



هيئة جودة التعليم والتدريب
Education & Training Quality Authority
Kingdom of Bahrain - مملكة البحرين

Directorate of Higher Education Reviews Institutional Review Report

**AMA International University - Bahrain
Kingdom of Bahrain**

Date Reviewed: 3-7 March 2019

HI009-C2-R008

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Acronyms

AMAIUB	AMA International University - Bahrain
BoT	Board of Trustees
BQA	Education & Training Quality Authority
BSBI	Bachelor of Science in Business Informatics
BSCS	Bachelor of Science in Computer Science
BSIE	Bachelor of Science in Informatics Engineering
CAFS	College of Administrative and Financial Science
CCS	College of Computer Studies
CILOs	Course Intended Learning Outcomes
CIS	Campus Information System
COC	Curriculum Oversight Committee
COE	College of Engineering
CQI	Continuous Quality Improvement
CRC	Curriculum Review Committee
DHR	Directorate of Higher Education Reviews
DSA	Deanship of Student Affairs
FD	Faculty Development
FDC	Faculty Development Committee
FDO	Faculty Development Office
FDP	Faculty Development Plan
GAs	Graduate Attributes
HEC	Higher Education Council
HEI	Higher Education Institution
HR	Human Resource

IFDP	Individual Faculty Development Plan
ILOs	Intended Learning Outcomes
IQA	Internal Quality Audit
KPI	Key Performance Indicator
MBA	Master of Business Administration
NQF	National Qualifications Framework
OP	Operational Plan
OSA	Office of Student Affairs
PD	Professional Development
PDC	Program Development Committee
PDD	Planning and Development Department
PDRE	Programme Development, Review and Enhancement policy
PIAPs	Programme Industry Advisory Panels
PILOs	Programme Intended Learning Outcomes
PLAO	Placement, Linkage and Alumni Office
QA	Quality Assurance
QAAD	Quality Assurance and Accreditation Director
QM	Quality Manual
QMS	Quality Management System
SER	Self-Evaluation Report
TLAP	Teaching, Learning, and Assessment Policy
ToR	Term of Reference
UC	University Council
VPAA	Vice President for Academic Affairs
VPAF	Vice President for Administration and Financial Affairs
WBL	Work-Based Learning

I. Introduction

In keeping with its mandate, the Education & Training Quality Authority (BQA), through the Directorate of Higher Education Reviews (DHR), carries out two types of reviews that are complementary. These are: Institutional Reviews where the whole institution is assessed; and Programme Reviews where the quality of learning and academic standards is judged in specific programmes. The DHR completed the first cycle of institutional reviews in 2013, and the second cycle is scheduled for 2018-2019, in accordance with the Institutional Quality Reviews Framework (Cycle 2) approved by the Cabinet (Resolution No. 38 of 2015). The main objectives of the institutional reviews are:

1. To enhance the quality of higher education in the Kingdom of Bahrain by conducting reviews to assess the performance of the HEIs operating in the Kingdom, against a predefined set of Indicators and provide a summative judgment while identifying areas of strength and areas in need of improvement.
2. To ensure that there is public accountability of higher education providers through the provision of an objective assessment of the quality of each provider, which produces published reports and summative judgements for the use of parents, students, and the Higher Education Council (HEC), and other relevant bodies.
3. To identify good practice where it exists and disseminate it throughout the Bahraini higher education sector.

The institutional review process will assess the effectiveness of an institution's quality assurance arrangements against a pre-defined set of standards and indicators, and identify areas of strength and areas of improvement. Each Indicator will have a judgement; i.e. 'addressed' or 'not addressed', which collectively will lead to a Standard's judgement. A Standard will be given a judgement of 'addressed', 'partially addressed' or 'not addressed' depending on the number of indicators 'addressed' within a Standard, as detailed in the Institutional Quality Reviews Framework (Cycle 2). The aggregate of Standards' judgements will lead to an overarching judgement – 'meets quality assurance requirements', 'emerging quality assurance requirements', 'does not meet quality assurance requirements', as shown in Table 1 below.

Table 1: Overall Judgements

Judgement	Description
Meets quality assurance requirements	The institution must address all eight Standards
Emerging quality assurance requirements	The institution must address a minimum of five Standards including Standards 1, 4 and 6 with the remaining Standards being at least partially satisfied.
Does not meet quality assurance requirements	The institution does not address any of the above two overall judgements

II. The Institution Profile

Institution Name	AMA International University - Bahrain
Year of Establishment	2002
Location	Building 829, Road 1213, Block 712, Salmabad, Kingdom of Bahrain
Number of Colleges	Three (3) and One (1) Centre
Names of Colleges	<ol style="list-style-type: none"> 1. College of Administrative and Financial Sciences 2. College of Engineering 3. College of Computer Studies 4. Centre for General Education
Number of Qualifications	<p>Six (6) Programmes:</p> <ul style="list-style-type: none"> • Master of Business Administration (MBA) • Bachelor of Science in Business Informatics (BSBI) • Bachelor of Science in Computer Science (BSCS) • Bachelor of Science in Informatics Engineering (BSIE) • Bachelor of Science in International Business (BSIB) • Bachelor of Science in Mechatronics Engineering (BSME)
Number of Programmes	6
Number of Enrolled Current Students	2510
Number of Graduates	5222
Number of Academic Staff Members	115
Number of Administrative Staff Members	58

III. Judgment Summary

The Institution's Judgement: Does Not Meet QA requirements

Standard/ Indicator	Title	Judgment
Standard 1	Mission, Governance and Management	Partially Addressed
Indicator 1	Mission	Addressed
Indicator 2	Governance and Management	Not Addressed
Indicator 3	Strategic Plan	Addressed
Indicator 4	Organizational Structure	Not Addressed
Indicator 5	Management of Academic Standards:	Addressed
Indicator 6	Partnerships, Memoranda and Cross Border Education	Not Applicable
Standard 2	Quality Assurance and Enhancement	Partially Addressed
Indicator 7	Quality Assurance	Not Addressed
Indicator 8	Benchmarking and Surveys	Addressed
Indicator 9	Security of Learner Records and Certification	Addressed
Standard 3	Learning Resources, ICT and Infrastructure	Partially Addressed
Indicator 10	Learning Resources	Addressed
Indicator 11	ICT	Addressed
Indicator 12	Infrastructure	Not Addressed
Standard 4	The Quality of Teaching and Learning	Partially Addressed
Indicator 13	Management of Teaching and Learning Programmes	Not Addressed
Indicator 14	Admissions	Addressed
Indicator 15	Introduction and Review of Programmes	Addressed

Indicator 16	Student Assessment and Moderation	Addressed
Indicator 17	The Learning Outcomes	Addressed
Indicator 18	Recognition of Prior Learning	Addressed
Indicator 19	Short courses	Not Applicable
Standard 5	Student Support Services	Addressed
Indicator 20	Student Support	Addressed
Standard 6	Human Resources Management	Addressed
Indicator 21	Human Resources	Addressed
Indicator 22	Staff Development	Addressed
Standard 7	Research	Partially Addressed
Indicator 23	Research	Not Addressed
Indicator 24	Higher degrees with research	Addressed
Standard 8	Community Engagement	Not Addressed
Indicator 25	Community Engagement	Not Addressed

IV. Standards and Indicators

Standard 1

Mission, Governance and Management

The institution has an appropriate mission statement that is translated into strategic and operational plans and has a well-established, effective governance and management system that enables structures to carry out their different responsibilities to achieve the mission.

Indicator 1: Mission

The institution has a clearly stated mission that reflects the three core functions of teaching and learning, research and community engagement of a higher education institution that is appropriate for the institutional type and the programmes qualifications offered.

Judgement: Addressed

The Mission statement of AMA International University - Bahrain (AMAIUB) which was formally approved by the Strategic Plan Steering Committee on 12 May 2016, by the University Council on 28 July 2016 and by the Board of Trustees (BoT) on 4 June 2016, aims to: 'deliver relevant, innovative, and quality education to fit-for-purpose students through its programs', by 'fostering high engagement in teaching and learning, research and community service to achieve local, regional and global recognition'. The Mission statement clearly covers the three core functions of a higher education institution. However, the Panel is of the view that 'high engagement' in all of the three functions is not sufficiently specific to provide an effective guide for decision making and for making choices among alternative planning strategies. It is not clear enough to assess the achievements of AMAIUB's goals and objectives of its strategic plan. Hence, the Panel recommends that the University should consider amending the Mission statement in its next revision to explain clearly the quality of teaching and learning to be offered, the level of research to be carried out and the extent of community service intended so that the University management could be able to make appropriate strategic decisions accordingly.

The Mission, Vision and Values are widely shared with the AMAIUB internal and external stakeholders through its web-site, manuals, and handbooks and on the bulletin boards. Thus, the Panel observed that AMAIUB has taken actions to ensure that its Mission and Vision statements and values are known and supported by its academic and administrative staff, and students. Interviews with stakeholders, however, revealed knowledge gaps with respect to the content of the Mission statement. Furthermore, the senior management was not clear about how to make use of the Mission statement in decision making and selecting among alternatives.

AMAIUB signed an agreement with a consultancy firm on 13 February 2016 and commissioned it with deliverables of 'BSBI Programme Review and Institutional Accreditation which included self-evaluation report and capacity building' among other things. In developing the Mission, Vision and

values of AMAIUB, a process called 'Due Diligence' was implemented by the same consultancy firm through which the views of internal and external stakeholders were taken through a number of activities, such as interviews, workshops and surveys. During these meetings, a SWOT analysis was also carried out and the findings were used in developing the Strategic Plan 2016-2021. In this regard, AMAIUB provided sufficient evidence in relation to the required consultation with all relevant stakeholders in the process of developing its Mission and Vision statements and values.

The Mission and Vision statements mentioned in the Strategic Plan 2011–2016 have been revised and improved in the Strategic Plan 2016–2021. The Mission statement in the previous Strategic Plan 2011-2016 did not include any comments with regard to research and community service while simply mentioning 'quality education'. Thus, the old Mission statement with its omission of any reference to research and community engagement was not appropriate for a higher education institution. The revised new Mission statement, on the other hand, contains all the three core functions of a higher education institution and in this respect, it meets the essential requirements. It is also consistent with the Economic Vision 2030 of the Kingdom of Bahrain and in line with the Higher Education Council (HEC) National Strategy.

The Panel notes that AMAIUB carried out a mapping of its Strategic Initiatives against the HEC Priority Area/HEC Strategic Priorities in HEC National Strategy Document. Also, AMAIUB mapped its own Strategic Goals and Objectives, against its Vision and its Vision against its values successfully. The Panel is convinced that the goals, objectives, and initiatives indicated in AMAIUB Strategic Plan 2016-2021 are aligned with the national, regional, and global educational objectives. Overall, the Panel concludes that this Indicator is addressed.

Recommendation

- Consider amending the Mission statement in its next revision to explain clearly the quality of teaching and learning to be offered, the level of research to be carried out and the extent of community service intended so that the University management could be able to make appropriate strategic decisions accordingly.

Indicator 2: Governance and Management

The institution exhibits sound governance and management practices and financial management is linked with institutional planning in respect of its operations and the three core functions.

Judgement: Not Addressed

As per the SER, AMAIUB claims that 'governance is vested on President together with the University Council (UC)', which is composed of the President, Vice President for Academic Affairs (VPAA), Vice President for Administration and Financial Affairs (VPAF), Quality Assurance and Accreditation Director (QAAD) and Dean of the Office of Student Affairs (OSA), while the management of the University is vested on 'President, VPAA, VPAF, Deans and Head of Departments and Unit Heads'. There is no mention of the BoT in the SER under the 'Governance and Management' heading except

that 'the President is appointed by the BoT' and the BoT determining the composition of the UC while the President approves the appointment of staff to these positions.

The SER states that 'If the budget is already accepted by UC, the President approves it, hence becomes the working budget for the succeeding academic year'. However, the job description of the President in Art. 5 of the Job Description of the President states that the President 'presents an annual budget to the Board and administers the implementation of the approved budget'. Examining the Bylaws of the BoT for its duties and responsibilities, the Panel could not see any item with regard to the approval of the budget. Likewise, there was no article in the UC Terms of Reference (ToR) stating that the budget is being approved by the UC or by the President. Article II Item 3 has a heading of 'Financial and Management Decisions with sub headings of Financial Planning, Financial Budgeting and Financial Reporting' without any explanations as to how these activities would be carried out and who would be responsible. The Panel could not identify any entity in the Bylaws which is authorized to approve the budget.

The BoT in its meeting on 19 August 2011, decided that 'for the succeeding annual budgets of AMAIUB, the President shall approve the budget if the threshold is 10% of the total revenue. However, if there is a reallocation of the budget which is of a significant amount, the reallocation should be approved by the Board', i.e. the President is allowed to operate on a budget as long as the budget allocates (at least) 10% of the total revenues to owners. This has been confirmed at the interview with the BoT members and was further demonstrated/justified by referring to the budgets of 2017-2018 and 2018-2019 which actually had a 30% excess of revenues over expenses (net income) and thus the President was given the flexibility with regard to spending the budget. However, the Panel is of the view that such an important issue (the 10% threshold) needs to be part of the Bylaws of the BoT rather than being a decision of the BoT. In the interviews with the senior management, the Panel noted that funds allocated to certain areas could be diverted if there is a need and this would not require the approval of the BoT or the Chairman. In some cases, information could be given to the Chairman but without asking for his approval. This is in contradiction with the BoT decision above. The Panel is of the view that such an important issue should be covered in the UC ToR.

In the job description of the President, Art. 9 states that the President 'recommends all additions or changes in personnel and in personnel policies' implying an approval of the BoT. However, the ToR of UC Art. II Item 2 states that UC 'oversees the search and appointment of the VPs and Deans'. In the interviews, senior management stressed that the appointment of such positions (VPs and Deans) are carried out and ended at the University and the President would only inform the BoT Chairman. Furthermore, ToR of the UC listing the duties and responsibilities in Article II, have headings with Project Management, with insufficient explanations and Risk Management with no explanations. These items and some others need to be detailed for a better explanation of the ToR of the UC.

In the ToR of the UC, the Panel could not find any article concerning how decisions are made. In some of the UC meetings decisions are made with a motion being made, seconded and approved by the President. There is no evidence of voting. In the interviews, the senior management explained that voting is not done as issues are determined by specialized committees before they are presented to the UC. The Panel is of the view that the UC ToR needs to have an article with regard to decision making.

The Panel could not find any BoT decision approving the UC ToR, while at interviews the Panel was told that it exists.

Article IV of the Bylaws of the BoT, which was approved in their meeting on 4 June 2016 indicates that there will be seven Board Members with the Chairman and Vice – Chairman being the two Founding Directors. The President of the University would also be a member of the BoT with a voting power. The other four members would be appointed by the Chairman after a nomination by at least two of the existing Members. At least 50% of the BoT members must be academicians. The Panel is satisfied that these requirements are met with the documents provided by the University concerning the designations of BoT Members. In the ToR of the UC, Article V involves the induction of its members, whereas in the Bylaws of the BoT, there is no information on how the induction process would take place for newly appointed BoT Members. The Panel learned during interviews with Members of BoT that this is done informally by the old board members. The Panel, therefore, advises the University to formalize its procedures for the induction of the BoT new members.

AMAIUB has a well-prepared budget for the implementation of its Strategic Plan 2016-2021. The budget allocates the expected expenditure annually for each activity to be carried out by the academic and administrative units of the University. This shows a clear link between strategic planning, resources and financial allocation and programme offerings. There is also a Policy on Annual Budget Preparation which asks each academic and administrative unit to prepare its budget based on its Operational Plans. Academic units submit their projected budgets to VPAA and the administrative units to VPAF for their approvals. Approved budgets are consolidated by the Budget Head and forwarded to UC for their endorsement and then to the President for Approval. The budget approved by the President becomes the working budget of each College and Department.

The University has an established system for fraud prevention and for auditing its financial activities. In its purchases from the private sector, the Purchasing Department has a list of accredited suppliers which it uses to take quotations before any purchase is made. Furthermore, the University has an internal auditor who is responsible for detecting immediate fraud in academic, administrative and financial matters. There is also an external auditor firm that audits the financial statements and submits them to HEC annually.

In conclusion, although the University demonstrates a clear link between strategic planning, resource and financial allocation with respect to its operations, the roles and responsibilities of its governing and management entities are not well defined, as evidenced by the discrepancy between the BoT Bylaws, UC ToR, the job description of the President and the actual practice. The Panel, therefore, recommends that the University should revise the Bylaws of its BoT, ToR of the UC and the job description of the President of the University to provide a formal status for their activities, have a clear separation of duties and responsibilities between the BoT, UC and the President and therefore an effective governance and management at the University. Overall, the Panel is of the view that the Institution does not address most of the requirements of this Indicator.

Recommendation

- Revise the AMAIUB Bylaws of its BoT, ToR of the UC and the job description of the President of the University to provide a formal status for their activities, have a clear separation of duties and

responsibilities between the BoT, UC and the President and therefore an effective governance and management at the University.

Indicator 3: Strategic Plan

There is a strategic plan, showing how the mission will be pursued, which is translated into operational plans that include key performance indicators and annual targets with respect to the three core functions with evidence that the plan is implemented and monitored.

Judgement: Addressed

After the completion of the Strategic Plan 2011-2016, the Mission statement and the Strategic Plan 2016–2021 of the University were developed with a consultancy firm, in consultation with various entities. The Strategic Plan 2016–2021 was approved by the UC on 28 July 2016.

The consultancy firm conducted a 'Due Diligence' process and carried out a number of activities that involved internal and external stakeholders. Such activities included focus group discussions with alumni, with faculty members and students, SWOT Analysis Workshop, interviews and surveys with faculty members and students and operational planning validation meetings. This was also confirmed in the interviews with staff, students, and external stakeholders. The Panel, hence, is satisfied that the Strategic Plan 2016–2021 is developed with sufficient consultation and collaboration of internal and external stakeholders.

Based on the Mission statement, the Strategic Plan 2016–2021 has six strategic goals, 58 strategic objectives, and 299 KPIs. Furthermore, annual targets are specified for five years consistent with KPIs to assess the achievements. Among the six strategic goals, teaching and learning, and research are specified in the 2nd and 6th goal, respectively. However, the third core function of higher education institutions i.e., community engagement, is not specified in these goals. In the interviews with the senior management, the Panel heard that, community engagement is embedded in strategic goal no. 5 which is 'reinforcing AMA brand ... and fostering cooperative alliances and partnerships' (see indicator 25). The Panel recommends that the AMAIUB develop a clear and specific strategic goal for community engagement to be incorporated into the Strategic Plan, with appropriate strategic objectives, operational initiatives and KPIs.

For an effective implementation and monitoring of the Strategic Plan 2016–2021, a responsibility assignment matrix (RACI) was developed, where the level of responsibility of all academic and administrative units and senior management have been identified in relation to the strategic objectives. The Panel appreciates the use of such approach in monitoring and reviewing the implementation of the Strategic Plan 2016–2021.

All academic and administrative units at the University prepare termly accomplishment reports based on their Operational Plans and submit them to the Planning and Development Office. These accomplishment reports list the strategic objectives and operational objectives together with the KPIs and record the actual accomplishment together with the action to be taken, in case the target was not achieved. The gaps identified through variance analysis are noted and action plans are prepared to correct the discrepancy. The Panel notes that, in general, all Accomplishment Reports prepared are

monitored, evaluated and signed appropriately by the respective academic and administrative units and relevant VPAA and VPAF and eventually, presented to the UC for approval. The approved reports form the basis of the Annual Reports of the President to the BoT. Overall, the Panel concludes that this Indicator is addressed.

Recommendation

- Develop a clear and specific strategic goal for community engagement to be incorporated into the Strategic Plan, with appropriate strategic objectives, operational initiatives and KPIs.

Indicator 4: Organizational Structure

The institution has a clear organizational and management structure and there is student participation in decision-making where appropriate.

Judgement: Not Addressed

The University has an organizational chart and job descriptions for the academic and administrative staff that clearly indicate the line of hierarchy, who to report to and who to supervise. The main Councils at the University are the UC, Academic Council and the Administrative Council. The UC is composed of the VPAA, VPAF, QAA Director and Head of Deanship of Student Affairs, as required by the BoT Bylaws. The Academic Council is composed of all UC Members, excluding the President and including the Deans of the Colleges, Director of the Center of General Education (CGE) and Research Council Head. The Administrative Council is composed of the VPAA, VPAF, the five heads of departments at the Administration and Finance Vice-Presidency and it also excludes the President (ToR of Academic and Administrative Councils Article IV, Item 1). Moreover, in none of the ToR of the UC, Academic Council and Administrative Council, quorum or information about how decisions are made is indicated.

A recent, up-to-date Organizational Chart of the University was provided to the Panel. It clearly and in detail shows the Administrative Departments supervised by VPAF and how they are organized under five departments. Some of the departments reporting to VPAA, such as the Deanship of Students and External Engagement have units reporting to them and these are indicated. However, the sections of the Organizational Chart involving the Colleges and Academic Departments are not detailed at the required level. Existing Colleges are not named, and Departments are not listed. Furthermore, on the Organizational Chart, the UC is indicated, whereas the Academic and the Administrative Councils are not indicated nor are the College Councils. The Panel, therefore, recommends that the University should review and update its Organizational Chart to include Colleges, Academic Departments and Academic and Administrative Councils.

The Organizational Chart is widely disseminated to the internal and external stakeholders through the website of the University, manuals, handbook and also placed on the bulletin boards, which was confirmed during the Panel tour of the University campus. All of the academic and administrative staff including the President, VPs, Deans and Heads of Departments/Units have job descriptions where the chain of command and their duties and responsibilities are clearly stated. Job description templates give

information on job summary, duties and responsibilities, work relationships (who to report to and who to supervise), and qualifications required (education, experience and skills). The Panel observed that all academic and administrative staff are aware of their job descriptions and these are widely followed.

The composition of the UC, Academic Council, Administrative Council and College Councils are clearly indicated in their ToR. None of these councils, however, contain representatives of academic and administrative staff or students. In these councils where important and strategic decisions involving academic and administrative issues are taken, the senior management said, when asked about the matter in the interview, that students are invited when it is thought necessary. Providing evidence on this issue, the SER refers to the minutes of an Academic Council and a College Council meeting where two students attended the College Council Meeting but only one attended the Academic Council Meetings.

There are six committees at the university level with counterparts at college level. The university level committees are typically composed of Chairs of the counterpart committees at the college level and two heads of administrative units. For example, the Curriculum Oversight Committee consists of the College Deans, the Director of the QAAD and the Head of Registration as members. In all college level committees, academic staff are represented while there are no students' representatives in these committees. It is not clear what kind of participation students in general have across all University and College committees. Committee Guidelines give the remits of several college level committees but the document neither gives details of the membership of those committees nor mentions student membership. The Student Handbook notes that students have the right to be represented in the different institutional and college committees/councils and participate in institutional decision-making, but the SER makes virtually no mention of the students' contribution in this respect. Furthermore, the Panel heard that the Head of the Planning and Development Office, who is responsible for reporting on the implementation of the Strategic Plan, is not a member of any of the University's committees. The Panel considers that this arrangement deprives the University's decision-making bodies of regular input which could assist their deliberations. The Panel recommends that the AMAIUB restructure its councils and committees to enable the participation of students and other relevant entities as appropriate, to ensure efficient and formal communication, coordination and management of the University.

All councils and committees have their established members clearly indicated in their ToR. The duties and responsibilities of each council/committee are also appropriately stated. Examining the minutes of the three councils and university level committees, the Panel observed that all councils/committees have been meeting regularly with an agenda and orderly kept and signed minutes.

The SER does not mention anything about any evaluation done to determine the effectiveness of the University's councils and committees. However, the Panel was provided with a set of surveys, each involving five questions asked to the members of each council and each committee. Members of the councils and committees who answered these questions scored above 4.90 out of 5.00, agreeing 'strongly' on each and every question. The Panel is of the view that committee members evaluating their own performance, involves conflict of interest and hence this practice needs to be substantiated by more appropriate approaches. Moreover, in the interview sessions, the Panel found that, with the exception of one committee's chair, no Committee members and chairs were aware of such a survey

assessing the effectiveness of their committees. The Panel recommends that the AMAIUB should implement more efficient and appropriate approaches in assessing the effectiveness of its councils and committees.

Overall, the Panel is of the view that the Institution does not address most of the requirements of this Indicator.

Recommendations

- Review and update the AMAIUB Organizational Chart to include Colleges, Academic Departments and Academic and Administrative Councils.
- Restructure AMAIUB councils and committees to enable the participation of students and other relevant entities, as appropriate to ensure efficient and formal communication, coordination and management of the University.
- Implement more efficient and appropriate approaches in assessing the effectiveness of AMAIUB councils and committees.

Indicator 5: Management of Academic Standards

The institution demonstrates a strong concern for the maintenance of academic standards and emphasizes academic integrity throughout its teaching and research activities.

Judgement: Addressed

The University has an Operations Manual where all of the policies related to the academic and administrative affairs are collected in two sections. The UC in a special meeting held on 04-09-2016 approved the 2016 AMAIUB Operations Manual. However, there is no formal approval of the University's Operations Manual by the BoT. The Panel is of the view that the BoT with its role of setting the 'strategic direction and goal of the University' and 'seek to ensure that the University maintains and enhances its status as a provider of a quality academic degree', as per BoT Bylaws, needs to have its input to such an important document.

Since 2016, the BoT had a total of four meetings. In one of these meetings (in 2016), the President gave a very detailed account about the academic matters at the University and also presented the six goals of the Strategic Plan with their five annual targets. In the following BoT meetings, however, the President simply and in general terms presented the Accomplishments of the Strategic Plan. There was no agenda in these meetings nor discussions with respect of the attainment of the programmes' educational objectives or the intended learning outcomes at the time of graduation. The Panel recommends that AMAIUB should strengthen the role of its BoT in overseeing the achievement and maintenance of academic standards, beginning with getting the Operations Manual approved by the BoT formally at the earliest convenience.

As per the SER, oversight of the achievement of the academic standards of the graduates is carried out by the UC, which meets regularly to discuss and take decisions on matters of academic and administrative nature. The University provided the minutes of the UC, Academic Council,

Administrative Council, and College Councils (and also the minutes of the university level committees). In the meetings of the UC in the period between 03-11-2017 and 06-01-2019, general issues such as the approval of the Institutional SER, approval of capital of expenditures/operational expenditures (CAPEX/OPEX), approval of a BSc. Programme were discussed. There is no evidence that the achievements of the academic standards of the graduates are discussed in these meetings. The issues discussed at the Academic Council between 11-01-2018 and 17-01-2019 were mainly daily general matters as well as students' affairs, QA and Research matters. In the College Council Meetings discussions were mainly on workloads, assignment of courses and other general academic issues.

From the provided evidence, the Panel confirmed that faculty members prepare Course Reports, in which grade analysis, grade distribution and the success rate of students with suggestions for improvement form the main elements of the report. In addition, these course reports contain students' evaluation of the teaching and learning methodology, assessment method, and academic infrastructure. There is evidence that these course reports are reviewed at the College Councils. Annual Programme Reports cover areas of teaching and learning, student retention and progression, student and faculty satisfaction, Programme Intended Learning Outcomes (ILOs) report and suggestions for improvement. (See also Indicators 13, 15, 16, and 17). The University also conducts Alumni and Employers Surveys to assess the attributes of its graduates and use this information in developing its programmes.

The University has a Student Handbook in which rules and regulations regarding academic honesty, student discipline, and student rights and responsibilities are explained, among other things (Mission, Vision and the core values of the University, admission and registration, academic policies, financial information, academic programmes, facilities and services). The Office of Student Services within the Deanship of Student Affairs (DSA) is responsible for receiving, monitoring and implementing policies and procedures pertaining to students' misconduct and complaints. If the issue is related to a student, it is sent to the Student Disciplinary Tribunal, whereas if the complaint is against an academic or administrative staff member, it is sent to the Human Resources (HR) Department.

The University has a template for reporting any incident of misconduct in the examinations to be filled by the academic staff concerned. Students are evaluated for such actions at the Student Disciplinary Tribunal headed by the Dean of the OSA. During the interviews with the students, the Panel observed that the students are aware of the University's rules pertaining to academic and behavioral misconduct and the sanctions that would be applied. However, the Panel could not find any policy, regulations or procedures on handling the students' academic and behavioral misconduct in the Operations Manual of the University and there was no reference to such a policy in the SER either. Hence, the Panel recommends that the University develop policies, regulations and procedures on handling the academic and behavioral misconduct of students. With regard to academic and behavioral integrity of academic and administrative staff there are policies, regulations and procedures in the Operations Manual (OM) of the University. These are Policies on Disciplinary Regulations, Employee Relations and Discipline, Faculty Conduct, Research Ethics and Conducts, and Intellectual Property Rights. During interviews with staff, the Panel found that the academic and administrative staff are aware of these policies and attend to them appropriately.

The University has a Policy on Grade Appeal and on Student Grievance contained in its Operations Manual. These are also summarized in the Student Handbook and explained to the students during

their induction when they start their study at the University. The University provided evidence where students' appeal for grade change or complaints were dealt with appropriately. During interviews with students, the Panel did not find any student indicating any complaint or resentment with regard to their grade appeal or any grievance submitted (see Indicator 16). Complaints, appeals, and grievances of the academic and administrative staff are appropriately attended to by the HR Department within the framework of the Employee Grievances Policy.

On balance and in light of the available policies and their implementation, the Panel concludes that most of the requirements of this Indicator has been addressed.

Recommendations

- Strengthen the role of the AMAIUB Board of Trustees in overseeing the achievement and maintenance of academic standards, beginning with getting the Operations Manual approved by the BoT formally at the earliest convenience.
- Develop policies, regulations and procedures on handling the academic and behavioral misconduct of AMAIUB students.

Indicator 6: Partnerships, Memoranda and Cross Border Education [where applicable]

The relationship between the institution operating in Bahrain and other higher education institutions is formalized and explained clearly, so that there is no possibility of students or other stakeholders being misled.

Judgement: Not applicable

Not applicable

Recommendation(s)

None

Judgement: The Institution **partially addresses** Standard 1: Mission, Governance and Management

Standard 2

Quality Assurance and Enhancement

There is a robust quality assurance system that ensures the effectiveness of the quality assurance arrangements of the institution as well as the integrity of the institution in all aspects of its academic and administrative operations.

Indicator 7: Quality Assurance

The institution has defined its approach to quality assurance and effectiveness thereof and has quality assurance arrangements in place for managing the quality of all aspects of education provision and administration across the institution.

Judgement: Not Addressed

AMAIUB has a Quality Assurance and Accreditation Department (QAAD) headed by a Director who reports directly to the University President. From the provided evidence and site visit interviews, the Panel confirmed that QAAD has only two assigned staff, including the Director herself, who also has a reduced teaching load, and a Document Control Centre Supervisor, whose role is mainly to provide administrative support to the Director. When trying to confirm the actual role of the Department during site visit interviews, the Panel was informed that the main role of this Department is merely to oversee quality assurance activities all over the University, whereas the actual work of quality assurance activity at the college level is performed by another entity, namely the Continuous Quality Improvement Committee (CQI). This Committee in turn is chaired by the QAAD Director herself with a representative from each college and the internal auditor as members. According to the SER, the site visit interviews and documents provided, the Panel established that the University with the full assistance of this committee, conducts annual as well as periodic Internal Quality Audits (IQAs) to all the academic and administrative units of the University. Moreover, and as mentioned in the provided evidence and confirmed during interviews, the CQI reports are submitted to the Deans and QAAD. Nevertheless, and notwithstanding the fact that has already been stated regarding the composition of QAAD, it is not clear how these IQAs are conducted by a specialized team 'composed of IQA-trained personnel from the QAAD and other operating units...who do not have direct relation to the office/activity/program/service being audited' as per AMAIUB's Review and Improvement Policy. Such description of the IQA process entails that the University has a large number of IQ-trained staff who are capable of conducting the audits, a point that the Panel was not able to find a supporting evidence for. In the Panel's view, this arrangement of having two entities, i.e. QAAD and CQI, chaired by one person and assuming the same roles and responsibilities, with the former assuming a supervisory QA role and the latter carrying out almost all the remaining tasks, reflects an inadequate Quality Management System (QMS) mechanism on behalf of the University. Moreover, this overlap between entities responsible for quality management and enhancement at various levels within the institution creates confusion regarding the role of each entity and its accountability within the system of quality assurance in the University. Hence, the Panel recommends that the University revisit the QAAD, CQI

and Quality Management System to eliminate the overlap in the roles of concerned entities as a matter of urgency and enhance the effectiveness of their roles.

The QM describes itself as an extremely confidential document that should be treated with 'utmost degree of confidentiality'. In the Panel's viewpoint, this restriction on the circulation of a key QA document which is to be for common use to promote the University community's awareness in this aspect, raises concerns regarding the maturity of the QA culture within AMAIUB and the University is urged to address this issue. Hence, the Panel recommends that the University ensure that all key QA-relevant documents, such as the QM, are accessible by all relevant stakeholders in order to promote their awareness in this aspect and spread the QA culture.

On the other hand, the QM describes the QMS as comprising five processes based on the Process Model which the University adopts. However, the SER states that QMS process 'begins with the identification and determination of external and internal requirements needed for its successful operation and qualification development' to be followed by two levels of planning, namely 'institutional planning level' and 'resource planning level'. In the Panel's opinion, and while it acknowledges that an overall quality assurance system exists within the University, the evidence provided are not sufficient to prove that QMS is fully and comprehensively operated. On one hand, QMS is operated mainly in relation to one main function of the University, namely teaching, on the expense of other two main functions (Research and Community Engagement). Hence, the Panel recommends that the AMAIUB go beyond identifying the potential opportunities for improvements by focusing on the actions to be done for addressing these opportunities to close the loop of QA cycle and ensure the quality and effectiveness of these actions in the core areas of the University's performance.

As stated in the SER and confirmed in interviews with staff, compliance with regulatory bodies requirements such as that of the HEC, is ensured through the University's QMS processes which seek to identify and monitor internal and external requirements at both the programme and the institutional level. As mentioned earlier in this section of the Report, annual and periodic IQAs represent the main tool which AMAIUB employ 'to measure, monitor and analyse the business processes in the organization to ensure continual improvement towards achievement of planned objectives'. However, the Panel notices that the IQA policy itself restricts the scope of this process by stating that it applies 'to all award-bearing programmes offered by the University and to a department, centre or other academic-support units as applicable'. The same restriction is imposed by the composition of the CQI, which includes faculty members only with no representation from other administrative and academic support units of the University. For this reason, the QMS focuses mainly on the academic aspects of the University's performance and overlooks other aspects of its operation such as the support and administrative functions, which a comprehensive and robust QMS should consider and incorporate. While the University does have a set of both academic and administrative operational policies, the SER states that 'the core processes included in the QMS are Enrolment, Instruction, Research, Community Engagement and Student Services among others'. In the Panel's view, this represents an inadequate scope of a QMS which should capture other core aspects of the University's functions beside the academic and support ones. The Panel is of the view that this restriction of the scope of the IQA process creates a significant gap within AMAIUB's QMS system and recommends that the University to address this during the upcoming review of the system.

From the evidence provided before and during the site visit, the Panel established that although there is adequate documentation in place of all the University's policies and procedures, the effectiveness of the majority of these is yet to be assessed and assured. Hence, the Panel is of the view that this Indicator has not been addressed.

Recommendations

- Revisit AMAIUB QAAD, CQI and Quality Management System to eliminate the overlap in the roles of concerned entities as a matter of urgency and enhance the effectiveness of their roles.
- Ensure that all key QA-relevant documents, such as the QM, are accessible by all relevant stakeholders in order to promote their awareness in this aspect and spread the QA culture.
- Go beyond identifying the potential opportunities for improvements by focusing on the actions to be done for addressing these opportunities to close the loop of QA cycle and ensure the quality and effectiveness of these actions in the core areas of the University's performance.
- Expand the scope of the Internal Quality Assurance process to include other core aspects of the University's functions beside the academic and support ones.

Indicator 8: Benchmarking and Surveys

Benchmarking and surveys take place on a regular basis; the results of which inform planning, decision-making and enhancement.

Judgement: Addressed

AMAIUB has a very recently developed Benchmarking Policy which indicates that 'the University conducts regular benchmarks at institutional level in order to assure that the various aspects of services are up-to-date, aligned to sector good practices and coherent with the local, regional and international standards and references'. The Policy addresses various aspects of this process such as its purpose, scope, responsibilities and procedures. It refers to two types of benchmarking, formal and informal. According to the Policy, informal benchmarking can be conducted at the institution, programme or course level, whereas formal benchmarking can be done at the institutional or programme level only. It further specifies that the QAAD in coordination with the Office of VPAA and the Planning and Development Department (PDD) are responsible for the conduct of this activity. Moreover, the SER states that 'Colleges and departments conduct benchmarking following the prescribed cycle as stipulated in the Policy on Programme Development, Review and Enhancement'. Nevertheless, and on examining all provided documents, the Panel found little evidence on the involvement of these entities in the aforementioned activities. Furthermore, the Panel established from interviews that these activities were simply spearheaded by the Programme Head and faculty involved in the delivery of the benchmarked programmes. In the Panel's view, this discrepancy between what is stipulated in the Benchmarking Policy and the actual practice described in the SER reflects inadequate awareness of the roles of relevant entities involved in these activities.

On examining the documents provided, the Panel did not find evidence that any formal benchmarking has been conducted with any local higher education institution (HEI) so far. The SER does not provide

any justification for the exclusion of local HEIs from this activity when providing examples of benchmarking with other regional and international HEIs. Nevertheless, the Panel heard during interviews that some attempts were made to benchmark some of the Engineering programmes informally with their counterparts in the University of Bahrain. Since many of the local HEIs potentially meet the criteria of selection that AMAIUB adopts, the Panel is of the view that AMAIUB's programmes as well as other academic and administrative aspects of its performance will benefit more from a comprehensive benchmarking activity with one or more local reference points of similar profile.

From the provided documents, the Panel noted that all AMAIUB's benchmarking activities were conducted prior to the publication of AMAIUB's Benchmarking Policy of Sept. 2018. During interviews, the Panel was informed that the AMAIUB Colleges benefited from the collaboration agreements which AMAIUB signed with some regional and international universities such as the American University of Sharjah (AUS), International Islamic University in Malaysia (IIUM) and Sohar University (SU) to benchmark some of the programmes these institutions offer. Moreover, and on examining the relevant documents, the Panel concluded that all these benchmarking activities were based on comparing specific AMAIUB's academic programmes with their counterparts in the selected institutions. The Panel found little evidence that these undertakings have included other core activities of the University, such as research and community engagement. In the Panel's views, this restricted scope of the benchmarking practice, in addition to not being aligned with the wide scope of the University's Benchmarking Policy, deprives the University of the opportunity of positioning itself locally, regionally and internationally. Moreover, it is not clear, under this condition, how the findings of this limited scope of benchmarking activities would help the University 'strategically incorporate (them) not only across programmes but also in other strategic and operational considerations', as stated in the SER.

The SER states that 'regular and formal benchmarking is embedded in the structure and processes of the University'; however, the Panel confirmed that all these programme benchmarking activities took place between 2016-2018. Furthermore, and on examining the documents and reports resulting from these activities, the Panel noted that they are merely simple comparisons of straightforward points of similarity and difference rather than being in-depth analyses of comparable areas among these programmes, outlining the areas of improvements and actions required based on the results of these benchmarking activities. Therefore, the Panel recommends that AMAIUB review the implementation of its Benchmarking Policy to ensure a wider scope of this Policy is implemented, more reflective results are achieved and appropriate actions are made.

AMAIUB relies heavily on surveys as a main tool for collecting feedback regarding all its activities and services. This observation was confirmed during interviews with various academic and administrative staff as well as with students and external entities. The Panel acknowledges that AMAIUB has a Survey Policy in place, a Survey Manual exists and a large number of different surveys are conducted. According to the SER, and as confirmed during interviews, these surveys are developed, regularly conducted and their results are analysed by PDD through the Institution Research Office. On examining the provided evidence and from interviews, the Panel came to know that the QAAD has no role in the whole process of developing, reviewing, distributing and analysing these surveys. Instead, the VPAA Office periodically reviews the implementation of these procedures for academic-related surveys while non-academic related surveys are reviewed by the VPAF Office. The SER claims that the results of these

surveys constitute 'a vital input for the short and long-term plans of AMAIUB in providing quality education and services'.

The Panel established from interviews that the PDD forwards the results of the surveys to the concerned unit which in turn formulates an improvement plan to address the gaps and recommendations derived from these surveys. The implementation of this improvement plan is also monitored by PDD. Though a number of enhancements has been made based on the results of students' surveys, the Panel is of the view that actions taken are not based on a reflective analysis of the results of these surveys. Improvement plans for the Student Satisfaction Surveys for 2015-2016, 2016-2017 and 2017-2018 were provided for the Panel. In some cases, the actions reported are repeated from year to year, sometimes in one College, sometimes in another (e.g. the convenience of course timings); another action (issues with heating and air conditioning) is repeated for two consecutive years with exactly the same planned action, KPI, responsible person, and target date. It is not clear how actions are identified for inclusion in the Improvement Plan. The 2017-2018 Student Satisfaction Survey contains 35 recommendations across all programmes; the 2017-2018 Improvement Plan takes forward eight actions. Although the Improvement Plan states that 'This improvement plan has been developed for the indicators whose rating is 4.40 and below', it is not apparent from the survey that any ratings as low as 4.40 were given. The rationale for the Improvement Plan is therefore unclear.

Furthermore, from the provided evidence the Panel found that the AMAIUB responds mainly to students' surveys, with far less effort with regard to those of academic staff and employees. Moreover, notwithstanding the significant role that surveys play in providing feedback to the University on the quality and of its overall activities and services, the Panel is of the view that the absence of the QAAD's role in this area is another missed opportunity of improvement which AMAIUB needs to address in the upcoming review of its QMS. The Panel recommends that the University review the implementation of its Survey Policy to ensure that its full scope is covered, more reflective results are achieved and appropriate actions are consequently taken.

On examining a large sample of these surveys, the Panel noted that the content and organisation of many of these surveys need to be revised and checked against their fitness for purpose (please see the related recommendations in Indicators 10, 20, 21, 25). During interviews, the Panel was informed that this will be considered when the five-year review cycle of these surveys is due. Nevertheless, the Panel recommends that the University ensure that all surveys it currently uses are fit for purpose before using them and even prior to their periodic review. Despite the identified areas for improvement, the Panel is of the view that overall, this Indicator has been addressed.

Recommendations

- Review the implementation of the University Benchmarking Policy to ensure a wider scope of this Policy is implemented, more reflective results are achieved and appropriate actions are made.
- Review the implementation of AMAIUB Survey Policy to ensure that its full scope is covered, more reflective results are achieved and appropriate actions are consequently taken.
- Ensure that all surveys the AMAIUB currently uses are fit for purpose before using them and even prior to their periodic review.

Indicator 9: Security of Learner Records and Certification

Formalized arrangements are in place to ensure the integrity of learner records and certification which are monitored and reviewed on a regular basis.

Judgement: Addressed

AMAIUB's students' records are managed and maintained by the Registration Office, through following a dedicated policy developed for this purpose and a policy and procedures for retaining and maintaining the students' records. Moreover, the University has a Campus Information System with secured levels of access to various entities concerned depending on their position and function. From the provided documents and as established from interviews, the Panel confirmed that the University has procedures and arrangements in place to ensure grades accuracy and integrity such as the use of Audit Trial and Grade Erratum Procedure which involves the Dean, the Registrar, and the Internal Auditor. Moreover, the University has policies regarding the Eligibility for Graduation to ensure that the students have satisfactorily completed the requirements of their degrees before awarding them the formal qualification, and another policy on the release of credentials.

During its tour visit to the Registrar's Office, the Panel witnessed that hard copies of students' records are kept in a well-secured room with fire-proof secured door and in appropriate filing cabinets and shelves. Moreover, the Panel was informed and confirmed that scanned copies of these documents are made in the same location and saved on the University's server with regular backups made by authorised personnel. Nevertheless, and on examining an on-site sample of students' degrees (wall certificates), the Panel found two samples of Bachelor degree wall certificates (BSIE and BSBI) both issued in the same exact date (29th Dec.2016) and signed by the same person but with two different designations (University President and University Chairman). When trying to find an explanation for this discrepancy, the Panel did not get an appropriate answer and was informed that this could be due to some mistake and that the staff concerned will follow up on this matter and rectify it. The Panel recommends that AMAIUB develop and implement a robust mechanism to ensure the safety and integrity of the process of certificate issuance.

From the evidence provided before and during the site visit, the Panel established that there are formalized arrangements in place to ensure and maintain the integrity of learner records and certification. Hence, the Panel is of the view that this Indicator is addressed.

Recommendation

- Develop and implement a robust mechanism to ensure the safety and integrity of the process of certificate issuance.

Judgement: The Institution **partially addresses** Standard 2: Quality Assurance and Enhancement

Standard 3

Learning Resources, ICT and Infrastructure

The institution has appropriate and sufficient learning resources, ICT and physical infrastructure to function effectively as a HEI, and which support the academic and administrative operations of the institution.

Indicator 10: Learning Resources

The institution provides sustained access to sufficient information and learning resources to achieve its mission and fully support all of its academic programmes.

Judgement: Addressed

As reported in the SER, the library of AMAIUB has 11,700 books as well as one million titles of e-learning resources, including e-books and access to the EBSCO online database. Furthermore, the SER clarifies that students, faculty, and staff have physical access to these library resources six days a week from 8:00am to 8:00pm, while the undated PowerPoint presentation entitled 'Library Orientation of New MBA Students' states that the library opening hours are from 8:00am to 6:00pm on Sunday and Monday, 8:00am to 8:00pm from Tuesday to Thursday, and from 8:00am to 5:00pm on Friday and Saturday. The provided evidence shows special opening hours that were applied during the month of Ramadan of the academic year 2017–2018. As for accessing the online resources, the students, faculty and staff have a 24x7 access through a login account (Universal Student Number to 'Moodle' for students and Employee Single System Account for faculty members and staff) from within or outside the campus. Furthermore, evidence was cited in the SER as being a policy 'on the use of library materials and learning resources including access by staff and students' to these resources. It turned out, however, that it is a policy about acquisition of course books only and does not cover the acquisition of other resources. For instance, it says nothing about the acquisition by faculty members of library resources for research purposes (independently of course requirements).

During the site visit, students and faculty members interviewed by the Panel expressed their satisfaction with the library resources. During the campus tour, however, the Panel noted that the size of the library (including its study area) is fairly limited and may not accommodate the needs of the student and staff population, especially during examination periods when the rush to the library space is a general phenomenon in HEIs. The Panel advises the University to provide more space for the library, including study areas for students and a dedicated space for faculty members.

The SER describes mechanisms whereby courses and programmes can be reviewed and revised, which may involve ordering appropriate library resources for the requested changes. In cases of course reviews and programme reviews, the processes that are in place allow for the expression of needs for library and learning resources. Upon such reviews and expression of needs, the Instructional Materials and Library Committee Coordinator (IMLCC) consolidates these needs and 'ensures that all learning resources are based on the course requirements' as stated in the SER. The provided evidence, however, does not show policies and procedures for the alignment of library and learning resources with the academic

programmes. As a matter of fact, what has been provided as a 'Report prepared by the Head of library showing the alignment of library resources with the academic programmes' was rather three reports titled 'Additional Library Resources for Purchase/Renewal - summary report'. Likewise, the Panel could not find evidence for the existence or implementation of any policy to ensure effective support of student learning. For instance, the involvement of the IMLCC in consolidating and, eventually, securing orders of library and learning resources needs to be documented; a track must also be kept of who decides to acquire which resources and when (e.g. the decision in favour of the EBSCO online database compared to Web of Science and/or Scopus, etc.) and the various validation checks. The Panel recommends that the University review its policy and procedures for the expression of needs for the library and learning resources so as to cover the alignment of library and learning resources with the academic programmes' needs.

The SER states that the learning resources are in compliance with the HEC standards of enforcing three titles per course, but the Panel could not find evidence for this. According to the SER, benchmarking with other regional and international institutions has shown that the library resources and University services are adequate. Other, supporting materials that would concur with the same statement were provided. It turned out, however, that some mention of similarities and differences in online databases and learning resources was made in these benchmarks, but in a sketchy way and the Panel could not find evidence of benchmarking that is specifically geared towards the library and learning resources. Nor could the Panel find any evidence of participation of AMAIUB in international surveys for Library benchmarking. The Panel recommends that the University design and carry out benchmarking that is specifically geared towards the library and learning resources.

There is evidence that inductions of new students and faculty were conducted by the library staff. Explanations were given about the use of the University's monitoring system, access to the online database resources, Moodle, and the library opening hours and resources. This was followed by questions and answers and a practical session. Evidence in the form of attendance sheets was also provided for regular sessions of orientation on library and e-library resources for students and academic faculty for each year for the periods 2015-2018 and 2016-2018, respectively. The evidence shows a good cumulative attendance of these activities.

Evidence has been provided of student satisfaction survey and analysis and Employee satisfaction survey and analysis which included satisfaction with learning resources, among other things. The reported results on library and learning resources are: 'satisfaction', 'most of the cases', and 'extreme satisfaction'. During the site visit, interviewed students expressed their satisfaction with the library resources and services. Nevertheless, the Panel is of the view that it would have been more informative to design and use a survey that is more detailed about the learning resources instead of a two to three general questions on the library or ICT resources, which does not help the surveyed person to think more deeply about what needs to be mentioned. A detailed survey would also give a richer feed-back to the people in charge of the various units and help them know what improvements need to be implemented. The Panel recommends that the AMAIUB design and implement more informative/detailed surveys about the learning resources (for the different stakeholders) and use their outcomes to improve the contents and services. However, the Panel is of the view that overall the Institution addresses most of the requirements of this Indicator.

Recommendations

- Review AMAIUB policy and procedures for the expression of needs for the library and learning resources so as to cover the alignment of library and learning resources with the academic programmes.
- Design and carry out benchmarking that is specifically geared towards library and learning resources.
- Design and implement a more informative/detailed surveys about the learning resources (for the different stakeholders) and use their outcomes to improve the contents and services.

Indicator 11: ICT

The institution provides coordinated ICT resources for the effective support of student learning.

Judgement: Addressed

AMAIUB has an IT Department which is in charge of all the IT infrastructure and support at the University. According to the SER, the IT Department has a Head who manages all the activities of the department, a Software Support Engineer and IT staff. In the job descriptions of the IT Department, the positions are actually named 'Head, Information Technology Department' who reports to the VPAF, IT infrastructure Staff, and IT support Staff. The roles and responsibilities of these positions are well defined, though no mention is made of a Software Support Engineer and IT staff as such, the former being used in one of the CVs with the same job description as what is formally defined as IT support Staff. According to the SER, these roles and responsibilities are published in the Operations Manual which is available to the University employees on the University website. The SER also mentions induction of new students and employees, which includes a tour of the IT Department. This was confirmed to the Panel during the interviews. However, though the Activity Report on Induction Day for New Students states that 'the programme culminated with tour around the University Offices and Departments', no concrete evidence was provided on students' induction to IT infrastructure and services, such as training sessions attendance sheets (other than that for Deans and Programme Heads who were inducted to IT infrastructure and services). Moreover, it was mentioned in the accomplishment report of the IT Department for the 3rd trimester of 2017-2018 that 'Faculties forgot to click the submit button causing for the subject/s to not appear in the online grades viewing of the student/s'. This points to an inadequate induction of faculty members. There is no evidence that such mistakes have been taken into account in such a way as to ensure that faculty members are being better prepared in the use of the online system(s).

There is evidence that AMAIUB has an annual IT Operational Plan as shown in the one provided for the Academic Year 2018-2019. The plan takes each of the University's five-year strategic goals and translates it into appropriate Operational Objectives with KPIs. Each of the Operational Objectives, in turn, is broken down into required activities with frequency, budget, and person or unit responsible for it. Evidence was also provided that the various IT operational objectives and activities are monitored against the annual plan through a per-trimester Accomplishment Report for the IT Department. There is also evidence that such reports have been submitted three times a year for the last five years. The provided evidence does show a close monitoring of the implementation of activities and level of achievement of the objectives. Nevertheless, the Panel notes that in the column 'Problems encountered' which appears in the per-

trimester Accomplishment Report for the IT Department, various reported issues have been recurrent in almost all the accomplishment reports for the last five years. This points to two main problems: (1) there was no proper follow-up of the implementation of the successive Accomplishment Reports, leaving recurrent problems to come up time and again; (2) the recurrent problems also show that no proper trainings/inductions (if at all) have been provided to students and teaching staff to avoid such recurrent issues, and to the IT staff to ensure that such problems do not reoccur. The Panel recommends that AMAIUB design and conduct a more appropriate IT induction for its students and faculty/staff, as well as to its IT staff.

The University has a policy and procedures for ICT Disaster Recovery developed in 2016, and Computer and Laboratory Maintenance and Repair. There is evidence that AMAIUB has various online services that allow students, faculty, and administrative staff to seamlessly access relevant information according to appropriate access privileges. These include Universal Student Number, Employee Single Sign-on Access, access by students to the Moodle, MyAMA student portal (registration, viewing of grades, schedules and curriculum plan), Wi-Fi Connectivity, EZ proxy for online library, and Check for Plagiarism. The services also allow faculty members to have access to Moodle, My Human Resource Management System for online plotting of schedules, leave application, viewing of attendance, Grading Portal, wired and wireless internet connection, online library and Check for Plagiarism, a computer or laptop per faculty, in addition to the other services like the University email system, and access to common area printers. Statistics are given to show the usages of the Moodle in each college for each of the 3 trimesters of Academic Year 2017-2018. These statistics show an overall average for faculty members' usage of Moodle of 95.71% and a utilization across all the courses offered at AMAIUB of 92.53%. The SER states that the use of the online E-library is monitored by the IT Department and e-library providers and statistics for the Academic Year 2017-2018 are given. The Panel notes that providing per-college tracking reports of the usage of the e-library system could be more useful. It would also be more useful to provide statistics on the frequency with which the students/faculty members use the e-library system and the average session length.

The various IT services are supported by a network and hardware infrastructure and serviced by the IT Department staff, and provide support to various academic and administrative stakeholders for decision-making as mentioned in the provided evidence. The SER states that there are 14 computer laboratories, some of which are specialized ones (iMac, CISCO, SAP, Oracle, Speech and Digital, Matlab, etc.). These laboratories are used for practical work in the various programmes' courses and a detailed description of the equipment and software is given. A computer laboratory utilization report is also provided, where the utilization of each laboratory for the last three years shows that the available computer laboratories meet the needs of the student population and can easily accommodate the growing student numbers for the coming years. The Panel was able to check the IT infrastructures and services during the site visit. The Panel notes that some of the specialised laboratories (e.g. SAP, Oracle, and Matlab) are just computer laboratories with the relevant software installed; such software could have been installed on any other PC in any laboratory. Nevertheless, the Panel appreciates that, overall, the provision of ICT services at AMAIUB is satisfactory .

The IT Department at AMAIUB runs a yearly Employee Satisfaction Survey and a Student Satisfaction Survey and analyses them. The ones reported in the SER show a continuous improvement over the years of the employees' and students' satisfaction, reaching very high levels. Evidence was also provided of various improvements linked to the student satisfaction surveys and the various complaints they had

expressed; these were related to ICT access to various services (Moodle, courses and grades, etc.). The Panel urges the University to review the design of its survey and use a survey that is more detailed and exhaustive in relation to all the relevant points regarding ICT resources (see indicator 8).

The administrative staff are supported in their duties by the availability of a comprehensive Management Information System which handles the services of two main components: (1) the Campus Information System (CIS), with the proper access privileges for the various categories of users; and (2) the HR Management System. During the site visit, the Panel was able to check the CIS contents. Moreover, interviewees expressed frustration that online payment is not available and that cash payment is enforced. Having raised this issue to the relevant University administrators, the Panel was informed that the IT Department is working on the online payment module and that it should be available at the start of the Academic Year 2019–2020. In terms of security of the CIS, evidence gives details of an investigation into a case where an employee upgraded his/her access rights to administrator and was able to install various software. This is a serious security breach especially given that during interviews the Panel was informed that no less than three people can delete students' records: the head, a staff member of the registration office as well as the IT administrator. The security breach could have had a serious impact on student records (especially if it were to occur before the routine data backups). In light of the above, the Panel recommends that the CIS be upgraded with various services such as the online payment, tools for the support of decision making, etc., and that special measures be taken to secure the system and all the data.

Overall, the University does have a set of written policies and procedures for managing its ICT facilities and the IT infrastructures and services are adequate. The Panel concludes that most of the requirements of this indicator have been addressed.

Recommendations

- Review AMAIUB IT Policy and Procedures periodically and design and conduct a more appropriate IT induction for its of students and faculty/staff.
- Upgrade the Campus Information System so that it includes various services such as the online payment, tools for the support of decision making, etc., and that special measures be taken to secure the system and all the data.

Indicator 12: Infrastructure

The institution provides physical infrastructure that is safe and demonstrably adequate for the conduct of its academic programmes.

Judgement: Not Addressed

The SER states that there is a register of all physical infrastructures. A University Facilities Master Plan for the period 2016-2021 is available. It was developed to meet the strategic objectives: 'to ensure the effective upkeep and maintenance of University physical resources' and 'plan facility development to ensure proper financing of support services'. The plan includes improvement projects on the various University's facilities with the budgets and target period, all of these activities being under the responsibility of the Facilities, Maintenance, and Security Department, which is also in charge of implementing the maintenance and upgrading the policy. There is evidence that AMAIUB has translated

these strategies into annual maintenance plans, along with checklists and schedules, which indicate the service as well as their frequencies, budgets, people/unit in charge, with detailed checklists of all the maintenance activities covering the whole infrastructure. There is also evidence that these services have been contractually outsourced and a list of the certified contractors was provided; this is operationally satisfactory. For the last couple of years, various upgrade and improvement projects have resulted in the renovation of the auditorium, a football court, and other infrastructures. The Panel appreciates that there is a register of all physical infrastructure and equipment with scheduled maintenance and upgrades.

The register includes (37) classrooms each with a capacity of 35 students, which are available for teaching and (23) laboratories with varying capacities (most are computing laboratories). According to the SER, the library has a capacity of 200 seats. The SER also mentions the availability of tutorial rooms, and the provided evidence includes a register of all the rooms, offices, and additional facilities (administration offices, cafeteria, lounges, recreation, health, car parks, etc.).

During the site visit and through the various interviews, the Panel noted that the classrooms are appropriate, each equipped with a data projector and a white board and the IT laboratories are reasonably good. The interview with members of the Program Industry Advisory Panel has shown a sense of satisfaction with the Engineering Laboratories. During the site visit, the Panel noted that the only space available for the students as an appropriate study area is the library or eventually any of the classrooms. Taking into account that the atriums on the various floors and the lounge rooms are currently used by some students for this purpose, the Panel is of the view that the available appropriate study rooms are not sufficient.

As for the faculty members' offices, from the information provided in the related evidence, the Panel had worries about the appropriateness of the faculty members' offices. The site visit and interviews confirmed that the faculty members' offices are totally inappropriate, being very small, with barely room for an extra chair to receive one student (at most); some faculty offices do not even have a door; the acoustic isolation is almost non-existent and the provision of A/C and heating is not uniform for the various offices. During the site tour and *ad-hoc* interviews this issue was indeed raised by various faculty members. The Panel also toured the campus and noted that the sports facilities are very minimal (2 courts) with the football court synthetic grass presenting a danger to the players (as was also confirmed by students during the *ad-hoc* interviews).

The cafeteria is quite small with limited food choices; the available table tennis and billiard board are not enough (and their quality is questionable) for a University that has more than 2500 students. The campus provides a students' activity room with only a couple of music instruments. During the interviews, the Panel was informed that the plan for a 4-storey sports hall mentioned in the University Facilities Master Plan for the period 2016-2021 'has been frozen since the HEC has not approved additional programmes that the University was planning to launch'. Despite the fact that the campus provides modern facilities, the Panel concludes that the available facilities are not sufficient for the academic programmes offered and for research and community engagement activities; it recommends that the University develop facilities in ways that ensure their appropriate alignment with the needs of the academic programmes they serve (student study areas, faculty offices, sports facilities, cafeteria, etc.).

AMAIUB has a Health and Safety Policy which, as reported in the SER, was developed so as 'to comply with the regulations of Labour Law on Occupational Safety and Health and Working Environment of

Labour Market Regulatory Authority of the Kingdom of Bahrain'. The policy defines the Health and Safety Team, General Procedures on Health and Safety and Procedures on Student Health and Safety, as well as the responsibilities within the University for Health and Safety. AMAIUB has a Fire Brigade Team, and a Risk Management Team. The monitoring of the implementation of the Health and Safety Policy is achieved through the use of trimester-based Health and Safety Inspection and Monitoring Sheets. In terms of Health, AMAIUB has a clinic and First Aid kits are installed in the four different laboratories. The Panel advises the University to ensure that the First-Aid kits available in the various laboratories are appropriately equipped according to each laboratory's hazards and that the chemicals available in the Chemistry laboratory are properly stored to prevent inadvertent use/misuse.

There is also evidence of various health awareness-building activities. Some of these activities targeted a general attendance (faculty and/or students); one (First Aid lecture and training) was organised by the Fire Safety and Protection brigade. In terms of safety, AMAIUB has a Safety Handbook which contains a mixture of general guidelines, a policy, and specific procedures and directives related to on-campus safety. The University has a detailed inventory of Emergency/Fire Signage, Fixtures, Equipment and Facilities and an Inventory of Fire Detection and Fire Fighting Equipment. Fire extinguishers and an Automatic Fire extinguisher system in computer laboratories are available.

As for security, AMAIUB has in-house and contracted security guards and has physical security facilities including CCTV cameras. There is evidence of awareness-building activities related to safety such as a fire evacuation drill performed in March 2018 in coordination with the Civil Defense Protection and Safety Department. During the site visit, the Panel checked all the health and safety facilities and equipment mentioned in the SER and found them generally adequate.

Evidence was provided of a student satisfaction survey and analysis and an Employee satisfaction survey and analysis. The two surveys include a section of nine questions specifically related to this area. The results show ratings of 'very satisfied' for students and 'satisfied' for staff with respect to various aspects of facilities and infrastructure. Evidence has also been provided of various improvements linked to the student satisfaction surveys and the various complaints they had expressed; these were related to ICT access to various services, library holdings, air conditioning and heating, cleanliness of facilities, etc. However, interviews with students have shown that many students are still dissatisfied and they complained about the sports facilities, the cafeteria, and the A/C system. The Panel is of the view that the University does not satisfy the majority of the requirements of this Indicator related to the provision of safe and adequate physical infrastructure for all its academic programmes. Hence, the Panel concludes that this indicator is not addressed.

Recommendation

- Develop facilities in ways that ensure their appropriate alignment with the needs of the academic programmes they serve (student study areas, faculty offices, sports facilities, cafeteria, etc.).

Judgement: The Institution **partially addresses** Standard 3: Learning Resources, ICT and Infrastructure

Standard 4

The Quality of Teaching and Learning

The institution has a comprehensive academic planning system with a clear management structure and processes in place to ensure the quality of the teaching and learning programmes and their delivery.

Indicator 13: Management of Teaching and Learning Programmes

There are effective mechanisms to ensure the quality of teaching and learning provision across the institution.

Judgement: Not Addressed

The University has a Strategic Plan which includes teaching and learning activities. The University's approach to management of teaching and learning is said to be underpinned by the Strategic Plan. The strategic objective of sustaining the quality of learning and teaching is monitored by College Deans through College Operational and Accomplishment plans. The SER makes no mention of an Academic Plan but the University provided such document as a supporting evidence. This document is a five-year Strategic Objective plan for the area of Academic Affairs based on the University's Strategic Plan. It covers the academic years from 2016-2017 to 2020-2021. This Plan is drawn up by one functional area of the University, signed off by the VPAA, and approved by the President. Responsibility for its implementation is shown in the RACI matrix. However, in its interviews with academic faculty and staff, and with senior officials, the Panel found no evidence that the Academic Plan is a well-understood, living document, owned by those who need to implement it, nor was it clear how the implementation of the document has contributed to the effectiveness of learning and teaching. It was therefore not possible to conclude that the Academic Plan was being used appropriately for ensuring the effectiveness of teaching and learning.

The Academic Plan itself does not articulate a philosophy of teaching and learning, but follows the Strategic Goals of the University Strategic Plan, and sets Strategic and Operational Objectives to achieve those goals. The closest that the University comes to articulating a philosophy of teaching and learning comes (a) in its Vision Statement which states the intention to deliver 'relevant, innovative and quality education producing competent, professional and entrepreneurial graduates'; and (b) in its Mission statement which states that its programmes are committed to pursuing 'practical knowledge and skills, delivering curricula that are responsive to socio-economic requirements of Bahrain, and producing graduates imbued with life-long learning and ethical values'. These intentions are appropriate for the type and Mission of the University but given that both the Vision and Mission of the University are generic expectations of many institutions they do not form the basis of a specific or distinctive philosophy of education. The University may in this instance be missing an opportunity to highlight the distinctiveness of its student body, the majority of whom are not recruited straight from high school but are already working. A distinctive student body such as this requires distinctive learning provision and appropriate student support, and the University's educational philosophy would be expected to articulate this.

The Academic Plan sets a number of objectives, under all six goals of the University Strategic Plan, to achieve over five years. No evidence is given about how this plan is monitored and reviewed. Like other University areas, the Academic Affairs Department produces its own annual Operational Plan, and Accomplishment Report, where goals are monitored against KPIs. However, the strategic and operational objectives of this Academic Affairs Operational Plan do not correspond exactly with those of the Academic Plan. Given that the Academic Plan is formatted as a Strategic Plan, it is unclear to the Panel how the University knows whether the objectives are being met, and what its precise function is in guiding the academic provision of the University. The Panel heard in interviews that College Operational Plans would be checked to ensure consistency of their goals with the Academic Plan but, comparing the College Operational Plans to the Academic Plan, it did not become obvious how this is done, and it remains unclear to the Panel exactly what part the Academic Plan plays in the operational planning of Colleges. The Panel recommends that the University reviews its Academic Plan to clarify its purpose and reporting channels, and to ensure that it is based on a clearly articulated philosophy of education which informs the strategic and operational objectives of the plan, and that it is owned by all members of the University.

The SER describes the roles and responsibilities of those involved in the management of academic programmes: primarily UC, Academic Council (chaired by VPAA), and College Councils. Programme Heads are responsible for the management of academic programmes, and course coordinators ensure efficient delivery of the courses they run. The SER states 'that decisions concerning programmes and courses are made with reference to the College's Operational Plan, and the University's Teaching, Learning and Assessment Policy'. There are clear job descriptions for the President, VPAA, Deans, Associate Deans and Programme/Department Head. These set out job summary, duties and responsibilities, work relationships and qualifications. The University's organogram also shows lines of connection between the VPAA, College Deans, Programme Heads and Faculty.

The University's committee structure shows several bodies whose remit includes management of teaching and learning: University Academic Council, Curriculum Oversight Committee (COC), College Council, Curriculum Review Committees, Programme Development Committees. During Interviews, the Panel learned that the University COC verified the work of the College Programme Development Committee during Programme Review and that there had been instances when proposals had been sent back to Colleges for further work. The College Curriculum Review Committee (CCRC) reviewed all the work of the Programme Development Committee, including course reviews, and were able to propose changes. The Panel considers that there is a system of checks and balances for decisions relating to teaching and learning matters.

The University's Operations Manual contains a policy on Teaching, Learning, and Assessment (TLAP) 2018. The purpose of the policy is to ensure that the quality of teaching, learning, and assessment is consistent across the Colleges, and it deals with matters such as delivery of courses, student learning, assessment design, feedback to students, and plagiarism. The TLAP is largely a checklist of prerequisites for the design and delivery of courses, and for student assessment. It states that its implementation will be monitored through a variety of performance measures including Peer Evaluation, Teacher's Behavioural Inventory, course assessment and evaluation, and the Student Satisfaction Survey. The Panel saw evidence of most of these processes in operation, but as explained elsewhere (see Indicators 8, 10, 20, 21, and 25) there are reservations about the effectiveness of the survey

process and course evaluation. The SER states that the TLAP is applied by faculty members to all courses. Nonetheless, during interviews with staff the Panel found limited knowledge of the TLAP. The Panel was told that academic policies were the responsibility of the process owner, and were reviewed as part of the Strategic Planning cycle (i.e. every five years), unless a change was necessitated by a significant event.

Work-Based Learning (WBL) is an integral part of undergraduate programmes in the University and is covered in a separate WBL policy and a WBL Handbook. The handbook is a comprehensive document which sets out roles and responsibilities of those involved, orientation, monitoring, assessment, agreement form and WBL plan outline. The Placement, Linkage and Alumni Office (PLAO) plays a key role in organising placement for WBL, and produces Company Visit Activity reports. These visits aim to verify the existence of the employer, orient the WBL supervisor, assess the appropriateness of the work assigned to the student, monitor the activities of the student and ensure competencies have been obtained. Students whom the Panel met during the site visit spoke highly of their experience of the WBL placement. All students, whether in work or not, are required to carry out a placement and even those students who were employed found the experience of a monitored and assessed placement useful.

The SER states that WBL placements are periodically reviewed through the Employer Satisfaction Survey, conducted by the Institutional Research Office of the PDD. The University provided examples of feedback surveys from employers of their experience of the WBL placement. The five examples (one from each of the 5 undergraduate programmes) show the employer in question to be satisfied or very satisfied both with the preparation they received for the placement, and the student's performance. However, this is a small sample. No examples of corresponding student feedback surveys were provided. Furthermore, the Student Satisfaction Survey includes only one question about whether the placement provided a meaningful real-life experience. The Panel recommends that the University should ensure that feedback is obtained from all participants across all WBL placements so that a more comprehensive picture of its effectiveness and any improvements necessary can be obtained.

The University has various processes which have the potential to contribute to an effective system for the evaluation of the quality of teaching, leading to continuous improvement. The main processes related to improvement of courses are: Preparation of Course Reports, Preparation of Course Portfolios, and Annual Course Review. These processes are reflected in the University's Policy on Course Implementation and Review. This document sets out review and enhancement processes. Nevertheless, the language and terminology used in the document do not match other descriptions of the processes which the Panel viewed in the SER, and the University would benefit from making sure that all faculty members and staff had a clear understanding of the process, as shown in the much clearer and useful diagram of the course review process provided for the Panel.

Faculty whom the Panel interviewed during the site visit were all clear that the courses which they taught would be evaluated by the Course Coordinator. Course reports are compiled by the Course Coordinator every semester. They should contain the results of student evaluation of the course, completion and achievement rates, grade distribution, CILO/PILO attainment, plan for improvement, course final grade sheets, and student attendance summary. The Course Report forms one of the inputs for the Course Portfolio. Course Portfolios are also compiled by the Course Coordinator and checked by the Head of Programme. In addition to the Course Report they contain a variety of information

including Course Specification, lesson plans, learning materials and samples of assessed student work. They are detailed and comprehensive collections of materials. The QAAD checks the content of the Portfolios using a checklist, and also grades the Portfolio on the quality of the materials it contains.

The Panel was provided with many examples of Course Portfolios during its site visit and while it can be confirmed that the Portfolios are comprehensive documents, running to hundreds of pages, the Panel found that the documents they contained were variable in quality and in some cases (analysis of CILO and PILO attainment, discussed under Indicator 16) were not fit for purpose. The only evaluation of the course is contained in the Course Report, and it varies in quality and is sometimes absent. In a random sample of Portfolios during the site visit, the Panel found examples where an action plan for course improvement was provided but its content was formulaic and was more or less identical to action identified for quite different courses (CSCI411, PMBA624, CSCI532, MBAP738); the Panel also came across Portfolios where there was no Course Report (MATH503). Some Course reports, on the other hand, did have carefully considered and thoughtful actions (MATH501), but these were a minority of those sampled. The Panel considers that the Course Report and Portfolio System, could be a powerful instrument for the improvement of courses but at the moment more effort goes into assembling the information than into its careful and thoughtful consideration. This reduces the power of the system to produce meaningful evaluation and action planning. These aspects of the process are not picked up by the Internal Quality Audits carried out by QAAD. Furthermore, the Panel was given no evidence showing how it was ensured that the actions identified in the Course Report were carried out and evaluated, but in interviews, faculty were able to list improvements such as upgrades to the Library, smartboards installed in some classrooms and enhancements to the Engineering laboratory facilities. The Panel recommends that that University reviews the compilation of Course Reports and Course Portfolios to ensure that the information contained in Portfolios is fit for purpose, is included consistently in all Portfolios, and is evaluated in a reflective and critical way.

The Course Report is one of the input documents for Annual Course Review. This process is carried out by the Course Coordinator, teaching faculty, and the Specialization Coordinator; and also considers information collected from External Examiners' reports, external agency reviews and IQA reports. It leads to an Annual Course Review Report, and if approval is given by the College Curriculum Review Committee, Programme Head and Dean, to a revised Course Specification. The Panel heard that only 25% changes to the course were allowed during the annual course review. Annual Course Review Reports are short documents which list the recommendations approved during the review. Again, in interviews members of the University were not able to explain how the actions identified were carried out consistently. The Panel recommends that the University ensure that there is a clear understanding on the part of all those delivering provision of the process for ensuring that all actions identified from Course Reports and Annual Course Review are carried out in a timely manner and evaluated for effectiveness.

The University conducts various surveys to monitor its provision and activities and these feed into the course review processes as described earlier. In terms of enhancement of teaching and learning the most important surveys are the Student Satisfaction Survey, the Postgraduate Student Satisfaction Survey, the Employer Satisfaction Survey, and the Alumni Survey. The Panel has already voiced its reservations about the effectiveness of the University's survey instruments (see indicator 8). The Student Satisfaction Survey, Alumni Survey, and Employer Survey each uses an identical format across all programmes.

The forms presented as evidence are online forms with tick-box or menu choices. There is little or no opportunity for independent comment on the forms. The 2017-2018 reports produced on these surveys show that students, employers, and alumni are all satisfied or very satisfied with the University's provision and activities, but the respondents had no opportunity in these surveys to comment in depth on other matters which might be important to them, as opposed to the ones that the University chose to include. Furthermore, the survey results are presented as averages (in the case of the Student Satisfaction Survey, at programme level), thus masking any differences in satisfaction between students in different Colleges, different years, of different gender, etc.

A 3-year comparative report of the Student Satisfaction Survey, Alumni, and Employer surveys over the academic years 2015-2016, 2016-2017 and 2017-2018 was provided to the Panel. This notes the positive views of all constituencies, and provides a list of enhancements made as a result of the surveys. There is no record of any feedback from students about the changes made.

Overall, the Panel concludes that this Indicator is not addressed.

Recommendations

- Review the University Academic Plan to clarify its purpose and reporting channels, and to ensure that it is based on a clearly articulated philosophy of education which informs the strategic and operational objectives of the plan, and that it is owned by all members of the University.
- Ensure that feedback is obtained from all participants across all WBL placements so that a more comprehensive picture of its effectiveness and any improvements necessary can be obtained.
- Review the compilation of Course Reports and Course Portfolios to ensure that the information contained in Portfolios is fit for purpose and is included consistently in all Portfolios, and is evaluated in a reflective and critical way.
- Ensure that there is a clear and rigorous process for ensuring that all actions identified from Course Reports and Annual Course Reviews are carried out in a timely manner and evaluated for effectiveness.

Indicator 14: Admissions

The institution has appropriate and rigorously enforced admission criteria for all its programmes.

Judgement: Addressed

According to the SER, the University produces comprehensive information about its courses which is available both internally in the University, and to prospective students and the general public through its website. The Panel found that the Admission brochure provides a concise description of the programmes in both English and Arabic. Basic degree facts are given and a clear description of entry requirements. Full information about the offered programmes is given in the University Catalogue. The Student Handbook explains attendance requirements and standards of academic integrity. Expectations for faculty members are given in the Faculty Manual and the Research Manual. However, the handbook and manuals were only available *via* a log-in on the website so this detailed information is not available online to the general public or to prospective students. Students whom the Panel met

spoke favourably of the information and advice that they had received in person from staff in the Admissions Office. The Panel advises the University to review its online admissions information to ensure that all relevant information is available to external stakeholders, including prospective students, preferably in one easily accessible Admissions page.

The University has a policy on Transfer of Credit but it is not evident where this information could be found for prospective students. The Admissions Office, Dean of Student Affairs, and College Deans are responsible for overseeing credit transfer approval. During the site visit, the Panel met several students who had joined the University from other institutions and had applied for transfer of credit. The students involved felt that the process had been operated fairly. The Panel also examined evidence of the process by which Deans signed off acceptable credit transfers and the documentation was thorough and consistent.

The University's admission requirements are clearly explained in the Admission Policy. The Panel notes that entry requirements follow HEC requirements, and a Benchmarking process carried out in 2012 compared admissions requirements from several Bahraini institutions and made recommendations for AMAUIB admission requirements accordingly, including cut-off marks, placement tests, and remedial course attendance. Benchmarking against international norms has also been undertaken. The Panel also notes that information about the individual courses on the website make it clear that courses are delivered in English, although this is on the Academics, not the Admissions, part of the website and it might be clearer for prospective students if all relevant information is found in one place.

The University offers two remedial (foundation) courses in Maths and English to students who do not meet its admissions criteria in these subjects. The University also offers a bridging course for students who enter the MBA programme without a business background. For those applicants not meeting the University's admission requirements in Maths and English, the Admission Policy indicates that a Placement Test for English and a remedial course in Maths are required (depending on which admissions criterion has not been met). If the Placement English Test is failed, then a remedial course in English is also required. Tutorial sessions in Science are also available. Remedial courses in other skills such as IT or Study Skills are not available. Students are allowed three attempts to pass the remedial courses. If a student fails the remedial Maths course he/she is able to start their programme, but can only register for courses which do not require programme-level Maths, such as general English or Arabic courses until he/she passes the remedial course in Maths. The Panel was told that if the English remedial course is failed, the student cannot proceed in his/her programme of study until the course was passed.

The English and Maths courses were reviewed for effectiveness for the 2016 undergraduate Engineering intake and found to make some impact on the success of the students in Mathematics, although further study was required for English. However, in August 2017 the UC amended the Admission cut-off scores for applicants, setting a higher cut-off point for students with a commercial background, below which they are required to take remedial mathematics. This was done as part of an attempt to improve the success of admitted students. Students who had taken the remedial courses and whom the Panel met said that they had found them useful. The Panel learned that the Admission Policy allows for up to 5% of total enrolment of students to be admitted who do not meet the normal CGPA requirement of 60% (41% for Indian and Pakistani schools). In the last 4 years a maximum of 1.8% of students have been

admitted under this rule. The Panel heard that students would need to be interviewed by the Dean before being admitted in this way.

The SER states that the Admission Policy, containing its admissions requirements, is reviewed as part of the Programme Review process, although this is not obvious from the Program Development, Review and Enhancement policy. None of the examples of Programme Review Summary reports provided nor minutes of the BSIE Programme Development Committee indicate that Admissions criteria had been considered. The BSIE PDC Checklist however, does note programme-specific admissions requirements. During interviews, the Panel learned that the Admission Policy is written by the Academic Council and is the responsibility of the Head of Admissions. The Admission Policy is also included in discussions with the Colleges' Programme Industry Advisory Panels (PIAPs). The sample of minutes of these meetings provided indicate that the PIAPs take the opportunity to be informed of and discuss admission criteria, although no information is given about any changes or amendments that have been made to the criteria based on these discussions. Programme and course external examiners also comment on the University's admission criteria. The examples provided are from BSCS (2016-2017) and BSIE (2017-2018), where the examiners comment favourably on changes to admissions requirements. From this small sample it is not clear how consistently External Examiners have input into admissions criteria. The evidence which the Panel saw does not, therefore, demonstrate that admissions criteria are regularly and consistently reviewed.

The Panel recommends that the University set out clear expectations of which University bodies will be responsible for reviewing admissions criteria, and set out how any changes will be approved, recorded and acted upon.

Overall, the Panel finds that the University has appropriate processes and procedures for carrying out admission. Hence, the Panel concludes that most of the requirements of this Indicator are addressed.

Recommendation

- Set out clear expectations of which University bodies will be responsible for reviewing admissions criteria, and sets out how any changes will be approved, recorded and acted upon.

Indicator 15: Introduction and Review of Programmes

The institution has rigorous systems and processes for the development and approval of new programmes - that includes appropriate infrastructure - and for the review of existing programmes to ensure sound academic standards are met. These requirements are applied consistently, regularly monitored and reviewed.

Judgement: Addressed

The University's approach to the introduction and review of programmes is based on its Programme Development, Review and Enhancement policy (PDRE). The PDRE process is said to ensure that programmes fit the University's Mission and respond to the socio-economic requirements of Bahrain. External input facilitates the inclusion of new skills and knowledge areas in the programmes. There are three main activities included in the University's PDRE processes: (a) Annual Programme Evaluation

Process; (b) Periodic Programme Review and Enhancement; (c) Programme Development (introduction of new programmes and programme approval). The terminology used by the University in its SER and supporting documentation is not always consistent for these processes. The University would benefit from standardising its review terminology so that the processes involved are clearly articulated.

According to the SER Annual Programme Review is carried out by the CRC. Its focus is on the currency of the course and includes reports of meetings with faculty and PIAP, various survey reports and course review reports. The evidence of Annual Programme Review provided by the University are the Annual Programme Reports. These are detailed reports which deal not only with teaching and learning but also with staff research activities and performance review. They do not however, include the information indicated in the description of the Annual Programme Evaluation process in the SER and are not dealt with by the process described in section 4.9 of the PDRE policy (called Annual Programme Evaluation). Most of the information in the Annual Programme Reports deals with achievements of the programme, rather than checking the currency of the programme. The Annual Programme reports contain suggestions for action and discussion of the future direction of the programme. The suggestions for action are very similar and formulaic in all the undergraduate programmes, and in the case of the BSIE programme both the actions and future direction of the programme are identical in 2016-2017 and 2017-2018. The Panel considers that, despite the assertion of the SER, Annual Programme Reports do not provide an effective vehicle for assessing the currency of the programme on an annual basis, though they provide useful information about the performance of the programme. The currency of programmes is, however, examined during the University's periodic Programme Review process.

Each programme is periodically reviewed from 3-5 years after it was first introduced (the frequency depends on how long it takes students to graduate from the programme). The SER states that this periodic review is conducted by the PDC and covers all aspects of the curriculum, requiring market scanning and benchmarking. The PIAP and external examiners contribute to the process. Reports of the periodic review process are quite brief and show a list of the evidences taken into account during the review, a list of courses added and deleted, and courses enhanced, and in some cases a brief formulaic explanation of the changes. Triggers for changes in courses are also shown and one of these triggers is the PIAP. Minutes of the PIAPs confirm that suggestions from the PIAP are integrated into the programme review.

The PDRE policy gives the pathway for formal approval of changes resulting from programme review (*via* PDC, Academic Council, COC and the President). Where changes are major, HEC's approval must be sought. During its site visit interviews, the Panel heard that there had been instances when COC had returned programme review proposals to the College for further clarification. The Panel conducted a trail of the discussion in various committees of the periodic Programme Review Summary Report for the BSIE programme produced in 2016-2017. The PDC discussed the Report in detail at its meeting on 6 March 2017, together with a course-PILO mapping for the programme and course descriptions for new and revised courses. It was confirmed at the meeting that the courses had been benchmarked against local, regional, and international universities. The College Council considered the Report and revised Curriculum Plan at its meeting on 9 March 2017. It is recorded that input from the PIAP had been included and that 'thorough verification' took place. The College Council approved the new curriculum and a revised Programme Specification was considered by the Curriculum Oversight Committee at its meeting on 16 March 2017. The Committee made various suggestions for amending

the Programme Specification and approved it subject to the amendments being made before it was put before Academic Council. Overall, the trail confirms that the Programme Review Report was considered by the major college and university committees and that the discussion took into account various evidences that addressed the programme's currency and fitness for purpose. However, the Panel has reservations about how thorough and effective the University's benchmarking process are (see also Indicators 8 and 17).

The University considers that all its programmes articulate with the strategic goals of the University in being responsive to the socio-economic needs of Bahrain, thereby producing employable and entrepreneurial graduates (Goal 2). The subject matter of the degree programmes offered bears this out. The Alumni Survey Tracer Report 2017-2018 gives employment rates between 84% and 92% for the different programmes, pointing to high employability of the AMAIUB graduates, although the numbers involved in the survey were quite small and the majority of students are already working when they joined the University. The Panel comments further on the limitations of the University's feedback from employers and alumni in Indicator 17.

The SER states that courses in the curriculum are structured to provide progression of knowledge, skills, and competencies from lower level courses to advanced courses through implementation of "sequences and pre-requisites". Sample Course Specifications are cited as evidence of this, but the individual courses provided do not in themselves demonstrate progression through the programme from "lower level courses" to "advanced courses". Such progression would be expected to be clearly articulated in Programme Specifications. These documents include Curriculum Plans which do indicate which prerequisites are required for more advanced courses, but there are no statements of what a student should be expected to know or do at the end of each year, and no exit qualifications are specified. However, it is evident that the University has considered the need to offer exit qualifications since this is mentioned in the BSCS Programme Review Report 2016-2017 where, in response to HEC requirement, changes were made to enable a "diploma/certificate" to be awarded after the first year of study. This qualification is not reflected in the BSCS Revised Programme Specification 2017-2018.

The Panel notes that the Student Handbook indicates that a student is not permitted to take an advanced course until the prerequisite courses have been passed, but it also explains that this requirement can be waived so that a student who has failed a prerequisite can still take the advanced course at the same time as re-taking the prerequisite course. The Dean must approve this course of action. In some cases, where the prerequisite course is not running, the student will have to take it after he/she has taken the more advanced course. The Panel recommends that the University ensure that the Programme Specifications and Curriculum Plans articulate clear progression routes and that students are not allowed to take advanced courses before their prerequisites. The Panel also advises that students' expected outcomes at the end of each year of a programme should be clearly shown in the Programme Specifications so that students are clear about the progression which programme provides; in addition, where exit qualifications are offered, these should be shown in the Programme Specification.

The SER states that during the review process the Program Development Committee (PDC) is responsible for checking that the programme attributes match the National Qualifications Framework (NQF) and HEC requirements for determining the title and credit requirements of the programme. One set of PDC Minutes confirm that discussion of changes to programmes takes place. The PDC Checklist,

considered by PDC, deals with all aspects of the programme, including information on professional body requirements and credit rating. The SER states that Curriculum plans are evidence that the programme review process checks that all necessary requirements are integrated into the programme. However, these documents are simply lists of courses. Only two of the undergraduate curriculum plans offered in the evidence provided show a grand total of credits units (BSCS 198cr, BSIE 204cr), as opposed to trimester totals, and the MBA plan includes 'units' rather than credits. It is difficult, therefore, to see how these documents confirm careful consideration of matters such as credit requirement. The Panel advises that the University ensures that Curriculum Plans accurately and consistently show credit grand totals, and reviews the purpose and use of these plans to ascertain whether they provide adequate evidence that all necessary requirements are integrated into the programme.

The SER states that currently NQF levels and credits are not shown on degree certificates as the University is awaiting approval from HEC to do this. Development of new programmes is guided by the programme development section of the PDRE policy. This outlines what information should be contained in a proposal, the need for research and benchmarking, the University approval process for the programme, the need for stakeholder representation (including students), and the pathway for involving other University departments in the delivery of the programme. The PDRE process is intended to take into account the requirements of accrediting and regulatory bodies and demands of the labour market. The PDC is responsible for implementing the policy and should check that all the resources required are either in place or planned for. In the case of library resources, the Panel found that this is not always effective (see Indicator 10). Furthermore, this policy does not specifically mention the need to ensure that credit rating or NQF positioning is appropriate, nor that there should be appropriate progression routes. Neither does it make any reference to the Graduate Attributes (GAs), how they articulate with PILOs, or how the programme GAs articulate with the University GAs. In addition, there is no mention of the need to align CILOs with PILOs. While it is obvious from the documentation associated with the introduction of the new programme in Environmental Engineering that consideration is given to some of these issues, not all of them are dealt with explicitly in the paperwork. It would introduce some consistency in the University's discussion of new programmes if these issues were included under Section 4.4 of the PDRE policy so that this could be used as a comprehensive checklist. Despite these reservations, the Panel is of the view that the PDRE policy is useful as a general checklist, and the route given for approval of new programmes (from PDC, to College Council, to Academic Council, referral to COC, approval by Academic Council, submission to HEC) is thorough. The Panel also heard during its site meetings that although PDC was responsible for taking forward a new programme proposal, the programme would already need to have been included in the University's Strategic Plan. Its development would then be included in the College's Operational Plan.

The SER gives no examples of development of new programmes, and the evidence given in the relevant section of the SER relates to programme review. However, although not mentioned in the SER, the University approved three new programmes in 2018 and submitted them to HEC: BS Environmental Engineering (BSEnE), BS Accountancy, BS Information Technology. The letter to HEC indicates that the approval of the BSEnE is part of the strategic plan to diversify offerings to students. These programmes are mentioned in the Academic Plan and in the Academic Affairs Operational Plan 2017-2018 and in

the Accomplishment reports. Other programmes are also planned which would double the University's current offering. The Programme Development Summary reports are detailed and there is evidence that they are considered in the major committees of the University and signed off by the President. However, there is no clear evidence from the documentation that mapping of course outcomes to programme outcomes is considered. A mapping of courses (not course outcomes) to programme outcomes is given in the programme development report. The University was able to provide examples of very recent mappings of course outcome to programme outcome for its existing programmes but it was not evident whether these had been available and scrutinised at the time of the approval of the programmes concerned. The Panel recommends that mapping of course outcomes to programme outcomes is consistently carried out when a new programme is proposed and that the mapping is effectively scrutinised by the Curriculum Oversight Committee.

As far as mapping qualifications to the NQF is concerned there is evidence that the University takes this seriously, as indicated by Mapping Score Cards for a variety of courses and minutes of the meeting to map the BSIE to the NQF. In addition, it is evident that the University has recently provided a professional development workshop to faculty on this topic which 74 participants attended. The SER states that at College level, the PDC has the remit of mapping and confirming qualifications to the NQF. Minutes of the PDC show thorough discussion of alignment of the BSIE programme to the NQF. At University level the COC is said to check alignment, and this would form a useful confirmation that programmes had been correctly aligned. However, the minutes of the COC provided show no discussion of alignment with the NQF, although they do discuss in detail other aspects of the curriculum. The Panel recommends the University to ensure that thorough discussion of mapping and confirming of qualifications on the NQF is carried out by the Curriculum Oversight Committee and that it includes a record of its discussion in its minutes.

Overall, the Panel finds that the University has a policy and process for ensuring that programmes remain up-to-date and fit for purpose; there are formal processes for the introduction and review of programmes and, some issues notwithstanding, there is evidence that the processes are operating effectively. Hence, the Panel concludes that most of the requirements of this Indicator are addressed.

Recommendations

- Ensure that the Programme Specifications and Curriculum Plans articulate clear progression routes and that students are not allowed to take advanced courses before their prerequisites.
- Consistently carry out the mapping of course outcomes to programme outcomes when a new programme is proposed; and ensure that a thorough discussion of mapping and confirming of qualifications on the NQF is carried out by the Curriculum Oversight Committee.

Indicator 16: Student Assessment and Moderation

There are implemented transparent assessment policies and procedures including moderation. Assessment of student learning is appropriate and accurately reflects the learning outcomes and academic standards achieved by students.

Judgement: Addressed

The SER states that Teaching, Learning and Assessment Policy and Procedures are in place, appear in the student handbook, and are explained to the new students during induction. They are meant to be implemented across the whole University. A variety of assessment methods such as written examinations, assignments, group work, projects, seminars and presentations are used including formative and summative functions. Specific courses like the capstone course and WBL are assessed using a capstone course scoresheet and practicum accomplishment report, respectively. Evidence was given for these assessments. Internal and external moderation contribute to ensuring that the assessment policies are effectively implemented across the institution. Evidence has also been provided for Internal Quality Audit of assessments periodically conducted by the College Quality Improvement Committee. The same is done by the Quality Assurance and Accreditation Department to ensure overall consistency of the assessments across the University. The Panel appreciates that the defined and implemented assessment policies and procedures are of a good standard.

According to the SER, AMAIUB has 'annual institutional academic seminars and workshops' to which 'internationally renowned leaders in the field' are invited on subjects related to education (teaching, assessment, etc.). Evidence was provided which shows that the institution has fairly regularly programmed workshops and trainings for faculty members during Academic Years 2016-2017 and 2017-2018. They tackled various topics related to classroom management, course specification, course report, assessment plan, assessment of student learning, academic advising and moderation. Moreover, the provided attendance sheets testify that these workshops and trainings were well attended by faculty from the different colleges. The Panel appreciates that there are good staff development opportunities on how to design and measure course and programme learning outcomes.

A policy and procedures on the Moderation of Assessments are available. They define the procedures for internal pre-assessment moderations and post-assessment moderations as well as external programme examination and course examination. Programme and course external examiners' duties are defined in the policy. They are appointed based on a recommendation by the Dean of the College. Evidence was provided, in the form of minutes of council meetings of three colleges (CAFS, CCS, and COE), for the study of CVs of candidates and selection of programme and course examiners. Depending on the College, the recommendations were either made by the Dean or the Department/Programme Head on behalf of his department/programme. In the three cases, criteria related to specialization and experience were considered, though there was no formal evaluation sheet with clear weights assigned to each criterion.

There is a pre-assessment moderation of examination papers using a standardized form for checking examination paper layout as well as the appropriateness of the examination in relation to learning outcomes. The process includes collecting feedback from course external examiners as well. Summative assessments are subjected to internal pre and post-moderation/verification and approval procedures. The Panel could not find, however, documented decisions in the various colleges/departments where the courses that are selected to undergo external examination are identified. A number of samples of external examiners' pre-moderation reports were provided. Though for the College of Engineering (COE) the two external examiners gave useful and fairly detailed reports, this was not the case with the provided samples for the CAFS and CCS colleges where the reports tackled, at best, very light, cosmetic

rewordings of questions. The question is also raised whether one external examiner can handle the moderation of 11 different courses. The policy on the Moderation of Assessments is not very clear either on whether the external examiner (systematically) examines capstone reports/theses. The available evidence presents filled - in scoresheets for graduation project and MBA theses. The scoresheets are designed differently; in some colleges (CAFS and COE) an external panel member is present while this is not the case for CCS where no external examination of the theses is mentioned in the available evidence. Though the Panel acknowledges that there are sound assessment and examination policies and procedures, it recommends that all courses should be externally examined including capstone course and WBL.

A student grade appeal policy and procedures are available at AMAIUB. Evidence was given of a student's grade appeal which led to a grade change. However, the Panel could not find evidence of a robust Appeals Policy of assessment results. The policy is not precise enough on defining how the Dean of Student Affairs could decide 'if the appeal has reasonable ground' or not. It is not clear either on what grounds the College Deans 'may refer the matter to the appropriate faculty for action or form an *ad-hoc* committee to handle the appeal and conduct verification of records and investigation'. The Panel thus recommends that the University revise its grade appeal policy and make it more precise.

A policy on Research Ethics and Conducts is defined and states how to manage plagiarism and academic misconduct. The related sanctions for these are stated in the Policy on Teaching, Learning and Assessment and detailed in the Student Handbook and the Faculty Handbook. The Plagiarism Policy states that 'students have to maintain a similarity index below 20% for capstone reports and 30% for practicum reports' (there is no mention of any analysis of the cases where the similarity is less than 20%). This policy is clearly understood by the students as verified during the scheduled and *ad-hoc* interviews during the site visit. The Panel did see that all theses/capstones include a report generated by the plagiarism detection system. The Panel finds these thresholds too high and unacceptable. Hence, the Panel recommends that the University revise the thresholds used for plagiarism detection and apply the plagiarism detection to all students' assignments and not just to capstone and practicum reports.

In light of all the available policies and their implementation and the aforementioned aspects, the Panel concludes that this Indicator was addressed.

Recommendations

- Ensure that all courses are externally examined including capstone courses and Work-Based Learning programmes.
- Revise the grade appeal policy and make it more precise.
- Revise the thresholds used for plagiarism detection and apply the plagiarism detection to all students' assignments and not just to capstone and practicum reports.

Indicator 17: The Learning Outcomes

The institution ensures that all programmes and courses have clearly formulated learning outcomes and there are effective mechanisms to ensure that graduates achieve the learning outcomes of the programmes.

Judgement: Addressed

A policy and procedures on Programme Development, Review and Enhancement is in place, which make PILOs part of what needs to be considered when a Programme is developed or reviewed and enhanced; and checked and validated through the various University units/committees. Likewise, when a course is reviewed and enhanced, special care must be given to the proper definition of its ILOs. There is evidence of a policy and procedures requiring the definition of CILOs for each course, and the Panel did check that in the sample course specifications and the course files provided during the site visit, each course has a set of CILOs which are mapped to PILOs as well as to the NQF level descriptors, and assessed using rubrics to verify student attainment of the outcomes.

A CILO Assessment Plan is defined. It sets the assessment methods and the CILOs they cover and the performance criteria for the attainment of each CILO. A CILO Evaluation Report analysing the CILOs attained by students is eventually submitted by the instructor. However, the Panel finds the CILO Assessment Plan questionable. It states that for each CILO, 'Students should get a performance rating of 50% or better in some key requirements in the assigned topics'. However, students can manage to get a pass mark in the course without necessarily getting the '50% or better' in each CILO. In spite of this, the course report stated 'ILO attained' for each student. Based on this and using the CILO-PILO mapping given in the course reports, a cohort will eventually be incorrectly presented as having achieved the PILOs. Such shortcomings may explain what was reported during the site visit to the Panel by various stakeholders of weaknesses of AMAIUB graduates compared to graduates from other local universities. The Panel recommends that AMAIUB revise its programme specifications and its approach to measuring the achievement of CILOs and PILOs as this is a fundamental aspect of the Mission of the University.

As explained in the SER, AMAIUB offers BSc programmes and an MBA programme in accordance with the NQF credits. This provides the learners with the possibility of exiting at one level and progressing to another. The SER also states that all programme ILOs have been defined according to the NQF, QAA-UK (Quality Assurance Authority – UK), and ECBE (European Council for Business Education) for business or ABET (Accreditation Board for Engineering and Technology) for engineering and computing. Evidence is shown of the mapping of PILOs to NQF descriptors in the course files. This makes it easy for students to transfer credits from or to other similar institutions. Evidence is given for such transferred student cases.

The SER presents the University's policy and procedures for approval of assessment results. After validation by the programme head, the results go to the Dean who checks and gives his/her approval, after which the instructor submits them to the Registrar office. The policy and procedures also describe how the learner's results are clearly demonstrated and recorded and the steps that are to be followed before the awarding of the qualifications. This procedure was confirmed during the site interviews.

In his/her annual programme report, the HoD submits the results of the Alumni Survey Report (conducted by PLAO). The report analyses the progression of the University graduates and their employability. This is meant to be eventually used to improve the relevant programmes of the University. Evidence was provided of revisions to the BSCS curriculum for 2017-2018 where the Alumni Tracer Survey Report has actually been taken into account, along with other sources of feedback (labour

market scoping, benchmarking report, PIAP report, Alumni and Employer Satisfaction Survey) to improve the programme. The Panel was provided with an additional evidence to show that employers' surveys have been used to improve existing programmes. However, during the site visit interviews, the Panel learned that a number of alumni and employers had not participated in such surveys and had not been contacted for a long time, except on the occasion of the institutional review. This points to some weakness in the University's mechanisms of tracking student progression and graduate destination which can provide crucial information on the attainment of the academic standards. The Panel recommends that more sustained efforts be spent on building links with alumni and employers and tracking the academic standards of the graduates.

The SER states that 'all colleges conducted formal benchmarking in line with the University's policies and procedures with the identical regional and international institutions'. Examples have been provided for the College of Engineering, and the College of Administrative and Financial Services. The Panel notes that no formal benchmarking was done with local universities. Moreover, there was no mention of the linking of learning outcomes with occupational standards in these benchmarks. The Panel recommends that the University pay more attention to developing benchmarks that include linking of the learning outcomes with the occupational standards, and to conducting benchmarks with programmes of local universities (in addition to those already conducted with regional ones).

Overall, the Panel finds that the University has policy and procedures requiring the definition of ILOs for each programme and courses that are regularly checked and validated through the various University units/committees. Despite the identified areas for improvement, the Panel is of the view that most of the requirements of this Indicator are addressed.

Recommendations

- Revise programme specifications and AMAIUB approach to measuring the achievement of CILOs and PILOs as this is a fundamental aspect of the Mission of the University.
- Ensure that more sustained efforts are spent on building links with the alumni and employers and tracking the academic standards of the graduates.
- Ensure that more attention is paid to developing benchmarks that include linking of the learning outcomes with the occupational standards, and to conducting benchmarks with programmes of local universities (in addition to those already conducted with regional ones).

Indicator 18: Recognition of Prior Learning [where applicable and legislation permits]

The institution has a recognition of prior learning policy, and effective procedures for recognizing prior learning and assessing current competencies.

Judgement: Addressed

The University has a policy on RPL. It sets out the University's approach to RPL and requires that a set of specialist RPL assessors should be trained, but no guidelines for actual assessment are given. During the site visit, it was confirmed that the University had admitted no students by the RPL route. In the SER, the University states that the implementation of the policy is 'pending due to non-recognition of

HEC of the competencies gained by the students outside of the formal learning settings. The University commits to improve and align the current RPL policy once formal guidelines or regulations are received from the HEC'. Hence, the Panel considers that this Indicator is addressed.

Recommendation(s)

None

Indicator 19: Short courses

The institution has effective systems in place for the management of its short courses [where applicable].

Judgement: Not applicable

Currently, the University is not offering any short courses

Recommendation(s)

None

Judgement: The Institution **partially addresses** Standard 4: The Quality of Teaching and Learning

Standard 5

Student Support Services

The institution has an efficient and effective student administration and academic support services.

Indicator 20: Student Support

The institution provides efficient and effective student administration and academic support services, and encourages the personal development of students.

Judgement: Addressed

Effective September 1, 2016, AMAIUB has developed a clear policy for Student Academic Support Services covering academic advising for new, continuing, special needs and at-risk students. The implementation of the policy resulted in a robust system for identifying academic difficulties faced by students and providing support *via* counselling. The process is initiated by the Guidance and Counselling Office requiring that a Referral form be filled by the instructor and signed by the student, outlining reasons for referral. After that, a Counselling Report form is used as a base for follow-up and monitoring of the student's performance. Interviews with academic staff members indicated that each instructor is responsible for monitoring the progress of at-risk students in their respective courses and submits a report to the Head of Programme. At the end of each semester, the Registrar prepares intervention reports for students at-risk.

With respect to the health and welfare of the students and other stakeholders, the University has developed a Safety Handbook that 'aims for the stimulation and encouragement in achieving high standards of health and safety'. The health care and welfare services are implemented through the establishment of a clinic, which provides basic first aid treatment to students and staff as well as through giving health awareness lectures and seminars, including no smoking awareness seminars. Training in First Aid is conducted in coordination with the Civil Defence.

To prepare its graduates for the labour market and in line with the Placement Policy, the Placement, Linkages and Alumni Office (PLAO) provides relevant information to students that helps them as graduates to join the labour force. PLAO responsibilities include, organizing a Career Advising every trimester and a Career Fair every year. Furthermore, it assists the Institutional Research Office in conducting the annual Student Satisfaction survey and in preparing reports focusing on the employability of the graduates and the extent to which they satisfy the needs of the labour market. Overall, the results of the survey and interviews with students, indicate high level of satisfaction with respect to career advising on current market requirements. This survey, however, which involved 965 students enrolled in the Academic Year 2017-2018 in the five undergraduate programmes and MBA programme, contained questions that were not applicable to all students, yet no provision was made for this in the analysis. To name a few, there were questions related to 'career advising on current market requirements', 'whether practicum/on-the-job training environment provide meaningful real-life experiences' and 'sufficiency of supervision during capstone/thesis writing'. These questions are

not applicable to the first year students nor to MBA students. Also, the question related to the 'adequacy of support provided for the special needs students' is best answered by the eight students that are currently enrolled with special needs. Furthermore, since a relatively high percentage of students are already working, for example in BSBI 45%, the survey's questions should separate the responses of working from non-working students as questions such as 'career advising on current market requirements' is more relevant to non-working students. The fact that the applicability of questions to the students concerned was not taken into consideration in the design, administration or the analysis of the survey, the reliability of its results and conclusions drawn from them are questionable. The Panel has noted its reservation regarding the AMAUIB surveys in other parts of this report (see indicator 8, 10, 21 and 25). The Panel advises the University to consider the applicability of the questions to the students when designing surveys by taking into consideration the year of study, the programme type (undergraduate or graduate) and whether the students is working or not.

In September 2018 the University developed a policy for students with special needs wherein it outlined among other things the purpose, scope, responsibility, procedure and reporting of cases that have received support. Upon admission, students sign a form indicating the type of disability and are hence given an identification card for academic monitoring during their study period. Currently, there are eight students enrolled with varying disabilities. However, the responsibilities of the medical staff at the University's clinic is only to provide 'general health services and first aid treatment to the students and employees'.

DSA provides continuous support services to students throughout their study period such as a University wide orientation to new students. According to the Operations Manual on Teaching, Learning and Assessment, students should be given feedback following an assessment within a week from taking the assessment. Interviews with the staff members and students indicated that prompt oral and written feedback is given after each assessment. The Operations Manual also states that 'the written feedbacks should clearly inform student on both the positive and negative aspects of the student achievement'. However, reviewing the sample examination papers provided, the Panel found that only scant written feedback is given to students about their performance in examinations. The Panel, hence, advises the University to provide a more detailed written feedback to students to improve their academic performance.

AMAIUB seeks to develop its students' sense of social responsibility and involvement - by introducing a Framework for social programme, conducted through its DSA, that covers three components, namely; clubs and Societies, Cultural Exchange, and Student Assistance Programme. The implementation of the framework is praiseworthy as evidenced by the various social activities and cultural exchange opportunities it has provided the students such as participation in Sheikh Naser's Universities Football tournament and National Sports Day and membership in AIESEC Bahrain and IEEE. Furthermore, interviews with members of the Students Council and DSA confirmed the organization of events in coordination with the Student Council and Community Engagement Office to familiarize students with a wide range of opportunities inside and outside of the University.

The University has a clear policy for identifying and monitoring academic performance of at-risk students. As mentioned above, the policy is effectively implemented *via* a series of actions which include formal identification of at-risk students, preparation of monitoring report per course and

conducting formal and informal tutorials to ensure academic progress. Also, during the site visit, members of the Student Council confirmed their contribution in conducting a peer-to-peer tutorial programme under the supervision of DSA. However, neither the job description of Dean of Student Affairs nor the ToR to the Student Council, with respect to its duties and responsibilities include conducting a peer-to-peer tutorial. Hence the Panel advises the University to review the Student Council's ToR so as to reflect a more effective role.

To measure the effectiveness of the learning environment, AMAIUB's Office of Institutional Research conducts an annual survey to measure the extent of student satisfaction with academic support, curriculum instruction, facilities, academic structure and policies and procedures. A three-year comparative analysis (2015-2018) indicates a steady increase in the level of students' satisfaction with the learning environment. According to the SER, the results are communicated to the various colleges/departments which in turn set an improvement plan for the head of Planning and Development Department to consider. The evidence provided shows a summary of enhancements made as a result of students' surveys. However, the Panel is of the view that responding in a piecemeal fashion to suggestions given by the students through surveys, may result in inadequate or inappropriate solutions, as other factors may have to be considered when carrying out enhancements to upgrade the University's learning environment. This is especially important as all surveys, as was previously pointed out in this report (see indicator 8, 10), need to be reviewed. The Panel advises that the University adopts a more holistic approach when conducting enhancements of the learning environment rather than responding to isolated suggestions from students in a piecemeal fashion.

Overall and in light of the available range of student support services and arrangements in place to ensure effective learning environment, the Panel is of the view that this Indicator is addressed.

Recommendation

None

Judgement: The Institution **addresses** Standard 5: Student Support Services

Standard 6

Human Resources Management

The institution has appropriate human resource policies and procedures including staff development in place that demonstrably support and enhance the various operational activities of the institution.

Indicator 21: Human Resources

The institution employs human resources that are sufficient in number and appropriately qualified to achieve the mission and to provide good quality higher education.

Judgement: Addressed

Effective September 1, 2016, AMAIUB developed comprehensive Human Resources (HR) Policies and Procedures that include Compensations and Benefits, Employee Relations and Discipline, Faculty Rank and Tenure and Faculty Recruitment and Recruitment of Non-Academic Employees. A five-year (2016-2021) HR Strategic Plan, which is derived from and aligned to the University Strategic Plan was developed and implemented. The HR Strategic Plan has four objectives, namely: to plan for adequate recruitment of faculty, develop effective management of HR, align with local universities' practices for benefit and compensation, support and provide training and development opportunities for AMAIUB employees. The HR Department is expected to do annual monitoring of the implementation of the five-year HR Strategic Plan. With respect to implementation of the HR Policies and Procedures related to Faculty Recruitment, the Panel found out during interviews with senior management that high academic/administrative positions such as VPs and Deans are not advertised, but are rather occupied through identifying potential candidates from within the University and appointing them in these positions. This is in direct violation of the HR Policy section 2.2 'search process' which states that 'every effort should be made to advertise, post and evaluate applicants for vacant positions where opportunities should generally be filled through a competitive process'. The Panel is of the view that such process of internal appointment without advertising the vacant positions not only contradicts the University's policy but also denies the University from the opportunity of filling these posts with qualified candidates whether from inside or outside the University. Furthermore, it was not clear from the interviews and the HR policy the length of appointment for these positions. The Panel recommends that the University ensure that its Policy on Faculty Recruitment is consistently implemented.

The Panel acknowledges that both a SWOT analysis and calculation of the Student to Faculty ratio was done for the Academic Year 2016-2017 as part of the HR Strategic Plan. However, it was not clear to the Panel the Academic Year in which the SWOT analysis in the evidence provided was done, which differs from that in the HR Strategic Plan. In addition, the data used to calculate the Student to Faculty ratio included in the HR Strategic Plan does not tally with the data provided in the SER, which may impact the conclusions drawn. Furthermore, one of the Operational Plan initiatives under goal no. 3 of the HR Strategic Plan states that benchmarking for salaries, benefits and compensations, with other similar universities in Bahrain need to be done. While the Panel finds this beneficial, it recommends that the

AMAIUB expand the scope of its benchmarking activities with local universities to include HR areas beyond practices for benefits and compensation.

As for recruitment of faculty members, the University has developed a Policy on Faculty Recruitment. It is operationalized by hiring an adequate number of qualified academic staff in the different disciplines to ensure the implementation of the University's Teaching, Learning and Assessment Policy. Currently, at the undergraduate level, the University has in total 103 academic staff in the three colleges (CAFS, CCS and COE) and the CGE. The 103 staff members hold the appropriate specialization needed to teach in their respective colleges. Overall, of the 76 Ph.D. holders, 73 are employed on full time basis and three on part-time basis. This follows the HEC Resolution number 2 for 2007 Article Two, where at least 25% of the academic staff should be full-time employees. Also, the University has recruited 27 academic staff members holding Master degree, 17 of which are employed on full time basis. Again, this is in line with HEC Resolution number 2 for 2007 Article 12, as the total number of part time academic staff is less than 25% of the total faculty members. The Panel noted that of the total 103 academic staff, about half of them (52) are employed in the CAFS. This is understandable since more than 70% (1839) of the 2566 students currently enrolled in the University are registered in CAFS.

For the MBA programme, the University has four full time Ph.D. staff members and 9 non-Ph.D. holders, on part time basis. This, however, is in violation to the HEC Resolution number 2 for 2007 Article 12 (2b), where at least 50% of the total number of faculty members (on full time and part time basis) teaching Higher Studies level, should be full-time employees. As such, the Panel finds that the academic staff employed in the undergraduate programmes offered by the University has the appropriate qualification mix, whereas those employed in the MBA programme are lacking in this regard. The Panel recommends that the University should ensure that there is a sufficient number of appropriately qualified academic staff as per the requirements of the HEC.

With respect to induction of new staff, AMAIUB has developed a policy to conduct two sessions of induction at the beginning of the semester for full time and part time academic staff members. The first session is at institutional level and the second session at college level. The purpose of the institutional induction is to orient new staff members about the Mission, Vision and various policies and procedures of the University. The college induction deals with college related rules and regulations. Interviews with new academic staff revealed that the recent induction sessions (2017 and 2018) were successfully implemented and no issues or problems were encountered. The Panel is of the view that the induction process of the AMAIUB is well implemented as it has helped introducing the new staff members to the rules and regulations of the institution as well as to their roles and responsibilities.

The HEC regulations stipulate a workload of 40 hours per week for academic staff. The University follows the HEC regulations and allocates the working hours accordingly, on teaching, research, consultation and administrative activities. During the site visit and from the evidence provided, the Panel noted that the teaching load varies among academic staff ranging between 10-15 hours per week. Staff members allocate six hours per week for advising and nine hours per week for research, which has proved beneficial given the number of scientific research done in the Academic Year 2017-2018. Overall, the Panel finds that the workload allocation system followed by the University helps academic staff to develop professionally and maintain current knowledge in their respective areas of specializations. However, during the tour of the University campus, the Panel heard complaints from academic staff that they are required to sign in and out during workdays and are punished by deducting

from their salaries even for a short lateness. The Panel is of the view that flexibility in attendance for academic staff is a common practice in universities and advises the University therefore to reconsider its attendance requirements as the physical presence of a faculty member is not as important as fulfilling his/her duties and responsibilities.

Effective September 1, 2016, the University has developed a policy on Employees Relation and Discipline to ensure smooth interpersonal relations between management and its employees. It outlines procedure for Handling of Complaints and Imposition of Sanctions. The procedure followed involves formulation of a committee to investigate the matter and make a decision/recommendation. Based on the evidence provided, the Panel is of the view that the process is fair and the recommendation is based on thorough investigation.

To measure the level of satisfaction with its services, AMAIUB has developed a policy on surveys with an objective of obtaining feedback from students, faculty and other stakeholders about its services. The HR Department is responsible for conducting both Employee Satisfaction Survey and Exit Interviews for academic and administrative staff members. The latest Employee Satisfaction Survey and Exit Interviews were conducted for the Academic Year 2017-2018, where for the survey a questionnaire was distributed to staff members to monitor and report on their satisfaction. In general, the results showed an extremely high degree of satisfaction from the staff members. Based on these results the HR Department decided that for ratings of 4.4 and below, improvement plans need to be developed, by the Department Heads to address the areas concerned. The Panel acknowledges actions taken based on the analysis of the results of these surveys. However, the methodology used in the Employee Satisfaction Survey lacked the distinction between responses from academic and administrative staff. For example, questions such as 'Exercise of academic freedom' and 'Sufficiency and availability of books and references in the library to address employee needs in the performance of duties and responsibilities' apply only to academic staff and not to administrative staff. As such, the Panel urges the University to consider the applicability and relevance of the survey questions to staff members to ensure valid interpretation of the results and reaching a more meaningful conclusion. The Panel has made a similar observation in other sections of this report (please see indicator 8 ,10, 20, 25).

Overall, in light of all the available HR policies and their implementation the Panel concludes that this Indicator was addressed.

Recommendations

- Ensure that AMAIUB Policy on Faculty Recruitment is consistently implemented.
- Expand the scope of AMAIUB benchmarking activities with local universities to include HR areas beyond practices for benefits and compensation.
- Ensure that there are sufficient number of appropriately qualified academic staff as per the requirements of the Higher Education Council.

Indicator 22: Staff Development

The institution has a systematic approach to staff development and provides opportunities for all staff to remain up-to-date in their areas of teaching, research and administration.

Judgement: Addressed

AMAIUB has developed two policies for the development of its academic and administrative staff, namely: a Policy on Faculty Professional Development for its academic staff, and a Policy on Staff Development for its administrative staff. The Policy on Faculty Professional Development is implemented through a Faculty Development Plan (FDP) formulated by the Faculty Development Committee (FDC) in each College. To ensure a consistent approach in providing faculty development opportunities, the Colleges formulate their FDP based on a Faculty Development (FD) Framework that includes internal and external FD activities, with each covering pedagogical, professional and Technical/Tools Programmes. FDP helps in identifying professional development activities needed by collecting information from various sources such as Individual Faculty Development Plan (IFDP), College needs, Performance Appraisal for Deans and Academic Officers (PASDA) and Performance Appraisal System for Teachers (PAST). Both PASDA and PAST results 'provide feedback of individual performance as well as provision to identify development needs', as stated in the SER and provided evidence. According to the Institutional Faculty Development Programme, the primary objective of the colleges' FDP is to 'ensure that IFDP is within the context of AMAIUB Mission, Vision and objectives'. Interviews with faculty members revealed that the alignment of the FDP with the University Mission, Vision and objectives is ensured *via* collaborative effort among the concerned management entities, starting from the Programme Head up to the VPAA. However, the Panel is of the view that the FD Framework, which is supposed to articulate the main elements on which the colleges' FDP should be based, is very basic and lacks clear guidelines for the development of the FDP. The Panel advises the University to review the FD Framework on which the FDP for Colleges is based in order to provide clearer and more detailed guidelines for the development of the College FDP.

As for the administrative staff, AMAIUB follows a similar procedure by implementing its Policy on Staff Development through a Staff Development Plan that details various activities to be conducted. The Faculty Development Office (FDO) and the FDC of each college prepare an Annual Accomplishment Report for faculty development that aligns actual accomplishments with University objectives of the Strategic Plan. These reports are collated and submitted to the Planning and Development Department (PDD), which in turn prepares reports that include a comprehensive analysis of academic and administrative performance across all academic and administrative units in AMAIUB. The Panel acknowledges the comprehensive FD approach followed by AMAIUB and the effort done to ensure the alignment of the FDP with the University Mission, Vision and objectives.

Interviews with faculty members indicated that AMAIUB has conducted several workshops/seminars as part of its staff development programmes. For example, in 2016 a workshop was conducted on the assessment of ILO and in 2018 a workshop was conducted to train staff members in NQF. Both the FDO and FDC are oversight bodies that prepare Activity Reports as a means of documenting and monitoring these activities. The Panel is of the view that the monitoring process ensures that FD needs are met. The

University evaluates the satisfaction of its FD activities through Seminar/Workshop Evaluation Questionnaires administered to participants after each seminar/workshop as well as through specific questions included in the Training Needs Assessment questionnaire designed to assess the overall impact of FD activities conducted. Interviews with staff members revealed a high degree of satisfaction with the various staff development activities and that their feedback and suggestions are taken in consideration by the FDO, such as for example to provide a more comprehensive information to staff before the seminar. The Panel acknowledges the AMAIUB attempts to get feedback and suggestions from its staff members to evaluate and improve its current and future staff development programmes. Hence, the Panel concludes that this Indicator is addressed.

Recommendation

None

Judgement: The Institution **addresses** Standard 6: Human Resource Management

Standard 7

Research

The institution has a strategic research plan appropriate for its mission that is translated into a well-resourced operational plan, which is implemented and monitored.

Indicator 23: Research

The institution has implemented a plan for the development of research [e.g. disciplinary specific, scholarship of teaching and learning] appropriate for its institutional type that includes monitoring its research output, together with policies and processes to ensure the ethical and effective conduct of research.

Judgement: Not Addressed

AMAIUB's core function of research is explicitly expressed in the University's strategic Goal 6, which is set to 'Foster a research culture in the University delivering a consistent stream of applied research'. This Goal is captured by a five-year institutional Academic Plan and translated into a similar five-year institutional Research Operational Plan (OP). According to the SER, the rationale behind this five-year research OP is 'to ensure efficient monitoring and evaluation'. This OP, in turn, is translated into a very recently developed Annual Research Plan, which is developed, owned and monitored by the Director of Research and incorporates 'all research plans of the different colleges/centre'. The academic staff the Panel met and interviewed during the site visit mentioned that their college and departmental research niches and needs are captured within the University's five-year research OP, while the overall College OP still needs to address this area. However, and on examining the Research Operational Plan for the Academic Year 2018-2019 prepared by the Research Centre, the Panel found that this Plan, in addition to its currency, does not reflect the specific research orientation of each college and the targets it aspires to achieve in this significant area. On the other hand, the Panel found evidence on single-colleges recent research planning as part of their OP, showing what research targets and KPIs each college is planning to meet and what areas it focuses on and what resources it needs to achieve these targets. Therefore, the Panel recommends that the University should ensure that the college-specific research OPs are aligned to the University's Strategic Plan.

The University has established a Research Council 'to spearhead the conduct of research activities in the AMAIUB (and) is responsible for all research matters of AMAIUB', as stated in the SER. From the SER and on examining the roles and responsibilities of this entity, the Panel notes that it is assigned a key role with a wide range of responsibilities in this core function of the University and its members 'are expected to represent the interests of the University community at large'. However, the Panel did not find any reference to this entity within the University's organogram. The Panel reached the same conclusion during interviews with various faculty members at various levels, who seemed unaware of the existence of this entity and its assigned role. Instead, there is another entity, namely the Research Centre headed by the Director of Research, who is the Research Council Chair as well, and directly reports to the VPAA. The SER also refers to the Director of Research Centre as having the key role in

this area and as the entity which 'monitors the implementation and conduct of the Research Operational Plan (and) prepares the AMAIUB Annual Research Plan incorporating all research plans of the different colleges/centre'. This role was confirmed during interviews with academic staff, who also seemed aware of AMAIUB's Research Manual as a reference for all their research activities. Nevertheless, the Panel is of the view that this obvious duplication of the roles of entities in charge of planning, managing and spearheading research activities within the University represents a significant opportunity for improvement which the University needs to address urgently.

The Panel acknowledges the research outputs and accomplishments of individual AMAIUB's faculty, reflected in regional and international conference participations, and publications in international journals. Moreover, the Panel confirmed from interviews that all faculty members are assigned nine hours of their weekly schedules to engage in research activities, mainly in the form of working on a research paper that needs to be accomplished by the end of each academic year. According to the SER and as confirmed during interviews, 'all faculty members are required to conduct research aligned with the AMAIUB research thrusts'. Moreover, the faculty members the Panel interviewed were aware of the procedures and stages involved in research activities. The Panel also established that faculty members do not face problems finding the resources they need for accomplishing their research projects as the University library has subscriptions in a number of online databases resources. The annual and trimester accomplishment reports at the college level are used as a mechanism for monitoring faculty members' research performance, but there is no evidence that the results of this monitoring are linked to their academic promotion". Furthermore, the Panel did not find evidence that these activities are aligned to specific research action plan or research agenda with explicitly stated targets and KPIs at the department or college level. The Panel recommends that the University link faculty research performance with their academic promotion.

In terms of funding, AMAIUB's support to the research function 'includes conference registration, travel expenses including airfare and transportation, accommodation, visa fee, and daily allowance'. Furthermore, the University has a Research Incentives and Grants Policy. On examining the documents provided and from interviews with faculty members, the Panel learned that some of them have benefited from this support when they applied to participate in some of these events abroad. This support was provided on a priority basis and based on the approved College OP budget allocation. Nevertheless, the Panel did not find any statistical information about how many faculty research proposals were accepted and funded during the last three years, whether at the university or college level, that can be used as a quantitative performance indicator of the effectiveness of the mechanism the University adopts in this particular area. Moreover, the University does not have explicitly stated criteria against which the priority of these proposals can be judged and consequently funded. The Panel advises the University to address this matter.

Apart from conference participation support, the Panel found little evidence that this and other related policies and procedures are fully implemented to provide financial support to other research activities such as research conducted outside or inside the University. In fact, and on examining the provided documents, the Panel found that the University does not have a special budget for funding proper scientific research activities. Instead, the University expenditures in this area are collated with the budget allocated for other areas such as staff professional development, on-campus seminar and symposiums, as well as furnishing computer laboratories and equipment purchase to other specialized

laboratories, etc. Hence, the Panel was not able to verify how the University allocates and spends the mandatory 3% of its net annual revenue for scientific research, as per the regulations and guidelines of the HEC in the Kingdom of Bahrain. Therefore, the Panel recommends that the University develop and implement a mechanism to ensure clarity and transparency of allocation and spending its budget for scientific research.

Although the SER states that 'AMAIUB has well defined policies for the ethical and safe conduct of research and had been implemented effectively', the Panel notices that the University's Research Ethics and Conduct Policy, which covers both faculty and staff research activities', is very recently developed (Sept.2018). During interviews, the Panel was informed that this Policy is an amended version of another one that was developed in 2012 as part of the Postgraduate Student Research Guidelines, a copy of which was provided during the site visit. However, this Policy only makes reference to anti-plagiarism checking and the system that AMAIUB uses in this regard.

According to the SER, 'the research committee assesses the ethical acceptability of a research project through consideration of the foreseeable risks and the ethical implications of the project'. However, the Panel did not find evidence that this arrangement is in place. Furthermore, when the Panel inquired during interviews whether researchers are required to submit any research ethics declaration or consent form with their research applications or at any stage of their research projects, it was informed that they are not required to submit any forms of this sort. However, they confirmed that the College Research Committee/research supervisor (in case of postgraduate research) reminds them orally to watch and consider such aspects during the conduct of their research projects. They also confirmed that it is compulsory to submit all research outputs *via* an anti-plagiarism software called 'Checkforplagiarism' and that the acceptable percentage of unattributed quotes is 20% maximum.

On examining a sample of faculty professional development plans and programmes whether at the college or university level, the Panel noticed that these provide little research capacity building opportunities for staff compared to other aspects of staff PD. The staff the Panel interviewed were able to mention a few examples of opportunities they were given in this particular area. A number of research training seminars was convened for faculty members. There were also seminars presenting peer research projects and research findings including Annual Research Colloquium to which College staff are invited to attend. Postgraduate MBA students mentioned the Research Methods in Business course as being very useful in preparing them for their research projects. The University can build on these efforts to enhance and expand research capacity building opportunities for its staff.

Overall, the Panel is of the view that the University does not satisfy the majority of the requirements of this Indicator.

Recommendations

- Ensure that the college-specific research OPs are aligned to the University's Strategic Plan.
- Link faculty research performance with their academic promotion.

- Develop and implement a mechanism to ensure clarity and transparency of allocation and spending its budget for scientific research.

Indicator 24: Higher degrees with research [where applicable]

Where the institution offers higher degrees that include a research component, it provides effective supervision and resources for research students and ensures that its research degrees are of an appropriate level for the programme.

Judgement: Addressed

In addition to its undergraduate programmes, which include a research component in the form of a capstone project, AMAIUB offers only one postgraduate programme, i.e. the MBA which includes a thesis component. The SER does not explain why the University has decided to launch this Programme in preference to other options it might have offered in other Colleges in line with AMAIUB's third core value of Creativity and Innovation and to satisfy its institutional status as well. However, the Panel learned during interviews with Senior faculty members that the University is thinking of offering other postgraduate programmes, though no evidence was provided in this regard. During interviews, the Panel heard that the MBA was suspended for one year and then reopened in the Academic Year 2017-2018 after reviewing the programme structure and curriculum. The Panel was provided with the most recent programme specification which was developed in July 2018 and with the course specifications which were developed in Sept.2018. The Programme ILOs indicate that the programme aims to provide students with 'learning experience that incorporates functional areas in Accounting, Finance, Marketing and Management to become effective managers and leaders of business organizations in a globally competitive and complex business environment'. From the interviews with a sample of MBA students, the Panel confirmed that course Methods of Research in Business is of great help for these students in preparing them for writing their thesis projects.

As confirmed during interviews and as stated in the SER, 'AMAIUB provides clear guidelines on the selection of supervisor, processes of supervision, the roles and responsibilities of the supervisor and of the student, level of supervision, and conduct of meeting and supervision'. These guidelines apply to both capstone projects and Master theses, and are stipulated in the AMAIUB Research Handbook as well as on the AMAIUB website. In addition, the University has a mechanism in place for monitoring and reviewing postgraduate students' research progress whereby the 'supervisor submits a research progress monitoring report of the postgraduate thesis student, which is reviewed by the thesis professor, endorsed by the MBA Programme Head and approved by the College Deans'. The MBA students the Panel interviewed seemed aware and satisfied with these procedures and arrangements. They spoke positively about their experience in the Programme and its impact on their current work performance. They specifically referred to the availability and accessibility of their supervisors in particular and other staff of the Programme in general and the guidance and support they received from these staff. However, they were not aware of the distinction between the Supervisor's role and that of the Thesis Professor which the SER refers to as being in charge of giving 'appropriate research orientation and guidance to the postgraduate students'. Similarly, the Panel could not find evidence to

answer this query. Therefore, the Panel advises the University to resolve this issue and eliminate the current confusion between these two roles.

From the documents provided and interviews with postgraduate students during the site visit, the Panel established that AMAIUB provides satisfactory support to students in terms of providing resources they need for conducting their research projects. The Research Students' Satisfaction Report conducted in the Academic Year 2017-2018, reveals that a mean of 4.51 out of 5.00 of research students are very satisfied with the research support services they received from the University. These services include adequate support in securing research resources, equal access to resources to all students and library resources, including online facilities. This high level of postgraduate students' satisfaction was further confirmed during interviews with MBA students who reported that they do not find difficulty in this regard. During its campus tour to the Library and from the evidence provided, the Panel found a list of three print academic journals and a large number of print resources specifically related to the MBA students. Beside all these print library materials, AMAIUB has active subscriptions to a large number of online resources and well-known databases accessible from both on and off campus. In the Panel view, the University is performing satisfactorily with regard to providing adequate resources for students to carry out their research.

There is evidence that external examiners are used for MBA theses evaluation and defense, which was also confirmed during interviews with MBA students themselves and with the only external examiner of the Programme. Moreover, the SER states that 'AMAIUB has implemented mechanism for the examination of research theses...which includes the use of appropriately qualified external examiners'. However, the Panel, on examining the provided documents, did not find details about the process by which these external examiners are recruited or the criteria of their selection. In fact, the Panel found from interviews that there is only one external person who is being invited recurrently to be a member of the examination committee of several thesis defense panels. No evidence was found that other external examiners have been invited to be on these panels. Therefore, the Panel recommends that the University should review its policy on the selection of external examiners for its postgraduate programme and to diversify the membership of its thesis defense panels.

The SER states that 'AMAIUB conducts and analyzes research students' satisfaction survey to postgraduate students...'; however, and in view of the currency of postgraduate programme offering activity in the institution, the Panel was not provided with substantial statistical data about the volume of the sample, questions of the survey, the exact date of when it was conducted, etc. Moreover, it was not clear if the participants have already finished their postgraduate programme or not. Hence, the Panel could not verify the effectiveness of this and all other policies and procedures exclusively introduced to cover various aspects of the postgraduate programme.

AMAIUB provides supervision to its research students based on a detailed policy and a set of procedures. These are stipulated in the Research Handbook and the academic staff and students the Panel met during the site visit expressed awareness of these procedures. The University provides each postgraduate student with a supervisor, based on the area of research specialization, with whom the student works until the completion of his/her thesis. Moreover, and as stated above, the postgraduate students the Panel interviewed were satisfied with these procedures and arrangements in general and the availability and accessibility of their supervisors in particular and the support they received from

them. Nevertheless, and while it acknowledges all these efforts on behalf of the University, the Panel noted complete absence of training activities for the academic staff with regard to enhancing their capacity as supervisors through staff development programmes. On examining documents provided in relation to staff PD, the Panel did not find any evidence on providing such developmental activities to AMAIUB's academic staff as part of an overarching PD plan. Hence, the Panel recommends that the AMAIUB should ensure that staff professional development plans and programmes include activities specifically designed to enhance the academic staff capacity as research and postgraduate students' supervisors. Despite the identified areas for improvement, on balance, the Panel concludes that this Indicator is addressed.

Recommendations

- Review AMAIUB policy on the selection of external examiners for its postgraduate programme and diversify the membership of the thesis defence panels.
- Ensure that the AMAIUB staff professional development plans and programmes include activities specifically designed to enhance academic staff capacity as research and postgraduate students' supervisors.

Judgement: The Institution **partially addresses** Standard 7: Research

Standard 8

Community Engagement

The institution has a clear community engagement plan that is aligned with its mission and which is operational.

Indicator 25: Community Engagement

The institution has conceptualized and defined the ways in which it will serve and engage with local communities in order to discharge its social responsibilities.

Judgement: Not Addressed

The University asserts that its Vision-Mission focuses on its three core functions of teaching and learning, research, and community engagement. The SER claims that the University has a clearly articulated statement and appropriate policies for the delivery of community engagement activities. It notes that a number of objectives related to community engagement fall under Goal 5 of the University's Strategic Plan. The SER also describes the University's Department of External Engagement as having a work programme based on the University's Community Engagement Framework, which supposedly integrates community engagement activities into research and teaching activities. There was also a common agreement amongst members of the University whom the Panel met that Community Engagement goals fell within Goal 5 of the Strategic Plan: 'Reinforce the AMA brand through establishing and enhancing national, regional, and international recognition, and fostering cooperative alliances and partnerships with other entities and institutions'.

However, the current Strategic Plan contains no reference to Community Engagement either in its Strategic Goals, or in its Strategic Objectives or Operational Initiatives for Colleges. The Panel considers that without prominence in the Strategic Plan there is a risk that activities in the local community do not achieve the profile or resources required for effective delivery. In this respect the Panel finds it significant that mention of Community Engagement did not feature prominently in any of the interviews that it held with staff, students, alumni or employers, whereas the Panel did hear that the University worked hard on reinforcing the AMA brand. The Panel urges the University to address this issue (See recommendation under Indicator 3).

Despite there being no mention of Community Engagement in the Strategic Plan, nevertheless in the 5-year Operational Plan for External Engagement there is a strategic objective of 'Strengthen Community Engagement' which includes KPIs such as the number of meetings held with Community members and groups, number of national events sponsored, number of projects with external groups, number of members of the University participating in Community Engagement activities. The same operational objectives are repeated in the annual External Engagement Operational Plan and reported in the External Engagement Accomplishment Report. The Panel considers, therefore, that there is a system for planning of Community Engagement activities, delivery of activities and reporting on activities in the University, although it has reservations concerning how effective planning and reporting actually are.

The Panel acknowledges that Community Engagement activities are taking place in the University, and there is policy and procedures for identifying, planning, and evaluating CE projects in the Operations Manual, although the SER makes no mention of this.

During its study of the supporting materials provided, the Panel found that the 'statement' mentioned in the SER and referenced is simply a list of the Department of External Engagement's strategic objectives, listed under Goal 5 of the Strategic Plan. As far as a 'policy' for delivery is concerned, the SER refers to the provided evidence which again simply lists the Department of External Engagement Strategic Objectives. These two documents do not constitute a policy or guidelines which would enable the University to conceptualize and define the ways in which it will serve and engage with local communities and, in its meetings with members of the University, the Panel received no consistent description of what the University considered its social responsibilities to be.

During the site visit, the Panel requested a copy of any policy manual for Community Engagement that the University produced and was given a copy of the Community Engagement Manual. The format of this document is useful as it provides the goals and objectives for Community Engagement in the University, and a series of procedures for submitting project proposals and budget allocation. However, although not dated, it is obvious that the Manual is out of date, and the Panel was told in meetings that it was produced about 6 years ago and revised 5 years ago, and was awaiting revision again. The Panel found this unacceptable, since the Manual thus predates the current Vision and Strategic Plan and in fact contains the previous Mission Statement; it contains content from other websites (including the text that is given as the University's description of and objectives for Community Engagement), and refers to a senior post in the University which no longer exists. The Panel also heard in interviews that the procedures for project proposals are not used. The Panel recommends that the University revise the Community Engagement Manual without delay and that in doing so it draws up a description, goals and objectives for Community Engagement which relate to the University's own situation, are based on its current Mission, and on its new Strategic Plan Goal for Community Engagement.

As noted above, planning of Community Engagement activities, delivery of activities and reporting on activities are taking place in the University, through the production of Operational Plans and Accomplishment Reports of the Department of External Engagement. In addition, Community Engagement strategic objectives are also incorporated into a number of other Operational Plans. First, Community Engagement activities are included in College Operational plans under Goal 2 (where the objective is to incorporate community engagement in the curriculum). They are also included in the Functional part of the plan under Research and Community Engagement (where research activities tend to dominate). In the mapping of the University's Strategic Plan Goals to the Colleges there is no mention of the objective to include Community Engagement in the curriculum and it is not clear where this objective has come from. It does not appear as a specific objective in the Academic Plan. Secondly, community activities are referenced in the Research Centre's 5-Year Research Operational Plan, 2016-2021, and in its yearly Operational Plans. The objective given is 'Identify and encourage opportunities for research to underpin community engagement'. Thirdly, that particular operational objective is repeated in Colleges' own Research Operational Plans. In the CAFS Research Operational Plan 2018-2019 the activities included under this objective concern identifying opportunities and capacity building; in the COE Research Operational Plan 2018-2019 the activities concern regional (not local) research projects. Strategic objectives for community engagement are thus included in at least four

different sets of Operational Plans. It is not clear whether University bodies such as Academic Council or University Council can have effective oversight of this area given the complexity of objective setting and monitoring and the diversity of Operational Plans which must be completed and reported on.

The Panel carried out a trail of College Operational Plans for the Academic Year 2017-2018, which showed that under Goal 2 of the Strategic Plan, all Colleges included an operational objective to include Community Engagement in the curriculum. No College included operational objectives for Community Engagement under Strategic Plan Goal 5. The KPI for testing whether Goal 2 had been achieved was the number of projects or other mechanisms for Community Engagement in the curriculum. Colleges included various activities to achieve the KPI, such as create an in-house competition for projects; and participate in national and international competitions that include capstone projects. Under the functional part of the Operational Plans, in the Research and Community Engagement function, Colleges included different operational objectives: either to make research and community engagement drivers for innovation and design, or to plan and support research and community activity of faculty. The KPIs and activities planned by the Colleges were largely concerned with increasing number of publications by faculty, implying that research effort is privileged at the expense of community engagement.

A trail of one College's Operational Plan, Accomplishment Report, and Implementation Status report indicated that the activities listed under Goal 2 in the Accomplishment Report differed somewhat from those that were given in the Operational Plan: the objective to create an in-house competition and participate in national, regional international competitions is reported as being accomplished by revising the structure of research, design and capstone projects. No information is given concerning at what point the intended activities were changed, who was responsible, nor what the process is for doing so. The Gap Analysis/Action Plan/Implementation Status report for the year contains little detail and makes no mention of the change. While it is not unexpected that planned activities could change for good reason during the year, there seems to be no recording or rationale given for such changes in the planning cycle, and with the limited detail given in the Implementation report it is difficult to see how achievement of objectives can be accurately monitored. The Panel recommends that the University review its operational planning mechanism to ensure that changes made during the planning cycle are documented and justified, and that action planning accurately monitors the activities planned.

The Panel verified that there is a clear structure for managing Community Engagement activities. There are Community Engagement Committees at both College and University level. There is a Community Engagement coordinator in each College who proposes activities to the Department of External Engagement, which is under the remit of the VPAA. The Panel notes that offices of Community Engagement, Placement and Linkage, International Education Office and Public Relations occur under the Department of External Engagement. Two students are included in this Structure: from Student Council and from Community Engagement Club. The Job Description of the Director of External Engagement shows a wide-ranging remit, including community 'extension'.

Feedback on Community Engagement activities is received in a variety of ways. There is an Events Questionnaire which is completed by participants. This is a short tick box questionnaire with a space for comments. The participants in the small sample all commented favourably. However, the respondents to the questionnaire are all students and no evidence is given of feedback from other

stakeholders or participants. A section of the Student Survey also allows for comment on Community Engagement activities. In the 2017-2018 survey students strongly agreed with all statements about Community Engagement, which included items such as 'I gain knowledge/ideas from the activities'; 'my work ethics are enhanced'; 'my outreach capabilities are improved'; 'the activities promoted camaraderie among the students'. Most students agreed when asked whether the objectives of Community Engagement were met. The Panel has already noted its concerns about the University's survey system (See also Indicators 8, 10, 20, 21).

The evidence provided gives a list of improvements to Community Engagement that have been implemented as a result of surveys conducted in 2016-2017 and 2017-2018. However, the items listed are simply the number of events carried out, numbers of participants and the name of the courses. The analysis does not point to other benefits for the University, its members, or any impact on the community. The Panel recommends that the University review the effectiveness of the survey instruments that it currently uses for Community Engagement so that feedback from all stakeholders is consistently obtained; and that the feedback is used to determine not only whether University participants benefit from Community Engagement activities, but whether any impact on the community is being made.

From the provided evidence the Panel found that a wide range of activities are carried out which do point to Community Engagement. Examples given include a seminar and agreement on research cooperation with local companies, start-up boot camp, blood donor campaign, national robotics competition, educational trip to a cable company. During the site visit interviews, it was confirmed that the College Community Engagement Committees make suggestions for Community Engagement events, and this can be seen from minutes of the University Community Engagement Committee. Such activities are built into the Department of External Affairs' Operational Plan and reported on in the External Engagement Accomplishment Report, but not in the College Operational or Accomplishment Plans. This lack of visibility in College plans may reduce local ownership and accountability for Community Engagement activities and make it more difficult to encourage staff and students to engage in the community.

The Department of External Engagement keeps a list of Community Engagement activities and produces a statistical report on them. In the Academic Year 2017-2018 activities were organised, involving 640 faculty and 1016 students. While these reports are useful lists they do not analyse or report on the effectiveness of the events. The 'databases' of activities are lists of events and workshops, and of partner institutions. The former records information such as number of participants, which partner institution was involved and a rating (where feedback evaluation was carried out). The database goes back to the Academic Year 2015-2016. The SER states that the 'database' and its accomplishment report are used to monitor the effectiveness of Community Engagement activities, but it is not evident from the documentation how this is carried out. The Panel considers that monitoring of the effectiveness of the University's Community Engagement activities is at an early stage. The Panel advises the University to consider how it can best use its databases of Community Engagement activities to ensure that the effectiveness of those activities is analysed.

In conclusion the Panel considers that the current approach to management of Community Engagement activities lacks an effective statement and appropriate policy to guide its activities. Operational Plans

are unclear about under which goal of the Strategic Plan Community Engagement falls. Reporting on the achievement of Community Engagement goals is a complex process involving monitoring goals in several different sets of Operational Plans. The roles and committee structure have the potential to provide a well-managed operational approach to community engagement, if strategic underpinning was more secure and operational planning more effective. Although activities are carried out, documented, and some feedback is obtained, the information is not used in a reflective or critical way to promote enhancement of Community Engagement provision. Hence, the Panel agrees that this Indicator is not addressed.

Recommendations

- Revise the Community Engagement Manual to include clear goals and objectives for Community Engagement which, relate to the University's own situation, are based on its current Mission, and on its new Strategic Plan goal for Community Engagement.
- Review AMAIUB operational planning mechanism to ensure that changes made during the planning cycle are documented and justified, and that action planning accurately monitors the activities planned.
- Review the effectiveness of the survey instruments that it currently uses for Community Engagement so that feedback from all stakeholders is consistently obtained; and that the feedback is used to determine not only whether University participants benefit from Community Engagement activities, but whether any impact on the community is being made.

Judgement: The Institution **does not address** Standard 8: Community Engagement