Directorate of
Higher Education Reviews
Institutional Review Report

Gulf University
Kingdom of Bahrain

Date Reviewed: 8-12 December 2019

HI007-C2-R010

Acronyms

BoT	Board of Trustees
BQA	Education & Training Quality Authority
CGPA	Cumulative Grade Point Average
CILOs	Course Intended Learning Outcomes
CECLC	Community Engagement and Continuous Learning Centre
DHR	Directorate of Higher Education Reviews
GU	Gulf University
HEC	Higher Education Council
HoDs	Heads of Departments
HR	Human Resources
ILOs	Intended Learning Outcomes
IT	Information Technology
KPIs	Key Performance Indicators
LMS	Learning Management System
MoU	Memorandum of Understanding
NQF	Bahrain National Qualifications Framework
PD	Professional Development
PILOs	Programme Intended Learning Outcomes
QA	Quality Assurance
QADC	Quality Assurance & Development Center
SIS	Student Information System
SSU	Student Services Unit
ToR	Terms of Reference

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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 Programmes Reviews where the quality of learning and academic standards is judged in specific programmes. The DHR completed the first cycle of the Institutional Reviews in 2013, and the second cycle is scheduled for 2018-2019, in accordance with the Institutional Quality Review Framework (cycle 2) approved by Cabinet (Resolution No. 38 of 2015).

The three main objectives of 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 in need of improvement and areas of strength.
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 that produces published reports and summative judgements for the use of parents, students, and the 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 will lead to a Standard 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 Review 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	Gulf University
Year of Establishment	2001
Location	Sanad, Kingdom of Bahrain
Number of Colleges	Three
Names of Colleges	1. College of Administrative & Financial Science 2. College of Engineering 3. College of Computer Engineering & Science
Number of Qualifications	4
Number of Programmes	4
Number of Enrolled Current Students	615 (Up to Summer Semester 2018-19)
Number of Graduates	2916
Number of Academic Staff Members	33 (as on 16.9.2019)
Number of Administrative Staff Members	25 (as on 16.9.2019)

III. Judgment Summary

Standard/ Indicator	Title	Judgment
Standard 1	**Mission, Governance and Management**	**Addressed**
Indicator 1	Mission	Addressed
Indicator 2	Governance and Management	Addressed
Indicator 3	Strategic Plan	Addressed
Indicator 4	Organizational Structure	Addressed
Indicator 5	Management of Academic Standards:	Addressed
Indicator 6	Partnerships, Memoranda and Cross Border Education	Not Applicable
Standard 2	**Quality Assurance and Enhancement**	**Addressed**
Indicator 7	Quality Assurance	Addressed
Indicator 8	Benchmarking and Surveys	Addressed
Indicator 9	Security of Learner Records and Certification	Addressed
Standard 3	**Learning Resources, ICT and Infrastructure**	**Addressed**
Indicator 10	Learning Resources	Addressed
Indicator 11	ICT	Addressed
Indicator 12	Infrastructure	Addressed
Standard 4	**The Quality of Teaching and Learning**	**Addressed**
Indicator 13	Management of Teaching and Learning Programmes	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**	**Addressed**
Indicator 23	Research	Addressed
Indicator 24	Higher degrees with research	Not Applicable
Standard 8	**Community Engagement**	**Addressed**
Indicator 25	Community Engagement	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 University's mission statement was revised, in line with the Strategic Plan, during the summer semester 2015-2016. The mission statement is included within the Strategic Plan, published on the University's website and displayed in prominent locations around the University campus. As per the SER, the Mission of the University is supported by six core values and was approved by the Board of Trustees (BoT) in 2016. It states that: 'Gulf University, a private institution in the Kingdom of Bahrain, is keen to provide continuous developed higher education that nurtures students' attributes towards critical thinking, life-long and reflective learning. The Gulf University (GU) also encourages research activities with a sound impact both in academia and practice. GU's stimulating environment supports its highly skilled staff and graduates to compete in increasing socio-economic challenges and engage in the development of Bahraini community and beyond'.

The Mission was developed with the involvement of a wide range of internal and external stakeholders, , including staff, Programme Industrial Advisory Boards and students, as well as the (BoT). During the site visit interviews, it was clear that the mission is well-disseminated and understood by interviewees. Thus, the Panel appreciates the efforts that the University has made to engage the different stakeholders in the development of its Mission, as well as communicating the outcomes of this engagement widely. The Mission is appropriate to the nature of the University and aligns with the three core functions of teaching and learning, research and community engagement. The Mission has also been aligned with the Bahrain Higher Education Strategy (2014-2024), National Research Strategy (2014-2024) and the Bahrain 2030 Economic Vision.

The University's Policy for Policy Development and Review commits all policies (including the Strategic Plan, of which the Mission is an element) to a review cycle no longer than four years (or, as needed, if a shorter timescale is indicated). The Policy for Policy Development also sets out a framework for dissemination of all strategic and policy documents, with responsibility focused on management (of all types and all levels) for ensuring dissemination and understanding across all staff .

The Policy on Policy Management also establishes routes for external benchmarking and dissemination to key stakeholders. The Panel is, thus, of the view that the University has addressed this Indicator.

Recommendation(s)

None

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: Addressed

GU has a BoT, a Board of Directors and a University Council, each of which has clear and distinct roles and responsibilities, structurally separated and discrete, focusing on the government and management of the University, as well as its existence as a private institution. The Board of Directors includes the owner and provides the necessary financial support to the institution. The BoT's Terms of Reference (ToR) distinguish the Board as the governing body of the University and make clear the expectations placed upon trustees with respect to conflicts of interest and commercial activities. The separation of responsibilities between the BoT and university executive (and other deliberative bodies) is further defined within the University Bylaws. The GU organisational structure chart further reinforces reporting lines.

In the site visit interviews, it was apparent that the distinctions between the roles of governance and executive (and operational) management were clearly understood and reflected satisfactorily in the day-to-day operation of the University. Minutes of meetings show an appropriate range and focus of discussion across strategic matters relating to the University. The Panel was informed during the interviews that members of the BoT are selected with regard to a matrix of potential requirements (relating to industry experience, status within the community, financial expertise and academic standing) - and some particular attention is placed upon the appointment of a number of Trustees with experience of higher education. New members of the BoT receive a formal induction which outlines the Mission and Vision of the University, its structure and the expectations placed upon trustees and this was confirmed during the interviews. The Panel also notes that the Board makes records of attendance

at Board meetings (which take place at least twice per year) and this record forms a part of the annual appraisal of the Board effectiveness.

The University's Strategic Plan 2017-2021 follows an expected pattern with overall strategic directions, each of which has objectives and Key Performance Indicators (KPIs). While the KPIs within the Strategic Plan are expressed descriptively, quantitative measures are included within the five-year roadmap and performance against these quantitative measures forms the basis of annual reporting and evaluation of performance. The Panel's interviews with senior management confirmed that GU operates a zero-based "bottom up" approach to budgeting, which evaluates annual needs against planned performance and is authorised by the University Council and President before presentation to the BoT for approval. It is at this stage that strategic initiatives can be accounted for, and extra funding considered, if deemed appropriate and authorised.

Once authorised, financial management is operated with clearly defined limits of spending authority iterated within the Budget Procedures. Expenditure is monitored against an annual plan for each College and Department, and while managers have some discretion as to the focus of expenditure, controls are clearly understood and operated, with high levels of oversight. The interviews with senior management confirmed that reports are generated and evaluated on a monthly basis, and that there is little theoretical opportunity for fraud, as any undue expenditure could be identified very swiftly. The Financial Authority Matrix defines internal spending limits and approvals' authorities.

The University meets all relevant expectations regarding financial auditing and accounting standards. These include the external auditing of accounts. The Panel, thus, viewed that Governance and Management at GU were sound, and that the University has addressed this Indicator.

Recommendation(s)

None

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

GU's current Strategic Plan sets out the University's strategy for the period 2017-2021. The previous plan covered the years 2011-2015 and in the intervening period the University underwent a process of reformation, informed by the Reformation Plan. The Reformation Plan sets out an ambitious agenda for a complete overhaul of University structures (from the BoT downwards), the establishment of a new

Vision and Mission, informing the shaping of the new Strategic Plan, and a root-and-branch reappraisal of policies and procedures.

As noted above, the current Strategic Plan supports the delivery of a Mission and Vision that are appropriate to the nature of the University, and supported by a set of core values which, themselves, inform the graduate attributes of the University's academic programmes. The Strategic Plan establishes a set of ambitious objectives, themselves focused around seven 'strategic directions'. These objectives are not given quantitative targets within the Plan itself, but these are iterated in a five-year Roadmap which, itself, informs annual planning procedures.

Within the Roadmap, and Annual Plans, members of the University's management team (with a core focus on senior management) are identified as being accountable for the progress against objectives. These objectives are further elaborated within the University's KPIs for which an explicatory handbook has been prepared; this handbook contains further detail as to accountability for performance against these measures. During the site visit interviews, the Panel was informed that the tracking against targets is undertaken by the Institutional Performance Measurement Office, and adjunct of the University's Quality Assurance Unit. This Office follows the Performance Measurement Policy.

The Strategic Plan is supported by Annual Operational Plans at University level which are summarised by Annual Progress Reports. These Annual Reports are, themselves, summaries of the outcomes of a semester-based series of reports emanating from activity reports at College and Department level. As with budgeting, this process follows a 'bottom-up' approach, where the outcomes of deliberation across the University inform the overall presentation to College level committees, the University Council and, ultimately, the President's presentation to the BoT. Given the relatively small size of the University, the Panel is of the view that this is a thorough (and, perhaps, slightly cumbersome) process, which would be more effective within a larger organisation, where the various levels of management and deliberative structures are more disparate and discrete.

Annual Plans are informed by a plethora of data, ranging across student evaluations, measurement of student achievement, monitoring of Programme Intended Learning Outcomes (PILOs) and Course Intended Learning Outcomes (CILOs) and surveys of both students and staff. Although thorough, these measures, again, result in reports which are somewhat weighty and difficult to easily interpret. It might be useful, as these processes develop and become more embedded in practice, for the University to reflect on ways in which analysis and action planning can be made more concise and focused, to better achieve impactful reporting which enables enhancement activity to be undertaken at all levels of operation. Thus, the Panel recommends that the University should Review the Annual Planning process to focus on measurable outcomes and achievement against target in a concise and focused manner that can be easily disseminated across the University and aid day-to-day operational implementation.

The Panel, is of the view that overall, strategic planning at the University is effective, and that the University has addressed this Indicator.

Recommendation(s)
• Review the Annual Planning process to focus on measurable outcomes and achievement against targets in a concise and focused manner that can be easily disseminated across the University and aid day-to-day operational implementation.

Indicator 4: Organizational Structure

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

Judgement: Addressed

As the SER reflects, the organisational structure of the University is clearly defined, and ensures clear distinction of roles and responsibilities between the aspects of governance and management, and between management structures and those deliberative bodies of the University that consider academic affairs, particularly matters relating to quality and standards. Under the overall aegis of the President are two distinct branches of operational structure, the one (led by the Vice President for Academic Affairs) overseeing the operation of the Colleges, and the Academic Departments that lie beneath them, the other (led by the Chief Operating Officer) managing the professional and support services of the University. Distinct from both, and reporting directly to the President, is the Quality Assurance and Development Centre, which oversees Quality Assurance (QA) processes across the University, as well as the measurement of institutional performance and internal audit. Additionally, the President oversees, as direct reports, the Chair of the Research Council, Director of Community Engagement and Continuous Learning, International Relations Office and Public Relations Officer; thus, all three core functions of the University (teaching, research and community engagement) are overseen directly by the President.

The site visit interviews confirmed that this structure was shared, consistent, stable and widely understood at all levels of the University. Lines of demarcation between different functions and operations were clear, and reporting was effective in terms of cascading information (upwards and downwards) throughout the University. The Panel notes during the interviews with staff and senior management that the University was particularly diligent in ensuring that staff were fully briefed about changes and developments in structure and process and there was a strong indication that staff were fully engaged with all processes relating, particularly, to standards and quality. In addition, there is an Audit Committee which reports directly to the BoT.

The structure of deliberative committees operates at University, and College level, and includes representation from students and, where appropriate, internal and external stakeholders. University staff, without direct management roles, are represented at University College and Departmental level;

there is also a Student Council, with clear guidelines for operation which maintains a clear relationship with the Student Services Unit (SSU).

At the same time, as noted, above, and in Indicator 3, the structures that have been put in place are relatively new (mostly emanating from the Reformation Plan, implemented in 2015-2016) and have established a structure which would be equally fitting for a much larger organisation than GU. The current size of the University leads to two particular challenges in the operation of (in particular) its management and deliberative structures: a) the processes established are relatively cumbersome, and lead to the production of comprehensive, but weighty, reports (to which it may not always be possible to give due attention and analysis); b) with a relatively small number of full-time staff, it is almost impossible to avoid individuals holding more than one significant role within the structure, and care therefore needs to be taken to ensure that individuals are not, in effect, reporting to themselves within deliberative committees (although current analysis indicates that the University has managed this effectively and the Review raises no direct questions in this respect). For this reason, it is recommended that, once the structure has fully bedded in, and gone through three or more cycles of operation, GU should undertake a review of its effectiveness, both to ensure that it is currently providing the best opportunities for quality assurance and enhancement, and that it will remain effective as the University continues to grow in size and complexity.

Overall, GU has a clear management and organizational structure that allows the participation of its stakeholders in decision-marking, where appropriate. Hence, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- Undertake a review of management and deliberative structures, to reflect upon the effectiveness of these structures in providing oversight of the affairs of the University, and assurance to the College Council, President and Board of Trustees with respect, in particular, to the management of quality and standards.

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

GU's BoT is established as the overall governing body of the University, with accountability for the oversight of the academic standards of the University. This is achieved through the operation of the University's Quality Assurance and Development Framework. This framework establishes important core aspects of the QA processes of the University, which include: a) periodic audit of all academic and

support functions (programme review and audit include benchmarking against academic and professional standards); b) monitoring performance against agreed KPIs, which includes KPIs for student outcome performance; c) processes for the approval of new academic programmes, which include benchmarking against academic and professional standards; d) annual review processes, which begin at course and programme level and culminate in an annual report by the President to the BoT, evaluating the University's performance against targets (this presentation is iterated as a requirement within the President's job description).

This operational QA structure ensures oversight of the setting of standards (through programme design and assessment preparation and moderation) and the achievement of standards by students. It enables modulation of results (if needed) to reflect issues with achievement in particular courses (or arising from the marking of individual tutors) and some oversight of the establishment of standards within assessments, relating assessment, for example, to levels of ILOs attainment within the BQA/National Qualifications Framework (NQF).

Formal summative assessments for students are subject to monitoring for originality, using the 'Turnitin' system for all written work. Staff and students interviewed during the site visit were clear regarding the approach taken by the University with regard to non-originality and poorly-referenced work. These are iterated in a clear policy and set of procedures both of which cover staff and student work. The University is careful to reflect upon the learning process with regard to developing good academic practice, and interviewed students were clear with respect to good and questionable practice. There is an escalating scale of penalties to be applied when dealing with such instances, the starting point being failure of the individual assessment. All scholarly work submitted for publication by staff is also subject to scrutiny. The University has prepared a template to assist consistent handling of cases.

Although instances of grievance and complaint by students are fairly low, there are standardised procedures and designated bodies established to deal with any issues that arise, with a strong emphasis on informal resolution of issues wherever possible. There is a formal policy and procedure for dealing with these cases, any of which can be referred to the Grievance Committee. All students are subject to the University's Equal Opportunities Policy, which underpins behavioural relationships across all levels of the University.

Overall, the University has clear policies and procedures to ensure academic integrity throughout its teaching and research activities. Thus, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)
None

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

- This Indicator is not currently applicable to the University.

Recommendation(s)

None

Standard Judgement: The Institution **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: Addressed

As per the SER, the Quality Assurance & Development Centre (QADC) is responsible for the management of quality and development activities within GU. It defines and manages the approach to QA across several units. These include the Quality Assurance and Accreditation Unit, which works with Colleges on all QA related issues, including accreditation activities within Colleges; the Planning and Development Unit, which manages the development of the Strategic Plan and measures progress in achieving its targets; the Staff Professional Development Unit, which handles Professional Development (PD) activities for all staff; and the Institutional Performance Measurement Office, which manages performance-related data across the Institution.

The Panel notes that there are QA committees at the University level as well as in each College, all of which collaborate with the QADC to ensure quality of education and administration. The QADC is also tasked to handle external communication with governmental bodies to ensure that the University complies with all national requirements specified by HEC and BQA/NQF. This extensive structure confirms the University's commitment to quality across all its activities. In interviews, it was clear that the current structure of QA units and committees has created a significant level of awareness of quality amongst academic and non-academic staff.

The QADC tracks its own performance through various KPIs. It had also undergone an external audit in 2018. The recommendations made by the external auditor resulted in an action plan that clearly specifies the responsible person for each action, a timeline and a measure for success. However, given the current size of the Institution, the Panel noticed that the current structure is overly complex and thus, places a significant burden on staff, as noted earlier in this Report. Some elements of reporting were comprehensive, but there was little evidence that they led to measurable outcomes in terms of enhancement. This reflection was also made by the university's external auditor who suggested an

increased focus on self-reflection rather than production of a large number of documents. Ultimately, GU needs to ensure that its quality processes are both valuable and sustainable into the future.

GU has a comprehensive set of policies and procedures. They are grouped into three areas, namely teaching, research and community engagement. Policies and procedures are separate documents, allowing separate approval processes. While some policies have no procedures associated (e.g., Disability Policy and Alumni Policy), others have several procedures (e.g., Assessment Policy). Policies and procedures follow a standard template to ensure clarity, consistency and completeness. While the Teaching and Learning Policy contains a fair amount of detail, the Research Policy and the Community and Industry Engagement Policy are shorter and more abstract.

Minutes of meetings (e.g.,) indicate that numerous policies were developed or revised only very recently. The Panel is of the view that it is important for GU to ensure that these efforts become self-sustained and independent of any impending external reviews. The Panel also notes that cycle audits seem to focus more on academic units rather than support services. While this focus on academic aspects may have been caused by the recent revision of policies and the lack of time to also focus on non-academic aspects, it is important that policy audits are also consistently applied to support services. Such a focus would allow QA to improve research, community engagement, business continuity, and administration. Therefore, the Panel recommends that the Cycle Audit process should be developed to include support services.

The Panel learned, during the site visit interviews, that the senior management at the university level is aware of the requirement to comply with HEC licensing regulations. Members of the senior administration are aware of relevant regulations by HEC and BQA/NQF and are determined that they be met. To achieve this, action plans are developed, agreed activities are carried out and activities are being evaluated. To ensure meeting licensing requirements, GU carried out a three-phase Risk and Business Continuity Assessment Exercise. The Panel received details of a thorough analysis of the Library complying with HEC regulations and an Information Technology (IT) Risk Assessment; however, no evidence could be found that similarly detailed analyses were carried out for other aspects or units of GU (e.g. financial aspects).

GU makes use of different tools to disseminate information about QA and its policies. Inductions for staff and students take place regularly and help newcomers to become familiar with the operation of the Institution as well as key policies and procedures. Staff confirmed in interviews that they all have received detailed inductions according to the Staff Induction Policy.

Other means of raising awareness of QA related issues include e-mails to staff and checklists for Heads of Departments (HoDs). One of the most effective approaches is the fact that most staff are part of at least one unit or committee that deals with some QA aspects. However, the Institution needs to be cognizant that more conscientious efforts are needed to keep staff focused on quality. The need for greater efforts to raise policy awareness is supported by the Staff Satisfaction Survey, which indicates

that the awareness of Academic Policies and Procedures ranks the lowest amongst all governance-related questions, and overall ranks the third lowest, after workload and remuneration. Hence, the Panel recommends that the University should review and enhance current means used to ensure all staff are aware of institutional policies and their development.

Overall, GU has appropriate QA arrangements in place for managing all aspects of education provision across the University. Hence, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- Ensure that the Cycle Audit process includes support services.

- Review and enhance current means used to ensure all staff are aware of institutional policies and their development.

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

GU has conducted extensive benchmarking exercises. Many local, regional and international institutions have been analysed for comparison purposes. The exercises have taken place at three different levels: institutional level, unit level and programme level.

Evidence was provided for benchmarking various councils, university-level committees, college-level committees, various university plans as well as job descriptions. One of the most comprehensive benchmarking exercises was conducted for the Library. Other extensive comparisons were done for the SSU and IT. Furthermore, detailed programme benchmarking was completed for some undergraduate programmes.

While benchmarking mainly takes place informally, i.e., based on information available on the web, some progress is being made towards establishing formal Memorandum of Understanding (MoU) for benchmarking purposes. The agreement with Kingdom University clearly identifies joint benchmarking as one of the main reasons of the agreement. However, the MoU with Northampton University does not specifically mention benchmarking. Nevertheless, the Panel learned in interviews that there is a mutual understanding with Northampton University that more formal benchmarking activities will be carried out.

The Benchmarking Procedure requires that the effectiveness of the benchmarking is to be evaluated regularly. However, the procedure does not specify how often this evaluation is to take place nor has evidence been provided that the effectiveness of the process itself has been evaluated so far. Given the large number of institutions against which the University has benchmarked various aspects of its programmes and operations, the effectiveness of these informal benchmarking exercises is not as high as it could be, as cross-cutting aspects are not being benchmarked. The provided evidence contains a large number of benchmarked institutions across the world which may or may not be ideally suited for benchmarking in the specific area in which they were used. However, the institution's efforts to start formal benchmarking exercises with a few institutions will hopefully result in a more comprehensive benchmarking that goes beyond individual aspects (e.g., number of books in the library), by considering cross-cutting institution-wide features in a more comprehensive and effective manner.

Evidence was provided to the Panel that shows that benchmarking exercises led to the implementation of changes. For instance, the revision of the organizational chart shows a restructuring of the QADC. Also, the previous Student Affairs Office was restructured into the SSU. An analysis of QA Centres at other institutions was carefully considered and influenced the changes to the QADC. In addition, evidence was provided that the changes to the SSU were based on benchmarking exercises. A review of other student-facing services resulted in enhancements. The creation of student clubs is one of the more visible changes that directly affect students.

The Panel was also provided with evidence that benchmarking was used during programme reviews and ultimately resulted in programme changes. The Bachelor of Accounting and Finance, the Bachelor of Human Resource Management and the Bachelor of Interior Design Engineering have all gone through benchmarking exercises with resulting changes. As an example, the Bachelor of Human Resource Management was benchmarked against 14 institutions (local, regional, international) and against four international accreditation standards. This comprehensive review resulted in a revision of the admission requirements, programme aims, PILOs, and modifications to the programme.

GU regularly deploys a range of surveys typically used in academia, such as course evaluations, student satisfaction surveys, graduating student surveys, alumni surveys and employer surveys. Students confirmed that they regularly participate in three to four surveys throughout the semester, giving them opportunities to provide feedback on various academic and non-academic aspects of the institution. Although there is evidence of feedback in occasional face-to-face meetings with industry, the Panel learned in interviews that a more deliberate approach to surveying external stakeholders to provide feedback on the programmes would be of benefit to the Institution. This would not only increase feedback about the academic programmes but, in general, increase involvement of industry with the Institution. Strengthening this link could improve employability of graduates and help increase research collaboration between industry and research-active academics.

GU provided extensive evidence that surveys have resulted in improvements at various levels of the University. One of the obvious indications that student feedback has been considered are the 'You Said

We Did' bulletin that shows improvements made to facilities, staffing, laboratories, and decision-making processes. Furthermore, paper-based registration has recently been replaced with online registration, allowing students to register courses independent of time and location. The new student information system (SIS) also allows examination scheduling that avoids time conflicts between examinations. Hence, the Panel appreciates the actions undertaken based on feedback received in surveys.

The 'You Said We Did' bulletin also emphasizes that more practical aspects have been included in the curriculum. This has not only been requested by students, but also by alumni and employers and is in line with findings of benchmarking exercises. Subsequent curriculum changes e.g., and the creation of a media studio are evidence that the request for more practical education has been considered. Curricula have also been influenced through requirements of accreditation standards, professional bodies and local government bodies, as well as feedback from benchmarking, market research, industry, staff, alumni, advisory boards, etc. These activities resulted in a gap analysis, which in turn resulted in suggested programme changes. For instance, employers emphasized the challenge of finding Human Resource graduates with a high-level of English language skills. This feedback led to a recommendation to increase the number of the Bachelor of Human Resource Management's courses being taught in English. Similarly, the range of software tools used in some curricula has been updated and the number of group projects has been increased based on feedback from industry. GU also provided evidence that stakeholders are informed of the changes.

In general, the Panel acknowledges the amount of QA related activities carried out by the University. However, the full value of the processes needs to be evaluated to ensure efficiency and to maximize the benefits while minimizing the additional workload on staff. It was confirmed in meetings that although programmes and operations are reviewed, the actual effectiveness of the review processes has not been analysed. The Panel noted that a lot of activities were carried out in a small period of time (mainly in 2018) resulting in a large number of improvement suggestions. The Panel is uncertain of the sustainability of the high-level of activity in the long-term. An evaluation of the effectiveness of all QA processes should be carried out, to ensure the successful implementation of all action items identified. Hence, the Panel recommends that the University should conduct a review of the effectiveness of QA processes to ensure full value of the processes and long-term sustainability. The Panel also advises the University to focus on more formal benchmarking exercises.

Overall, the University has approached benchmarking in a measured and sensible manner, and ensured that appropriate feedback was gathered on all aspects of its operation, through surveys targeted at a representative group of stakeholders. For this reason, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- Conduct a review of the effectiveness of QA processes to ensure full value of the processes and long-term sustainability.

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

During the site visit interviews, the Panel was informed that GU is currently in the process of completing the implementation of a major change of its IT system infrastructure. The motivation behind this change was the need to consolidate the previously fragmented system, as well as to allow online registration for students. The Panel also learned that the new system allows for the definition of access rights to the system based on position within the Institution, giving different levels of access to students, instructors, HoDs, Deans and system administrators. This access control ensures appropriate levels of access to data based on the position a person holds.

As the new system is cloud-based, backup is provided by the cloud provider. While the transition of the SIS is still ongoing, the previous system continues to be backed up on a weekly basis with backups being stored at a remote and secure location. An IT Recovery Plan is in place to facilitate recovery in case of unforeseeable events. It is important that related policies, procedures and plans are being kept up-to-date as the IT infrastructure is in transition, and a significant move to cloud-based services is under way. With registration now being electronic, enrolment data is current and linked to attendance records and grades. However, the Panel was not able to identify evidence of a formal verification process to ensure accuracy of student data at the time of admission and so the Panel recommends that such a process should be introduced.

The Assessment Verification and Moderation Procedure details extensive procedures that ensure correctness of examinations as well as grades. Grades go through an extensive verification process before they are final. Once grades have been finalized, they can only be changed through the Assessment Appeal Procedures requiring students to file an official, written appeal about their grade. Defined timelines ensure a timely outcome of the appeal. The effectiveness and accuracy of the processes is monitored through random check by the University Teaching, Learning and Assessment Committee.

In the interviews with staff and students, it was confirmed that each student has an assigned study plan. In addition, the progress made towards meeting graduation requirements can be checked by students through the online registration system and is being verified by advisors. At the time of

graduation, Deans as well as the Admissions and Registration Unit verify that each graduate has met the requirements of their study plan. The final graduation list is approved by the University Council.

During the site visit, the Panel notes that the blank certificates are stored in a safe location in the Admission and Registration Unit. Certificates are printed on special papers that contain serial numbers, watermarks and barcodes. The final certificate also contains an embossed GU stamp. GU's Certification, Authentication and Retention Policy and Certification, Authentication and Retention Procedures contain extensive details to ensure integrity of the certification process. Based on the evidence provided, the Panel is convinced that adequate measures are in place.

The QADC conducts random checks of all processes related to QA. This includes grading processes (e.g. grade appeals), login records for the SIS, and the management of graduation certificates. Although limited evidence has been provided by GU that these audits take place or have resulted in any significant findings, the Panel concludes that current arrangements are mostly adequate. However, as these processes are relatively new, and are significant in providing assurance on important aspects of the students' learning, the Panel is of the view that a more systematic approach to review would be advantageous. The Panel, thus, recommends that the University establishes a periodic and regular review mechanism of this area.

Overall, GU has formal arrangements in place to ensure the integrity of learner records and certification and the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- Introduce formal verification processes to ensure accuracy of student data at the time of admission.

- Establish a process of periodic and regular review to support assurance of the security of learner records and certification.

Standard Judgement: The Institution **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

The Library provides access to physical books and journals as well as to various online databases with electronic resources. Although the SER states that the Book Purchase Procedure is included in the Library Procedure, the Panel could not find evidence for it. Nevertheless, there is evidence that books are being purchased every year (654 printed books in 2017-2018) according to SER. Although not formally required in the Library Policy or the Library Procedure, the practice appears to follow HEC regulations. that require institutions to purchase copies of all recommended textbooks if they are included in a course specification. In interviews, the Panel learned that books required for research purposes are being bought with research funds of the University.

The Library Procedure specifies how many books students, academic staff and other employees can borrow at one point in time. They also contain rules related to book reservation and fines in case of late return or damage. Students and staff are made aware of these rules during inductions and can access library policies and procedures at any time through SharePoint. In addition, the Library provides study areas for students and staff. This was initiated after requests were made by students to have study areas within the Library. There are discussion rooms for small and larger groups as well as open study areas with computers and printers.

During programme design and revision, a mapping of library resources to the respective programme is required according to the Programme Design, Development and Approval Policy and the Programme Review Policy. These mappings are not only limited to library resources but also to physical resources, such as space, hardware and software, as well as staff. Evidence was provided that this process is being followed.

Extensive informal benchmarking of the Library has taken place. So far, no formal benchmarking has taken place as formal benchmarking agreements have only recently been signed. Recommendations have been made after careful comparison of library information available online at a range of local,

regional and international institutions. These recommendations suggest revisions to the Library's mission, vision, objectives/values, structure and services/activities. Furthermore, the number of printed books was increased. In line with the practice at other institutions, there is an increased focus on electronic library resources, such as e-books and e-journals.

A comprehensive induction to the Library takes place for students as well as staff. These inductions are accompanied with a significant amount of information on how students and staff can access various resources, including online databases. During the interviews, the staff and students confirmed that help is available any time during the opening hours of the Library so that visitors to the library can always get help in finding needed resources.

GU provides numerous feedback channels for students and staff to express their views on the adequacy and quality of learning resources. However, the most commonly used tools are the student satisfaction survey and the staff satisfaction survey, both of which contain questions about the Library. Staff satisfaction with the Library is at a high level. The student satisfaction survey shows that the library staff are available and helpful. However, the perceived adequacy of course material, books, references, readings and handouts has slightly dropped over the last three years. It is not clear if this drop is caused by library resources or class handouts, as both aspects are dealt with in the same question. This drop warrants further investigation.

The Library endeavours to improve its services by constantly expanding the number of available resources. Various reviews of the Library have resulted in improvement plans that address several aspects, including the expansion of library resources. Furthermore, the previously requested study space has been provided. Also, the introduction of the library management system 'KOHA' was initiated by student feedback. These examples are evidence of the Library's ongoing commitment to excellence. Thus, the Panel is of the view that GU has addressed this Indicator.

Recommendation(s)
• None

Indicator 11: ICT

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

Judgement: Addressed

The structure of GU's IT Unit contains an IT Manager, a Systems & Applications Developer, a System Administrator and staff for Maintenance & Helpdesk. The System Administrator ensures that servers and databases are safe and run reliably. The Systems & Applications Developer looks after the Learning Management System (LMS) and library software, as well as other common software applications used

by staff and students. Specialized hardware and software are maintained by the helpdesk. This information is distributed through the internal SharePoint platform.

The IT Department has an Action Plan for every academic year, a Recovery Plan, and Risk Assessment. The IT Unit measures progress against the Action Plan and evaluates the outcomes of the actions. In addition, the UQAC regularly audits the IT Unit and issues a report with findings and recommendations. Compliance with HEC regulations is verified on an annual basis. During interviews with staff, the Panel was assured that these plans are carefully implemented and drive the operation of the IT Department. Although some documents state that computers are replaced every 10 years, the Panel learned in interviews that GU first tries to upgrade computers if possible before replacing them. The Panel was assured that the typical replacement cycle is significantly shorter. In interviews, the Panel also learned that some of the services have been outsourced (e.g., web design) or are in the cloud (e.g., SIS), which ensures reliable operation without requiring dedicated staff at the University. The various stakeholders that the Panel met during the site visit did not express any concerns about the performance of computer resources.

GU maintains records of all their IT-related resources, including software and any hardware. The latter includes not only computers, but also phones, printers, switches, smart boards, CCTV cameras, copiers, etc. Some of these records indicate that 16% of desktop computers are older than 5 years. Although the Panel learned in interviews that older computers have been upgraded, GU needs to carefully assess the adequacy of its resources. Similarly, the SER indicates that outdated software were still being used at the time of writing. However, during interviews, the Panel learned that the software has since been updated.

GU regularly surveys its students and staff regarding the adequacy of IT resources. Overall, survey results indicate general satisfaction with the IT equipment. However, GU might want to analyze further why about 9% of students express strong concerns about the IT facilities. Especially as a new portfolio of IT systems is being introduced, GU needs to focus on adequate training of staff and students to ensure effective and correct usage of the systems. Although not raised in the satisfaction survey, the Panel learned in interviews that the WiFi coverage and internet speed requires further attention. Various action plans and 'You-said-we-did' posters indicate that improvements are being made based on the feedback received from students and staff. Nevertheless, based on meetings conducted by the Panel, GU is advised to conduct a more thorough analysis of the effectiveness of the improvements, as (at least in the case of WiFi coverage) the desired result has not yet been achieved.

GU is currently in the process of replacing its previously fragmented IT systems with a more unified solution. The new system, Creatrix Campus, is cloud-based and integrates admission, registration, timetabling, examination, attendance, LMS, outcomes assessment, and alumni. This integration will help reduce errors and inconsistencies. During the site visit interviews, the Panel learned that this system provides extensive sets of reports for decision-making. However, at the time of the visit, such reports were not yet available due to its recent implementation. The Panel also learned the previous

system (i.e., Moodle) is being phased out and replaced with the LMS provided by Creatrix. This will help with automating some aspects of grading and outcomes-based assessment.

Overall, GU maintains effective ICT systems which support student learning and administration. The Panel is of the view that the University has addressed this Indicator.

Recommendation(s)
None

Indicator 12: Infrastructure

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

Judgement: Addressed

The SER states that GU maintains inventory records of all its infrastructure. In addition, schedules are provided that show how often items are cleaned, maintained, upgraded and replaced. However, the documentation provided appears to not adequately differentiate between different asset types, as all kinds of assets (e.g. rooms, toilets, pictures, computers) have the same replacement cycle of 10 years. The Panel reflected that this cycle may not be appropriate for all aspects of the physical infrastructure (such as ICT equipment) and the University may wish to reflect upon its approach to ensure fitness for purpose of all types of equipment.

GU has records of all its physical resources that describe the facility, its size, the seating capacity, as well as the equipment contained in the facility. It also has records of which programme uses which facility. This helps ensure adequacy of resources. Recently, some multimedia projectors have been upgraded to newer interactive projectors. Touring facilities revealed that the recent addition of the media studio has made a significant difference for the Mass Communication programme. Furthermore, workshops are available for students to make physical models of their designs.

Overall, GU has provided evidence that it meets or exceeds the HEC regulations for the availability of facilities. GU also has a Health and Safety Policy in place as well as plans for regular checks of Health & Safety inspections. This includes cleaning plans, pest control, checks of elevators, smoke detectors, fire extinguishers and fire alarms. Fire drills take place annually. During the site visit, the Panel confirmed that these checks are regularly carried out. However, there were some weaknesses in the implementation of the Policy (especially with regard to fire safety and signage) which would benefit from review by the University. In addition, the Panel learned during the visit that a significant amount of Health & Safety aspects has been outsourced. For instance, food outlets have to have proper licenses

in order to operate on campus. This ensures they meet health and safety standards like any food outlet operating in public places.

As per the SER, the Student and staff satisfaction surveys are carried out on a regular basis. Both surveys contain questions related to facilities. The results of these surveys show that stakeholders are generally satisfied with the quality and number of resources. The student satisfaction survey indicates that students are more satisfied with academic facilities than with non-academic facilities. Various action plans and 'You-said-we-did' posters indicate that improvements are being made based on the feedback received from students and staff.

Overall, GU has a proper Health & Safety Policy in place and provides adequate physical infrastructure for the conduct of its current academic programmes. Hence, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- None

Standard Judgement: The Institution **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: Addressed

GU does not have a single document that serves as an academic plan and includes a statement of the philosophy of teaching and learning at institutional level. The Panel notes, however, that programme specifications include both a programme rationale and philosophy of teaching and learning, as well as an assessment strategy, PILOs, admission criteria and the expected academic conduct. The Panel also learned, through interviews, that all the academic programmes have been implemented following an Academic Planning Framework and the Programme Review and Development Policy and Procedures. The Academic Planning Framework is supported by the University's strategic planning, councils and committees. While programme leaders monitor the implementation of the academic programmes, prepare the annual reports and the improvement plans, course instructors monitor and review the course management plans. Nonetheless, the Panel recommends that GU should develop an academic plan that includes a statement of the philosophy of teaching and learning at the institutional level, reflecting its inspiration and strategic direction in these regards.

GU has a University Organizational Structure and Programme Management Structure associated with clear defined roles and responsibilities for College Deans, HoDs and academic staff. The Panel was also provided with the job descriptions of domain coordinators and course coordinators. During interviews, it was confirmed that job descriptions are updated every two years. The Panel was also informed that GU encourages effective communication through 'top down and bottom up' reporting framework. According to evidence provided and conducted interviews, the Staff Development Unit organizes the staff induction programme to inform the newly recruited and existing staff about their roles and responsibilities.

GU has a Teaching and Learning Policy in place. Interviews with senior management confirmed that it is subject to periodic review every four years. This policy aims to ensure that teaching is based on sound educational principles, and it complies with the criteria set by relevant regulatory authorities. Each programme also develops and implements its teaching and learning strategy that is consistent with the Mission of the University and aligned with the University Teaching and Learning Policy. The site visit

interviews clarified that members of Teaching Learning and Assessment committees, Teaching Excellence and Technology Centre and Course instructors are responsible for implementing the Teaching and Learning Policy and Procedures.

As for the Monitoring and Review of Teaching and Learning Practices, the Panel notes that the University uses different methods such as peer reviews, management observation of classes, and course evaluation surveys. Furthermore, evidence provided shows the use of E-learning (MOODLE) utilization reports, plus LabStats reports to monitor the teaching and learning. However, the Panel notes that quantitative data presented in these reports is sometimes not sufficiently interpreted and analysed to explain, for example, the identified limited usage of computer laboratories by students, in spite of the availability of E-learning resources. The Panel, therefore, advises the University to look further into this matter.

According to the Internship Procedures, the students are required to enrol in two internship courses. The first internship is conducted after completing 40% of the academic programme's total credit hours and the second internship is after completing 60% of the total credit hours, in addition to passing prerequisite courses. The Panel notes that the roles and responsibilities of the students, academic supervisor and field supervisor are clearly identified; and it is clear from interviews that most academic supervisors visit the interns at least once.

Students' performance and achievement are assessed by the academic supervisor, field supervisor and internship assessment jury/panel using assessment forms, which include the main skills needed to cover the Intended Learning Outcomes (ILOs). During interviews, the Panel was informed that feedback of interns, academic supervisors and field supervisors is mainly discussed in the Department Council for improvements; however, the evidence provided shows that the Department used the received feedback to discuss mainly the suitability of the internship places. The Panel was also informed that while the Internship and Career Development Office and the academic supervisor support the students to approach the professional workplace, there are no formal learning/training agreements in place. Thus, the Panel advises the University to have formal agreements with the internship places and give more attention to the mechanisms used for implementing improvements. The University may also wish to consider conducting the second internship after students complete 90% of the courses, giving them more time to acquire the relevant knowledge and skills.

The Teaching Learning Policy and Procedures indicate that course instructors gather feedback on student learning through Questions & Answers sessions, face to face discussions, 'In-Semester Student Feedback' and use that feedback to enhance teaching. Furthermore, the Panel notes that course evaluation surveys highlight the quality of courses and the effectiveness of instruction without any interference from instructors. The Panel also notes that 'Peer Review' is another input that is conducted every semester to enhance teaching and learning. Furthermore, it was clarified during interviews that external experts with international experience are invited to conduct class observations and that these observers monitor class delivery and interaction with students rather than contents of the courses. In

addition, the feedback given by external moderators on the course files reflects on the effectiveness of teaching and learning practices and the recommendations are fed into the programme improvement plans. The Panel appreciates that GU has several arrangements in place to evaluate the quality of teaching and learning.

During the site visit, the Panel examined the In-Semester Feedback and the peer review reports and notes that these lack constructive feedback or recommendations for better performance. The Panel is also of the view that peer reviews need to include more than one observer. In interviews, the Panel was informed that GU is keen to continuously improve teaching by delivering a wide range of training sessions to academic and support staff, to ensure up-to-date quality teaching. These training sessions are organized by the Staff Development Unit of QADC. However, the Panel notes that the number of participants in some training sessions was low. The Panel recommends that GU should evaluate the overall effectiveness of the arrangements in place to enhance the quality of teaching and learning to ensure a systematic continuous improvement.

Overall, GU has a clear management structure and implemented processes to manage and evaluate teaching and learning. Thus, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- Develop an academic plan which includes a statement of the philosophy of teaching and learning at the institutional level, reflecting its inspiration and strategic direction in this regard.

- Evaluate the overall effectiveness of the arrangements in place to enhance the quality of teaching and learning to ensure a systematic continuous improvement.

Indicator 14: Admissions

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

Judgement: Addressed

GU programmes have manuals and brochures that present up-to-date information about the status, level of awards and the awarding body. However, the evidence provided shows that some important details are missing in the manuals, such as attendance requirements and credit transfer. Moreover, the Panel is of the view that the University may wish to reflect upon the presentation of information in the manuals to ensure that it is clear as possible for applicants. Brochures also include brief information about the College's Mission, admission requirements, degree objectives and career opportunities. During interviews, the Panel was informed that the departments provide the Director of GU Media Production Centre with the information to be included in all publications, and after the approval of the College and Vice President, an appropriate design is prepared. The Panel notes, however, that there

were several presentational issues in brochures that might benefit from further scrutiny by the University, such as the nature of graphic images used, and the presentation of quantitative data.

Gulf University's website also provides comprehensive and up-to-date information to both prospective and current students about vision, mission, core values, BoT, GU structure and Strategy and graduate attributes. However, upon examining the GU website, the Panel noted the absence of important/focal information (such as the fee structure at the University, and deadlines for registration) as well as areas which could be enhanced by the addition of relevant contextual information. The Panel recommends that the University should revise the design the contents of its website and publications to provide students and stakeholders with clear and up-to-date information.

GU has clear Admission Policy and Procedures and formal arrangements in place for internal and external credit transfer from one programme to another or from another institution. Moreover, the Panel notes that there are specific criteria for credit transfer and there is a mechanism to measure the effectiveness of the credit transfer policy, as transferred students' performance is monitored over three semesters. Thus, the Panel appreciates that GU has clearly stated admission policy and procedures in place that include a mechanism to measure the effectiveness of the credit transfer arrangements.

The Panel was provided with a benchmarking report, which shows that the admission criteria of all programmes were aligned with 10 international universities, two local and one regional. It also shows that the admission criteria differ according to specialization. The Mass Communication programme, for example, requires applicants to pass an interview in addition to a placement test. The Panel also notes that the passing mark for English language proficiency placement test for Mass Communication applicants is 65%.

The Panel notes that the language of teaching and learning is not clearly stated in all GU publications including the Programme Manual, Programme Brochure and the University's website. Moreover, the Study Plan does not show the language of the course. GU Admission Policy and Procedures and the Student Handbook clearly depict the admission criteria and the requirements of English language skills. The Panel notes, however, that the minimum English language proficiency that must be met is the same throughout all programmes, regardless of the language of instruction. Thus, the Panel recommends that all GU publications clearly state in the language of instruction of each programme and ensure that the minimum level required of English language proficiency is suitable for each programme's level and mode of delivery.

GU helps students to meet its admission criteria by offering foundation courses to those who do not pass the placement tests. The University requires students to pass either the placement tests or the foundation courses. The evidence provided demonstrates that some placement tests have been recently revised and these tests were benchmarked with local universities. The Panel was informed during interviews that the performance of students enrolled in the foundation courses is observed and discussed in the meetings of the Department Councils and that these discussions have led to the revision

of the content and the ILOs of some courses. However, the minutes of meetings provided to the Panel do not include detailed discussions or reflect the revision needed in relation to the content or ILOs of foundation courses. Thus, the Panel advises the University to ensure that the observations related to students' performance and the actions taken are documented.

During interviews, the Panel was informed that the admission policy and procedures are regularly reviewed to ensure that the criteria for admitting and transferring students are aligned with the type and level of the academic programmes, and a revised admission policy was provided. The Panel was also informed that the revision is based on students' performance, market research, feedback from external reviewers and Programme Industrial Advisory Boards. Furthermore, a benchmarking was done with 14 universities to revise admission criteria and ensure that the admission criteria are appropriate and aligned with the relevant international standards. Thus, the Panel is of the view that GU has addressed this Indicator.

Recommendation(s)

- Revise the design and contents of the university website and publications to provide students and stakeholders with clear and up-to-date information.

- Clearly state in all GU publications the language of instruction of each programme and ensure that the minimum level required of English language proficiency is suitable for each programme's level and mode of delivery.

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

Annual and periodic reviews are conducted for all programmes, in line with the vision, mission and strategic direction of the University. The Panel learned from interviews that the periodic review takes place every five years. GU also conducts comprehensive market research for the existing and new programmes and collects feedback from stakeholders. The Panel was also informed, during interviews, that four programmes have been revised and the proposed modifications addressed graduate attributes, programme aims, CILOs, admission criteria, PILOs, and programme philosophy. Accordingly, an improvement plan was prepared and included enhancements of staffing and physical and learning resources. Additionally, a graduation destination survey was conducted in 2017 and alumni reports (2016-2018) were provided. As for the progression routes, GU uses a 'staged approach'

which supports the building and growth of students' learning from the basics to more in-depth and complex knowledge. The Panel examined the provided study plans and noted that the progression through the academic programmes is ensured by the pre-requisites' mechanism where the student must pass particular courses to be eligible to enrol into advanced level courses. Study plans show the appropriate progression of learners' knowledge, skills and competence starting with University required courses then College required courses and specialization elective courses. Moreover, the ILOs at the four levels of the programme allow for the appropriate progression of learners' knowledge, skills and competence. Thus, the Panel appreciates that there is a formal mechanism in place to ensure that programmes and their curricula are up-to-date, and articulate clear progression routes for learners.

GU has clear mechanisms to ensure that academic programmes are based on recognized higher education fields of study and that total credit hours and distribution of credit hours in each semester are in accordance with local and international norms. The University adheres to HEC regulations in terms of total number of credit hours, maximum and minimum load of full-time students per semester, admission, student transfer, teaching staff, learning resources, physical resources, and requirements for continuing the study and graduation. Programme curricula are benchmarked with local, regional and international universities offering similar programmes. GU also considers NQF credit requirements in terms of notional hours and all the programmes are offered in eight semesters over a period of four years with total credit hours of 130. All the programme courses placed on the NQF show notional hours and NQF credit. The evidence provided also shows that all the courses are mapped to the NQF level descriptors.

GU has clear policies and procedures for developing new programmes. The new programme's proposal is prepared by the concerned Academic Department(s), taking into consideration the results of feasibility studies, the NQF level and credit value of the qualification, benchmarking results, the planned students' enrolment, required resources, and staffing needs. Developing a new programme also includes preparing a programme specification and course specifications. Moreover, the evidence provided shows that proposed programmes are reviewed by external validators. The Panel was informed, during interviews, that the process of approving a new programme takes eight to nine months and that external validators are selected by the concerned Academic Department according to the ToR of External Reviewers. The Panel was also informed, during interviews, that the approval procedure for both new and revised programmes is similar, except that the revised programmes do not need the approval of BoT.

There are implemented formal policies and procedures for the review of programmes at GU. The procedures include the selection of three external reviewers to review each programme. The ToR of External Reviewers clearly specifies the criteria for their selection and their role. The Panel examined the provided external reviewer evaluation form for a current programme, and noted the form includes key parameters, which include the accreditation standards in related field of study, professional bodies requirements, compliance with the BQA/NQF and HEC requirements, benchmarking, and market

research. The feedback of the three reviewers was summarized in 'Justification of Need for Change Form'. The evidence provided also shows that the evaluation of the three reviewers was taken into consideration, one of which was invited to visit the University and to check the infrastructure and staffing. The Panel was informed, during interviews, that the external review process is conducted every five years, in line with the related policy and procedures, to ensure the currency and relevance of the programmes.

GU has formal internal and external arrangements to ensure the compliance of the current and the newly proposed programmes with BQA/NQF requirements. The Panel was informed, during interviews, that NQF mapping panels are composed of internal and/or external members that are selected by the Deans based on their expertise. Each mapping panel that is assigned to a particular programme checks and determines the NQF level and credits for each course and the overall NQF level of the programme. In line with the Policy of Mapping Programmes to National Qualifications, GU also forms an independent confirmation committee to resolve any difference of opinions within the mapping panel, regarding the level and credit value. To be able to implement these processes, capacity building workshops are conducted for faculty members by internal and external trainers. The evidence provided shows that eight workshops by external trainers were organized and attended by all faculty members.

Overall, GU has clear processes in place for the development and approval of new programmes, as well as the review of existing programmes, taking into consideration the HEC and BQA/NQF requirements. Hence, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- None

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

GU has assessment policies and procedures that are available through the intranet and are explained to students in course syllabi. The Panel was informed, during interviews, that the assessment policies are reviewed regularly, and the last review of the policies was three years ago. The assessment design includes three phases. The first phase includes the mapping of the teaching, learning and assessment strategies, as well as the curriculum structure and courses to the PILOs. The second phase includes the mapping of the CILOs to the PILOs, and in the third phase, each assessment method is mapped to

specific CILOs. The Panel examined the programme and course specifications and noted that all three phases are implemented. The verification and moderation processes are conducted to ensure the validity and reliability of the assessment in measuring the students' achievement of the CILOs. During interviews, the Panel was informed that the mapping of the assessment methods to the CILOs is updated by the course instructor every semester, based on the verification and moderation reports.

The Staff Development Unit conducts training workshops on how to measure students' achievement of ILOs through appropriate design of assessment and use of a wide range of assessment tasks. The Panel is of view that the provided list of workshops reflects the variety in assessment tasks and covers different areas of achievement of ILOs. The Panel examined the evidence provided and noted that effectiveness of these workshops was judged through measuring and quantifying the opinions of workshops' participants. The Panel also noted, during interviews, that external trainers were invited to provide training on assessment practices, which diversify the training experience of staff.

The assessment verification and moderation processes are managed by the College Teaching, Learning and Assessment Committee and the University Teaching, Learning and Assessment Committee. The verification and moderation processes are carried out through designated forms that were provided to the Panel. The Panel notes that the verification/moderation forms are well-designed, but more could be done to ensure that moderators add more written comments. During interviews, the Panel, was informed, that these forms are reviewed whenever there is a need to update them and that this is not done on a fixed timescale. The Panel advises the University to regularly revise these forms to ensure that the moderators provide them with more feedback.

The Assessment Verification & Moderation Procedures govern the internal and external moderation. As per these procedures, the College Teaching Learning and Assessment Committee reviews the alignment of assessment components with the ILOs, as well as, the appropriateness of the assessment methods to the course level and type, and distribution of marks. It also checks if the assessment is manageable by the students in terms of the given time and clarity. The University Teaching, Learning and Assessment Committee review samples of marked students' scripts. However, the Panel notes from the provided post-assessment moderation forms the lack of comments on the students' marked scripts. However, the Panel was informed during the site visit interviews that both committees invite course instructors to discuss any needed clarification and the instructors are provided with constructive feedback. The evidence provided also shows that some assessments had received suggestions for major modifications in 2017-2018 and 2018-2019, based on the findings of the internal verification/moderation. Furthermore, during interviews, the Panel learned that some examinations were modified and grade corrections were made on the basis of internal or external moderation.

The ToR of External Verifier/Moderator include the mechanism for their appointment as well as a clear description of their roles and responsibilities. The HoDs nominate the external verifiers and moderators, and after being approved by the Department Council, their names and short bios are sent directly to the College Council for approval. While, the external verifiers ensure the alignment of the assessments

with the ILOs and their appropriateness to the programme and course levels, external moderators review 25% of the course files in each semester to ensure the fairness of the assessments and their adherence to the marking criteria. The evidence provided includes the forms filled by external verifiers and moderators and some suggestions for modifications. Hence, the Panel appreciates that there are policies and procedures in place that govern the internal and external moderation of assessment and clearly state the roles and responsibilities of the different stakeholders.

GU has clear formal policies and procedures for students to appeal against their grades. According to the Assessment Appeal Procedures, instructors review appeals and decide whether to approve or decline the appeal with valid reasons, however, there was no indication as to whether this decision was moderated to any extent. During interviews, the Panel learned that students have one week after the final examination results are announced to submit grade appeals and within one week, students receive feedback regarding their appeals. The Panel also learned that the second level appeal is checked by the Teaching and Learning Committee in at least one week. Furthermore, the Panel notes that the percentage of accepted appeals is moderate (based on first and second level appeal). Moreover, it was clear during interviews that students are satisfied with the appeal policy and implementation.

GU has procedures for the conduct of examinations that clarify the responsibilities of students and staff. As for plagiarism, the students are expected to check their assignments through Turnitin before the submission to ensure objectivity and originality of their work. The Panel was informed, during interviews, that the University is also using 'TinEye' to check visual plagiarism. As detailed in Indicator 5, interviewed staff and students were clear regarding the approach taken by the University with regard to non-originality and poorly referenced work. There is also an escalating scale of penalties to be applied when dealing with such instances, the starting point being failure of the individual assessment. There are also clear penalties regarding cheating in examinations, and repeated cases of cheating could lead to dismissal from the University. The evidence provided includes samples of Turnitin reports and a list of plagiarism-detected, cheating cases and actions taken in response.

Overall, GU has clear assessment policies and procedures, which include internal and external verification/moderation of assessment. These policies and procedures are implemented and ensure academic integrity and students' right to appeal against their grades. Hence the Panel is of the view that the University addresses this Indicator.

Recommendation(s)

- None

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

All programmes have ILOs that are aligned with the University's Mission, Vision and graduate attributes. Programme specifications include ILOs that are aligned with teaching, learning and assessment methods and reflect the level of the programme and its courses. The Panel notes that the PILOs are available to stakeholders on the GU website and the Programme Manual. The evidence provided also includes a detailed mapping of CILOs to PILOs. The Panel notes that the ILOs of each course are expressed in the course specifications and are aligned to the assessment methods to ensure the achievement of the PILOs.

The Panel was informed, during interviews, GU graduate attributes are embedded in the PILOs and that students' assessed work reflects the extent of their achievement of PILOs and graduate attributes. The Panel was also informed that GU has recently started to use Creatrix to measure the level of achievement of graduate attributes and ILOs and that the minimum level of achievement of the ILOs is 60% across the programmes. It is not clear, however, what actions are taken by GU to increase the level of achievement of ILOs. Thus, the Panel advises the Institution to give more attention to increasing the level of achievement of ILOs.

GU allows internal programme transfers according to the admission criteria, admission process and equivalent courses. The Panel examined a sample of students' requests for internal transfer and noted that there is no specific form for requesting internal transfer. The relevant Department completes the equivalence form and sends it for approval to the Admission Committee. Consequently, the student's transcript is changed and updated. Accordingly, the common and equivalent courses taken by the student will be added to his/her transcript. As for external transfers, the Panel also noted that the percentage of externally transferred students during the academic year 2017-2018 was 9.6% and the number of transfer credit ranged between 3-50.

GU has formal procedures for submitting learners' data and results for certification. Evidence provided shows that GU ensures that all the issued certificates by the University are accurate and valid. Before issuing the certificates, the record of each student is checked to ensure that he/she has passed all the required courses and, thus, has completed the units and credits needed to earn the qualification, in line with BQA/NQF requirements. As per the Certification, Authentication and Retention Policy and Procedures, GU takes the necessary actions to protect the certificates against fraud. Moreover, GU has clear approval processes and protocols for submitting learners' data and results for certification. The Panel was informed, during interviews that the course instructors upload students' marks in the system

throughout the semester using Creatix, and students can only access their grades after these grades are approved by HoDs, Deans and the Admission and Registration Unit. The Panel is of view that GU follows a systematic procedure to prepare the students' graduation lists and certificates.

Student cohort analysis is prepared by the Institutional Performance Measurement Office to track student progression. The Panel was informed, during interviews, that the data and feedback gathered in student cohort analysis and surveys are discussed at all the university levels and appropriate measures are taken to ensure academic standards are attained. The evidence provided shows that the cohort analysis includes the number of admitted students, discontinued students, ratio of successful graduates to admitted students, average length of study period, and progression ratio. The numbers reflect a decrease in the ratio of successful graduates to admitted students, without sufficient clarifications from the University and, therefore, the Panel urges GU to look further into this matter. As for graduate destinations, the Alumni Office periodically (twice annually) tracks the career progression of GU alumni, and whether their jobs are related to their specialization. It also identifies, through its contact with the alumni, the skills and competences required in the job market, professional experience needs, and future outlooks in their careers. During interviews, the Panel was informed that the Alumni Office supports the development of academic programmes through tracking the career progression of graduates and the challenges they face in terms of employment and training to enhance their skills and competences. However, the Panel notes that the provided Graduate Tracer Study is not detailed. Hence, the Panel recommends that the University should ensure that data related to student progression and graduate destinations is thoroughly analysed and systematically used, to better reflect upon the academic standards of the programme and market needs.

As detailed in Standard 2, benchmarks and external reference points are used to determine and verify the equivalence of learning outcomes with other similar programmes in Bahrain, regionally and internationally.

Overall, all GU programmes and courses have clearly formulated ILOs, which are benchmarked against external reference points and regularly assessed to ensure that students attain the required knowledge, skills and competences. Therefore, the Panel is of the view that the University has addressed this Indicator

Recommendation(s)

- Ensure that data related to student progression and graduate destinations is thoroughly analysed and systematically used, to better reflect upon the academic standards of the programme and market needs.

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

GU has formal arrangements for the Recognition of Prior Learning (RPL). The Admission Policy and Procedures also include clear criteria and guidelines for internally (from one programme to another) and externally transferred students from other institutions, which ensure that the achieved credits are not repeated by transferred students.

The RPL Policy and Procedures indicate that students may be admitted on the basis of their informal learning. However, the full implementation of the RPL Policy is pending the development of the relevant national regulations by the concerned regularity bodies. Hence, the Panel is of the view 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

This Indicator is not currently applicable to GU.

Recommendation(s)

- None

Standard Judgement: The Institution **addresses** Standard 4: 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

Judgment: Addressed

The SSU administers student services related activities through relevant offices. The Unit consists of five offices: Internship and Career Development Office, Student Support Office, Student Counselling Office, Alumni Office, and Infirmary Office. The SER details the scope of work for each office and mentions examples on how these offices provide students with effective support. From interviews, the Panel learned that to ensure that the provided services are effective, SSU work is internally audited by UQAC. The Panel examined the latest audit report (dated July 2019) and noted that it included some recommendations. These recommendations were reflected in an action plan, which shows that most of them were addressed. During interviews, the Panel learned that the action plan is followed up by the SSU, and its effectiveness is measured through surveys. Furthermore, interviews with students revealed a general satisfaction with the support services provided by GU.

GU has an institutional-wide Disability Policy to support students with special needs, which was last updated in September 2018 to replace the Special Needs Policy of 2016. The Policy includes a set of rules and procedures to facilitate the engagement of these students within the University life. As per the SER, the newly revised policy has been implemented and the University Policy Development and Review Committee is responsible for the systematic review of the effectiveness of this policy. Furthermore, the policy shows that the responsibility of implementation resides in different actors across the University. The HoDs and the Deans both have the same responsibility in 'ensuring that all faculty members are fully informed of this policy', while the responsibility of 'ensuring the appropriate implementation of this policy' resides in several parties including the Vice President for Academic Affairs, the Chief Operating Officer, the Admission and Registration Unit, the Admission Committee, the Human Resources (HR) Department, the SSU, as well as the Deans, HoDs, academic advisors, and instructors. Therefore, the Panel advises GU to ensure the accountability of the different parties responsible for the support of students with special needs. The Panel was provided with a 'Special Needs Survey 2018/19 Analysis' as evidence on monitoring the effectiveness of special needs arrangements. The Analysis

shows that the respondents to the survey were 10 out of 12 students with special needs. It also shows that the students' satisfaction with the services provided was 50%, and 60% of surveyed students answered that they feel isolated from GU life. One of the students' suggestions was to 'Announce the services for the special need students'. This suggestion was also mentioned in the students' General Satisfaction Survey of 2018-2019. The Panel investigated this issue during the site visit and noted that GU needs to enhance its lines of communication with students, as detailed in the next paragraph.

GU has a Communication Policy and a related Procedure, which were developed in July 2019. The Policy depicts the general purpose of the communication process, that is to promote transparent communication and share information in an open environment; while, the procedure details the process. The Admission and Registration Unit is responsible for managing various communications, such as: sending formal emails and text messages to students regarding the dates of registration, payment of fees, class timetables, examination schedules, academic performance and warning letters (for students at risk of academic failure), and awards and graduation notices. The evidence provided confirms that information is updated and shared through formal emails, text messages and social media, in addition to the GU website. The Panel was also provided with the Students General Satisfaction Survey report of (2018-2019), which resulted based on the participation of (307) students and covered many areas such as: Academic Advising, Library Services, E-learning Services, Social Media Communication etc. The Panel examined the survey report and noticed from the student's comments that some information is not communicated to students in a timely manner, such as the registration deadlines. This was confirmed during interviews with students, who expressed their preference of other more user-friendly channels of communicating information. Therefore, the Panel recommends GU to review the approach to the dissemination of information, such as registration and examinations times and dates, in order to ensure timeliness and consistency.

GU has Extra-Curricular Activities Policy and Procedures which contain guidelines on planning and managing extra-curricular students' activities. The SER states that GU offers a wide variety of social, recreational, community and cultural activities, which are aligned with GU mission, core values and graduate attributes. The Panel examined the extra-curricular activities plan for the academic year 2018-2019 and noted a range of activities distributed throughout the year. From interviews and evidence provided, the Panel learned that students participated in organizing activities such as the Model United Nations Forum, and managed to win prizes for participation in competitions outside the University, such as: design projects, football tournaments and table tennis championships during the academic year 2017-2018 and 2018-2019. The students' active participation in such activities are crowned with a new policy 'A credit Policy', which will be implemented from the academic year 2019-2020 to encourage student participation in social, recreational, cultural, and community activities. Hence, the Panel appreciates GU's approach to encourage students to participate in extra-curricular activities through the 'A credit Policy', and is satisfied with the range of opportunities provided to students.

As per the SER, GU monitors student satisfaction with student administration and support services through regular surveys. The Panel examined the Students General Satisfaction Survey (2018-2019), which was found to be comprehensive and inclusive, and notes that it contains an analysis of different aspects such as: academic advising, library services, E-learning services, IT facilities, registration office services, career development and internships. The document shows a high overall satisfaction rate toward different support services across the University (ranging from 70-80%). The document concludes with some recommendations, which were used to guide the Institution in improving its services. During interviews with students, the Panel noted an overall satisfaction amongst students toward the different services provided by GU. Students also expressed their appreciation that their suggestions were put into action, and referred to the 'You Said We Did' bulletin, which is displayed in and around the campus, as an example on a practice done based on students' suggestions. The Panel verified this through evidence and is of the view that it is an appreciated area of good practice (see Indicator 8).

GU has a comprehensive procedure for academically at-risk students, which details the process of identifying at-risk students and the supportive actions to be taken. The Panel notes a decline in the percentage of students on probation over the last three years, which demonstrates the effectiveness of mechanisms in place to support students at risk of academic failure. GU also has an Academic Advising Policy (issued in 2016), which states that the academic advising effectiveness is the responsibility of GU, and describes the role of the Vice President of Academic Affairs, Deans, HoDs, and faculty in ensuring this. In addition, GU has a Procedure for Academic Advising (last revised in 2018), which details the responsibilities of the academic advisors. According to this policy and procedure, each student is allocated one academic advisor who meets regularly with his/her advisees and monitors their academic progression. During interviews, the Panel was informed that once the advisor notes an alarming drop in the student's GPA, he/she sends a formal request to the course instructors to provide the student with additional office hours, tutorial, and homework. The course instructors also encourage the concerned student to participate more in their classes. Moreover, the interviews with students revealed their satisfaction with the academic advising system at GU. The Panel was also informed that there is direct communication between the course instructors and students during and after office hours, and through email, SMS and social media. Overall, GU has efficient student administration and academic support services in place. Hence the Panel is of the view that the University addresses this Indicator.

Recommendation(s)

- Review the approach to the dissemination of information to ensure timeliness and consistency.

Standard 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.

Judgment: Addressed

GU has an HR Strategic Plan (2017-2022), which is linked to its Mission, Vision and core values, and includes provisions on recruitment, retention, promotion and performance management. These provisions are also reflected in the related policies and procedures, which include recruitment, retention, promotion and performance management. All these policies and procedures are accessible to all staff through SharePoint.

During interviews with senior management, the Panel confirmed that GU follows a transparent systematic recruitment process. The selection of the candidates for different vacancies, whether academic or administrative, is based on their qualifications, experience, and merit. The SER details the process, which the Panel views to be fair and transparent. Although it was mentioned in the SER that GU has provided sabbatical leaves to academic staff for personal reasons or to complete their higher studies, interviews revealed the this was not yet put into practice .

GU has a Committee for Academic Promotion. Evidence provided shows the promotion of six faculty members up until July 2013 (two of them to Full Professor, and the other four to Associate Professor). However, since then, no faculty member has been promoted, although evidence shows one submitted application during the academic year 2017-2018, which was rejected due to non-attainment of the required score in scientific research. The Panel also learned, during interviews that GU acknowledges the promotions granted by other recognized universities in the region to its staff. Furthermore, all staff members' performance is evaluated rigorously on multiple levels during their work contracts at the University. The provided evidence also shows a plan to establish a 'University Happiness Committee', which will be effective during the academic year 2019-2020. Faculty were enthusiastic about the establishment of this committee during different interviews.

As per the SER, GU maintains up-to-date records of staff qualifications and experience for both full-time and part-time teaching staff. During the academic year 2018-2019, the number of teaching staff was

37, 25 of them working on a full-time basis, and the remaining 12 were part-timers, in addition to 12 administrative staff. These records are kept by the HR Department, which has a database for all GU employees' information. As revealed during interviews, the HR Department performs complex day-to-day HR activities and tasks, which include the management of the recruitment processes, staff benefits and payrolls. Furthermore, the evidence provided shows that faculty qualifications are appropriate to the specializations of the offered programmes.

The Staff Induction Policy and Procedures provide clear guidelines and descriptions of the induction processes and of relevant roles and responsibilities. As explained in the SER, the induction is conducted at three stages namely, pre-arrival, on arrival and ongoing induction. The Panel notes that the presentation designed for staff induction is clear and comprehensive. Furthermore, interviewed new staff and part-timers showed a good understanding of GU policies and procedures, which reflects the effectiveness of the induction process.

The Faculty Workload Policy provides the principles and guidelines for the workload allocation system of academic staff. The Policy mentions explicitly that the faculty workload consists of three components (instructional/teaching workload, research and scholarly PD activities, and administrative and community service activities). The teaching load is reduced if additional administration responsibilities are handled by the faculty. The evidence provided includes a list of recent publications by staff members. During interviews, the Panel learned that the hours dedicated to research are allocated on the weekends (Saturdays). Therefore, although the Panel acknowledges that the faculty workload allocation is in compliance with the HEC regulations, it is still not aligned with international good practice. Hence, the Panel recommends that GU should exclude weekends, including Saturdays, from the counted 40 working hours per week, allowing staff time for research within a more generally recognized standard working week.

GU has Staff Complaints and Grievance Procedures, which are available to all staff members in the Staff Handbook and communicated to staff through different platforms such as the University website and the SharePoint. According to the SER and as revealed during interviews with senior management, complaints arise either due to interpersonal conflicts between two or more staff or behavior or actions taken by any staff against another in violation of GU code of conduct. Evidence shows a recent case of grievance, which the Institution settled through a recommendation and an action taken against one of the concerned employees.

GU has formal arrangements to conduct staff satisfaction surveys, in addition to exit surveys, which are also conducted for staff who resign or whose contract has been terminated. The staff and faculty surveys assess satisfaction with the work environment, PD opportunities, benefits and services. Satisfaction surveys are analysed by the Institutional Performance Measurement Office, and the results are communicated to Deans and HoDs to incorporate the necessary actions into the improvement plans of

their Colleges. The Panel found from interviews and from examining the analysis of different surveys that there is an overall good satisfaction among staff with the actions taken based on their feedback.

Overall, GU has comprehensive HR policies and procedures. It currently employs appropriately qualified academic and administrative staff members, who are sufficient in number, and it provides them with the necessary support. Staff satisfaction surveys are regularly administered and analysed and there is evidence that actions are taken based on the results of these surveys to address staff complaints. Hence the Panel is of the view that this Indicator is addressed.

Recommendation(s)

- Exclude weekends, including Saturdays, from the official 40 working hours per week, allowing faculty members time for research within a more generally recognized standard working week.

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.

Judgment: Addressed

GU has Staff Development Policy and Procedures, which are in place and linked to staff development needs. The SER states that 'the University supports staff PD activities by spending 2% of its net income to encourage staff attending training and workshop within and outside Bahrain', which was confirmed by senior management during interviews. Staff development needs are identified through surveys. The Staff Development Unit is responsible for circulating three types of surveys: PD Form for Academic Staff, PD Form for Administrative staff, and Staff Self-PD Form. These forms are collected and analysed by the Unit, and the results are put together in the 'Training Need Analysis Report', which is used to prepare the Training Plan for the next academic year. Staff also revealed during interviews that they may suggest activities to enhance or improve their skills and performance in any area. This was also verified by the Staff Development Unit, as the Panel learned that the staff development plan is dynamic, and new items might be added to it throughout the academic year if the need arises. The Panel also notes that the majority of the academic staff have received the 'fellowship' of the Advance HE, UK (previously known as the Higher Education Academy). Accordingly, the Panel appreciates the university's efforts in encouraging its staff to develop their professional skills through fellowship affiliations.GU has a comprehensive revised staff appraisal form, which was implemented in the academic year 2018-2019 to measure staff performance. The appraisal form includes six domains: teaching performance, research and innovation, community services, committees, administrative and communication skills, and PD. These domains are evaluated based on three inputs: the self-appraisal,

the management appraisal, the student feedback. From interviews, the Panel learned that the results of staff appraisals are another means to identify staff development needs; for example, the senior management mentioned that staff development needs may be identified through the low performance noticed in the staff appraisal, in such cases, the staff performance could be developed through more training workshops.

During interviews with staff and senior management, the Panel learned that PD needs are also identified from the evaluation of faculty through the PD domain score, and the score of the faculty performance in relevant parameters, such as: teaching, research, etc. Based on the 'Training Need Analysis Report' and other suggestions collected from staff through different channels, the Staff Development Unit prepares the Training Plan for the next academic year. The Panel looked at the Training Plan of 2018-2019 and noted a number of suggested workshops distributed throughout the year, which include training on the NQF and other areas of teaching, research and administration. During interviews, the Panel learned that the Unit follows up the achievement of the Training Plan and records the percentage of achievement for each activity.

Staff members provide their feedback through surveys after participating in any workshop/training session organized within GU and provided either by internal or external trainers. The survey results are analysed, and feedback are incorporated as areas for continuous improvement. In addition to these analyses, GU started applying from the academic year 2018-2019 the 'Impact of Training' analysis, , which 'measures the effectiveness and the impact of the training/ workshop six months after the training session'. The Panel examined the 'Impact of the Training' analysis report and noted that it shows high impact (with mean score more than 4 on a scale 1 to 5) in applying the developed skill and in enhancing the performance of the staff in effective delivery of courses. However, in this analysis report, there was no reference to the date of the workshop or the date of conducting the impact analysis. Therefore, the Panel encourages the University to continue improving this practice.

Overall, GU provides PD opportunities for its staff in their areas of teaching, research and administration. The effectiveness of the training provided is measured and there is general satisfaction amongst staff with the provided training. Hence, the Panel is of the view that this Indicator is addressed.

Recommendation(s)
None

Standard Judgement: The Institution **addresses** Standard 6: Human Resources 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: Addressed

Research is incorporated into the University's Strategic Plan as the second strategic direction. Research objectives are supported by KPIs, which identify KPI areas; targets for each year are included in the five-year Roadmap. This forms the basis of a Research Plan which is in the form of a report from the University Research Council. Progress against the plan is monitored by the University Research Council, action plan and reports. Reports follow the Approach, Deployment, Results and Improvement (ADRI) cycle of evaluation and include reference to 'what went well' and 'what needs to be improved'.

The Regulations of the Disbursement of the Research Budget indicate that not less than 3% of the University's budget is allocated to research, supplemented by other direct grants and monies allotted for the purpose. The criteria for allocation are transparent and include the potential to fund student research activities.

The Research Policy places a requirement on all researchers to behave ethically and follow good academic practice. The Conduct of Research Procedures' document includes a section on ethics, but this is somewhat brief and does not relate to any identifiable process for approval. This trend continues in other documents, which are satisfactory in terms of the process of applying for funding but do not include any formalised notion of an ethical approval procedure. While the focus of the Policy is on self-evaluation, in interviews, it was made clear that all work submitted for publication undergoes submission through Turnitin.

Staff receive a detailed annual induction on research, and it is apparent that, while research is still developing its core strength at GU, it is taken seriously and supported appropriately. There are, however, two areas where further thought would support development to a greater extent. Firstly, from the interviews, the Panel was informed that the incentives for research do include some elements of funding (chiefly with regard to conference participation, but also publishing costs) and it is clear that

formal requirements for the disbursement of 3% of the University's income on research activities are met (and audited by the HEC). However, as the depth and strength of research grows, the University will wish to review its current policy and procedures to ensure that they enable critical evaluation of research proposals within a more competitive environment, in order to support the best research at all levels of the University. Secondly, GU's approach to the ethical approval within research proposals are, as yet, not fully formed and would benefit from clearer iteration. Hence, the University is recommended to establish a formal ethical approval policy, which should include consideration of proposals from staff (at the very least) that involve human subjects, whether as objects of research or as participants in the activity of research.

Overall, GU has a clear plan for the development of research, taking into consideration the University's strategic direction and provides its faculty with sufficient resources, training and PD opportunities, which meet their needs as indicated in Standard 7. Hence, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- Implement a formal policy and process for the ethical consideration and approval of research.

- Review the current process for the disbursement of research funding, to ensure it remains fit for purpose as demand grows.

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: Not applicable.

This Indicator is not currently applicable to the University.

Recommendation(s)

- None

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

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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.

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Judgement: Addressed

GU's mission statement includes a clear commitment towards community engagement and social responsibilities. The University's Strategic Plan reflects the direction of the University in these regards and includes a set of KPIs, which are monitored. The University's approach towards community engagement is reflected in the Community and Industry Engagement Policy and Procedures. It includes developing collaboration with public and private organisations, supporting the local community and encouraging the participation of students and academic staff in community-related activities. The Panel learned, during interviews, that the Community Engagement and Continuous Learning Centre (CECLC) organises such activities, which include lectures, workshops, and social and voluntary services.

GU has clearly identified the responsibilities of the staff and entities involved in community engagement activities. The evidence provided includes the work scope of the CECLC, and the ToR of the College Community Engagement Committees. As per the SER, the Director of the CECLC is assigned with the responsibility of managing and monitoring the implementation of the community engagement activities. The CELCC also encourages students to participate in community engagement activities through orientation sessions. The College Community Engagement committees propose, plan, monitor and evaluate the effectiveness of the activities by collecting feedback from internal and external stakeholders. In addition, the Panel noted, during interviews, that the Public Relations Office, SSU, and IT staff provide relevant support services.

The University has a community engagement database and application to record all of the activities. The community engagement plan is uploaded, and monthly updates are available. The database also includes future activities and feedback forms. The provided evidence shows that most of the community engagement activities are lectures and workshops, although GU has identified amongst its priorities for community engagement social engagement, donations of equipment, community services

and industry relations. Thus, the Panel advises GU to pay more attention to GU's community engagement priorities in its upcoming annual plans.

GU gathers feedback through the training activity evaluation forms, which are completed by the training sessions' participants. The Panel examined the provided forms and noted that the form includes quantitative and qualitative evaluations, but the analysis of results lacks in-depth interpretations. The Panel also noted, during interviews, that community engagement activities are assessed periodically, and that GU depends on different tools to collect feedback such as surveys and face to face interviews to identify areas for improvements. However, there is no sufficient evidence to demonstrate that the suggested improvements in relation to community engagement had been acted upon. The impact of community engagement activities also needs to be measured. Therefore, the Panel recommends that GU should develop mechanisms to measure the effectiveness of community engagement activities and to ensure that the collected feedback is thoroughly analysed and acted upon.

Overall, GU has a clear approach and a strategic direction to community engagement. The roles and responsibilities of the involved entities are clearly defined, and the feedback of relevant stakeholders is regularly collected. Hence, the Panel is of the view that the University has addressed this Indicator.

Recommendation(s)

- Develop mechanisms to measure the effectiveness of community engagement activities and to ensure that the collected feedback is thoroughly analysed and acted upon.

Standard Judgement: The Institution **addresses** Standard 8: Community Engagement