and sufficient venues, IT infrastructure and library resources are available for students and staff in the programme. Policies ensure the proper management and maintenance of library resources, including support and access for students and staff. Staff development for library personnel takes place on a regular basis*" (2004: p.12)*.* The emphasis here is upon the 'programme'.

b. The reflection and response (including the supporting evidence) to **Standard 6** is not a mere enumeration (or listing, or compilation) of what was required previously. Rather, it requires a substantively different kind of response. The evidence to support claims that the institutional-level quality assurance mechanisms are implemented effectively will still require responses at modular and programme level. For example, to highlight that an institutional assessment policy is implemented effectively, module-level evidence will be required. Similarly, to highlight that an institutional programme review policy is implemented effectively, programme-level evidence will be required. However, programme-level evidence(s) now serves to highlight the effectiveness of the overall quality management system in accordance with the institution's mission and purpose.

c. All programme-related criteria have either been subsumed or expanded in some form or another within the Standards and Guidelines. Furthermore, other key Standards and Guidelines not present in the programme-related criteria have been added. Examples are:

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[14] It is important to note that 'qualification level' is not a specific focus in the first round of institutional audits given that the recommendations currently are related to 'programme accreditation' and 'institutional accreditation'. Qualification accreditation will become pertinent in the implementation of the QAF post-2024.

o **Standard 1:** "*The institution has a clearly stated vision and mission, and strategic goals that have been approved by appropriate governance structures, subject to comprehensive stakeholder engagement*";

o **Standard 2**: "*The stated vision, mission and strategic goals align with national priorities and context (e.g. transformation, creating a skilled labour force, developing scarce skills areas and a critical citizenry and contributing to the fulfilment of national goals as informed by the NDP and related national planning), as well as sectoral, regional, continental and global imperatives (e.g. Africa Vision 2063 or the Sustainable Development Goals)*"; or

o **Standard 14**: "*There is evidence-based engagement at various institutional levels, among staff, and among staff and students, with:*

   o *curriculum transformation, curriculum reform and renewal;*

   o *teaching and learning innovation; and*

   o *the role of technology (1) in the curriculum, (2) in the world of work, and (3) in society in general*".

Such new Standards and Guidelines reflect both the movement from the programme to the institutional level, but also reflect new and pressing quality concerns.

d. Institutional Standards and Guidelines focus on the IQA systems within the institution as a whole, rather than on their functioning in an individual programme(s)[15]. However, the ways in which these IQA systems are enacted, and their systemic impact in terms of their coherence, effectiveness and efficiency, will still be at the programme level (or at departmental level, or at site level), and are inclusive of student experiences and success. For example, an institutional policy on assessment may require that all exit-level modules are externally moderated. The evidence that this is implemented effectively and efficiently comes in the form of actual external examiner's reports for individual modules/courses. These kinds of nuanced differences will be discussed and elaborated on in the capacity development and training opportunities that the CHE provides. These opportunities will be more focused and 'hands-on' in terms of specific institutional needs, questions and requirements.

5.2 Applying Standards and Guidelines to the first round of institutional audits for PHEIs

In order to assist PHEIs to make the transition from programme-related criteria to institutionally-focused Standards and Guidelines, it is recommended (but not required)

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[15] In cases where the same individual programme leads to more than one qualification, institutional-level quality assurance mechanisms must account for this diversity of curriculum design, as well being able to provide a case (justification) for the use of the same modular and programme-level material.

that the best approach to the first round of institutional audits could start with **Standard 13**, using the notion of programme reviews as a point of entry. **Standard 13** states that "*an effective institutional system for programme design, approval, delivery, management and review is in place*", and is accompanied by qualifying guidelines.

What does this mean in practice? For example, an IQA that includes 'programme reviews' as an important quality component could comprise the following:

a. A policy on regular internal programme reviews that would include:

   o the institution's philosophy and approach to programme reviews;

   o a description of the programme review cycle, i.e. how often the programme reviews have to take place; for example, stating that each programme in the institution is reviewed every 3 or 5 years;

   o the process and methodology for the programme reviews, most commonly that programme reviews are based on self-reflection and peer evaluation, and would typically include at least one external peer of appropriate standing in relation to the programme being reviewed; and

   o an explanation of the students' role in the programme review and that of other stakeholders.

b. A set of standards determined by the institution for all its internal programme reviews. These could be those provided through the *Criteria for Programme Accreditation* (2004) or its 2012 amendments. Alternatively, institutional standards could be developed by the institution itself, or achieved by using an international instrument such as the *African Quality Rating Mechanism*, based on the *African Standards and Guidelines* of the AU.

c. Training and capacity development policy for all staff involved in programme reviews.

d. A follow-up process in which the desired outcomes from the programme reviews are implemented and monitored at institutional level. For example, the outcomes of internal programme reviews could result in:

   o an institutional decision that a programme is discontinued based on a successful programme review that has uncovered major flaws or sustainability issues within a programme;

   o an institutional decision that a programme will undergo a major re-design process and be conceptualised as a new programme (which will require a new accreditation); or

   o a decision that a minor re-design process or minor adjustments or activities will suffice.

These outcomes are then actioned in terms of improvement plans, with concrete activities and time-bound processes, to ensure that quality is maintained and improved, based on the evaluation and input by peers.

For the purposes of an institutional audit, evidence that such programme reviews have been successfully undertaken would be:

a. SERs for the scheduled programme reviews;

b. Programmes for the site visits;

c. Any evidence of interviews having taken place that would include external peers from other institutions, and/or industry, and students;

d. Peer review reports (which should ideally have served at academic oversight committees); and

e. Improvement plans and close-out reports.

Even though this evidence is at programme level, such ongoing (and completed) processes are also proof that the institutional IQA system is functioning.

The importance of transferring ownership for IQA across the institution:

The CHE's move to the QAF seeks to ensure that PHEIs have IQA capacity and are internally driven to promote, cultivate and sustain their own efficiency and effectiveness, and that IQA increasingly becomes the business of everyone within an institution, stressing the importance of internal quality development, enhancement and innovation. Quality enhancement and innovation go beyond the threshold of mere compliance, and calls for a reflexive and generative methodology which, by its nature, takes place within the context of consultation, discussion and debates.

Ensuring that quality assurance becomes the business of everyone within an institution – particularly those who are actively involved with learning, teaching and assessment (as well as in research and community engagement) and in part-time faculty roles – remains a challenge. Nevertheless, this consideration is important, given the extensive use of part-time faculty and consultants across the PHE sector. Under the new institutional audit process, each institution must ensure that it puts together a quality assurance framework stipulating how quality is assured – from programme design, development and review to student enrolment, learning, teaching and assessment, to research and community engagement – so as to account for the whole student journey through to graduation. Such an inclusionary process requires that everyone within the organisation, including the student voice, is heard. Conversations about quality standards should take place at departmental level, supported by institution-wide quality workshops.

When it comes to the contracting and use of external academics, institutions could consider the following:

a. Responsibility for implementing and engaging with the institutional quality standards is embedded within external academic contracts;

b. Induction processes emphasise the importance of quality and highlight the risk associated with non-compliance (and possible repercussions);

c. Consciously building an inclusive quality culture across the institution that reaches all staff members; and

d. Introducing training initiatives for external academics on learning and teaching expectations and sharing the institutional strategies aligned to its mission and values. Such consciousness-raising will assist with consistency.

Direct involvement with, participation in and contribution to the IQA brings with it a sense of ownership and accountability among stakeholders, creating an ideal situation in an institution with a strong internal quality culture. An institution can hardly be said to have a strong internal quality culture if its entire IQA responsibility is exclusively confined to one office.

In concluding this section, the programme-level criteria used in the past to re-accredit individual programmes through an external peer review process facilitated by the CHE, are now subsumed under the institutional Standards and Guidelines, with evidence being derived from the module- and programme-level. In summary, institutions are now expected to use their own internal QA systems to meet quality expectations at programme level and improve upon them. The CHE, through the institutional audit processes which include self-reflection and peer evaluation, evaluates whether the institution's IQA systems are in place, function coherently, efficiently and effectively.

6.   Processes for conducting an Institutional Audit

The *Manual* describes the conduct of an institutional audit is in detail and provides a summary of the entire process on pages 69-70.

The only two steps that need further elaboration for PHEIs are **Steps 1** and **2**:

(i) **Step 1** of the audit process refers to the **initiation of the institutional audit** by the CHE. The CHE initiates an audit by sending a letter from the office of the CEO to the Head of the institution. This letter informs the institution that it is due for an institutional audit which replaces the re-accreditation process. The selection of a PHEI for an institutional audit is based on two factors:

a. The first basis for initiating an institutional audit with a PHEI is that it is due for registration with the DHET in the following year, in line with the DHET's 5-year cycle of registration. The CHE receives this information from the Registrar at the DHET and the subsequent audit enables the HEQC to make a recommendation to the DHET regarding the continued registration of the institution. All PHEIs due for institutional registration from 2022 onwards will participate in the institutional audit process rather than a programme re-accreditation process. In cases where institutions are due for amendment to their registration time frames in 2022, institutional audits will be initiated late in 2021. Other types of institutional audits may be decided on by the HEQC based on the prescripts described in the *Framework*.

b. A number of institutions that were due for registration in the past year/s have completed the re-accreditation process but still have some pending outcomes (such as conditions or site visits) that have not been concluded. This has resulted in the delay of the full registration of the institution for a new 5-year cycle. Such institutions have had their registration renewed on an annual basis, pending the outcomes. In most cases, such institutions will complete their re-accreditation processes. In other instances, the CHE will engage such institutions on an individual basis and will propose an institutional audit to replace all the outstanding issues collectively so as to enable the recommendation for registration of the institution by the HEQC after a successful audit outcome. If the outcome of the institutional audit does not support an immediate recommendation for registration, such an institution will have to provide an improvement plan for one year with 'SMART' principles at an institutional level, including follow-up reports, and a final close-out report (cf. steps 22 – 25 in the *Manual*).

(i) **Step 2** of the audit process refers to the first interaction between the CHE and the institution so as to determine the nature, scope and date of the audit, including whether the DHET registration will be included as a recommendation for the private higher education institution. At this first meeting the CHE explains the institutional audit process and, unpacks how and why the activities, summarised below, need to be undertaken. The CHE provides guidance and support in this and in any subsequent meetings to enable the PHEI to fulfil the following audit requirements:

a. As indicated throughout Section 4 above, the institution is required to reflect on its overall institutional IQA systems. The audit takes this self-reflection of the nature of the institution as its point of departure for the audit. (Step 3 in the *Manual*).

b. The institution is also required to reflect on its vision, mission and strategic goals as they relate to the core academic functions as set out in Section 4.2. This reflection on the core academic activities becomes the point of departure for the scope for the institutional audit, thereby giving expression to the notion of differentiated audits explained in the *Framework* and *Manual*.

c. Finally, the institution is required to commit to a date for the submission of the SER and PoE, as well as a date of the site visit. For PHEIs, this commitment includes a formal declaration accepting that the institutional audit outcomes will form the basis of the HEQC recommendation to the DHET for the registration of the institution, and that an executive summary of the institutional audit report will be published on the CHE website.

The audit process from **Step 4** onwards is the same for all HE institutions, whether private or public. It is important to re-iterate that *evidence-based self-reflection* and

peer review are the critical methodologies employed in institutional audits. It is crucial that all institutions engage in honest self-reflection that leads to self-initiated and self-directed continuous quality improvement.

The actual review and assessment of the institution is undertaken by peers, and *not* by the CHE staff. The evaluations made by the audit panel members form the basis of the audit reports to the CHE, while the CHE's role is to manage, facilitate and support the peer review.

7.   Fees for an Institutional Audit

The CHE's charges for institutional audits are reflected in an annually updated and approved fee structure for the institutional audits. This fee for institutional audits is not an additional cost for the institution because it replaces the usual programme re-accreditation fees. The fee structure and payment dates are determined in the first set of engagements that an institution has with the CHE.

8.   Conclusion

In recognition of the fact that most private higher education institutions have not previously undergone institutional audits, and the fact that institutional audits are being extended to PHEIs, the CHE is aware that additional support may be required. The guidelines in this document are intended to support PHEIs to engage positively and fruitfully with institutional audits as a whole, and to assist the transition from programme-level to institutional-level IQA processes. This *Supplementary Guide* underpins sector-wide capacity development, as well as training opportunities available on request to any institution. The most significant change for PHEIs is that their engagements with the CHE transition from externally-moderated quality assurance practices with a strong programme-level focus, to internally-driven institutional level quality assurance practices with well-defined foci. This shift requires PHEIs to ensure that their own programme-related IQA systems are in place. The shift from external programme re-accreditation processes to in-depth internal programme reviews, and what this requires of institutions has been described in detail in the relevant policy, manual and guidelines.

This transition will allow the CHE to focus on institution-level quality assurance systems with the aim of streamlining and simplifying institutional interactions with the CHE. This process does, however, place the responsibility and additional accountability on the institution itself since the quality assurance of its own processes and delivery is now internalised. Moving towards the implementation of the QAF in 2024, these audit processes will contribute to institutions being able to set up a good track record with the CHE that, in turn, will streamline and strengthen future engagements with the CHE, and provide a sound basis for public confidence.

Institutional Types within the Private Higher Education (PHE) Sector in South Africa

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Preamble

The *Framework for Institutional Audits* prescribes that the unit of analysis for an institutional audit is the **institution** but also allows for the fact that institutional audits will need to be differentiated. With the process of re-imagining registration and accreditation, the responsibility for institutional quality assurance has been transferred – appropriately – to the legal entity that is registered with the DHET. Furthermore, all institutional qualifications must remain or become accredited by the CHE and registered on the NQF by SAQA. Given the diverse range of institutional types within the private higher education (PHE) sector in South Africa, each institution within the PHE sector provides its own detailed institutional profile, focusing on its management and control of internal quality assurance processes. The guiding principles below serve as points of departure for the institutional profile description.

Principles

Principle 1: Identifying the Unit(s) of Analysis

The institution that undergoes an audit review is determined by how that institution is registered with the DHET on its registration certificate. The certificate identifies the company legally responsible for offering learning programmes; the Head or Chief Executive Officer (CEO) of the company and the directors of the institution. In addition, the Certificate of Registration reflects, where applicable, whether the company is dependent on another company or organisation. Apart from needing to be registered by the DHET, the institution must also be accredited by the HEQC to offer the accredited programmes and registered qualifications, as these are reflected in the DHET Certificate of Registration.

The institution that undergoes an audit is understood to include the site(s) of delivery, the programmes and the 'modes of delivery' – that is, the learning and teaching strategy or strategies – as they appear on the Certificate of Registration.

Institutions with more complex structures reflected as multiple licences (DHET Certificates of Registration) must indicate all registrations when the institutional audit is initiated with the CHE.

Principle 2: Identifying the Issuer of Registered Accredited Qualifications

Institutions must indicate the entity responsible for issuing the registered, accredited qualifications, including certification and academic transcripts.

Principle 3: Locus of Control and Delivery

Institutions must provide descriptions of governance, academic operations, student services, and institutional QA responsibility.

Process

These principles (above) will help institutions to complete the sections outlined in **Table 1** below. Institutions must distinguish between the institutional authorising management structures for internal quality assurance (IQA) and the persons responsible for undertaking the actual work. These sections should be completed in the form of a **short report** before the institutional audit takes place. This report provides the first characterisation of the institution as it positions itself in relation to the themes.

Firstly, this characterisation is important so that the CHE can confirm the scope and nature of the audit. Secondly, this report is important as a precursor to the institutional *self-evaluation report (SER)* that forms part of the institutional audit process. Institutions with an international footprint, either having a physical campus/teaching site in another country or a partnership agreement with an international higher education provider, must make operational documentation available (such as the accreditation certificate or licence with the host country). The shape and size, as well as the niche area of the institution plays an important role in determining how the institutional audit responds in a contextualised way.

Table 1: Institutional Types in the Private Higher Education Sector in South Africa

LOCUS	Thematic Area #1: GOVERNANCE MATTERS		Thematic Area #2: ACADEMIC MANAGEMENT MATTERS		Thematic Area #3: STUDENT SERVICES MATTERS		Thematic Area #4: CURRICULUM MATTERS
FOCUS	Institutional name, directors/ oversight; financial resource management & allocation, and institutional leadership	Academic oversight, academic resource allocation and academic leadership and locus for academic policy development and approval	Delivery and practice of teaching/learning, academic support and development of professional staff, research, and community engagement	Management of learning and teaching resources to support the likelihood of student success	Student recruitment, student admissions, registration and certification	Student funding, academic and administrative support, psycho-social support	Curriculum planning, curriculum development, teaching/learning resources and materials
Institutional Type A Single entity accredited to offer programmes as distance education from a single registered site. May have support centres. [Single Licence; Single Site, i.e. DE]							
Institutional Type B Single entity accredited to offer programmes in the contact mode of delivery from a single site. May have support centres. [Single Licence; Single Site							

LOCUS	Thematic Area #1: GOVERNANCE MATTERS		Thematic Area #2: ACADEMIC MANAGEMENT MATTERS		Thematic Area #3: STUDENT SERVICES MATTERS		Thematic Area #4: CURRICULUM MATTERS
FOCUS	Institutional name, directors/ oversight; financial resource management & allocation, and institutional leadership	Academic oversight, academic resource allocation and academic leadership and locus for academic policy development and approval	Delivery and practice of teaching/learning, academic support and development of professional staff, research, and community engagement	Management of learning and teaching resources to support the likelihood of student success	Student recruitment, student admissions, registration and certification	Student funding, academic and administrative support, psycho-social support	Curriculum planning, curriculum development, teaching/learning resources and materials
Institutional Type C Single entity accredited to offer programmes in both contact and distance education from a single site. May have support centres. [Single Licence; Single Site]							
Institutional Type D Single entity accredited to offer programmes in contact and/or distance education from multiple registered sites of delivery. [Single Licence; Multiple Sites of Delivery							
Institutional Type E							

LOCUS	Thematic Area #1: GOVERNANCE MATTERS		Thematic Area #2: ACADEMIC MANAGEMENT MATTERS		Thematic Area #3: STUDENT SERVICES MATTERS		Thematic Area #4: CURRICULUM MATTERS
FOCUS	Institutional name, directors/ oversight; financial resource management & allocation, and institutional leadership	Academic oversight, academic resource allocation and academic leadership and locus for academic policy development and approval	Delivery and practice of teaching/learning, academic support and development of professional staff, research, and community engagement	Management of learning and teaching resources to support the likelihood of student success	Student recruitment, student admissions, registration and certification	Student funding, academic and administrative support, psycho-social support	Curriculum planning, curriculum development, teaching/learning resources and materials
Single entity/ company with multiple DHET registered sites of delivery, each accredited to offer programmes in contact and/or distance education. [Company; Multiple Licences; Multiple Sites of Delivery]							
Institutional Type F Single entity/ company with a single DHET registration, accredited to offer programmes in contact and/or distance education from multiple sites of delivery. [Company; Single							

LOCUS	Thematic Area #1: GOVERNANCE MATTERS		Thematic Area #2: ACADEMIC MANAGEMENT MATTERS		Thematic Area #3: STUDENT SERVICES MATTERS		Thematic Area #4: CURRICULUM MATTERS
FOCUS	Institutional name, directors/ oversight; financial resource management & allocation, and institutional leadership	Academic oversight, academic resource allocation and academic leadership and locus for academic policy development and approval	Delivery and practice of teaching/learning, academic support and development of professional staff, research, and community engagement	Management of learning and teaching resources to support the likelihood of student success	Student recruitment, student admissions, registration and certification	Student funding, academic and administrative support, psycho-social support	Curriculum planning, curriculum development, teaching/learning resources and materials
Licence; Multiple Sites of Delivery]							
Institutional Type G Recognising that some institutions do not necessarily neatly fit into the aforementioned types, this category is for institutions that do not fit into A-F. Please indicate who is responsible for the thematic areas.							

* Note that Institutional Types E and F have in common the existence of an ownership company other than the DHET registered company. Type E is different from Type F in terms of the number of licences (i.e., Certificates of Registration) under the control of the ownership company, with E having multiple licences and F having a single licence.