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National Programme Accreditation Standards and Processes

UNESCO

United Nations
Educational, Scientific and
Cultural Organization

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འབྲུག་རིས་འཛིན་ཚོགས་སྡེ།

Bhutan Accreditation Council

2022

Foreword

The Bhutan Accreditation Council is the national authority with the mandate to ensure the delivery of a quality higher education in Bhutan through accreditation. In pursuit of a superior quality culture in the country's higher education system, the Council facilitates accreditation as a tool for quality assurance.

The Council has initiated institutional accreditation since 2015 and by 2021 it had successfully completed the first cycle of accreditation of higher education institutions. Upon completion of the first cycle, the Council learnt that the institutional accreditation process had assessed the overall quality of educational institutions. As programme quality is an integral part of higher education, it is imperative for the Council to initiate a programme accreditation approach that enhances mutual recognition and cross-border mobility.

Consequently, National Programme Accreditation Standards and Processes (NPASP) were developed to ensure transparency, professionalism and objectivity within the programme accreditation process. The standards and processes outlined within this document are aligned with international best practices. Ultimately, NPASP will ensure a better quality of education in the country, which may be instrumental in enhancing employability in both national and international markets. The NPASP should serve as a reference for all relevant stakeholders.

This document aims to guide higher education institutions on standards that should to be maintained for the delivery of quality programmes. NPASP is also expected to support the implementation of the Bhutan Qualifications Framework and improve the overall quality of education.

With best wishes and prayers.

Tashi delek!

Karma Galay
Chairperson, Bhutan Accreditation Council

Abbreviations

AC   : Appellate Committee
BAC   : Bhutan Accreditation Council
BCSEA   : Bhutan Council for School Examinations and   Assessment
BIA   : Bhutan Institute of Architects
BMHC   : Bhutan Medical and Health Council
BQF   : Bhutan Qualifications Framework
CPD   : Continuous Professional Development
CQEP   : Continuous Quality Enhancement Plan
CWG   : Core Working Group
CV   : Curriculum Vitae
DAHE   : Department of Adult and Higher Education
DOS   : Department of Occupational Standards
DSE   : Department of School Education
ECCD & SEN : Early Childhood Care & Special Education Needs
GNH   : Gross National Happiness
HEPD   : Higher Education Planning Division
HEI   : Higher Education Institution
HR   : Human Resources
ICT   : Information and Communication Technology
ILO   : Intended Learning Outcome
JDWNRH : Jigme Dorji Wangchuck National Referral Hospital
JSW Law   : Jigme Singye Wangchuck School of Law
KGUMSB : Khesar Gyalpo University of Medical Sciences of Bhutan
MoE   : Ministry of Education
M&E   : Monitoring and Evaluation
MoF   : Ministry of Finance
MoLHR   : Ministry of Labour and Human Resources
NFCED   : Non-formal and Continuing Education Division
NPASP   : National Programme Accreditation Standards and Processes
PAC   : Programme Accreditation Certificate
PAR   : Programme Accreditation Report
PAT   : Programme Accreditation Team
PSAC   : Programme Self-Assessment Committee
PSAR   : Programme Self-Assessment Report
QAAD   : Quality Assurance and Accreditation Division
RCSC   : Royal Civil Service Commission
RIM   : Royal Institute of Management
RTC   : Royal Thimphu College
RUB   : Royal University of Bhutan
SSSD   : Scholarship and Student Support Division
SWOT   : Strengths, Weaknesses, Opportunities and Threats
TEB   : Tertiary Education Board
TEP   : Tertiary Education Policy
ToR   : Terms of Reference
UNESCO   : United Nations Educational, Scientific and Cultural
               Organization

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Finally, it is with the continuous support and guidance from the Department of Adult and Higher Education that the Secretariat is able to develop and complete the NPASP.

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Contents

CHAPTER 1: INTRODUCTION

1.1 Background

The Bhutan Accreditation Council (BAC) was established in 2011 as per the Tertiary Education Policy (TEP) of the Kingdom of Bhutan 2010. The Council is the overall authority on accreditation and quality assurance in higher education. It is also responsible for the interpretation and recognition of qualifications. The Quality Assurance and Accreditation Division (QAAD), under the Department of Adult and Higher Education (DAHE), Ministry of Education (MoE), serves as the Secretariat to the Council. Section 11.1 of the TEP envisions that the BAC will progress into an autonomous body in the future.

1.2 Definition

Programme accreditation is a status granted by the Council to educational programmes that meet acceptable educational standards. It indicates that a quality evaluation has been conducted to assess a curriculum; its relevance; and its delivery to meet pre-set requirements. Accreditation status makes a critical contribution to maintaining and achieving the highest possible standards of education provision.

Before the initiation of any new educational programme in Bhutan, the course must go through an internal process of programme validation within Higher Education Institutions (HEIs) and/or through the scrutiny of professional councils, wherever applicable. Validation is an internal acknowledgment of the establishment and legitimacy of a programme. The validation process is an essential tool to evaluate a new programme that fulfils internal criteria.

Programme accreditation, on the other hand, is external recognition of a validated programme. This is imperative to ensure that the appropriate and relevant knowledge, skills and abilities are taught to enable graduates to become nationally rooted and globally competent citizens.

1.3 Objectives

The main objectives of programme accreditation are:

1. Determine the effectiveness of educational programmes and their standards.
2. Enhance informed decision-making on the quality and effectiveness of educational programmes.
3. Carry out continuous self-assessment for the improvement of educational programmes to ensure a quality higher education.
4. Provide support for educational programmes through reviews and strategic planning.

1.4 Benefits

Broadly, programme accreditation has the following fundamental benefits:

- Ensures and certifies the quality of educational programmes;
- Assists in the improvement of educational programmes;
- Facilitates recognition and student mobility, both within and outside Bhutan.

Specifically, programme accreditation benefits stakeholders as outlined below:

1.4.1 Students

- Helps students to make informed decisions while choosing an educational programme;
- Provides assurance that the educational activities of an accredited programme meet the threshold requirements and needs of students;
- Facilitates recognition of qualifications at national, regional and international levels;
- Facilitates credit transfer;
- Validates a student's credibility when they are seeking entry to a HEI, or employment.

1.4.2 Higher Education Institutions

- Helps educational programmes gain national-level recognition;
- Stimulates self-assessment in pursuit of continuous programme enhancement;
- Gains public trust and confidence;
- Earns institutional prestige and credibility;

- Prepares for international accreditation;
- Enhances employability of graduates.

1.4.3 **Employers**

- Promotes confidence in employment related decisions;
- Embeds the relevant curriculum to produce employees with the appropriate knowledge, skills and abilities required by employers;
- Provides access to information on programme accreditation for decision-making processes.

1.4.4 **Nation**

- Ensures the quality of the country's human capital;
- Facilitates the building of a competent workforce;
- Provides assurance on the quality of educational programmes;
- Helps identify high performing programmes;
- Contributes to funding and other related decisions;
- Increases the global competitiveness of local educational programmes.

1.5 Scope

Programme accreditation accommodates the accreditation of all types of higher educational programmes offered in Bhutan. The NPASP serves as a reference point to relevant stakeholders.

CHAPTER 2: ACCREDITATION POLICY

The Council is tasked with providing directives on the identification of educational programmes for accreditation based on national priority, or an expression of interest received from HEIs.

2.1 Eligibility Criteria

An educational programme must fulfil the following requirements to be eligible for accreditation:

    2.1.1 The educational programme must meet the minimum academic load and learning outcomes specified in the Bhutan Qualifications Framework (BQF);

    2.1.2 The educational programme must be validated by a HEI and/or a professional council;

    2.1.3 The HEI offering the educational programme must be accredited by BAC;

    2.1.4 At least one cohort of students must have graduated from the educational programme;

    2.1.5 International educational programmes offered by HEIs in Bhutan must be accredited in the country of origin and specific details must be provided on how the programme is delivered in the home country.

In addition to the above requirements, the following stipulations must be considered and complied with:

    i. If two or more HEIs offer the same programme, or if one HEI offers the same programme at two or more campuses, or through different modes, each provision of the programme must be accredited separately to ascertain that the programme is delivered effectively.

    ii. In case of HEIs offering the same programmes, the programme offered in the host HEI should be accredited before the borrowed programmes, preferably by the same PAT. The scores for some of the key aspects of the borrowed programme should be the same as that of the host HEI as identified in the rubrics.

    iii. International educational programmes offered by HEIs in Bhutan must be accredited based on NPASP.

    iv. The accredited programme must be clearly distinguishable from other programme(s) offered by HEIs.

v. The HEI must ensure that the title of the accredited programme is consistently used and the modules are clearly reflected in academic transcripts.

vi. The HEI must apply for reaccreditation in the case of major changes in the curriculum, leading to a change in the title of the accredited programme.

2.2 Accreditation Decisions

The Council shall make accreditation decisions based on the PAT's following conditions:

(i) **Accredited:** If the educational programme secures an overall Grade C (satisfactory) with a minimum of 65 per cent in each standard (see further details in Chapter 5).

(ii) **Not Accredited:** If the educational programme is not able to secure an overall Grade C, or a minimum 65 per cent score in any of the Standards, although it secures an overall Grade C or above.

2.3 Appeal

The HEI may appeal against the Council's decision in regard to accreditation status. When this situation arises, the Council shall form Appellate Committee (AC) and instruct the Committee to address the appeal. The AC should constitute of three to five members, consisting of relevant professionals and a member of the Council.

2.4 Validity and Renewal

The validity of programme accreditation status is determined by the outcome of the grading process. An institution should apply for the renewal of accreditation status by submitting an application at least six months before the expiry of the current validity.

2.5 Non-Compliance

The following are a few examples of non-compliance but are not limited to:

a. *Minor breach*

- Failure to pay required fees within the time frame established by the Council;

- Failure to apply for reaccreditation before the expiry of the validity status;
- Failure to submit Programme Self-Assessment Report (PSAR) within the time frame established by the Council;
- Failure to submit Continuous Quality Enhancement Plan (CQEP) within the time frame set by the Council.

In case of a minor breach, the Council will issue a non-compliance letter directing the HEI to take immediate corrective action to ensure compliance thereafter. Failure to comply, or any breach thereafter, will lead to immediate suspension of accreditation status. Suspension of accreditation status will be for a minimum period of one year. The programme may or may not be granted accreditation status after the suspension.

b. Major breach

- Deregistration of the educational programme by competent authorities;
- Failure to demonstrate continued adherence to set standards and other accreditation requirements within the stipulated time frame;
- False advertisement or misrepresentation of programme accreditation status; and
- Plagiarism of a PSAR.

In case of a major breach the Council will suspend the accreditation status, and failure to comply or any breach thereafter will lead to immediate withdrawal of the accreditation status.

2.6 Withdrawal or Suspension of Accreditation

The HEI may appeal to the Council within ten working days upon receipt of the withdrawal or suspension order, along with payment of the non-refundable appeal fee, as per approval from the Ministry of Finance (MoF). The Council should address the appeal within six months from the date of receipt of appeal, based on severity of the case. The status of the programme will remain the same until the appeal is addressed. If the HEI fails to secure programme accreditation status.

In case the programme fails to secure accreditation status within one year of suspension, it will lead to withdrawal of the accreditation status.

2.7 Accreditation Fees and Other Related Expenses

The HEI must pay the prescribed fees as per the approval of the MoF when submitting the application. All expenses related to accreditation, including honorarium, travel and daily allowances and other miscellaneous expenses, should be borne by the State. However, the HEI concerned must bear the expenses incurred in the event of a reassessment. An estimated amount, determined by the Council, must be deposited prior to the reassessment. Any differences in the amount after the reassessment will be settled accordingly.

2.8 Confidentiality

The Council, PAT and the Secretariat must protect all information on an accreditation that is considered confidential.

2.9 Conflict of Interest

The policy on conflict of interest is intended to ensure that accreditation decisions are based on professional judgement. Members of the PAT and the HEI concerned must declare any conflict of interest. Each individual involved in the accreditation process is required to conduct him/herself in a professional and ethical manner and declare any real or perceived conflict of interest.

Examples of conflict of interest include, but are not limited to, the following situations:

- Being a faculty or staff at a relevant HEI over the past three years;
- Serving as a member of the committee at a HEI;
- Is an immediate family member of the management team of an educational programme that is being accredited;
- Involvement in any for-profit activity with the HEI over the past three years.

2.10 Publicity

The Council must publish information about the list of programmes, including accreditation status, grade and validity, in the National Register. Published information must be reviewed periodically and updated accordingly.

Once programme accreditation has been granted, the HEI concerned should publish the Programme Accreditation Report (PAR) on their website. The accredited programme must be clearly distinguishable from other programme(s) offered by the HEI that are not/non-

accredited. Furthermore, the HEI concerned must indicate the programme status in its brochures, catalogues, official publications and advertisements. The name of the accredited programme must be the same as the one in the accreditation certificate. The Council has the right to take the appropriate action in case of failure to meet these conditions.

CHAPTER 3: STANDARDS OF PROGRAMME ACCREDITATION

Programme accreditation is a systematic and thorough process of assessing the quality of higher education programmes. It looks at critical areas of programme development, delivery and overall quality. It is based on seven standards. Each standard has key aspects and specific indicators are used for each key aspect. There are **Twenty-Two** key aspects and **Sixty-Three** indicators. The seven standards are as follows:

Standard 1: Aims and Objectives of the Programme.
Standard 2: Programme Management.
Standard 3: Curriculum Quality and Effectiveness.
Standard 4: Teaching, Learning and Assessment.
Standard 5: Teaching and Learning Resources.
Standard 6: Student and Support Services.
Standard 7: Quality Assurance and Enhancement System.

3.1 Special Requirements for Professional Fields of Study

Accreditation of programmes intended to prepare students to practise as skilled professionals must be conducted by the PAT. Personnel involved in this procedure must be credible professionals (details are outlined in 4.2) with the necessary expertise and relevant field experience. The seven standards must be applied uniformly to all programmes. However, any specific components, or special requirements crucial to the disciplines, must be addressed by the PAT. For example, a medical programme must develop the knowledge, skills, values and attitudes required of a medical practitioner. Likewise, a civil engineering programme must develop the abilities required of a civil engineer.

3.2 Standard One: Aims and Objectives of the Programme

This standard considers how the aims and objectives of the programme are clearly developed and aligned with the mission and vision of the HEI and/or the university. It also evaluates how the aims and objectives are periodically reviewed to make the programme relevant and responsive to the emerging needs of society.

Key Aspect	Indicator
1.1 Alignment of aims and objectives with vision and mission of the institution and/or university	1.1.1 The aims and objectives are clearly defined, realistic and well disseminated. 1.1.2 The aims and objectives are aligned with that of the vision and mission of the institution and/or university.
1.2 Development and review of aims and objectives	1.2.1 Aims and objectives are developed and reviewed based on needs and emerging trends. 1.2.2 Formal mechanisms to develop and review aims and objectives are in place. 1.2.3 Relevant stakeholders are engaged while developing and reviewing.

3.3 Standard Two: Programme Management

This standard considers if programme governance and management is appropriately tailored for successful implementation of the programme. It evaluates the process of programme planning and development. It also evaluates strategies for disseminating information and mechanisms adopted for an effective programme delivery.

Key Aspect	Indicator
2.1 Programme planning and development processes	2.1.1 The programme is developed based on need analysis and stakeholder consultation. 2.1.2 A resource availability assessment is carried out during the planning phase.
2.2 Programme governance structure	2.2.1 The programme has a clear governance structure in place with clear reporting and monitoring mechanisms. 2.2.2 The programme ensures accountability of the programme faculty through clearly defined roles, responsibilities, academic freedom and professional ethics. 2.2.3 The programme has a career development and succession plan for key position holders and academic staff.
2.3 Programme information and communication management	2.3.1 A comprehensive programme handbook is developed. 2.3.2 Detailed information on the programme is disseminated and made accessible to the public.

3.4 Standard Three: Curriculum Quality and Effectiveness

This standard considers the key features of curriculum design, development and effectiveness. It evaluates the alignment of Intended Learning Outcomes (ILOs) to the aims, objectives and graduate attributes of the programme. It also examines procedures for a review of the curriculum to ensure relevance based on current trends, with an emphasis on continuous improvement.

Key Aspect	Indicator
3.1 Curriculum development process and procedure	3.1.1 The processes and procedures for curriculum development are in place. 3.1.2 The curriculum is developed to achieve the stated aims, objectives, ILOs and graduate attributes to meet the requirements of the BQF. 3.1.3 The curriculum is developed through consultation with stakeholders and experienced practising professionals.
3.2 Alignment and effectiveness of ILOs	3.2.1 ILOs are clearly specified and consistent with the BQF, and are aligned to the educational benchmarks of reputed international HEIs. 3.2.2 Teaching-learning approaches and assessments are designed to achieve the ILOs.
3.3 Curriculum structure	3.3.1 The curriculum is structured as per the prescribed module descriptors and comparable to reputed international benchmarks. 3.3.2 ILOs, subject matter and assessments are coherently aligned. 3.3.3 The curriculum structure has provisions for credit transfer, as specified in the BQF.
3.4 Curriculum content and relevance	3.4.1 The curriculum includes national goals and aspirations such as Gross National Happiness (GNH) principles and values. 3.4.2 Relevant and up-to-date diverse content is offered, as per the academic requirements. 3.4.3 There is a mechanism to measure that the curriculum achieves the stated graduate attributes. 3.4.4 The curriculum addresses the current development and competencies required for both academic and employment opportunities.
3.5 Curriculum review and improvement	3.5.1 The curriculum is evaluated and reviewed to ensure its effectiveness and relevance. 3.5.2 Changes required from review exercises are addressed for continuous improvement. 3.5.3 Relevant professionals are engaged in the review process.

3.5 Standard Four: Teaching, Learning and Assessment

This standard focuses on teaching, learning and assessment of student learning. It describes the overriding philosophy of teaching-learning and examines the use of diverse strategies in teaching to enhance the quality of teaching-learning experiences. This standard also encompasses the alignment of teaching-learning and assessment methods to achieve the ILOs.

Key Aspect	Indicator
4.1 Quality of teaching	4.1.1 Diverse and innovative teaching methods are used to achieve the ILOs. 4.1.2 Student-centred learning is implemented. 4.1.3 Diverse technological and digital platforms are used in teaching. 4.1.4 A system for the continuous improvement of teaching is in place.
4.2 Diverse and practical learning experiences	4.2.1 Systems to promote diverse learning experiences are in place. 4.2.2 Relevant hands-on experiences and industrial experiences are adopted for student learning. 4.2.3 A deep learning approach is implemented and promoted.
4.3 Alignment of student assessment to learning outcomes	4.3.1 Student assessments are aligned to the ILOs. 4.3.2 Diverse, current and relevant assessment methods and tools are used. 4.3.3 Student assessment addresses the appropriate order of learning as per the BQF.

3.6 Standard Five: Teaching and Learning Resources

This standard examines the quality and adequacy of human resources, including the qualifications and experiences of the teaching faculty. It evaluates activities initiated for capacity development of faculty and support staff. It also evaluates the teaching-learning resources, library, Information and Communication Technology (ICT) and associated facilities.

Key Aspect	Indicator	
5.1 Quality and adequacy of human resources	5.1.1	Adequate, relevant, qualified and experienced staff are recruited as per the requirement.
	5.1.2	Adequate, qualified and relevant technical and support staff are recruited as per the requirement.
5.2 Professional development and faculty research	5.2.1	Regular and relevant professional development activities are explored, availed and organized.
	5.2.2	Programme faculty actively participate in professional development activities through other agencies.
	5.2.3	Programme faculty are engaged in relevant research work and scholarly publications.
	5.2.4	Financial support for professional development and research activities is provided.
5.3 Appropriate teaching-learning facilities and resources	5.3.1	Adequate essential reading materials and relevant references are made available.
	5.3.2	Adequate and reliable teaching-learning resources and facilities are provided.
	5.3.3	Adequate mechanism for improving and maintaining teaching-learning facilities is in place.

3.7 Standard Six: Student and Support Services

This standard examines the admission and progression of students. It assesses the educational support services that are integral for realizing the aims and objectives of the programme. This standard also evaluates graduate destination and employability allowing students to perceive their potential career paths.

Key Aspect	Indicator	
6.1 Student admission and progression	6.1.1	The admission system and procedures for the programme are documented and implemented.
	6.1.2	The admission criteria for the programme are clearly defined, disseminated and applied.
	6.1.3	The progression and completion criteria are adhered to.
6.2 Educational support	6.2.1	Programme faculty are accessible for academic consultation and guidance.
	6.2.2	Students who are experiencing learning

Key Aspect	Indicator	
service	6.2.3	challenges are identified and supported. Support services for students with psycho-social issues are provided.
	6.2.4	Career guidance on employment opportunities is provided.
6.3 Graduate destination and employability	6.3.1	The programme facilitates graduate mobility and lifelong learning.
	6.3.2	International benchmarks are used in programmes to enhance employability.
	6.3.3	Graduate tracer studies are carried out for informed decision making.

3.8 Standard Seven: Quality Assurance and Enhancement System

This standard examines the quality-oriented culture, with a focus on continuous quality enhancement. This includes how regular feedback from internal and external stakeholders is collected, analysed and used for the improvement of the programme. This standard also emphasizes overall quality management to ensure programme effectiveness.

Key Aspect	Indicator	
7.1 Quality assurance procedures and practices	7.1.1	Well defined programme quality assurance mechanisms are developed and implemented.
	7.1.2	Periodic monitoring and evaluation is carried out.
7.2 Quality-oriented culture for continuous quality enhancement	7.2.1	Internal monitoring and evaluation findings are used for continuous quality enhancement.
	7.2.2	Feedback from relevant stakeholders is used for informed decision-making.
7.3 Overall quality management for programme effectiveness	7.3.1	A mechanism to evaluate the programme based on the seven standards is in place.
	7.3.2	A self-reflection culture is implemented for continuous enhancement of the programme.
	7.3.3	Recommendations from the previous accreditation exercise, if applicable, or internal initiatives to enhance overall quality management for programme effectiveness are implemented.

CHAPTER 4: PROCESS OF ACCREDITATION

Programme accreditation assesses whether a programme meets the threshold requirements when evaluated against the seven standards. The process commences upon receipt of a formal application from a HEI. The BAC appoints and empowers the PAT to provide an independent assessment that is intended to ensure that the programme is relevant, effective and of a high quality. The PAT submits the PAR to the BAC based on the assessment of the PSAR and the site visit. The Council shall review and endorse the PAR. The entire process should take four months to complete.

4.1 Application

Programme accreditation is strategized based on an expression of interest received from HEIs, or a national priority based on the decision of the Council. The head of the HEI should apply formally to the Secretariat using the application form *(**Annexure I**)* after receiving notification, or six months prior to the expiry of the validity of the previous accreditation status. The application should be submitted within ten working days from the date of the notification.

The PSAR (***Annexure II***), along with the Opinion Survey (***Annexure III***)*, should be submitted within two months from the date of notification, or an application in the case of an expression of interest. The Programme Self-Assessment Committee (PSAC) must be established in the HEI to carry out roles and responsibilities outlined in Section 6.4.

The Secretariat has the responsibility to assess the completeness of the application and the supporting documents submitted by the HEI. In case of an incomplete application and documents, the HEI should be notified and the additional information must be submitted within ten working days from the date of notification.

4.2 Formation of Programme Accreditation Team

The Council should appoint the PAT members based on the Secretariat's recommendations. The Secretariat may consult relevant professional councils or associations for nominations of PAT members, if required.

The PAT should consist of three to five individuals who collectively possess a wide range of relevant skills. These proficiencies should

include appropriate knowledge, experience and expertise related to the educational programme. The PAT should include representation from relevant backgrounds, experience in higher education management, programme development, employment in the relevant subject area, involvement in industry and if possible, international experts.

A chairperson should be appointed among the PAT members, based on the Secretariat's recommendation. The chairperson must be a senior academic or a practising professional in a relevant field, with adequate experience to consolidate findings, lead the PAT and resolve discrepancies, if any, among the PAT members.

Each PAT individual should meet the following broad criteria:
- Minimum of a master's degree, or an academic qualification at a higher level than the educational programme being accredited;
- Minimum of at least 10 years proven work experience in a relevant field;
- Should not be an active faculty, or have any affiliation with the HEI;
- Should not be an immediate family member of the management team of the programme;
- Should not be involved in any for-profit activity with the HEI concerned over the past three years;
- Should produce a valid security clearance certificate.

PAT members should declare conflict of interest as per **Annexure IV A**, if any, and commit to abide by the code of confidentiality and professional conduct. The Secretariat should disclose in writing the names of nominated members to the HEI. The HEI may express reservations with respect to any particular nominee within two days of the disclosure. In case there is a potential issue, the HEI should sign the conflict of interest declaration as per **Annexure IV B** and submit a copy to the Secretariat.

4.3 Preparation for Site Visit and Evaluation of the PSAR

The Secretariat should prepare PAT members after receiving a PSAR from the HEI. The preparation should include orientation on policies, processes and standards of programme accreditation. The duration of the preparation should be five days.

During the preparation, each member is tasked with carrying out a thorough evaluation of the PSAR, the relevant documents, Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and findings of the opinion survey in order to prepare an individual PAR. A consolidated preliminary PAR and grading should be derived from the individual PAR during the preparatory programme. The team should also prepare action plan, including questions for clarification and a list of documentary evidence required during the site visit.

4.4 Accreditation Site Visit

The site visit to the HEI is carried out to validate the PSAR and gather additional information. It is usually conducted within one month upon receipt of the PSAR. During the five-day site visit, the team should carry out activities listed in the following table:

Day	Activities
Day One:	Meeting with management, programme faculty, relevant support staff and students.
Day Two:	Observation of teaching-learning and physical verification of relevant facilities and resources.
Day Three:	Review documentary evidence and consolidate the final PAR.
Day Four:	Continue the review of the documentary evidence and consolidate the final PAR. Share the PAR with the HEI concerned for comments. The HEI should return the report with comments, if any.
Day Five:	Incorporate comments and finalize the PAR. Conduct the exit meeting.

The PAT should prepare the PAR and the Grading Sheet, as per **Annexure V** and **Annexure VI** respectively. The PAR should be prepared based on the information provided in the PSAR, documentary evidence, the site visit and meetings. The grading should be prepared based on the Rubrics for Standards of Programme Accreditation, as per **Annexure VII.**

4.5 PAR Presentation, Review and Endorsement

The PAR should be submitted to the Secretariat for onward submission to the Council. The Secretariat should submit the consolidated PAR to the Council for a review at least one week prior to the presentation. The PAT should present the key findings of good practices and areas of

improvement, overall SWOT analysis, and standard-related recommendations for endorsement. The Council may suggest additional recommendations for the enhancement of the educational programme, in addition to those recommended by the PAT. The Council shall review and endorse the PAR after addressing the concerns, if any.

4.6 Award of Accreditation Certificate

The Secretariat will make arrangements to award the accreditation certificate and register the accredited programme in the National Register.

4.7 Post-Accreditation

The Secretariat will formally communicate the accreditation decision to the relevant authorities and the HEI concerned. This must include an overview of the PAR – highlighting strengths of the programme, areas for improvement and any other directives. Accordingly, the CQEP, as per *Annexure VIII*, will address the recommendations and submitted directives implemented within the validity period. The Secretariat will conduct monitoring visits to the HEI concerned to ensure effective implementation of the CQEP, using the monitoring tool, as per *Annexure IX*. The Secretariat should compile and present the monitoring report to the Council for information and directives, if any. The accredited programme should maintain the standards achieved, while also continuously improving quality and aspiring to achieve the highest possible standards.

4.8 Reassessment

A reassessment should be conducted in the following situations:

4.8.1 When a programme is not accredited, the HEI can apply for reassessment within a year. If the programme fails to gain accreditation even after a reassessment, the Council should direct the discontinuation of the programme and inform the relevant authority to cease funding for the programme.

4.8.2 In a case where a programme intends to improve its grade, the HEI may apply for a reassessment after completion of at least one year from the date of the previous accreditation.

In the event of a reassessment, all related expenses including honorarium, travel and daily allowance and other miscellaneous expenses should be borne by the HEI concerned.

4.9 Reaccreditation

Reaccreditation refers to the second and subsequent cycle of accreditation after the expiry of the validity of the previous accreditation. The reaccreditation process involves the same process and fee as the initial accreditation. The HEI should apply for reaccreditation six months prior to the expiry of the current validity.

4.10 Appeal

The right to appeal is granted to HEIs as an opportunity to address grievances on the process, or the outcome of an accreditation exercise. HEIs may appeal under the following circumstances:

   a) Not satisfied with the outcome of accreditation.
   b) Non-compliance to the accreditation process.
   c) Suspension or withdrawal of accreditation status.

A HEI may appeal in writing to the Council within 10 working days upon receipt of the Council's decision, using the appeal form as per *Annexure X*, along with the submission of a non-refundable appeal fee. The Council has a responsibility to constitute Appellate Committee (AC) to address the appeal within six months. The decision of the AC shall be final and binding.

The programme accreditation process entails the following key stages:

```
┌─────────────────────────────────────────┐
│   Notify the HEI to apply for programme  │
│      accreditation or reaccreditation    │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│   Submit application and related documents │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│           Verify the documents            │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│           Dispatch PSAR to PAT            │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│      Conduct PAT preparatory programme    │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│             Conduct site visit            │
└─────────────────────────────────────────┘
                    ↓
┌─────────────────────────────────────────┐
│     Present PAR to the Council by PAT     │
└─────────────────────────────────────────┘
                    ↓
```

Council reviews PAR →
- Accredited
- Not Accredited

→ Secretariat communicates Council's decision
↓
Appeal, if any
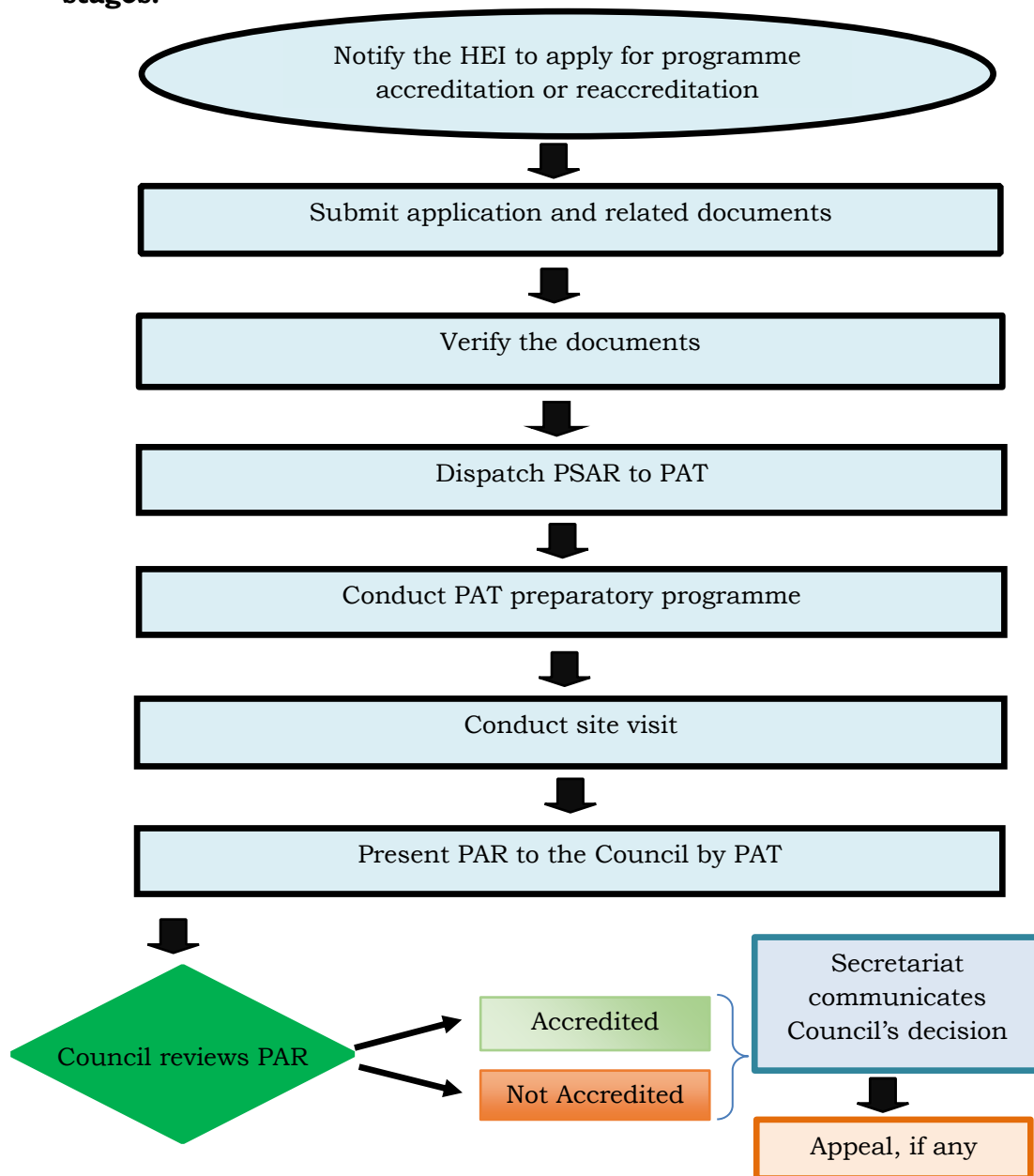
Note: *HEIs applying for reaccreditation should submit the application six months prior to the expiry of the current validity and should follow the same process.*

CHAPTER 5: GRADING

Grading is the main outcome of the programme accreditation process. The *Certificate of Accreditation*, as per **Annexure XI**, carries a grade assigned to the programme offered by the HEI, indicating the status of programme accreditation. The grading system is based on the principles of objectivity and accuracy in the accreditation process. Grading is expected to contribute to the continuous improvement of programme quality.

The process of assessing and grading educational programmes takes into account the total scores obtained for each of the **seven standards** and **twenty-two key aspects**. The key aspects of each standard have different weighting according to their relative importance.

5.1 Process of grading and distribution of score

The Secretariat should receive a PSAR from the HEI and dispatch the report to the PAT. The PAT should study the PSAR individually and prepare a preliminary PAR and grading ahead of the actual site visit.

The team will then decide on the final grade at the time of the site visit to the HEI. The final PAR and grading will be based on documentary evidence, discussions, consultations, observations and the collective judgement of the PAT.

Table 5.1: Distribution of weighting for each Standard and Key Aspect

Standards	Weighting (%)	Key Aspect	Distribution of weighting against each Key Aspect (%)
1. Aims and objectives of the programme	5	1.1 Alignment of aims and objectives with vision and mission of institution and/or university.	2
		1.2 Development and review of aims and objectives.	3
2. Programme management	5	2.1 Programme planning and development processes.	2

		2.2 Programme governance structure.	1
		2.3 Programme information and communication management.	2
3. Curriculum quality and effectiveness	25	3.1 Curriculum development process and procedure.	5
		3.2 Alignment and effectiveness of ILO.	5
		3.3 Curriculum structure.	3
		3.4 Curriculum content and relevance.	6
		3.5 Curriculum review and improvement.	6
4. Teaching, learning and assessment	25	4.1 Quality of teaching.	10
		4.2 Diverse and practical learning experiences.	8
		4.3 Alignment of student assessment to learning outcomes.	7
5. Teaching and learning resources	15	5.1 Quality and adequacy of human resources.	5
		5.2 Professional development and faculty research.	6
		5.3 Appropriate teaching-learning facilities and resources.	4
6. Student and support services	10	6.1 Student admission and progression.	2
		6.2 Educational support services.	5
		6.3 Graduate destination and employability.	3
7. Quality assurance and enhancement system	15	7.1 Quality assurance procedures and practices.	5
		7.2 Quality-oriented culture for continuous quality enhancement.	6
		7.3 Overall quality management for programme effectiveness.	4
Total:	**100**		**100**

For ease of grading, five points should be used to work out the weighted score. The five points are: four (Excellent); three (Very Good); two (Good); one (Satisfactory); and zero (Unsatisfactory). An appropriate point should be awarded for each key aspect using the rubrics based on the PSAR, observations and evidence from the site visit.

For example, under Standard Three *(Curriculum quality and effectiveness)*, there are five key aspects with weighting for each as given below. In this instance, key aspect 3.1 is awarded three points because this key aspect was found to be 'very good'. Similarly, key aspect 3.3 was awarded zero as it was found to be 'unsatisfactory'.

The final point for each key aspect is awarded based on discussions and collective judgements of PAT members and not by merely averaging the points. In order to get the weighted score for each key aspect, the weighting is multiplied by the point awarded.

Standard 3: Curriculum Quality and Effectiveness			
Key Aspect	**Weighing**	**Point awarded (0-4)**	**Weighted score**
3.1 Curriculum development process and procedure.	5	3	15
3.2 Alignment and effectiveness of ILO.	5	2	10
3.3 Curriculum structure.	3	0	0
3.4 Curriculum content and relevance.	6	1	6
3.5 Curriculum review and improvement.	6	3	18
Total:	**25**		**49**

The total weighted score for this standard is forty-nine. To find the weighted average score, the total weighted score should be divided by the maximum possible point i.e. four, which gives the total score of 12.3 (49 ÷ 4 = 12.25 or 12.3). For uniformity, it should be rounded off to one decimal place for that standard. The weighted average score for the rest of the Standards should be obtained in the same way and added to calculate the final total score, to the nearest whole number.

5.2 Grade and Performance Descriptor

The total weighting for the seven standards is 100. The grade is awarded based on the range of scores and each grade indicates the level of performance. The details of range of total score, including grade, performance level and description, and validity is shown in Table 5.2.

Table 5.2: Grade, Performance Level and Validity

Range of total score:	Grade	Performance level	Performance description	Validity
95-100	A+	Excellent	**Accredited** (Exceptionally high level of achievement).	7 years
90-94	A	Very good	**Accredited** (Has scope to attain excellence).	6 years
80-89	B	Good	**Accredited** (Meets the required and desired level).	5 years
70-79	C	Satisfactory	**Accredited** (Meets basic requirements and requires considerable improvement to continue offering the programme).	4 years
69 and below	–	Unsatisfactory	**Not accredited** (Apply for reassessment within one year, or direct for discontinuation of the programme).	

The programme must secure an overall Grade C to be accredited. However, if the programme fails to secure a minimum of 65 per cent in each standard, it will not be accredited.

CHAPTER 6: ROLES AND RESPONSIBILITIES

The roles and responsibilities of individuals/parties involved in the accreditation process have to be clearly defined and fulfilled to ensure effectiveness of the programme accreditation exercise. This chapter outlines the responsibilities and sets accountability to ensure transparent and effective accreditation practices.

6.1 Bhutan Accreditation Council

The Council has a responsibility to:

6.1.1 Provide overall direction related to quality assurance and accreditation of educational programmes offered in the country;

6.1.2 Institute mechanisms to ensure credible accreditation of educational programmes in Bhutan;

6.1.3 Direct the Secretariat to carry out the review exercise to affirm that HEIs have maintained the set Standards on a continuous basis;

6.1.4 Endorse the appointment of the PAT based on the recommendations of the Secretariat;

6.1.5 Review and endorse the PAR;

6.1.6 Grant, deny, withdraw, or suspend accreditation status;

6.1.7 Interpret the provisions as outlined in the NPASP; and

6.1.8 Approve the review of programme accreditation related documents.

6.2 Quality Assurance and Accreditation Division

The Secretariat has a responsibility to:

6.2.1 Coordinate and facilitate programme accreditation;

6.2.2 Recommend the appointment of PAT members to the Council;

6.2.3 Prepare PAT members for the accreditation exercise PAT members;

6.2.4 Oversee the completeness and proper order of the PSAR and the PAR;

6.2.5 Serve as a media spokesperson related to programme accreditation;

6.2.6 Facilitate appeals related to programme accreditation;

6.2.7 Make the PAR accessible to the public;

6.2.8 Carry out monitoring to affirm HEIs have followed up on recommendations from an accredited programme;

6.2.9 Communicate the Council's programme accreditation decision to the relevant authorities and HEI concerned; and

6.2.10 List the accredited educational programmes in the National Register.

6.3 Higher Education Institutions

HEIs have a responsibility to:

6.3.1 Comply with all existing acts, policies, guidelines and other relevant directives;

6.3.2 Maintain the required standards as outlined in this document;

6.3.3 Constitute a PSAC with a documented Terms of Reference (ToR);

6.3.4 Submit a PSAR and other documents to the Secretariat;

6.3.5 Declare conflict of interest;

6.3.6 Collaborate and render support to the PAT during site visits;

6.3.7 Apply for programme accreditation and reaccreditation six months prior to expiry of current validity;

6.3.8 Ensure timely payment of programme accreditation fees; and

6.3.9 Ensure effective implementation of the CQEP.

6.4 Programme Self-Assessment Committee

The Committee has a responsibility to:

6.4.1 Serve as a focal point for programme accreditation;

6.4.2 Commit to the promotion of self-reflection and self-assessment regarding programmes;

6.4.3 Coordinate and organize inductions on programme accreditation processes;

6.4.4 Render necessary support to both the Secretariat and the PAT;

6.4.5 Spearhead preparation of the PSAR to ensure quality and coherence, including administration of the opinion survey and SWOT analysis among stakeholders;

6.4.6 Refrain from plagiarising the PSAR and supporting documents; and

6.4.7 Study the PAR and prepare the CQEP for implementation.

6.5 Programme Accreditation Team

The PAT has a responsibility to:

6.5.1　Declare any conflict of interest and ensure integrity of practice;

6.5.2　Read and evaluate the PSAR, prepare individual PARs and assist in consolidating the PAR;

6.5.3　Determine additional documentary evidence that may be required and list areas for clarification ahead of the site visit;

6.5.4　Develop a plan of action for the site visit in consultation with the Secretariat;

6.5.5　Validate evidence during the site visit;

6.5.6　Finalize and present an undisputed PAR in the exit meeting and submit the report to the Secretariat, in both hard and soft copies;

6.5.7　Complete assigned tasks, as per the contract agreement, and as per *Annexure XII*, including an appeal, if any;

6.5.8　Cooperate with the Chairperson of the PAT and Secretariat;

6.5.9　Provide feedback on the programme accreditation process to the Council;

6.5.10　Be aware of the core values of the Council;

6.5.11　Refrain from disclosing any deliberations, discussions or materials that are confidential and sensitive in nature; and

6.5.12　Conduct other appropriate actions as deemed necessary to ensure professionalism, as per their ToR *(Annexure XIII)*.

6.6 Chairperson of Programme Accreditation Team

Besides the roles and responsibilities of the PAT outlined in section 6.5, the Chairperson has a responsibility to:

6.6.1　Lead the PAT during the entire accreditation exercise;

6.6.2　Chair all meetings during site visits;

6.6.3　Create a professional, open and positive atmosphere to encourage full participation and critical enquiry for effective decision-making;

6.6.4　Address differences, if any, and ensure a common consensus is reached; and

6.6.5　Present the PAR to the Council.

6.7 Appellate Committee

As per the ToR for the Appellate Committee (***Annexure XIV***), the Appellate Committee has a responsibility to:

6.7.1   Verify the appeals to ascertain the genuineness of the appeal within five working days after the establishment of the Committee;

6.7.2   Address the appeal, if found genuine, through detailed examination of the evidence, site visits and other appropriate measures, as deemed necessary;

6.7.3   Provide adequate opportunity to the appellant to state and defend their case;

6.7.4   Seek legal advice to ensure fair, transparent and judicious decision; and

6.7.5   Compile a report on the appeal within forty-five days from receipt of the appeal.

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ANNEXURES

ANNEXURE I

Application Form for Programme Accreditation

A.   Institutional Profile

1. Name: ....
2. Type: ....
3. Affiliated to (if applicable):.....................................
4. Location:..
5. Year of establishment: ....
6. Head: ....
7. No. of faculty members: Male: .... Female: ...... Total: ....
8. No. of students: Male: .... Female: .... Total: ....
9. No. of programmes offered: ....
10. Contact No.: ....
11. Email: ....

B.   Programme Description
1. Title: ....

2. Duration: ....

3. Level (as per BQF): ....

4. Total Credit value: ....

5. Mode of delivery: ....

6. Award body: ....

7. Programme leader/Coordinator...

    Phone: ....

    Email: ....

Indicate (✓) the cycle of programme accreditation
| First Cycle
| Second Cycle
| ....(specify the cycle)

Checklist

A.	Programme approval(s), such as approvals from university, professional councils and other relevant documents. **Note**: Ensure international educational programmes have accreditation status from the accrediting body of the host country.	☐
B.	Institutional accreditation status.	☐
C.	For the purpose of carrying out an opinion survey, the HEI concerned should submit the following information: 1. List of students enrolled in the programme to be accredited, along with their valid email addresses. 2. List of the programme faculty and their valid email address. 3. List of programme alumni with their valid email addresses (past three cohorts and one cohort in the case of a new programme). 4. List of potential employers along with their valid email addresses and contact details.	☐ ☐ ☐ ☐
D.	Receipt of the programme accreditation fee.	☐
E.	Programme document.	☐

I confirm that the information furnished is accurate, up-to-date and provides a true account of the provider and its provision. The PSAR should be submitted to the Secretariat of the BAC within two months from the date of notification.

_____

Dated Signature:........./.........../20......
Full Name:…………………………………
Head of the HEI *(Seal of the HEI)*
…………………………*For Official use only***………………………………**
The application is received along with all required documents by:

_____

Dated Signature:........../........./20........
Name:……………………………………………

Programme Self-Assessment Report (PSAR)

Guidelines for Preparing PSAR

In order to ensure that the PSAR is uniform and meets the threshold requirement, the following guidelines have been developed for preparing the PSAR. All HEIs, specifically the PSAC, are expected to comply with the guidelines. However, HEIs and PSAC could go beyond the template of this document in preparing a professional PSAR.

1. Broad Guidelines

1.1 The questions in the PSAR are broad to address the key aspects. The HEI concerned can provide details and an additional explanation as far as possible.
1.2 Use academic language and avoid informal jargon.
1.3 The responses to the questions must be specific and comprehensive.
1.4 While preparing the PSAR, the rubric of the NPASP must be referred to in order to have a better understanding on how the grading should be done.
1.5 Refer to the glossaries to have a better understanding of the terminologies.
1.6 Contact the Secretariat for any further clarification.
1.7 Prepare the PSAR, as per the template provided.
1.8 Evidence, whenever required, must be furnished.

2. Specific Requirements

2.1 It is mandatory to reflect all questions along with responses as per the PSAR format.
2.2 The standard font style should be Times New Roman.
2.3 The text font size should be 12 point.
2.4 The spacing in between the lines should be 1.15.
2.5 The page number should be at the bottom of the page in 'X of Y' format.
2.6 The table in the report must be appropriately numbered for easy reference.
2.7 Details, or links to reference materials (e.g. student handbook, academic policy) should be indicated in the PSAR.

Programme Self-Assessment Report

The Programme Self-Assessment Report (PSAR) should consist of the following:
A. Details of:
  I. Institution
  II. Programme
B. Main Report
C. SWOT Analysis

The details of each part are outlined below.

A. Details of:

I Institution

Name:	
Type:	
Affiliated to (if applicable):	
Location:	
Year of establishment:	
Website:	
Head:	
Contact details:	Email: Phone:
Year and grade of institutional accreditation:	
No. of faculty members:	Male: Female: Total:
No. of students:	Male: Female: Total:
No. of programmes offered:	

II Programme

Title:	
Programme affiliated to (if applicable):	
Level as per BQF:	
Duration:	
Number of modules under the programme:	
Total credit value:	

Date of last programme accreditation (if applicable):	
Programme fee:	
No. of student funded by:	Government: Private: Any other:
Number of programme faculty:	Regular: Contract: Adjunct: Total:
Number of support staff:	Administrative: ICT: Library: Technical, if applicable: Any other: Total:
Approved intake per cohort:	
No. of enrolments:	Male (cohort wise): Female (cohort wise): Total (cohort wise):
Name of programme leader:	
Contact No:	
Email ID:	

B. Main Report

Each standard is identified by a number and name (e.g. standard 1: Aims and Objective of the Programme). The key aspect of each standard is numbered (e.g. 1.1, 1.2, and 1.3 for the three key aspects under standard 1). Each key aspect has a set of indicators (e.g. key aspect 1.1: Alignment of aims and objectives with vision and mission of institution and university) numbered as 1.1.1, 1.1.2, and 1.1.3. Each indicator has a set of questions that are to be used by HEIs for preparing the PSAR (e.g. Question 1.1.1.1 is the first question under indicator 1.1.1 of key aspect 1.1 of standard 1).

In order to address all indicators under each standard and key aspect, HEIs are required to respond to the following questions:

Standard One: Aims and Objective of the Programme

1.1   Alignment of aims and objectives with vision and mission of institution and/or university

1.1.1.1   State and explain how realistic the aims and objectives of the programme are.

1.1.1.2   Explain how the aims and objectives are disseminated.

1.1.2.1   Explain how the aims and objectives are aligned and contribute to the vision and mission of the institution and/or the university.

1.2   Development and review of aims and objectives

1.2.1.1   Describe how the needs of society and emerging trends are considered while developing the aims and objectives of the programme.

1.2.1.2   Describe how market demand and emerging trends are addressed while reviewing the aims and objectives.

1.2.2.1   Explain the mechanisms and procedures in place to develop and review the aims and objectives of the programme. Mention the actions taken based on the review process.

1.2.3.1   Explain the engagement of relevant stakeholders in the development and review process of the aims and objectives of the programme.

Standard Two: Programme Management

2.1   Programme planning and development processes

2.1.1.1   Explain how the programme was developed, considering need analysis and the strategic plan.

2.1.1.2   Explain how the HEI ensures that all relevant stakeholders are engaged during the planning phase.

2.1.2.1   Explain how the resource availability assessment for the programme was carried out during the planning phase.

2.2   Programme governance structure

2.2.1.1   Explain the details of programme governance structure/organogram in place with the roles and responsibilities of personnel managing the programme.

2.2.1.2   Explain how the programme governance structure and management was reviewed to enhance the effectiveness of implementation of the programme.

2.2.1.3   Explain the reporting and monitoring mechanism(s) of the programme as per the structure in place.

2.2.2.1   Explain how programme management ensures accountability of the programme faculty in terms of roles, responsibilities, academic freedom and professional ethics.

2.2.3.1   Explain the career development plan and succession plan for key position holders and programme faculty.

2.3   Programme information and communication management

2.3.1.1   Provide detailed information in the programme handbook, such as information on the ILO, selection criteria, teaching-learning and assessment procedures, level of qualifications as per the BQF and employment opportunities.

2.3.2.1   Explain efforts made to disseminate information on the programme and make it accessible to the public.

2.3.2.2   Give an overview of the communication channels used and the procedure for reviewing their effectiveness, as well as the various interventions taken for improvement.

Standard Three: Curriculum Quality and Effectiveness

3.1   Curriculum development process and procedure

3.1.1.1   Explain the processes and procedures followed in the development of the curriculum.

3.1.2.1   Explain how the curriculum ensures the alignment of aims, objectives, ILOs and graduate attributes.

3.1.2.2   Explain how the curriculum meets the requirements of the BQF.

3.1.3.1   Explain how relevant stakeholders and professionals were involved in the development of the curriculum.

3.2   Alignment and effectiveness of ILO

3.2.1.1   Explain how the ILOs meet the requirements of BQF and align to the educational benchmarks of reputed international HEIs.

3.2.1.2   Provide a list of ILOs under the domains, as outlined in the BQF.

3.2.1.3   Explain how the existing ILOs could be improved for better coverage of the domains.

3.2.2.1   Explain the teaching strategies designed by the programme faculty to achieve the ILOs.

3.2.2.2   Describe the planned learning activities to achieve the ILOs.

3.2.2.3   Describe how the programme faculty ensures assessment methods achieve the ILOs.

3.3   Curriculum structure
3.3.1.1 Explain how the curriculum structure is framed.
3.3.1.2 Describe how the curriculum is benchmarked to reputed international standards.
3.3.2.1 Explain the measures taken to ensure that the subject matter and assessment methods are coherently aligned to the ILOs.
3.3.3.1 Describe initiatives taken to promote diversity and facilitate credit transfer for student mobility.
3.3.3.2 Provide a list of both core and elective modules offered by the programme.

3.4   Curriculum content and relevance
3.4.1.1 Explain the curriculum and how national goals and aspirations are included within it.
3.4.1.2 Explain how GNH principles and values are incorporated into the curriculum.
3.4.2.1 Explain initiatives undertaken to ensure the curriculum content meets the required competencies of academic and professional fields.
3.4.3.1 Explain how the curriculum ensures the achievement of stated graduate attributes.
3.4.4.1 Explain how the curriculum addresses the aim to enhance students' capabilities and employability.

3.5   Curriculum review and improvement
3.5.1.1 Explain the formal mechanism(s) in place for a review of the curriculum.
3.5.1.2 Explain the challenges and opportunities experienced during the review process and how this is addressed.
3.5.2.1 Explain how required changes resultant from the review are addressed and provide examples.
3.5.3.1 Provide details on how relevant stakeholders, experienced and practising professionals, both internal and external are engaged in the review process and their contributions.

Standard Four: Teaching, Learning, and Assessment
4.1   Quality of teaching
4.1.1.1 Give an overview of the diverse and innovative teaching methods used by programme faculty to achieve the ILOs and provide examples.
4.1.2.1 Describe how the programme promotes and ensures student-centred learning.
4.1.3.1 Provide examples of the technological and digital platforms used in teaching.
4.1.4.1 Describe the mechanism(s) used to review effectiveness to ensure continuous improvement in teaching.

4.2   Diverse and practical learning experiences
4.2.1.1 Explain the systems in place that promote diverse learning experiences to achieve the ILOs and provide examples of these.
4.2.2.1 Describe how the programme facilitates hands-on learning experiences for students and provide examples.
4.2.2.2 Describe the mechanism that facilitates industrial experiences to enrich overall student learning and provide examples.
4.2.3.1 Explain how the programme promotes a deep learning approach among students. Share examples which indicate critical thinking, problem solving, information management, leadership, adaptability, team building and other related soft skills.

4.3   Alignment of student assessment to learning outcomes
4.3.1.1 Explain how programme faculty ensures the alignment of student assessment to the ILOs.
4.3.2.1 Explain diverse assessment methods and give an insight into the tools used and how the programme is reviewed to ensure the effectiveness of student learning. Provide examples of students' past work.
4.3.2.2 Explain the weighting of formative and summative assessments and justify the merits of these two approaches.
4.3.3.1 Explain how student assessment ensures an appropriate order of learning as per BQF.
4.3.3.2 Explain how principles of good assessment such as validity, reliability, integrity, currency and fairness are ensured throughout the assessment.

Standard Five: Teaching and Learning Resources

5.1   Quality and adequacy of human resources

5.1.1.1   Explain how the programme ensures that adequate, qualified and experienced faculty are recruited as per the requirement.

5.1.1.2   Provide details of the academic qualifications and work experiences of programme leader and programme faculty.

5.1.1.3   Describe the mechanisms adopted to ensure faculty-student ratio requirements are achieved.

5.1.2.1   Explain the measures undertaken to ensure the recruitment of adequate, qualified and relevant technical and support staff as per the requirement.

5.2   Professional development and faculty research

5.2.1.1   Give an insight into the participation of faculty in Continuous Professional Development (CPD), such as training and other activities provided by HEIs over the past three years.

5.2.1.2   Provide records that demonstrate the participation of faculty members in CPD, through their own initiative, over the past three years.

5.2.2.1   Detail records of faculty participation – including trainers, facilitators and participants in CPD activities provided and availed through other agencies over the past three years.

5.2.3.1   Identify and provide evidence of research papers and scholarly publications that have contributed to the enhancement of teaching-learning over the past five years.

5.2.4.1   Describe the mechanism(s) in place to ensure adequate financial support for CPD and research activities.

5.2.4.2   Describe how policies and impact of CPD and research are reviewed for continuous improvement.

5.3   Appropriate teaching-learning facilities and resources

5.3.1.1 Describe how the programme ensures that essential reading materials and relevant references are made available as prescribed in the curriculum.

5.3.2.1 Explain the mechanism(s) to ensure adequate ICT resources and reliable internet connectivity.

5.3.2.2 Describe how the programme ensures the provision and supply of essential teaching-learning resources and facilities.

5.3.3.1 Explain the mechanism(s), including budget allocation to maintain and improve teaching-learning facilities.

Standard Six: Student and Support Services

6.1   Student admission and progression

6.1.1.1 Explain how the existing admission procedure ensures a transparent and systematic enrolment process.

6.1.1.2 Explain how policies are reviewed to make them more relevant to the context.

6.1.2.1 Describe the criteria and process of admission and how the information is disseminated.

6.1.3.1 Provide details about student progression and programme completion criteria and how it is complied with.

6.1.3.2 Provide details on the student dropout rate and various reassessment over the last three years.

6.2   Educational support services

6.2.1.1 Explain how programme faculty provide academic consultation and guidance.

6.2.2.1 Explain steps initiated to identify and support students facing learning challenges.

6.2.3.1 Describe the mechanism(s) to identify and provide student support, including counselling and assisting students with psycho-social issues.

6.2.4.1 Describe how career guidance initiatives on employment opportunities have benefited students and provide details of favourable outcomes and success stories.

6.3   Graduate destination and employability

6.3.1.1 Provide details on how programme facilitates graduate mobility and lifelong learning.

6.3.2.1 Explain how the programme enhances employability at both national and international levels.

6.3.3.1 Provide details, including findings about tracer studies and employer satisfaction surveys and how they are used for decision-making.

Standard Seven: Quality Assurance and Enhancement System

7.1   Quality assurance procedures and practices

7.1.1.1 Describe the internal quality assurance mechanism(s) that are in place to ensure the quality of a respective programme.

7.1.1.2 Give an overview about initiatives undertaken to acquaint programme staff, students and other relevant parties with quality assurance processes and procedures.

7.1.1.3 Explain quality assurance initiatives undertaken to review and enhance quality of the programme on a continuous basis over the last three years.

7.1.2.1 Describe the programme monitoring and evaluation practices.

7.1.2.2 Explain how monitoring and evaluation reports are compiled, shared and used.

7.2 Quality oriented culture for continuous quality enhancement

7.2.1.1 Provide an insight into how gaps in Monitoring and Evaluation (M&E) are identified. Explain how these findings are presented to the authorities and define what measures are employed to address issues, if any.

7.2.1.2 Highlight major achievements that were a direct consequence of the M&E process.

7.2.1.3 Describe the existence of a culture that rewards staff who exhibit a quality approach in their assigned roles.

7.2.2.1 Describe the mechanism(s) to collect and analyse feedback from relevant stakeholders in order to ensure quality enhancement.

7.2.2.2 Describe mechanism(s) adopted to review the effectiveness and continuous enhancement of student support services.

7.2.2.3 Explain how findings are used for informed decision-making and provide example of its impact.

7.3 Overall quality management for programme effectiveness

7.3.1.1 Explain mechanism(s) to evaluate the programme against the seven standards and how the gaps are addressed.

7.3.2.1 Describe the practices of a self-reflection culture to achieve continuous enhancement of a programme.

7.3.3.1 Describe initiatives implemented to enhance overall quality management to improve programme effectiveness, or initiatives taken to implement the recommendations of previous accreditation, if applicable.

C. SWOT Analysis

Target Groups:
1) Teaching staff
2) Current students
3) HEIs' management teams
4) Support staff (Optional)

Method: Fill out the boxes or organize an in-house brainstorming session. The identified respective target groups are expected to organize the exercise independently.

Analysis and use of data/findings: Compile, synthesise and report as part of the PSAR.

The programme……. (*Title of the programme*) should be assessed against the seven standards in the table given below. Please mention some 'strengths', 'weaknesses', 'opportunities', and 'threats' / 'challenges' against each standard. Your ideas and input will help improve overall programme quality.

Standard	Strengths	Weaknesses	Opportunities	Threats/ Challenges
Aims and Objectives of the Programme				
Programme Management				
Curriculum Quality and Effectiveness				
Teaching, Learning and Assessment				
Teaching and Learning Resources				
Student and Support Services				
Quality Assurance and Enhancement System				

Opinion Survey Format

The HEIs should administer and carry out target group opinion survey. This exercise should be conducted with an acceptable sample size in order to achieve a more productive response. The findings of the opinion survey should be submitted, along with the PSAR. The HEI concerned should ensure that an adequate response is received from the following target groups:

- Students: Attach a list of student respondents along with their valid email addresses.
- Programme faculty: Attach a list of the programme faculty respondents along with their valid email addresses.
- Alumni: Attach a list of programme alumni respondents with their valid email addresses, for the past three cohorts, or one cohort in the case of a new programme.
- Employers: Attach a list of employer respondents along with their valid email addresses and contact details.

Method: Online Survey. Please add a section on the demographic information of the respondents, including the target group; gender; and the year of the students' respective class (first, second, third, fourth) as applicable, before the main questionnaire items.

Analysis and use of data: Analyse the data and submit the findings. HEIs are expected to collect, compile, and analyse data and submit the findings.

The purpose of the opinion survey is to understand the opinion of the relevant stakeholders on indicators related to the programme. The findings will be used to assess the quality and relevance of a programme. In this regard, we would like to request that you provide your open and honest opinions. The information provided should be used solely for the accreditation of the programme and all information will remain confidential. Kindly share your opinion, degree of agreement against each indicator by selecting appropriate options [1= 'strongly disagree' (SD), 2 = 'disagree' (D), 3 = 'not sure' (NS), 4 = 'agree' (A), 5 = 'strongly agree' (SA)].

Key Aspects	Indicator		Item Code	SD	D	NS	A	SA
1.1 Alignment of aims and objectives with vision and mission of institution and/or university	1.1.1	Aims and objectives are clearly defined, realistic and disseminated.	1	1	2	3	4	5
	1.1.2	Aims and objectives are aligned with that of vision and mission of institution and/or university.	2	1	2	3	4	5
1.2 Development and review of aims and objectives	1.2.1	Aims and objectives are developed and reviewed based on needs and emerging trends.	3	1	2	3	4	5
	1.2.2	Formal mechanisms to develop and review aims and objectives are in place.	4	1	2	3	4	5
	1.2.3	Relevant stakeholders are engaged while developing and reviewing.	5	1	2	3	4	5
2.1 Programme planning and development processes	2.1.1	Programme is developed based on need analysis and stakeholder consultation.	6	1	2	3	4	5
	2.1.2	A resource availability assessment is carried out during the planning phase.	7	1	2	3	4	5
2.2 Programme governance structure	2.2.1	The programme has a clear governance structure in place with clear reporting and monitoring mechanisms.	8	1	2	3	4	5
	2.2.2	The programme ensures the accountability of programme faculty through clearly defined roles and responsibilities, academic freedom and professional ethics.	9	1	2	3	4	5
	2.2.3	The programme has a career development and succession plan for key position holders and academic staff.	10	1	2	3	4	5
2.3 Programme information and communication management	2.3.1	A comprehensive programme handbook is developed.	11	1	2	3	4	5
	2.3.2	Detailed information on the programme is disseminated and made accessible to the public.	12	1	2	3	4	5

3.1 Curriculum development process and procedure	3.1.1	The processes and procedures for curriculum development are in place.	13	1	2	3	4	5
	3.1.2	The curriculum is developed to achieve the stated aims, objectives, and ILO to meet the requirements of the BQF.	14	1	2	3	4	5
	3.1.3	The curriculum is developed through consultation with stakeholders and experienced practising professionals.	15	1	2	3	4	5
3.2 Alignment and effectiveness of ILO	3.2.1	ILOs are clearly specified and consistent with the BQF, and aligned to the educational benchmarks of reputed international HEIs.	16	1	2	3	4	5
	3.2.2	The teaching-learning approach and assessments are designed to achieve ILOs.	17	1	2	3	4	5
3.3 Curriculum structure	3.3.1	The curriculum is structured as per the prescribed module descriptors and comparable to reputed international benchmarks.	18	1	2	3	4	5
	3.3.2	ILOs, subject matter and assessment are coherently aligned.	19	1	2	3	4	5
	3.3.3	The curriculum structure has provisions for credit transfer, as specified in the BQF.	20	1	2	3	4	5
3.4 Curriculum content and relevance	3.4.1	The curriculum includes national goals and aspirations, such as GNH principles and values.	21	1	2	3	4	5
	3.4.2	Relevant and up-to-date diverse content is offered, as per academic requirements.	22	1	2	3	4	5
	3.4.3	The curriculum achieves stated graduate attributes.	23	1	2	3	4	5
	3.4.4	The curriculum addresses the current development and competencies required for both academic and employment opportunities.	24	1	2	3	4	5
3.5 Curriculum	3.5.1	The curriculum is evaluated and reviewed periodically to	25	1	2	3	4	5

			1	2	3	4	5
review and improvement		ensure its effectiveness and relevance.					
	3.5.2	Changes required from a review are addressed for continuous improvement.	26	1	2	3	4	5
	3.5.3	Relevant professionals are engaged in the review process.	27	1	2	3	4	5
4.1 Quality of teaching	4.1.1	Diverse and innovative teaching methods are used.	28	1	2	3	4	5
	4.1.2	Student-centric and active learning approaches are practised.	29	1	2	3	4	5
	4.1.3	Diverse technological and digital platforms are used in teaching.	30	1	2	3	4	5
	4.1.4	A system for continuous improvement of teaching is in place.	31	1	2	3	4	5
4.2 Diverse and practical learning experiences	4.2.1	A system to promote diverse learning experiences is in place.	32	1	2	3	4	5
	4.2.2	Relevant hands-on experience, including industrial experience is adopted for student learning.	33	1	2	3	4	5
	4.2.3	A deep learning approach is practised and promoted.	34	1	2	3	4	5
4.3 Alignment of student assessment to learning outcomes	4.3.1	Student assessments are aligned to ILO.	35	1	2	3	4	5
	4.3.2	Diverse, current, and relevant assessment methods and tools are used.	36	1	2	3	4	5
	4.3.3	The student assessment addresses the appropriate order of learning as per BQF.	37	1	2	3	4	5
5.1 Quality and adequacy of human resources	5.1.1	Adequate, relevant, qualified and experienced faculty are recruited, as per the requirement.	38	1	2	3	4	5
	5.1.2	Adequate, qualified and relevant technical and support staff are recruited as per the requirement.	39	1	2	3	4	5
5.2 Professional development and faculty research	5.2.1	Regular and relevant professional development activities are explored, availed and organized.	40	1	2	3	4	5
	5.2.2	Programme faculty actively participate in professional development activities	41	1	2	3	4	5

		through other agencies.						
	5.2.3	Programme faculty are engaged in relevant research work and scholarly publications.	42	1	2	3	4	5
	5.2.4	Financial support for professional development and research activities is provided.	43	1	2	3	4	5
5.3 Appropriate teaching-learning facilities and resources	5.3.1	Adequate essential reading materials and relevant references are available.	44	1	2	3	4	5
	5.3.2	Adequate and reliable teaching-learning resources and facilities are provided.	45	1	2	3	4	5
	5.3.3	Adequate mechanism(s) for improving and maintaining teaching-learning facilities are in place.	46	1	2	3	4	5
6.1 Student admission and progression	6.1.1	The admission system and procedures for the programme are documented and implemented.	47	1	2	3	4	5
	6.1.2	The admission criteria for the programme is clearly defined, disseminated and applied.	48	1	2	3	4	5
	6.1.3	Progression and completion criteria are adhered to.	49	1	2	3	4	5
6.2 Educational support services	6.2.1	Programme faculty are accessible for academic consultation and guidance.	50	1	2	3	4	5
	6.2.2	Students facing learning challenges are identified and supported.	51	1	2	3	4	5
	6.2.3	Support services for students with psycho-social issues are provided.	52	1	2	3	4	5
	6.2.4	Career guidance on employment opportunities is provided.	53	1	2	3	4	5
6.3 Graduate destination and employability	6.3.1	The programme facilitates graduate mobility and lifelong learning.	54	1	2	3	4	5
	6.3.2	International benchmarks are used in programmes to enhance employability.	55	1	2	3	4	5
	6.3.3	Graduate tracer studies are carried out for informed decision-making.	56	1	2	3	4	5
7.1 Quality assurance procedures and	7.1.1	Well defined programme quality assurance mechanisms are developed	57	1	2	3	4	5

practices		and implemented.						
	7.1.2	Periodic monitoring and evaluation is carried out.	58	1	2	3	4	5
7.2 Quality-oriented culture for continuous quality enhancement	7.2.1	Internal monitoring and evaluation findings are used for continuous quality enhancement.	59	1	2	3	4	5
	7.2.2	Feedback from relevant stakeholders is used for informed decision-making.	60	1	2	3	4	5
7.3 Overall quality management for programme effectiveness	7.3.1	A mechanism to evaluate the seven standards is in place.	61	1	2	3	4	5
	7.3.2	A self-reflection culture is practised for continuous enhancement of a programme.	62	1	2	3	4	5
	7.3.3	Recommendations from the previous accreditation exercise, if applicable, or internal initiatives to enhance overall quality management for programme effectiveness are implemented.	63	1	2	3	4	5

Conflict of Interest

(A: Programme Accreditation Team Members)

I,..*(Name)*, bearing CID/EID No:...........................and ....*(Position Title)*.....................*(Agency)* as the PAT member for the accreditation of ....*(Title of the Programme*) offered by...*(Name of the HEI)* declare that:

- • I am not affiliated with the programme being accredited, or the HEI in the immediate past three years, directly or indirectly.
- • I have no affiliation with any programme being offered by other HEIs competing with the programme that is being accredited.
- • I do not have monetary or personal interest in the outcome of an accreditation decision for the programme being accredited.

I hereby declare that I do not have, nor do I anticipate any conflict of interest related to the programme being accredited. I shall notify the BAC Secretariat immediately in the event such interests arise in the course of accreditation or before discharging of my duty.

I hereby certify that the above information is true to the best of my knowledge. In the event the above is found to be incorrect, I am aware that:

- • I shall be liable for administrative/legal action under relevant laws, rules, and regulations;
- • I shall be deregistered from the pool of PAT members maintained by BAC.

Affix Legal Stamp

_____
Name & dated Signature

CID No. (attach a copy): _____
Place:_____

(B: Head of the HEI)

I,…………………………………*(Name),* bearing CID/EID No.:…………………………. as ………………………………………*(Position Title)* of ………………………………… *(Name of the HEI)* as the representative of ………………………………… *(Title of the programme)* declare the following as per Section 2.9 of the document:

I do not have, nor do I anticipate any conflict of interest with the identified PAT members. I shall notify the BAC Secretariat immediately in the event such interests arise in the course of accreditation or before discharging my duty.

I hereby certify that the above information is true to the best of my knowledge. In the event, the above declaration is found to be incorrect, I am aware that:
- I shall be liable for administrative/legal action under relevant laws, rules and regulations;
- The accreditation of the programme shall be suspended/cancelled immediately and must be reassessed;
- The institution shall bear all the costs associated with the reassessment.

Affix Legal Stamp

_____
Name & dated Signature
Seal of Institution

Place:_____

Programme Accreditation Report

Guidelines for Preparing Programme Accreditation Report

In order to prepare a comprehensive PAR, the PAT should first carry out a desktop assessment based on:
1. PSAR
2. Opinion Survey report
3. Programme document
4. Policies and regulations
5. Other supporting documents

As the outcome of the desktop assessment, PAT should prepare:
1. Preliminary PAR
2. Grading
3. List of questions for clarification
4. List of evidence for verification
5. Others, if any

The PAT should validate information and documents mentioned in the PSAR during the site visit and finalize the PAR.

Furthermore, the following specific requirements should be adhered to:
1. Use clear, simple, grammatically correct and complete sentences.
2. Avoid jargons or acronyms.
3. Provide constructive comments.
4. Prepare the PAR, as per the template provided.
5. Provide clear, objective, comprehensive and realistic recommendations.
6. The standard font should be Times New Roman.
7. The text font size should be 12 point.
8. The spacing in between the lines should be 1.15.
9. The page number should be on the bottom of the page in 'X of Y' format.
10. Any table in the report must be appropriately numbered for easy reference.
11. Include all three sections of PAR.

Programme Accreditation Report

Section A: General Information about the Institution

Name of the HEI:	
Type of HEI:	
Affiliated to (if applicable):	
Location:	
Year of establishment:	
Website:	
Head of the HEI:	
Contact details:	Email: Phone:
Year and grade of Institutional accreditation:	
No. of faculty members:	Male: Female: Total:
No. of students:	Male: Female: Total:
No. of programmes offered:	

Section B: Main Report

Part 1: General Information about the Programme	
Name:	
Programme affiliated to (if applicable):	
Level:	
Duration:	
Number of modules under the programme:	
Total credit value:	
Date of last programme accreditation (if applicable):	
Programme fee:	
No. of students funded by:	Government: Private: Other:
Number of programme faculty:	Regular: Contract: Adjunct: Total:
Number of support staff:	Administrative: ICT: Library: Technical, if applicable: Any other:

	Total:
Approved intake per cohort:	
No. of students:	Male (cohort wise):
	Female (cohort wise):
	Total (cohort wise):
Name of programme leader:	
Contact details:	Email: Phone:
Date of visit:	

Part 2: Key Aspects related analysis	Observations *(Strengths and/or weaknesses of the Key Aspects). Please note: This information should be clear and specific.*
Major features of the programme:	● ● ●
2.1 Aims and Objectives of the Programme	
2.1.1 Alignment of aims and objectives with vision and mission of institution and/or university:	● ● ●
2.1.2 Development and review of aims and objectives:	● ● ●

2.2 Programme Management	
2.2.1 Programme planning and development processes:	● ● ●
2.2.2 Programme governance structure:	● ● ●
2.2.3 Programme information and communication management:	● ● ●

2.3 Curriculum Quality and Effectiveness	
2.3.1 Curriculum development process and procedure:	● ● ●
2.3.2 Alignment and effectiveness of ILO:	● ● ●
2.3.3 Curriculum structure:	● ● ●
2.3.4 Curriculum content	●

and relevance:	• •
2.3.5 Curriculum review and improvement:	• • •

2.4 Teaching, Learning and Assessment	
2.4.1 Quality of teaching:	• • •
2.4.2 Diverse and practical learning experiences:	• • •
2.4.3 Alignment of student assessment to learning outcomes:	• • •

2.5 Teaching and Learning Resources	
2.5.1 Quality and adequacy of human resources:	• • •
2.5.2 Professional development and faculty research:	• • •
2.5.3 Appropriate teaching-learning facilities and resources:	• • •

2.6 Student and Support Services	
2.6.1 Student admission and progression:	• • •
2.6.2 Educational support services:	• • •
2.6.3 Graduate destination and employability:	• • •

2.7 Quality Assurance and Enhancement System	
2.7.1 Quality assurance procedures and practices:	• • •
2.7.2 Quality-oriented culture for continuous quality enhancement:	• • •

2.7.3 Overall quality management for programme effectiveness:	• • •

Part 3: Overall analysis	Observations *Please note: This information should be clear and specific.*
3.1 Strengths of the programme:	• • •
3.2 Areas for improvement of the programme:	• • •
3.3 Opportunities of the programme:	• • •
3.4 Challenges of the programme:	• • •

Part 4: Recommendations *Please make specific, clear and comprehensive recommendations standard wise.*

I agree with the above observations of the Programme Accreditation Team members as mentioned in this report.

  Name and Dated Signature   Name and Dated Signature
  Head of the HEI   Programme Leader
  (Seal of the HEI)

Name and signature of the Programme Accreditation Team

Name	Designation	Dated Signature
	Chairperson	
	Member	
	Member	
	Member	
	Member	

Name and signature of Secretariat Officials

Name	Designation	Agency	Dated Signature

Section C: Annexures

Annexure 1: Brief CV of PAT members.

Annexure 2: List of facilities visited/observed.

Annexure 3: List of documentary evidence verified.

Annexure 4: List of meetings.

Annexure 5: Schedule of the site visit.

Grading Sheet

Name of the HEI: _____

Title of the Programme: _____

Date of site visit: _____ to _____ 20_____

Standard	Total score	Weighted average
1. Aims and Objectives of the Programme	5	
2. Programme Management	5	
3. Curriculum Quality and Effectiveness	25	
4. Teaching, Learning and Assessment	25	
5. Teaching and Learning Resources	15	
6. Student and Support Services	10	
7. Quality Assurance and Enhancement System	15	
Total	**100**	
Grade awarded: _____	**Descriptor:** _____	

Standard	Key aspect	Max. weighting	Point (0-4)	Total weighting	Weighted average
1. Aims and Objectives of the Programme	1.1 Alignment of aims and objectives with vision and mission of institution and/or university	2			
	1.2 Development and review of aims and objectives	3			
	Total:	**5**			

2. Programme Management	2.1 Programme planning and development processes	2				
	2.2 Programme governance structure	1				
	2.3 Programme information and communication management	2				
	Total:	**5**				
3. Curriculum Quality and Effectiveness	3.1 Curriculum development process and procedure	5				
	3.2 Alignment and effectiveness of ILO	5				
	3.3 Curriculum structure	3				
	3.4 Curriculum content and relevance	6				
	3.5 Curriculum review and improvement	6				
	Total:	**25**				
4. Teaching, Learning and Assessment	4.1 Quality of teaching	10				
	4.2 Diverse and practical learning experiences	8				
	4.3 Alignment of student assessment to learning outcomes	7				
	Total:	**25**				
5. Teaching and Learning Resources	5.1 Quality and adequacy of human resources	5				
	5.2 Professional development and faculty research	6				

		5.3 Appropriate teaching-learning facilities and resources	4			
		Total:	**15**			
6. Student and Support Services		6.1 Student admission and progression	2			
		6.2 Educational support services	5			
		6.3 Graduate destination and employability	3			
		Total:	**10**			
7. Quality Assurance and Enhancement System		7.1 Quality assurance procedures and practices	5			
		7.2 Quality-oriented culture for continuous quality enhancement	6			
		7.3 Overall quality management for programme effectiveness	4			
		Total:	**15**			

Rubrics for Standards of Programme Accreditation

Introduction

The Rubrics for Standards of Programme Accreditation are scoring guides designed to evaluate the performance of programmes against the seven standards and twenty-two key aspects outlined in the NPASP. The analytic rubrics for each key aspect is designed based on sixty-three indicators and ninety-five questions.

It consists of the following three parts:
1) Key aspects as criteria.
2) Five performance levels ('Excellent', 'Very Good', 'Good', 'Satisfactory' and 'Unsatisfactory').
3) Descriptors for each performance level.

It attempts to communicate expectations of quality in the context of the seven standards and serve as the programme self-assessment tool for ensuring continuous quality enhancement. It also serves as a grading guide for the PAT to make a fair, transparent and an objective assessment. In case of situations where there are contentious deliberations, the points should be awarded based on documentary evidence, discussions, observations, expertise and justifications – not merely by averaging the points.

Note: The key aspects marked with an asterisk (*) should be awarded the same points for both host and borrowed programmes while grading.

The following are the broad descriptions for the five levels of performance:

Description of levels

1. **Excellent:** This level describes a performance at exceptionally high levels, exceeding the expected requirements as outlined in the seven standards. This is, generally, when robust, dynamic, exemplary, extensive, superior ideas, systems and implementation practices, with an exceptionally high level of understanding, critical thinking

and optimal innovation and creativity are evident.

2. **Very good:** This level describes the performance at the required and desired level as outlined in the seven standards. This level has scope to attain excellence. Generally, effective, vibrant ideas, systems and implementation practices, with a high level of understanding, critical thinking, innovation and creativity are evident.

3. **Good:** This level describes the performance at a moderate level with scope for improvement to meet the required level. Generally, standard, relevant ideas, systems and implementation practices, with a moderate level of understanding, critical thinking, innovation and creativity are evident.

4. **Satisfactory:** This level describes the performance at an acceptable level with a huge scope for improvement. Generally, basic, limited, standard, functional ideas, systems and implementation practices, with a limited level of understanding, critical thinking, innovation and creativity are evident.

5. **Unsatisfactory:** This level describes the performance at an unacceptable and inadequate level with the need for a complete re-planning, re-design and revision. Generally, poor, minimal, vague ideas, systems and implementation practices, with a low level of understanding, critical thinking, innovation and creativity are evident.

Key Aspects	Excellent (4)	Very Good (3)	Good (2)	Satisfactory (1)	Unsatisfactory (0)
1.1 Alignment of aims and objectives with vision and mission of institution and/or university. (*)	Aims and objectives are aligned with the vision, mission of the institution and/or university and are succinctly defined, innovative, realistic and effectively disseminated.	Aims and objectives are aligned with the vision and mission of the institution and/or university and are clearly defined, realistic and well disseminated.	Aims and objectives are aligned with the vision and mission of the institution and/or university and are defined, realistic and disseminated.	Aims and objectives are aligned with the vision and mission of the institution and/or university and are vaguely defined, realistic and disseminated.	Aims and objectives are not aligned with the vision and mission of the institution and/or university and are poorly defined, non-realistic and not disseminated.
1.2 Development and review of aims and objectives. (*)	Aims and objectives are developed and reviewed by adopting a robust mechanism based on the needs and emerging trends through the engagement of all the relevant stakeholders, including international experts.	Aims and objectives are developed and reviewed by adopting an effective mechanism based on the needs and emerging trends through the engagement of all relevant stakeholders.	Aims and objectives are developed and reviewed by adopting a standard mechanism based on the needs and emerging trends through the engagement of most of the relevant stakeholders.	Aims and objectives are developed and reviewed by adopting a basic mechanism based on the needs and emerging trends through the engagement of some relevant stakeholders.	Aims and objectives are developed and reviewed without need-analysis and stakeholder engagement.

Standard 2: Programme Management

Key Aspects	Excellent (4)	Very Good (3)	Good (2)	Satisfactory (1)	Unsatisfactory (0)
2.1 Programme planning and development processes	Robust need analysis and resource availability assessments are carried out through the engagement of all the relevant stakeholders, including international experts for programme development.	Effective need analysis and resource availability assessments are carried out through the engagement of all relevant stakeholders for programme development.	Standard need analysis and resource availability assessments are carried out through the engagement of most of the relevant stakeholders for programme development.	Basic need analysis and resource availability assessments are carried out through the engagement of some relevant stakeholders for programme development is in place.	An unsatisfactory situation of minimal need analysis, resource availability assessments and stakeholder engagement for programme development is in place.
2.2 Programme governance structure	The programme has a vibrant governance structure in place with reporting and monitoring mechanisms ensuring accountability through explicitly defined roles, responsibilities,	The programme has an effective governance structure in place with reporting and monitoring mechanisms ensuring accountability through clearly defined roles, responsibilities,	The programme has a standard governance structure in place with reporting and monitoring mechanisms ensuring accountability through defined roles, responsibilities,	The programme has a functional governance structure in place with reporting and monitoring mechanisms ensuring accountability through vaguely defined roles, responsibilities,	The programme has a poor governance structure and mechanism to ensure accountability. It has poor career development and succession plans for key position holders and academic staff.

2.3 Programme information and communication management					
	academic freedom and professional ethics. It has an exemplary career development and effective career succession plan for key position holders and academic staff.	academic freedom and professional ethics. It has an effective career standard career development and succession plans for key position holders and academic staff.	academic freedom and professional ethics. It has basic career development and succession plans for key position holders and academic staff.	academic freedom and professional ethics. It has basic career development and succession plans for key position holders and academic staff.	
	A comprehensive programme handbook with explicit information, such as ILO, selection criteria, teaching-learning and assessment procedures, level of qualifications, as per BQF, and employment opportunities, is made accessible to faculty, students and the public through various platforms.	A comprehensive programme handbook with relevant information, such as ILO, selection criteria, teaching-learning and assessment procedures, level of qualifications, as per BQF, and employment opportunities is made accessible to the faculty, students and the public.	A comprehensive programme handbook with information, such as ILO, selection criteria, teaching-learning and assessment procedures, level of qualifications, as per BQF, and employment opportunities is made accessible to the faculty and students.	A programme handbook with basic information, such as ILO, selection criteria, teaching-learning and assessment procedures, level of qualifications, as per BQF, and employment opportunities is made accessible to the faculty.	An imprecise and superficial programme handbook exists and this is not accessible.

Standard 3: Curriculum Quality and Effectiveness

Key Aspects	Excellent (4)	Very Good (3)	Good (2)	Satisfactory (1)	Unsatisfactory (0)
3.1 Curriculum development processes and procedures (*)	The curriculum is developed adopting robust processes and procedures to achieve the stated aims, objectives, and ILO, and also to meet the requirements of the BQF. All relevant stakeholders, including international experts and experienced practising professionals, are consulted during the development process.	The curriculum is developed by adopting effective processes and procedures to achieve the stated aims, objectives and ILO, and also to meet the requirements of the BQF. All relevant stakeholders and experienced practising professionals are consulted during the development process.	The curriculum is developed adopting standard processes and procedures to achieve the stated aims, objectives and ILO, and also to meet the requirements of the BQF. All the relevant stakeholders and experienced practising professionals are consulted during the development process.	The curriculum is developed adopting basic processes and procedures to achieve the stated aims, objectives and ILO, and also to meet the requirements of the BQF. Most of the relevant stakeholders and experienced practising professionals are consulted during the development process.	The curriculum is developed adopting poor processes and procedures with minimal stakeholder consultation and it does not meet the requirements of the BQF.
3.2 Alignment and effectiveness of ILO (*)	ILOs are comprehensively specified and consistent with BQF and aligned	ILOs are clearly specified and consistent with BQF and aligned to educational	ILOs are specified and mostly consistent with BQF and aligned to educational	ILOs are moderately specified and somewhat consistent with	ILOs are vague and inconsistent with BQF. Inappropriate teaching-learning approaches and

	to educational benchmarks of reputed international HEIs. An innovative teaching-learning approach and assessments are designed to achieve ILOs.	benchmarks of reputed international HEIs. Effective teaching-learning approaches and assessments are designed to achieve ILOs.	benchmarks of reputed international HEIs. Standard teaching-learning approaches and assessments are designed to achieve ILOs.	HEIs. Basic teaching-learning approaches and assessments are designed to achieve ILOs.	BQF, with alignment to educational benchmarks of the ILOs.
					assessments are designed to achieve the ILOs.
3.3 Curriculum structure (*)	An exceptionally structured curriculum, wherein ILOs, subject matter and assessment are coherently aligned and the curriculum is comparable to reputed international benchmarks and it has a well-established system for credit transfer.	A well-structured curriculum, wherein ILOs, subject matter and assessment are coherently aligned and the curriculum is comparable to reputed international benchmarks and has provision for credit transfer.	A structured curriculum, wherein ILOs, subject matter and assessment are aligned and the curriculum is comparable to reputed international benchmarks and has some provision for credit transfer.	A moderately structured curriculum, wherein ILOs, subject matter and assessment are aligned and the curriculum is fairly comparable to reputed international benchmarks and has limited provision for credit transfer.	A poorly structured curriculum exists which has no provision for credit transfer.
3.4 Curriculum	Dynamic, relevant,	Relevant, up-to-	Relevant and up-	Basic curriculum	The curriculum has

content and relevance (*)	up-to-date and diverse curriculum content that is aligned to national goals and aspirations to achieve graduate attributes and competencies that are required for both academic and employment opportunities.	date and diverse curriculum content that is aligned to national goals and aspirations to achieve graduate attributes and competencies required for both academic and employment opportunities.	to-date curriculum content that is aligned to national goals and aspirations to achieve graduate attributes and competencies required for both academic and employment opportunities.	content that is aligned to national goals and aspirations to achieve stated graduate attributes and competencies required for both academic and employment opportunities.	no relevant content to include national goals and aspirations.
3.5 Curriculum review and improvement. (*)	Curriculum is evaluated and reviewed through a robust mechanism by engaging all relevant stakeholders, including international experts and all required changes are addressed for continuous improvement.	Curriculum is evaluated and reviewed through an effective mechanism by engaging relevant stakeholders and all the required changes are addressed for continuous improvement.	Curriculum is evaluated and reviewed through a functional mechanism by engaging relevant stakeholders and most of the required changes are addressed for continuous improvement.	Curriculum is evaluated and reviewed through a basic mechanism by engaging relevant stakeholders and some of the required changes are addressed for continuous improvement.	Curriculum is evaluated and reviewed through an ineffective mechanism.

Standard 4: Teaching, Learning, and Assessment

Key Aspects	Excellent (4)	Very Good (3)	Good (2)	Satisfactory (1)	Unsatisfactory (0)
4.1 Quality of teaching.	Diverse and innovative teaching methods, including technological and digital platforms focused on student-centric and active learning, are used regularly and effectively. There is a vibrant system for continuous improvement of teaching.	Diverse and innovative teaching methods, including technological and digital platforms focused on student-centric and active learning, are used regularly. There is an effective system for continuous improvement of teaching.	Diverse teaching methods, including technological and digital platforms focused on student-centric and active learning, are used. There is a basic system for continuous improvement of teaching.	Diverse teaching methods, including technological and digital platforms focused on student-centric and active learning, are used occasionally. There is an elementary system for continuous improvement of teaching.	Diverse teaching methods, including technological and digital platforms focused on student-centric and active learning, are rarely used. There is no system of continuous improvement of teaching.
4.2 Diverse and practical learning experiences.	There is an innovative and efficient system to promote diverse learning experiences and deep learning to provide relevant hands-on and industrial experiences.	There is an effective system to promote diverse learning experiences and deep learning to provide relevant hands-on and industrial experiences.	There is a standard system to promote diverse learning experiences and deep learning to provide relevant hands-on and industrial experiences.	There is a basic system to promote diverse learning experiences and deep learning to provide hands-on and industrial experiences.	A weak system is in place that fails to promote diverse learning experiences and deep learning.

Standard 5: Teaching and Learning Resources

Key Aspects	Excellent (4)	Very Good (3)	Good (2)	Satisfactory (1)	Unsatisfactory (0)
4.3 Alignment of student assessment to learning outcomes.	Innovative, diverse, current, relevant, and exemplary assessment methods and tools which are well-aligned to ILO that address the higher order of learning are implemented stringently.	Diverse, current and relevant assessment methods and tools which are well-aligned to ILO that address the higher order of learning are implemented regularly.	Current and relevant assessment methods and tools which are aligned to ILO that address the higher order of learning are implemented occasionally.	Relevant assessment methods and tools which are aligned to ILO that address the higher order of learning are implemented rarely.	Assessment methods and tools which are aligned to ILO that address the higher order of learning are not implemented.
5.1 Quality and adequacy of human resources.	There is an exemplary mechanism to recruit relevant, qualified and experienced faculty, provide support to staff and ensure an effective faculty-student ratio.	There is an effective mechanism to recruit relevant, qualified and experienced faculty, provide support to staff and ensure an effective faculty-student ratio.	There is a standard mechanism to recruit relevant, qualified and experienced faculty, provide support to staff and ensure an effective faculty-student ratio.	There is a basic mechanism to recruit relevant, qualified and experienced faculty, provide support to staff and ensure an effective faculty-student ratio.	There is a weak/vague mechanism to recruit faculty, provide support to staff and ensure an effective faculty-student ratio.
5.2 Professional development and faculty research.	There is evidence of faculty engagement in impactful research work, scholarly publications and	There is evidence of faculty engagement in impactful research work, scholarly	There is evidence of faculty engagement in relevant research work, scholarly publications and	There is evidence of faculty engagement in relevant research work, scholarly publications and	Faculty are not engaged in relevant research work, scholarly publications, or

	robust professional development activities, including self-initiative and internal and external arrangements. Sufficient funds are accessible, including external grants dedicated for each activity.	publications and effective professional development activities, including self-initiative and internal and external arrangements. Sufficient funds are accessible, including external grants dedicated to each activity.	standard professional development activities through internal self-initiative and internal arrangements. Sufficient funds are accessible, including adequate fund dedicated for each activity.	basic professional development activities through internal self-initiative and internal arrangements. There is a limited fund dedicated for each activity.	there are minimal professional development activities. There is no dedicated fund for each activity.
5.3 Appropriate teaching-learning facilities and resources.	Innovative, sufficient and high-quality relevant teaching-learning resources and facilities, including essential reading materials/references and ICT are made easily accessible through various platforms. Robust mechanisms with clear budget plans for improvement and maintenance of teaching-learning facilities are in place.	Sufficient and high-quality relevant teaching-learning resources and facilities including essential reading materials/references and ICT are accessible through various platforms. Effective mechanisms with clear budget plans for improvement and maintenance of teaching-learning facilities are in place.	Adequate relevant teaching-learning resources and facilities including essential reading materials/references and ICT are accessible through various platforms. Standard mechanisms with budget plans for improvement and maintenance of teaching-learning facilities are in place.	Limited relevant teaching-learning resources and facilities including essential reading materials/references and ICT are accessible through limited platforms. Basic mechanisms with budget plans for improvement and maintenance of teaching-learning facilities are in place.	Minimal relevant teaching-learning resources and facilities. No mechanisms for improvement and maintenance of teaching-learning facilities.

Standard 6: Student and Support Services

Key Aspects	Excellent (4)	Very Good (3)	Good (2)	Satisfactory (1)	Unsatisfactory (0)
6.1 Student admission and progression.	A robust admission and progression system with a clear criteria and procedures has been developed, disseminated, implemented and reviewed.	An effective admission and progression system with a clear criteria and procedures has been developed, disseminated, implemented and reviewed.	A standard admission and progression system with a clear criteria and procedures has been developed, disseminated, implemented and reviewed.	A basic admission and progression system has been developed, disseminated and implemented.	No proper admission and progression system is in place.
6.2 Educational support services.	A robust educational support service for diverse student needs is provided through psycho-social support, career guidance and mentoring.	An effective educational support service for diverse student needs is provided through psycho-social support, career guidance and mentoring.	A standard educational support service for diverse student needs is provided through psycho-social support, career guidance and mentoring.	A basic educational support service for diverse student needs is provided through psycho-social support, career guidance and mentoring.	A minimal educational support service is in existence.
6.3 Graduate destination and employability	The programme is on a par with international level programmes and facilitates mobility	The programme is on a par with international level programmes and facilitates mobility	The programme is on a par with international level programmes and facilitates mobility	The programme facilitates mobility for relevant employment and lifelong learning at	The programme has minimal graduate mobility and employment.

Standard 7: Quality Assurance and Enhancement System

Key Aspects	Excellent (4)	Very Good (3)	Good (2)	Satisfactory (1)	Unsatisfactory (0)
	for relevant employment and lifelong learning in international premier institutions. Tracer study results are analysed for impactful decision-making.	for relevant employment and lifelong learning at the international level. Tracer study results are analysed for effective decision-making.	for relevant employment and lifelong learning at the national level. Tracer study results are analysed for decision-making.	the national level. A tracer study is conducted.	
7.1 Quality assurance procedures and practices.	A robust programme quality assurance mechanism has been developed, oriented and implemented. Effective and efficient M&E is conducted for continuous quality enhancement.	An effective programme quality assurance mechanism has been developed, oriented and implemented. Effective M&E is conducted for continuous quality enhancement.	A standard programme quality assurance mechanism has been developed, oriented and implemented. Standard M&E is conducted for continuous quality enhancement.	A basic programme quality assurance mechanism has been developed, oriented and implemented. Basic M&E is conducted for continuous quality enhancement.	A poor programme quality assurance mechanism has been developed, oriented and implemented. Minimal M&E is conducted.

7.2 Quality-oriented culture for continuous quality enhancement.	It is evident that innovative changes have been implemented through critical analysis of feedback/recommendations from relevant stakeholders and internal M&E findings.	It is evident that impactful changes have been implemented through critical analysis of feedback/recomm endations from relevant stakeholders and internal M&E findings.	It is evident that significant changes have been implemented through critical analysis of feedback/recomm ndations from relevant stakeholders and internal M&E findings.	It is evident that incidental changes have been implemented through analysis of feedback/recomme ndations from relevant stakeholders and internal M&E findings.	It is evident that insignificant changes have been made from analysis of feedback/recommen dations from relevant stakeholders and internal M&E findings.
7.3 Overall quality management for programme effectiveness.	A robust quality management system assuring a self-reflection culture, evaluation of the seven standards and implementation of feedback from previous accreditation/int ernal initiatives is in place.	An effective quality management system assuring a self-reflection culture, evaluation of the seven standards and implementation of feedback from previous accreditation/inter nal initiatives is in place.	A standard quality management system assuring a self-reflection culture, evaluation of the seven standards and implementation of feedback from previous accreditation/inter nal initiatives is in place.	A basic quality management system assuring a self-reflection culture, evaluation of the seven standards and implementation of feedback from previous accreditation/inter nal initiatives is in place.	A weak quality management system, with a minimal assurance of self-reflection culture and implementation of feedback exists.

Continuous Quality Enhancement Plan (CQEP)

In order to enhance the quality of the programme, a CQEP is vital and must be implemented through realistic plans and targets. The plan should be based on the PAR and directives from the Council. The enhancement plan should be as follows:

Standard 1: Aims and Objectives of the Programme

Assessors' Recommendations	Targets	Proposed activities	Time Frame	Financial: Source and Cost	Key players/ Responsible	Remarks
Recommendation 1:	1.					
	2.					
	3.					
	4.					
Recommendation 2:	1.					
	2.					
	3.					
	4.					

Note: *The same format should be used for other standards based on the recommendations in the PAR.*

Monitoring Review Tool

1. Visit Details

Title of the programme:	
Programme leader Name: Contact number: Email address:	
Name of the HEI:	
Location:	
Head of the HEI:	
Contact number:	
Email address:	
Date of visit	

2. Achievement and progress

The status of activities outlined in the CQEP to implement the recommendations provided by the PAT members is as follows:

Sl/ No	Recommendation No.	Activity	Start Date	Date of Completion	Means of verification	Status
1.						
2.						
3.						
4.						
5.						
6.						

3. Specific Issues (*list the specific issues that were identified from the monitoring visit*).

----

4. General Observations, if any *(insert general observations from the monitoring visit that pertains to continuous quality enhancement of the accredited programme. This could also include recommendations by the visiting official, if any).*

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5. Details of visiting officials

Sl. No.	Name	Designation	Agency	Signature
1.				
2.				
3.				

Application Form for Appeal

1. **Appellant Details**
   Title of Programme:
   Name of Institution:

   Address:

   Contact No:
   Email address:

2. **Have you contacted the Secretariat and attempted to resolve the grievance?**
   Yes ☐
   No ☐

   If no, please proceed to 4.

3. **What date did you contact the Secretariat and what was the outcome?**
   Date: ....
   Outcome: ....

4. **Detailed reason(s) for appeal**
   ....
   ....

I declare that all the information is true to the best of my knowledge.

Head of the Institution: ....
Dated   Signature: ....
Date............/............./20..
(Seal of the Institution)
................................*For Official Use Only*................................
Application received by: .... on: ..../........./20.....

Appeal fee receipt No.: ....

Signature: ....

Programme Accreditation Certificate

ANNEXURE XI

༄༅། རྒྱལ་རིགས་འཛིན་ཆགས་སྐྲ།

BHUTAN ACCREDITATION COUNCIL

Certificate No. BAC/_____/PAC_____

Issue Date: _____ / _____ /20_____
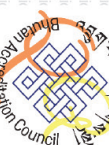
PROGRAMME ACCREDITATION CERTIFICATE

This is to certify that ……………………………………… (programme) offered by ………………………(name of the HEI) is accredited by the Bhutan Accreditation Council, Royal Government of Bhutan.

Accreditation is hereby granted and is valid until _____.

CHAIRPERSON
BHUTAN ACCREDITATION COUNCIL

Contract Agreement of PAT

Part I: General Conditions

1. Agreement

This agreement is executed on day _____ month _____ year _____ between the Bhutan Accreditation Council, hereafter referred to as the Council and_____ *(name of PAT member)* bearing CID/EID No._____ whose assignment shall be executed as per the Terms of Reference of the PAT members.

WHEREAS, the Council desires to engage the PAT members on the following terms and conditions; and

WHEREAS, the PAT member is willing to accept this assignment on the following terms and conditions.

2. Nature of Service

The Council shall appoint the PAT members on contract and they shall serve as PAT members for the specified duration.

3. Roles & Responsibilities of PAT members

The roles and responsibilities of PAT members are detailed out under the Terms of Reference (ToR) as per *Annexure XIII*.

Part II: Oath of Allegiance and Confidentiality

I, ... having been appointed as a PAT member, do solemnly affirm that I shall:

    a. Faithfully and conscientiously discharge my duties as per the ToR of PAT members;

b. Conduct myself appropriately in accordance with the policies, rules and regulations without fear or favour, affection or ill-will/prejudices; and

c. Ensure confidentiality of information.

Affix Legal Stamp	*Affix Legal Stamp*

Name: ………………………………

PAT Member

CID No.: …………………………..

Date:…..…/………/20……

Place: ……………………………..

Name: ………………………….

Member Secretary, BAC

CID No.: ………………………….

Date:…..…/……….../20………

Place: …………………………..

Witnessed by: **Witnessed by:**

Affix Legal Stamp	*Affix Legal Stamp*

Name: ………………………………….
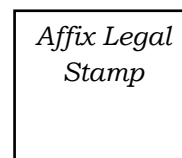
CID No.: ……………………………….

Date:…..…/………/20………….

Place: ………………………………….

Name: ……………………………

CID No.: ………………………….

Date:…..…/……….../20………

Place: …………………………

Terms of Reference for PAT

1.   Appointment

The programme accreditation exercise should be carried out by the PAT. The PAT should consist of three to five experts. The PAT should be appointed by the Council based on the recommendations of the Secretariat. They may be involved in accreditation of more than one programme based on their commitment and availability.

2.   Eligibility Criteria

PAT members should meet the following criteria in order to be engaged in accreditation:

   2.1   Minimum of a master's degree, or an academic qualification at a higher level than the educational programme being accredited.
   2.2   Minimum of at least 10 years proven work experience in a relevant field.
   2.3   Should not be an active faculty, or have any affiliation with the HEI.
   2.4   Should not be an immediate family member of the management team of the programme.
   2.5   Should not be involved in any for-profit activity with the HEI concerned over the past three years.
   2.6   Should produce a valid security clearance certificate.

3.   Qualities

PAT members must possess:

   3.1   A high degree of analytical skills.
   3.2   Good written and verbal communication skills.
   3.3   Good interpersonal skills.
   3.4   Expertise in carrying out assigned responsibilities.
   3.5   Positivity, humbleness and collegiality.

4.   Core Values

   4.1   **Professionalism:** Ensure objectivity, professional judgement and demonstrate an effective performance when conducting the task.

4.2 **Integrity:** Be fair and accountable for one's own actions.

4.3 **Commitment:** Be committed to the assigned task.

4.4 **Conduct, behaviour and attitude:** Demonstrate a positive attitude, actions and provide positive comments.

4.5 **Teamwork:** Make a collaborative effort to complete the task in an effective and efficient way.

5. Roles and Responsibilities

5.1 PAT Members

PAT members should:

5.1.1 Declare a conflict of interest and ensure integrity of practice.

5.1.2 Read and evaluate the PSAR, prepare the individual PAR and assist in consolidating the PAR;

5.1.3 Determine additional documentary evidence, if required and list areas for clarification before the site visit;

5.1.4 Develop a plan of action for the site visit in consultation with the Secretariat.

5.1.5 Validate evidence during the site visit.

5.1.6 Finalize and present the undisputed PAR in the exit meeting and submit this to the Secretariat in both hard and soft copies.

5.1.7 Complete assigned tasks as per the contract agreement *(Annexure XII)* including an appeal, if any.

5.1.8 Cooperate with the Chairperson of the PAT and the Secretariat.

5.1.9 Provide feedback on the programme accreditation process to the BAC.

5.1.10 Be aware of the core values of the BAC.

5.1.11 Refrain from disclosing any deliberations, discussions or materials of the programme accreditation that are confidential and sensitive in nature.

5.1.12 Conduct other appropriate actions as deemed necessary to ensure professionalism.

The evaluation process should include, among other actions/responsibilities:

Before site visit:

a) Study the PSAR submitted by the HEI as per *Annexure II*.

b) Prepare an individual preliminary PAR as per *Annexure V*.

c) Identify strengths and issues related to the seven standards.

d) Appoint the Chairperson during the preparatory programme of PAT members.

e) Discuss individual tentative evaluation, identify issues to be probed further and agree on the distribution of responsibilities.
f) Prepare a list of evidence required to validate the PSAR.

During the site visit:
a) The Chair should lead the discussion and drafting of the PAR based on the discussions. However, other members may share the responsibility of report writing.
b) Look for evidence to validate the PSAR.
c) Compare and discuss individual tentative evaluations to arrive at the three most important points under each key aspect, overall analysis and recommendations.
d) Compile an individual PAR as per ***Annexure V.***
e) Conduct exit meeting to present the findings.
f) Sign the final PAR by the head of the HEI, PAT members and Secretariat officials.

After the site visit:
a) Submit both soft and hard copies of all relevant records and the PAR to the QAAD for onward submission to the BAC.
b) Answer queries related to accreditation of the programme, if any.

5.2 Chairperson of PAT

Besides the roles and responsibilities of the PAT members outlined above, the chairperson should:
5.2.1 Lead the PAT in the entire accreditation exercise.
5.2.2 Chair all meetings during the site visit.
5.2.3 Create a professional, open and positive atmosphere to encourage full participation and critical enquiry for effective decision-making.
5.2.4 Address differences, if any, and ensure a common consensus is reached.
5.2.5 Present the PAR to the Council.

6. Code of Ethics

The PAT members should:
6.1 Declare a conflict of interest;
6.2 Take note of any aspect of the institution that may not have been included in the PSAR;

6.3 Share observations and ideas candidly, while avoiding a domineering attitude;

6.4 Work as a team to arrive at undisputed scores and recommendations;

6.5 Shed all inhibitions relating to the programme being accredited;

6.6 Ensure professional conduct during the accreditation exercise;

6.7 Abide by the processes and requirements outlined in the NPASP;

6.8 Ensure confidentiality of information;

6.9 Avoid criticism of the PSAR;

6.10 Defer all conclusions until all the evidence has been verified;

6.11 Do not get too emotive either in favour of, or against a programme regarding exceptional strengths or weaknesses;

6.12 Do not have a preconceived opinion about a programme;

6.13 Do not publicly compare the programme with others;

6.14 Do not be rude or insulting;

6.15 Do not perform personal work, or make outside visits during the preparatory period and site visit;

6.16 Do not accept any gifts, mementos and/or any special hospitality during the period of assessment;

6.17 Do not make public statements related to the accreditation exercise, without prior approval from the Council.

7.   Remuneration

A professional fee in the form of an honorarium and a daily allowance will be paid to the PAT members as per the approval of the MoF. In case the Secretariat cannot make travel arrangements for the site visit, the PAT members should make their own travel arrangement and will be entitled as per the existing rule.

8.   Amendments

The Council reserves the right to review and amend this ToR from time to time, as deemed necessary.

ToR of the Appellate Committee (AC)

1   Composition

1.1   Members of the Committee should be appointed by the Council.

1.2   The AC should consist of three to five members, including a member of the Council.

1.3   Members should have a broad knowledge on accreditation and quality assurance.

1.4   Each member of the Committee should be independent.

2   Eligibility criteria

2.1   Members must have a master's or an equivalent degree in the relevant field.

2.2   Members should have at least 10 years' experience in a public or private organization and possess a good employment history.

2.3   Members must not be serving professor/lecturers in any institution in a role that would cause a conflict of interest.

2.4   Members can be an in-service/private/retired person who can provide justice to the appeal.

2.5   Members should be people of integrity and commitment.

3   Tenure

The AC should be established as and when required. It should be dissolved immediately after resolving the appeal. Members of the AC should be eligible for reappointment.

4   Remuneration

Professional fees should be paid to members as per the approval of the MoF.

5   Roles and Responsibilities

5.1   Verify the appeals to ascertain the genuineness of the appeal within five working days after the establishment of the Committee.

5.2 Address the appeal, if found genuine, through detailed examination of the evidence, site visits and other appropriate measures, as deemed necessary.

5.3 Provide adequate opportunity to the appellant.

5.4 Seek legal advice to ensure fair, transparent and judicious decision.

5.5 Compile a report on the appeal within forty working days from receipt of the appeal.

6 Convening of the AC

6.1 The Secretariat should inform the appellant on the hearing date and time as desired by the Chairperson.

6.2 The AC should sit for as many sessions as deemed necessary to reach a judgement.

7 Appeal Hearing

7.1 The appeal hearing will normally take place within 21 working days of receipt of the appeal application.

7.2 At least one representative from the HEI should attend the hearing.

7.3 The representatives should justify the evidence.

7.4 The AC may also invite the PAT members to the hearing, if required.

8 After the hearing

The AC should:

8.1 Take an appropriate decision based on merits of the case.

8.2 Inform the HEI of its decision within five working days from the day of last hearing.

8.3 Compile a written report on the decision and the reasons.

8.4 Report their decision, through the Secretariat, in the next BAC meeting.

9 Quorum for the hearing

The quorum for the hearing should be the full bench of the AC.

10 Amendments

The ToR should be reviewed and amended as deemed necessary by the Council from time to time.

GLOSSARY

Academic Standards refer to benchmarks of quality and excellence in education, such as the rigor of curricula and assessment.

Accreditation is the process of self-review and external review for quality assurance, accountability and for quality enhancement of. It is an assurance that an institution or programme meets established quality standards.

Benchmark is a point of reference for judgement to verify and compare standards offered in different locations.

Bhutan Accreditation Council is the national body with overall authority on accreditation and quality assurance in higher education. It is also responsible for interpretation and recognition of qualifications. BAC and Council are used interchangeably in this document.

Bhutan Qualifications Framework is an integrated national framework that outlines all qualification levels according to the various education sectors in Bhutan.

Borrowed Programme is a programme initially developed by a HEI and borrowed by another HEI.

Continuous Professional Development refers to a holistic approach taken by professionals to enhance their skills, knowledge and experience that is gained both formally and informally as they work, beyond any initial training. It involves actively pursuing opportunities for enhancement of teaching-learning quality.

Council refers to the Bhutan Accreditation Council.

Cycle of Accreditation is the term used to indicate the numerous rounds of accreditation that programmes undergo. When a programme undergoes accreditation for the first time, it is referred to as cycle 1. Reaccreditation after expiry of the accreditation validity should be referred to as cycle 2, cycle 3, etc.

Diverse Curriculum is a programme of study that encompasses several interrelated concerns thereby ensuring graduates are equipped with the requisite diversity knowledge and competencies. A diverse curriculum also provides faculty development in effective pedagogical techniques for teaching in diverse classrooms and it ensures student satisfaction with the greater opportunities for study.

Educational Programme is a coherent set of courses leading to a credential qualification such as a degree, diploma, or certificate.

Employability refers to a set of skills, knowledge, understanding and personal attributes that enhance an individual's ability to gain and maintain employment, including self-employment.

Exit Meeting is a meeting between PAT members and the management team of a HEI, during which the PAT members present an overview of the draft report during a site visit. This meeting may also be used to answer or clarify relevant questions.

Faculty refers to academic staff working in HEIs. The term faculty and academic staff are used interchangeably in the document.

For-profit Activity is an activity, such as providing consultancy services and serving as an external examiner, in which there are financial benefits.

Good Practice is a commonly accepted practice within the higher education community and it is an approach designed to enhance institutional quality.

Graduate Attributes are the desired qualities, skills and understanding a student should gain as a result of academic and extra-curricular activities.

Higher Education Institution is a general term used to designate an education institution providing higher, post-secondary and tertiary level education. A HEI can include a university, a college, an institute and a faculty.

Host Programme is the programme initially developed and offered by HEIs.

Industrial Experience is the time an intern spent and the knowledge gained from experience in a particular industry, or sector of the economy. Industry experience is more specific than work experience which refers to all jobs an individual has held during their employment history.

Integrity refers to embedded qualities, such as honesty, sincerity and sound moral principles. These serve as the foundation of the relationship among the Council, HEIs and PAT members.

International Educational Programme refers to any educational programme, such as franchise and joint programmes, borrowed from international HEIs and offered by HEIs in Bhutan.

Main Campus is the location where primary teaching-learning facilities and the central administrative unit of HEIs are located.

Monitoring Report is the assessment and review of progress made by HEIs on the recommendations of PAT members and the direction of the Council, if any. The report is prepared by the Secretariat based on monitoring visits.

National Tertiary Education Policy is an overarching policy that gives overall policy directives on the establishment of higher education institutions, ensuring the quality of higher education in Bhutan.

Non-accredited Programme is a programme offered by an HEI but not yet accredited by the BAC.

Not Accredited Programme is a programme that has not secured accreditation status.

Off-campus Site is a teaching site located geographically apart from the main campus which is not independent of the main campus.

Periodic refers to something occurring or recurring at regular intervals and repeatedly from time to time.

Programme Accreditation Report is the final report of the PAT at the end of the accreditation exercise submitted to the Council.

Programme Accreditation Team constitutes professionals with similar backgrounds who have been assigned the role on panels by the BAC.

Programme Self-Assessment Report is a primary document that the HEI prepares to demonstrate compliance with the standards and the questionnaire template provided in NPASP.

Qualification indicates successful achievement of learning outcomes at specific level through formal certification. It usually takes the form of certificates, diplomas or degrees that are awarded by any competent authority, having affirmed that one has been successful in completing the study at the determined standard, and has satisfied the determined level of achievement.

Quality Assurance entails ensuring that academic standards and quality of provision are satisfactory, so that students, their families, employers and the tax-paying public all get a good return on their investment in higher education.

Reaccreditation is the subsequent cycle of accreditation of educational programmes after the expiry of the validity of the accreditation status.

Reassessment is the accreditation of an educational programme which fails to obtain accreditation status, or for the improvement of the accreditation decision awarded.

Relevant Authority is any government, commission, board, authority, at national level authorized by legislation or regulation to issue determinations, orders or other instructions in respect to higher education.

Secretariat is the unit that carries out the daily work to facilitate the functioning of the Council. The QAAD, Department of Adult and Higher Education, MoE serves as the Secretariat to the Council.

Site Visit is a visit made by the PAT and the Secretariat to verify compliance and validate the PSAR.

Staff refers to general human resources, including teaching, administrative and support personnel.

Student Work refers to any academic task assigned to a student that is assessed projects, written assignments, presentations, dissertations, research papers and lab and fieldwork reports.

Tracer Studies are graduate surveys conducted by HEIs to trace or find out the employment status of their former graduates/alumni. The purpose is to keep the curriculum relevant, while also providing targeted benefits to graduates to enhance the marketability of educational programmes.