Framework for the Compliance Inspection of Higher Education Institutions
Framework for the Compliance Inspection of Higher Education Institutions
"The real asset of any advanced nation is its people, especially the educated ones, and the prosperity and success of the people are measured by the standard of their education"

-Late Shaikh Zayed Bin Sultan Al Nahyan-
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Strategic leadership
Continuous quality enhancement
Curriculum management
Research and innovation
Human resources
Admissions
Student provision
Building services
Financial management
Regulatory disclosure
Social responsibility and engagement
Occupational environment, health and safety
E-learning

Compliance Indicators

Compliance Indicator 1: Policies and procedures manual
Compliance Indicator 2: Governance
Compliance Indicator 3: Quality assurance manual
Compliance Indicator 4a: Comprehensive programme specification document
Compliance Indicator 4b: Comprehensive course syllabi
Compliance Indicator 4c: Course files
Compliance Indicators 4d: Assessment system
Compliance Indicators 4e: Programme substantive change
Compliance Indicators 4f: Internship manual
Compliance Indicators 4g: Joint degree programmes manual
Compliance Indicator 6a: Faculty manual
Compliance Indicator 6b: Staff manual
Compliance Indicator 6c: Faculty qualifications
Compliance Indicator 7a: Recognition of prior learning
Compliance Indicator 7b: Admission requirements for MoE & ADEK curriculum schools
Compliance Indicator 7c: Admission requirements to specific programmes
Compliance Indicator 8a: Student handbook
Compliance Indicator 8b: Catalogue
Compliance Indicator 11: Website
Compliance Indicators 14: E-learning programmes and courses

Glossary of terms

Appendices

Appendix 1 - Corrective plan sample
Appendix 2 - Frequently asked questions (FAQs)
Introduction

1. Aims
2. UAE higher education context
3. Scope of inspection
4. Integrity and confidentiality
The mission of the Ministry of Education (MoE) Compliance Inspection Sector is to ensure that educational institutions within the United Arab Emirates (UAE) comply with statutory legislation and regulations.

The “Framework for the Compliance Inspection of Higher Education Institutions” (Inspection Framework) supports the MoE’s mandate and the UAE leadership’s vision to transform into a world-class higher education system. The Inspection Framework describes the process used to inspect vocational and Higher Education Institutions (HEIs) in the UAE under Cabinet Decision No. (28) of 2016. It outlines the guidance for a compliance inspection and includes the ‘Standards for compliance inspection of higher education institutions’. The Inspection Framework covers HEI’s obligations set out in the MoE related regulations, relevant UAE laws, the UAE national vision, national strategies, regulatory demands, federal By-Laws of establishment of federal universities and recognised best international practices.

The Inspection Framework is divided into three chapters:

- **Chapter 1**, describes how HEIs will be inspected. This includes the methodology, operational management, types and frequency of compliance inspections. Furthermore, it briefly defines the process of self-compliance and introduces the Compliance Reporting System (CRS).

- **Chapter 2**, summarises the activities involved in the pre-inspection, inspection and post-inspection phases.

- **Chapter 3**, states the ‘Standards for compliance inspection of higher education institutions’ (the standards) to which HEIs must comply. This consists of 14 core standards and 20 compliance indicators. The thirteenth standard is derived from the MoE Education Sector Occupational Environment, Health & Safety Management System General Framework (ED OEHSMS GF) Version 1.1.
The Inspection Framework supports the UAE vision 2021, and the National Strategy for Higher Education 2030, which aims to foster a high-quality higher education system, matched to the best international standards. The Educational Inspection Directorate (Higher Education Institutions) was established in 2016. The Directorate has developed a unifying Framework for the Compliance Inspection of Higher Education Institutions for the UAE.

The Inspection Framework ascended from the:

- UAE Laws and Decrees
- 2019 Standards for Institutional Licensure and Program Accreditation (CAA)
- International best practices (e.g. UK, Ireland, USA, New Zealand)
- World ranking indicators

The Inspection Framework forms the basis of all inspections. Inspectors consider and apply metrics related to the framework’s key areas. The Inspection Framework outlines the MoE’s methodology and provides a structure to ensure a consistent approach that will guide HEIs to prepare for the inspection. All the standards or selected standards may be used to meet the purpose of the inspection.

The Inspection Framework measures an institution’s alignment with the laws and regulations of the UAE. It does not evaluate the quality of education. It includes:

- Rationale and purpose of the compliance standards
- Inspection methodology
- Inter-related processes and supporting procedures
- Reporting arrangements
- Standards, domains, metrics and compliance indicators.
Aims

The Educational Inspection Directorate (Higher Education Institutions) operates as the primary higher education regulator in the UAE. The aim of inspection is to determine the HEI's degree of compliance with existing laws, By-laws, policies, regulations, accreditation and licensing requirements.

UAE higher education context

The UAE boasts a wide range of HEIs across its emirates. The majority of HEIs are located in Abu Dhabi and Dubai, with smaller numbers in other emirates. The MoE sets the laws, regulations and standards for HEIs licensing and programme accreditation. In order to operate, HEIs are required to be licensed and accredited through the Commission for Academic Accreditation (CAA).

HEIs in Dubai are licensed by both the Knowledge and Human Development Authority (KHDA) and CAA, similarly HEIs in Abu Dhabi are licensed by the Abu Dhabi Department of Education and Knowledge (ADEK) and CAA. HEIs in the free-zones are licensed by authorized entities in respective Emirates. The MoE is keen to raise the standards of current HEIs and to attract further universities of international standing to the country.
Table 1, outlines the UAE’s Qualifications Framework (QFEmirates)

<table>
<thead>
<tr>
<th>QF Level</th>
<th>MoE – GEC General Education</th>
<th>CAA Higher Education</th>
<th>VETAC Vocational Education And Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td>Doctoral</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Master</td>
<td>Applied Master</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Post Graduate</td>
<td>Applied Graduate Diploma</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Bachelor</td>
<td>Applied Bachelor</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Higher Diploma</td>
<td>Advanced Diploma</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Associate Degree</td>
<td>Diploma</td>
</tr>
<tr>
<td>4</td>
<td>Secondary School Certificate (G12)</td>
<td>TBA, or IB Diploma, or equivalent</td>
<td>Certificate 4</td>
</tr>
<tr>
<td>3</td>
<td>GCE ‘A’ Levels or Advanced Placement or Equivalent</td>
<td>Certificate 3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Certificate 2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Certificate 1</td>
<td></td>
</tr>
</tbody>
</table>

Table 1: UAE’s QFEmirates Framework  
(Source(s): http://www.qualifications.ae/Qualifications_Framework&sub=4,11 June 2019)

All federal and private HEIs, including universities, colleges, technical institutions, training centres and other institutions, delivering qualifications, or parts of qualifications, at level 5 and above, together with general education and foundation programmes, are in scope for inspection. This includes associate degrees, higher diplomas, undergraduate degrees, postgraduate and doctoral programmes. In addition, all vocational and technical education and training centres delivering qualifications at level 1 and above, are in scope for inspection.
Inspectors and the HEIs are required to demonstrate high standards of integrity. All judgements must be based on valid, reliable and sufficient evidence. Inspections are conducted in collaboration with the HEI. As a result, HEIs must exercise transparency in all interactions with the inspection team. Submission of evidence that is not authentic to the institution and the work of the institution’s officers or employees may adversely affect the outcome of the inspection. This may include evidence of the manipulation of data, withholding of information, inaccurate data, or failure to carry out a self-compliance exercise.

The MoE maintains the confidentiality of all findings and reports in accordance with its policies and procedures.
Chapter 1: Inspection approaches

1. Methodology
2. Operational management
3. Types of inspection
4. Notice periods
5. Changed circumstances
6. Frequency of inspection
7. The compliance reporting system (CRS)
8. The role of CRS
9. Self-compliance reporting
This section describes the methodology of the inspection process. It lists the operational management, types and frequency of compliance inspections.

Methodology

A four-phase approach is used to review the level of the HEI’s compliance:

Typical activities within each phase are stated in Table 2.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pre-inspection (Planning and analysis to identify lines of enquiry)</td>
<td>• self-compliance analysis from the CRS</td>
</tr>
<tr>
<td></td>
<td>• desk-based review of HEIs submitted data</td>
</tr>
<tr>
<td></td>
<td>• review previous corrective plan (if applicable)</td>
</tr>
<tr>
<td></td>
<td>• review previous reports (CAA &amp; MoE)</td>
</tr>
<tr>
<td>2 Inspection (Including quality control)</td>
<td>• on-site visits/remote visits</td>
</tr>
<tr>
<td></td>
<td>• evidence collection and analysis</td>
</tr>
<tr>
<td></td>
<td>• draft reporting</td>
</tr>
<tr>
<td>3 Post-inspection (Reporting and quality assurance)</td>
<td>• evidence recording on the CRS</td>
</tr>
<tr>
<td></td>
<td>• report writing</td>
</tr>
<tr>
<td></td>
<td>• quality assurance review</td>
</tr>
<tr>
<td></td>
<td>• publish final report</td>
</tr>
<tr>
<td></td>
<td>• produce corrective plan</td>
</tr>
<tr>
<td></td>
<td>• HEI feedback on the inspection</td>
</tr>
<tr>
<td>4 Corrective plan and feedback</td>
<td>• HEI responds to corrective plan</td>
</tr>
<tr>
<td></td>
<td>• MoE tracking of progress with corrective plan</td>
</tr>
</tbody>
</table>

Table 2: Inspection phases
The four phases outlined in Table 2, are implemented using the operations shown in Figure 1.

<table>
<thead>
<tr>
<th>Inspection phases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Compliance</strong></td>
</tr>
<tr>
<td>MOE</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>MOE</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
<tr>
<td><strong>Pre-inspection phase</strong></td>
</tr>
<tr>
<td>MOE</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
<tr>
<td><strong>Inspection phase</strong></td>
</tr>
<tr>
<td>MOE</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
<tr>
<td><strong>Post-inspection phase</strong></td>
</tr>
<tr>
<td>MOE</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
<tr>
<td>Start</td>
</tr>
<tr>
<td>HEI</td>
</tr>
</tbody>
</table>

**Figure 1: Inspection operations flow chart**
Types of Inspection

Inspections may vary according to their relevance, circumstances and goals. There are four types of compliance inspection:

Operational practices for each type of inspection are outlined in Table 3.

<table>
<thead>
<tr>
<th>Types of visits</th>
<th>Full compliance inspection</th>
<th>Follow-up compliance inspection</th>
<th>Thematic compliance inspection</th>
<th>Purpose oriented compliance inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of standards</td>
<td>All</td>
<td>Related to corrective plan</td>
<td>Theme related</td>
<td>Inquiry driven</td>
</tr>
<tr>
<td>Number of compliance indicators</td>
<td>All</td>
<td>Related to corrective plan</td>
<td>Theme related</td>
<td>Inquiry driven</td>
</tr>
<tr>
<td>Number of metrics</td>
<td>All</td>
<td>Variable (related to corrective plan)</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Number of inspection days</td>
<td>4-5</td>
<td>2-3</td>
<td>2-3</td>
<td>1-2</td>
</tr>
<tr>
<td>Number of inspectors</td>
<td>5-7</td>
<td>2-3</td>
<td>2-3</td>
<td>2-3</td>
</tr>
</tbody>
</table>

Table 3: Operational practices
Full compliance inspection (FCI)

Full compliance inspection (FCI) is the most comprehensive inspection type. FCIs explore the lines of enquiries identified during the pre-inspection desk-based review and previous inspection reports and documentation. These measure the degree to which the HEI complies with all relevant UAE laws and regulations.

Follow-up compliance inspection

Follow-up compliance inspections measure progress with the HEI's corrective action plan. They focus only on metrics judged partially-compliant, or non-compliant at the previous inspection. However, further inquiries might arise during the inspection.

Thematic compliance inspection (TCI)

Thematic compliance inspection (TCI) may build upon full compliance inspections. TCI focuses on inspecting specific standards and their associated compliance regulations. For example, E-learning, Health and Safety, and Continuous quality enhancement.

Purpose oriented compliance inspection (POI)

Purpose oriented compliance inspection (POI) may arise from the need for clarification by the MoE or lines of inquiry resulting from information received from other stakeholders. For example, adherence to English language entry requirements or complaints raised by the public, students, parents, staff, or other stakeholders. These inspections are unannounced. The lines of inquiry are confidential until after the inspection.
HEIs subject to scheduled inspections, will receive two to three weeks’ notice. HEIs subject to unscheduled inspections will receive no notice. The MoE reserves the right to carry out an unscheduled inspection.
The MōE reserves the right to make an unscheduled inspection if there are changes to the HEI’s operations. For example:

- Senior leadership
- Financial health
- Declining pass rates
- Student numbers
- The mode of course delivery approach (e.g. face-to-face, E-learning)
- Whistleblowers
- High levels of complaints
- Concerns about quality and/or assessment standards

The above list is indicative only and not exhaustive of all circumstances.
The MoE operates a digital customer relationship management (CRM) system. This consists of a CRS portal to capture all activities involved in the inspection processes. HEIs access the portal remotely, to upload their evidence of compliance against each metric of the standards. Inspectors also use the portal to enter pre-inspection findings. The CRM manages and processes all data entered onto the portal.

The role of CRS

- Schedules a visit programme for the inspection team
- Analyses and stores inspection data
- Monitors the status of inspection metrics
- Completes quality assurance reports
- Collects and analyses feedback data
- Automates HEIs reports
- Archives HEIs reports
- Monitors progress with corrective action plans
- Collects HEIs data on self-compliance

Self-compliance reporting

Prior to inspection, HEIs are required to upload evidence to the CRS that demonstrates how they meet the framework standards and compliance indicators. Self-compliance evidence is used to inform inspection lines of enquiry.
Chapter 2: The Inspection process

1. Pre-inspection phase
2. Inspection phase
3. Post-inspection
Pre-inspection phase

This phase involves processes relating to self-compliance reporting, pre-inspection documentation request, desk-based analysis and the planning of the inspection.

Pre-inspection documentation

Each quarter, HEIs in scope for inspection will be contacted to provide a range of pre-inspection documentation and to agree the proposed inspection dates. Inspectors use the pre-inspection documentation to plan the inspection. Typical pre-inspection documentation request includes, but are not limited to:

- copy of licensure and accreditation documents
- organisation chart
- policies and procedures manual
- quality assurance manual
- staff handbook
- faculty handbook
- catalogue
- student handbook
- employee list (showing qualifications and positions)
- timetables for each course offered within a programme per semester
- code of conduct
- admission requirements (undergraduate, graduate and transfer students)
- health and safety report
- CAA reports issued in the past 2 years to 3 years
- key data request form (HEIs credentials, students’ data, enrolment data, programme information and staff and faculty data).
Desk-based analysis

Inspectors will review the documentation provided by the HEI to identify lines of enquiry used in their inspection plans. This will enable inspectors to capture valid evidence against each metric. Inspectors will also analyse other sources of public domain information including:

➤ website
➤ world rankings
➤ linkedIn profiles
➤ social media
➤ media reports and publications.

Inspection plan

Prior to inspection, the MoE will send a visit plan to the HEI. This will include outlining the scope of the inspection, inspectors’ resource needs and a schedule of proposed activities for each day. This collaborative approach will help the HEI to prepare effectively for the inspection. Typically, this will include requests for:

➤ a base room and Wi-Fi access
➤ an assigned senior link person (SLP) to coordinate with the inspection team
➤ meetings schedule
➤ additional documentation.
Inspection phase

The inspection protocols are outlined below.

The on-site /blended/remote inspection processes

What the HEI can expect from the inspection team:

► the Lead Inspector (LI) will be the key liaison person with the HEI
► the inspectors will be courteous and professional at all times
► the inspectors may ask for more information / existing documents which they normally expect within 30 minutes, or otherwise by agreement
► the inspectors will abide by the rules and protocols of the HEI
► the inspectors will base their judgement against the 14 standards including the 20 compliance indicators
► the inspectors will conduct interviews and undertake other activities so that they can determine the link between documents, policy and practice
► the inspectors will keep meetings with employees and students to agreed times if possible
► the inspectors will keep confidential all the HEIs inspection information in accordance with MoE policies.

What the MoE inspection team expect from the HEI that:

► HEIs provide MoE inspection team with a secure base room where they can hold confidential team meetings
► HEIs confirm the meetings schedule with staff/students prior to inspection
► HEIs provide MoE inspection team with a SLP who will act as the key liaison point for the inspectors
► HEIs do not interrupt inspectors’ team meetings
► HEIs provide information asked for by the deadlines they request, or you let MoE inspection team know as soon as possible if any information is not available
► HEIs allow the inspection to be conducted without fear or favour
► HEIs tell MoE inspection team of any specific rules, or protocols that they need to follow
► HEIs refrain from contacting inspectors pre- or post- inspection
► HEIs refrain from offering gifts, donations, employment opportunities to inspectors.
Senior link person (SLP)

The Chief Executive Officer (CEO) may nominate a senior member of staff to assist inspectors during inspection. The SLP must be of sufficient stature and authority to ensure inspectors are provided with all the assistance they need to complete the inspection.

The SLP should:

1. Have a detailed understanding of the HEI’s programmes and operations
2. Be sufficiently senior to enlist the effective collaboration of all employees
3. Have authority to act with autonomy
4. Exchange key information with the lead inspector to enable inspection planning
5. Inform HEI employees about the inspection process
6. Facilitate feedback arrangements during and after the inspection
7. Cooperate with the inspectors, ensuring employees attend meetings and documents are provided.
Inspection activity plan

Inspections will vary from one to five days duration. The aim of the inspection is to measure the degree to which the HEI’s practices are aligned with the UAE’s laws and regulations. The inspection team size will vary according to the type of inspection. One inspector will be a lead inspector. Typical inspection activities are outlined in Table 4.

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08.30</td>
<td>Opening meeting with CEO, or their representative</td>
<td>08.15: Inspectors’ team meeting, 08.30: Lead inspector keep-in-touch meeting with the CEO/SLP</td>
<td></td>
<td></td>
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<tr>
<td>09.00</td>
<td>Brief team meeting; check expectations and deliverables</td>
<td>08.30 Inspection evidence gathering and pursuit of lines of enquiry</td>
<td></td>
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<tr>
<td>09.30</td>
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<td>10.00</td>
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<td>15.00</td>
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</tbody>
</table>

Break

Inspectors depart after brief feedback to the CEO/SLP

Table 4: Example FCI plan
**Arrival:** The SLP should escort inspectors to the base room and enable Wi-Fi access.

**Opening meeting:** The lead inspector will open the meeting, outlining the scope of the inspection and introducing the team members. The CEO/SLP will be invited to give a brief overview of the HEI (maximum 15 minutes).

**Inspectors’ initial team meeting:** This enables inspectors to confirm their lines of enquiry and address new findings arising from the opening meeting with the CEO/SLP.

**Keep-in-touch meetings:** At the start and end of each day, the lead inspector will meet with the SLP/CEO to confirm progress and any amendments to the plan. It is also an opportunity to resolve any concerns from inspectors or the HEI on how the inspection is being conducted.

**Inspector evidence gathering:** During this time, inspectors will follow their own lines of enquiry, conduct meetings, tours, interviews, focus groups and document reviews, to judge the HEI’s evidence against each of the metrics.

**Afternoon team meeting:** The inspectors will discuss their daily findings and further triangulate the evidence to confirm judgements. The lead inspector will quality assure each inspector’s findings and judgements to verify that they are valid, sufficient and reliable.

**Depart:** Inspectors will leave after the lead inspector’s end-of-day keep-in-touch meeting with the SLP/CEO. The lead inspector will share any changes proposed to the meeting schedule for the following day.

**Final exit meeting:** On the last day of the inspection, the lead inspector will confirm the next steps including report writing, quality assurance and target receipt of the corrective plan from the MoE’s Undersecretary for Academic Affairs of Higher Education. However, judgements are not shared with the HEI until after the inspection.

**Judgements:** The HEI’s practices are judged compliant, partially compliant, or non-compliant for each metric. The overall judgement is based on the cumulative judgements of all the metrics.
Inspection phase document request

A comprehensive suite of up-to-date and approved documents and other evidence will need to be provided during the on-site inspection. The additional documentation requested to be in the inspectors’ base room includes, but is not limited to:

1. **Policies and procedures manual (PPM)**
   - up-to-date PPM
   - records of approved policies and procedures
   - minutes of Board of Trustees’ meeting to approve the PPM.

2. **Strategic leadership**
   - original licensure and accreditation documents
   - remediation action plans to address regulator sanctions (if any)
   - organisation chart
   - minutes of Board of Trustees (BoT)/ governance and executive meetings (last two years)
   - map of the campus
   - five-year strategic plan
   - regulations concerning the appointment of Board of Trustees/ governance
   - evidence of any approvals from CAA to change any academic programmes in last 12 months
   - reviews of key performance indicators (KPIs) and benchmarks identified for major organisation units documented on the organisation chart
   - internal audit records
   - profile of all Board of Trustees’ members
   - completed, signed, dated and stamped key information data sheet.
3. Continuous quality enhancement

► institutional effectiveness (IE) / quality assurance (QA) manual
► long-term strategic plan
► short-term operational plans
► risk management plan
► master risk register
► programme review panel reports for the last two years
► organisation critical self-review reports for the last two years
► administrative unit internal review reports for the last two years
► course learning outcomes (CLO) assessment reports for the last two years
► QA/IE annual reports submitted to CAA for the last two years
► institutional effectiveness staff directory and CVs
► office of risk management staff directory and CVs
► strategic planning staff directory and CVs
► strategic planning committee meeting minutes for the last two years
► learning outcomes assessment committee meeting minutes for the last two years
► programmes and curriculum committee meeting minutes for the last two years
► department learning outcomes assessment committee meeting minutes for the last two years
► programme review panel meeting minutes for the last two years
► administrative unit internal review meeting minutes for the last two years
► students’ survey records for the last two years
► course and instructor survey records for the last two years
► employers’ survey records for the last two years
► faculty satisfaction survey records for the last two years
► staff satisfaction survey records for the last two years.
4. **Curriculum management**

- curriculum approval and revision policy
- evidence of assessment of academic programmes
- credit bearing and qualification framework mapping
- general education programmes
- undergraduates and remedial programmes
- assessment reports
- university fact book to identify student numbers, courses, faculty details etc
- student survey/feedback and reports
- course registers
- attendance records
- catalogue (current and previous versions)
- timetables/course schedules for all programmes
- programme evaluation self-study (critical self-evaluation) reports
- substantive changes documentation, with CAA approval
- course / programme reviews.

5. **Research and Innovation**

- research strategy
- research policy (if not included in PPM)
- research handbook
- research activities documents
- research committees meeting minutes for the last two years
- list of research papers published for the last two years
- details of research collaboration and partnerships
- research plans and evaluations
- research output records submitted to CAA over the last two years.
6. Human resources

► staff handbook/faculty handbook
► human resource policies (if not in the PPM)
► recruitment records
► employees (faculty and staff) list (full and part-time, showing qualifications and positions)
► list of graduate assistants
► accompanied access to all employees’ files
► accompanied access to all employees’ performance/evaluation reviews
► faculty workload records
► employees’ grievance records
► professional development records (employees)
► record of conferences, seminars, lectures, and publications undertaken
► faculty list including specialisations and subjects they teach and their teaching loads
► code of conduct
► disciplinary board meeting minutes for the last two years
► employees’ evaluation criteria and development plans, including social engagement and responsibility activities
► list of employees’ work shadow developments over the past two academic years
► list of faculty members acting as principle research supervisors
► list of programmes where part-time faculty teach more than six credit hours, or equivalent, per semester.

7. Admissions

► admission requirement documentation: undergraduate, graduate, transfer
► admission deadlines and timetable
► recognition of prior learning policy (RPL) and records of implementation
► residency requirements
► minutes of admission committee meetings of the past two years
► list of transfer students by course (undergraduate and graduate)
► a register of all students enrolled in each programme
► list of named students on probation by course and reason for probation
► accompanied access to all students’ (undergraduate, graduate, transfer) files including:
  a. original Grade 12 certificates
  b. English language test scores and certificates (e.g. EmSAT, TOEFL, IELTS)
  c. enrolment dates / leaving dates
  d. any transfer documents from other universities/courses
  e. graduation certificates
  f. previous degree transcripts.

8. **Student provision**

► fee information including refunds
► student handbook
► catalogue
► course handbooks (if applicable)
► halls of residence details (if applicable)
► student rights and responsibilities statement
► student orientation records
► calendar of academic events
► student service’s unit records
► academic advising system records
► advisors’ induction records
► academic advising system critical review and evaluation records
► student run media policy (if not in the PPM)
► class attendance records for each course for the last two years
► disciplinary and grievance records for the last two years
► risk register including safeguarding.
9. Building services

- facilities multi-year development and maintenance budget
- facilities master building’s layout plan
- facilities short-term development plan
- facilities long-term development plan
- facilities maintenance contracts
- health and safety staff directory and CVs
- health and safety staff professional training certificates
- emergency evacuation plan
- emergency evacuation drill records for the last two years
- learning resource centre (LRC) staff directory and CVs
- LRC staff professional training certificates
- LRC services catalogue
- LRC short-term plan
- LRC long-term plan
- LRC opening times
- LRC staff allocation timetable
- LRC orientation for students and faculty
- LRC digital services and resources directory
- LRC collection development and weeding records for the last two years
- LRC cooperative agreements with other libraries, agencies and government entities
- LRC cooperative agreements critical review and evaluation records for the last two years
- software/electronic services staff directory and CVs
- technology resources replacement and upgrading short-term plan
- technology resources replacement and upgrading long-term plan
- software/electronic services directory that support teaching, learning, research and innovation
- software/electronic services annual maintenance contracts
- software/electronic services orientation for students and faculty
- laboratories’ staff directory and CVs
- laboratory staff professional training certificates
- laboratories short-term development plan
- laboratories long-term development plan.
10. Financial management

► external audit reports completed by independent auditors for the last two years
► financial information provided to CAA in the last two years
► budget approved by the Board of Trustees for the last two years
► internal audit reports for the last two years
► finance staff directory and CVs
► delegated authority matrix
► insurance certificates
► human resource, finance and procurement risk registers
► asset register
► asset physical count report for the last two years
► inventory physical count report for the last two years
► buildings values and purposes
► transportation fleet details (if applicable)
► fleets/ vehicle log sheets for the last two years (if applicable)
► payroll records for the last two years
► graduate scholarships list for the last two years
► financial aid, awards, and scholarships auditing records for the last two years
► LRC budget for the last two years
► LRC multi-year projected budget
► technology resources multi-year budget
► laboratories multi-year budget.

11. Regulatory disclosure

► publications updating policies and procedures (if not in the PPM)
► marketing strategy approval records
► website updating procedures and approval records
► licence and accreditation documents
► articulation agreements
► memorandums of understandings (MoU)
► contracts
► CAA approval records for MoUs and contracts.
12. Social responsibility and engagement

- Social responsibility engagement plans for the last two years
- Social responsibility engagement benchmark records for the last two years
- Designated social responsibility engagement lead-employee’s job description and CV
- Social responsibility engagement critical self-review reports for the last two years
- Employer advisory group meeting minutes for the last two years
- Work experience placement lists for the last two years
- Internships list for the last two years
- Faculty and staff work shadow development lists for the last two years
- Business, industry and government consultancy projects list for the last two years
- Social responsibility engagement activities communication records with employees
- Alumni records / database.

13. Occupational environment, health and safety documents

- Environment health and safety management system
- Quality management certificates (e.g. International Organisation for Standardisation 45001, 14001)
- Abu Dhabi Occupational Safety and Health System (OSHAD) certification records (if applicable)
- Internal environment health & safety (EHS) inspection reports for the last two years
- External environment health & safety (EHS) inspection reports for the last two years
- EHS corrective action plans, incorporating internal and external findings for the last two years
- Emergency evacuation drill records for the last two years
- Occupational health incident reports including the results of investigations and the associated improvement action plans
- EHS risk management plan
- EHS risk assessment records
- Contractors’ risk management plans
- Contractors’ operational controls and emergency management processes
- First aid, firefighting and other EHS training records for the last two years
- Civil defence licence and insurance certificates
- EHS committee minutes of meetings/records
- Emergency procedures and policies
- Smoking policy
► safe systems of work for specialized areas/labs
► accident records/reports
► maintenance records/reports
► chemical/cleaning product MSDS (material safety data sheets)
► contracts for pest control, water tank cleaning, fire control system maintenance, and medical waste removal
► licenses for clinic, nurse, doctor, and security guards
► bus contracts, driver licenses/approval, passenger lists/records, and traffic management plan
► contract with specialized company for water testing/cleaning, water testing records (temperature, PH, etc), and lifeguard certificates
► food control authority approval, staff certificates for food safety, and staff health certificates.

14. E-learning

► incident Log from IT Support Desk showing support for all stakeholders
► student/faculty survey and analysis
► usage and access record of e-library
► configuration List
► survey analysis and improvement plans
► student continuous/instant communication exemplars
► E-learning strategy
► software and hardware maintenance contract
► short and long-term budgets for software and hardware used to support E-learning (if not included in institutional budget)
► policies and procedures governing:
  » use of digital media for course delivery
  » provision of E-learning infrastructure
  » students’ continuous access to the E-library and other E-learning resources
  » evaluation, analysis, and the development of an action plan to enhance the E-learning environment
  » employee roles and responsibilities in the development and implementation of E-learning programmes and courses
  » training of faculty and staff involved with E-learning programmes, and courses in the operation of the E-learning platform
  » the enhancement of the IT skills of students to support their E-learning needs
provisions of placing a note on a student’s transcript that indicates the courses that were offered via E-learning mode
» the copyright and intellectual property of E-learning resources
» adjustments to course outline/syllabi to meet the E-learning delivery
» the design of its E-learning programmes and courses
» the completion of courses of a practical nature such as: internships, graduation projects, field studies and viva voce exams offered via E-learning mode. (if applicable)
» the completion of clinical training for health-related majors via E-learning mode. (if applicable)
» the provision of courses (no less than two) through E-learning for UAE school students to prepare them to join higher education
» the authenticity of each student’s E-learning work
» E-learning programmes and course assessments that maintain the rigour of the assessment process
» assessment of clinical or placement elements of courses and programmes via E-learning mode
» the location of physical sites (e.g. laboratories, clinics) established to support delivery of its E-learning programmes and courses
» the security of its examination centres process
» E-learning class sizes (student/faculty ratios)
» the annual evaluation of its E-learning programmes and courses
» the provision to faculty of support in instructional design and development of course materials.

► E-learning course information sheet
► Accompanied/shared online access to the Learning Management System (LMS).
Post-inspection phase

Reporting

Report writing: On completion of the inspection, the team will review the findings and complete the draft report. The report will include all partially and non-compliant judgements.

Recommendations: As part of the report writing process, inspectors will include recommendations related to partially-compliant, non-compliant judgements and any other issues requiring further improvements.

Quality assurance (QA) and translation: MoE staff will quality assure the findings, judgements and the final report. The report will be translated into Arabic. The translation is quality assured again to ensure the bilingual report is accurate.

Report approval: The final report is approved by both the MoE Assistant Undersecretary for Inspection Sector and the MoE Undersecretary for Inspection and Support Services.

Corrective plan and feedback phase

The MoE will use the inspection report to guide the HEIs in the production of a corrective plan (Appendix 1). This will address all partially and non-compliant judgements.

The MoE Undersecretary for Academic Affairs of Higher Education is the responsible authority to communicate the corrective plan to the HEI. The HEI must implement the required actions and provide the MoE with updated evidence to demonstrate its compliance within agreed deadline (see Figure 1).
Chapter 3:

Standards for compliance inspection of higher education institutions
Chapter 3 outlines the Standards stated in Table 5.

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<td>CI3 Quality assurance manual</td>
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<td>4 Curriculum management</td>
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<td></td>
<td>CI4f. Internship manual</td>
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<td>CI4g. Joint degree programmes manual</td>
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<td>8 Student provision</td>
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<tr>
<td>14 E-learning</td>
<td>CI14 E-learning programmes and courses</td>
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</tbody>
</table>

Table 5: Standards and linked Compliance Indicators
Overview of the Standards

This section provides a brief summary of the fourteenth standards. A complete listing is specified in the 'Standards for compliance inspection of higher education institutions’ section.

1. Policies and procedures

The institution’s Policies and Procedures Manual (PPM) contains a comprehensive set of academic and operational policies. The PPM must specify the procedures for implementing its policies and include the templates required to complete each process. Delegated responsibility for policy development, control, review and publication must be stated.

The PPM must meet the requirements specified in Compliance Indicator 1: Policies and procedures manual.

2. Strategic leadership

Strategic leadership is accountable for shaping the mission, ensuring alignment with its educational, research, and social engagement goals. The mission should focus on the institution’s identity, the community and students it aims to serve. Strategic leaders maintain systems of governance and develop an organisation structure to ensure its mission is achieved. Senior leaders develop budgeted, target driven, long-term strategic plans and short-term operational plans. These are frequently reviewed and linked to employees’ key performance indicators.

Strategic leadership must meet the requirements specified in Compliance Indicator 2: Governance.
3. Continuous quality enhancement

The process of continuous quality enhancement focusses on making improvements that have their foundations in critical self-reflective reviews. Transformational change within any educational setting relies on institutional wide involvement by all stakeholders. This includes a senior leadership team, faculty, staff, students and the wider community. Continuous quality enhancement raises standards by setting benchmarked aspirational improvement targets. Progress and effectiveness are continuously monitored and evaluated and corrective action taken to ensure improvements are sustained.

Continuous quality enhancement must meet the requirements specified in Compliance Indicator 3: Quality assurance manual.

4. Curriculum management

Curriculum management is focused on helping students to meet their educational goals. The institution sets a standard of student achievement appropriate to the qualification awarded and develops the operational means to ensure students achieve their qualifications on time. The academic and vocational programmes must meet the UAE’s QF Emirates framework requirements. All course materials must meet the requirements of its educational programmes delivered in accordance to their schedule and approved syllabi.

Curriculum management must meet the requirements specified in Compliance Indicators:

► 4a. Comprehensive programme specification document (CPSD)
► 4b. Comprehensive course syllabi
► 4c. Course files
► 4d. Assessment system
► 4e. Programme substantive change
► 4f. Internship manual
► 4g. Joint degree programmes manual
5. **Research and innovation**

Research and innovation strategy, documents the institutions commitment to building a knowledge-based community. This is reflected in associated policies governing recruitment, evaluation and continuous professional development. The research handbook guides ambitions for faculty to publish in peer-reviewed journals.

6. **Human resources**

Human resources’ (HR) objectives must align with the needs of the workforce to build a successful and sustainable educational organisation. All employees must have qualifications and experience to undertake their assigned responsibilities. HR policies and procedures support recruitment, continuing professional innovation, annual evaluations, promotion and research activities.

HR must meet the requirements specified in Compliance Indicators:

- 6a. Faculty manual
- 6b. Staff manual
- 6c. Faculty qualification.

7. **Admissions**

Admissions implement the policies and procedures governing student entry requirements. These are aligned with Laws and Regulations published in relevant documents and must be consistently applied to all applicants.

Admissions must meet the requirements specified in Compliance Indicators:

- 7a. Recognition of prior learning
- 7b. Admission requirements for MoE & ADEK curriculum schools
- 7c. Admission requirements to specific programmes.
8. Student provision

Student provision documents the supportive learning environment provided for students. Information on the institution’s learning pathways and student support services, are published in its Catalogue and Student Handbook. These documents outline processes related to student services and all aspects of the students’ learning experience.

Student provision must meet the requirements specified in Compliance Indicators:
- 8a. Student handbook
- 8b. Catalogue

9. Building services

Building services address provision of facilities in adherence with regulatory requirements. The institution’s facilities includes classrooms, specialised physical and technology infrastructure, learning resource centre (LRC) and other resources that support teaching and learning activities.

10. Financial management

Financial management stipulates arrangements for the operation and control of fiscal resources. Policy and procedures act as a foundation to enable the institution to sustain financial health. Operations must be transparent including accounting, auditing, budget planning, income and expenditure controls, and risk management.

11. Regulatory disclosure

Regulatory disclosure consistently portrays the HEIs compliance with legislative and federal authority regulations. Print and electronic publications provide information to students, prospective students and other stakeholders that is complete, accurate, transparent, consistent and accessible to enable them to make informed decisions about the institution.

Regulatory disclosure must meet the requirements specified in Compliance indicator 11: Website.
12. Social responsibility and engagement

Social responsibility and engagement, directs the institution's external relationships with a wide range of stakeholders and its community. These benefit the institution and its local community. Social responsibility and engagement, draws upon employer and other advisory groups to help shape and improve its programmes and services, meeting local and national priorities.

13. Occupational environment, health and safety (OEHS)

Each HEI shall apply, at a minimum to the standards, policies and procedures set out in the MoE educational sector occupational environment, health & safety management system (MoE ED OEHSMS), except HEIs that have been classified as high risk institutions by the nature of its activities, where these high risk institutions are officially notified by the MoE to develop OEHSMS internally or through a specialized and approved consulting company in accordance with the requirements of the system, federal and local regulations and international standards. High risk HEIs must have the system approved by the concerned team in MoE EHS Directorate. The system must be recognised and approved by CAA during the licensing and accreditation process. In addition to the aforementioned requirements, all HEIs located in the emirate of Abu Dhabi must also comply with OSHAD system requirements.

14. E-learning

E-learning is a mode of programme and course delivery that is focused on ensuring students meet their educational goals. The institution develops operational means to ensure students achieve their qualifications on time through the use of E-learning course and programme delivery mode. All course materials must meet the requirements of its educational programmes delivered in accordance to their schedule and approved syllabi.

E-learning must meet the requirements specified in Compliance indicator 14: E-learning programmes and courses.
Standards, domains and metrics

The framework ‘Standards for compliance inspection of higher education institutions’, determines the degree of compliance of HEIs with the laws and regulations of the UAE. It is aligned with UAE laws and decrees, international best practices, world rankings and CAA 2019 Standards for Licensure and Accreditation. The framework does not evaluate the quality of education.

The standards are organised into metrics and domains clustered into standards reflecting the different aspects of HEIs common modes of operations such as strategic leadership, financial management, curriculum management, research and innovation and occupational, environment, health and safety outlined in Table 5.

Standards are divided into distinct closely related domains. For example, ‘Strategic leadership’ contains eight domains including vision and mission, organisation, governance, institutional planning and risk management.

A domain consists of linked metrics. These are the smallest indicators against which inspectors measure compliance. Each metric is judged as compliant, partially compliant, or non-compliant based on the evidence presented by the HEI. All the metrics are listed in this section.
1. **Policies and procedures**

1.1. **Policies and procedures manual**

1.1.1. The institution must maintain an up-to-date and approved Policies and Procedures Manual that includes all the operational and academic policies to meet the requirements of Compliance Indicator 1: Policies and Procedures Manual\(^1\).

1.1.2. The institution must implement its policies and procedures.

1.1.3. The institution must ensure that all stakeholders have access to either a hardcopy or electronic Policies and Procedures Manual.

2. **Strategic leadership**

2.1. **Vision and mission**

2.1.1. The institution must maintain up-to-date and approved vision and mission statements.

2.1.2. The institution must ensure that its operations are aligned with its vision, mission and objectives in areas relating to:

   (i) governance procedures
   (ii) funding arrangements
   (iii) personnel
   (iv) legal liabilities.

2.2. **Organisation**

2.2.1. The institution must maintain an up-to-date and approved organisation chart distinguishing between:

   (i) governance
   (ii) faculty and administrative units.

2.2.2. The institution must maintain an up-to-date register of its managers' and unit heads' qualifications.

2.2.3. The institution must identify the name of its legal representative.

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\(^1\) This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its stakeholders.
2.3. Governance

2.3.1. The institution must maintain a governing body that operates under By-Laws which comply with the requirements specified in Compliance Indicator 2: Governance.

2.3.2. The institution must ensure that its senior management employees are not related to the institution’s owner(s) or investor(s).

2.3.3. The institution must ensure that it provides the MoE with a report on any proposed organisation substantive change not less than 6-months prior to implementation and obtains MoE approval to implement changes between licence, accreditation and review periods.

Substantive institutional change includes, but is not limited to:

(i) change the legal status or form of control of the institution, including a change in ownership or a merger with another institution
(ii) significantly alter the mission or goals of an institution
(iii) re-locate the primary campus or establish instruction at a new location, such as a branch or additional campus
(iv) close one of the institution’s locations
(v) close one or more of the institution’s programmes
(vi) make significant changes in the organisation structure, such as separating one unit or institution into two or joining two separate units
(vii) form a contractual relationship with another organisation to provide teaching and learning services
(viii) offer non-credit courses or other activities that affect the mission or alter faculty or professional staff workload
(ix) plans to operate at an additional location in the UAE.

2.3.4. The institution must maintain up-to-date records of its students’ role in decision making at:

(i) institutional level
(ii) faculty level
(iii) department/school level
(iv) course level.

2.3.5. The institution must delegate day-to-day institutional operation responsibilities to the chief executive officer (CEO).
2.4. Branch campuses of foreign institutions

2.4.1. The institution must obtain MoE licensure and programme accreditations.
2.4.2. The institution must maintain an up-to-date and approved financial guarantee for the operation of its branch campuses, including funding the ‘teach-out’ plan should a branch campus close, or a programme discontinues.
2.4.3. The institution must ensure that it provides students with identical educational learning outcomes and comparable learning experiences as the parent institution.
2.4.4. The institution must ensure that the branch campus operates under the same name as the parent institution with additional local context identification.

2.5. Multiple campuses institution in the UAE

The institution must ensure that it standardises the structure and delivery of their accredited programmes across its campus locations.

2.6. UAE institutions establishing campuses in foreign countries

Any UAE licensed institution must obtain approval from MoE before establishing a branch campus in a foreign country which complies with these standards and the host country relevant authorities.

2.7. Institutional planning

2.7.1. The institution must maintain an up-to-date and approved long-term strategic plan.
2.7.2. The institution must maintain approved annual operational plans.
2.7.3. The institution must ensure that its institutional planning processes include innovation principles, research, social engagement and sustainability.

2.8. Risk management

2.8.1. The institution must maintain an up-to-date and approved risk register of potential risk and mitigation measures that might affect the operation of the institution.
2.8.2. The institution must delegate risk management responsibility to a member of its senior management team.
3. Continuous quality enhancement

3.1. Quality assurance

3.1.1. The institution must maintain an up-to-date and approved Quality Assurance Manual that contains all the policy & procedures and other requirements of Compliance Indicator 3: Quality Assurance Manual\(^2\).

(NB Quality Assurance is considered synonymous with Institutional Effectiveness)

3.1.2. The institution must maintain and operate a specialist Quality Assurance/Institutional Effectiveness unit.

3.1.3. The institution must ensure that its Quality Assurance/Institutional Effectiveness Unit is headed by a person with qualifications and experience, to undertake their assigned responsibilities.

3.2. Institution self-evaluation

3.2.1. The institution must publish an annual critical self-evaluation report documenting its strengths and weaknesses.

3.2.2. The institution must publish an annual improvement action plan that builds upon the results of its critical self-evaluation report.

3.2.3. The institution must submit its annual, approved, critical self-evaluation report to the MoE.

3.3. Department specific self-evaluations

3.3.1. The institution must ensure that its Quality Assurance/Institutional Effectiveness Unit, annually self-evaluates its own performance.

3.3.2. The institution must maintain an annual critical self-evaluation report of its employer-advisory committees and use these results to plan improvements.

3.3.3. The institution must use evaluative self-review reports to develop annual professional organisation advisory committees’ improvement plans.

3.3.4. The institution must use the critical annual self-evaluative reports of its students’ experience to develop an annual improvement action plan.

3.3.5. The institution must maintain an annual critical self-evaluation report of its student services unit and uses those results to develop an annual improvement plan.

3.3.6. The institution must maintain an annual critical self-evaluative report of its students’ advising service and publish an annual improvement action plan.

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\(^2\) This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
3.3.7. The institution must use annual critical self-evaluative reports to develop an annual learning resource centre (LRC) services improvement action plan.

3.3.8. The institution must use annual critical self-evaluation reports to develop an annual LRC co-operative agreements improvement plan.

3.3.9. The institution must annually evaluate all its contractual relationships and use the results to plan future improvements.

3.3.10. The institution must maintain an annual critical self-evaluation report of its social responsibility and engagement activities and publish an annual improvement action plan.

3.4. Performance data

3.4.1. The institution must publish its current overall student satisfaction rate in its annual self-evaluation report.

3.4.2. The institution must benchmark the results of student surveys against other institutions in the UAE.

3.4.3. The institution must demonstrate that annual critical self-evaluative reviews of student outcomes; including graduation, retention, and attendance rates, inform improvement plans.

4. Curriculum management

4.1. Comprehensive programme specification document

The institution must maintain an up-to-date and approved Comprehensive Programme Specification Document (CPSD), for each programme offered, that meets all the requirements of Compliance Indicator 4a: Comprehensive Programme Specification Document\(^3\).

4.2. Comprehensive course syllabi

The institution must maintain up-to-date and approved Comprehensive Course Syllabi for each course, that include all the information specified in Compliance Indicator 4b: Comprehensive Course Syllabi\(^4\).

4.3. Course files

The institution must maintain an up-to-date and approved Course File for each course, that demonstrates the linkage between course learning outcomes, teaching and learning delivery plans (schemes of work) and assessment practice, that meets Compliance Indicator 4c: Course Files\(^5\).
4.4. Post-secondary education programmes

4.4.1. The institution must ensure that Post-secondary education programmes offered at level 5 or above of QF Emirates, are not less than 12 months duration.

4.4.2. UAE based institutions, with headquarters outside of the UAE, must ensure that Post-secondary Education Programmes offered at level 5 QF Emirates are not less than 12 months duration.

(NB. UAE based institutions)

4.5. Assessment system

The institution must maintain up-to-date and approved policies and procedures governing its Assessment System that meets the requirements of Compliance Indicator 4d: Assessment System.

4.6. Programme substantive change

The institution must obtain prior MoE approval for substantive changes to its programmes with accordance with Compliance Indicator 4e: Programme Substantive Change.

4.7. Internship manual

All institutions offering internship, on-the-job, or other method of work placement as part of its educational programmes, must maintain up-to-date and approved policies and procedures governing internship and publish a separate Internship Manual that meets the requirements of Compliance Indicator 4f: Internship Manual.

4.8. Joint degree programmes manual

The institution must maintain an up-to-date and approved Joint Degree Programmes Manual (if applicable), that meets all the requirements of Compliance Indicator 4g: Joint Degree Programmes Manual.

This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
4.9. Graduate programmes

4.9.1. Institution must ensure that Postgraduate Diploma programmes are at least equivalent to 24 credit hours and at least one year of study beyond Bachelor’s level.

4.9.2. Institution must ensure that Master’s degree programmes are at least equivalent to 30 credit hours and at least one year of study beyond Bachelor’s level.

4.9.3. The institution must ensure that Doctoral degree programmes are at least equivalent to 54 credit hours and at least three years of study.

4.9.4. Institutions offering graduate programmes must maintain an up-to-date and approved plan to increase the number of graduates from masters programmes.

4.9.5. Institutions offering graduate programmes must maintain an up-to-date and approved plan to increase the number of graduates from doctoral programmes.

4.10. Branch campus programmes

The institution must ensure that all programmes offered in branch campuses are approved by CAA for delivery on that specific campus.

5. Research and innovation

5.1. Research strategy

5.1.1. The institution must maintain an up-to-date and approved research strategy that guides policies and procedures relating to research, scholarly activity and innovation.

5.1.2. The institution must maintain an up-to-date and approved record of its peer reviewed publications for each academic year.

5.2. Research handbook

5.2.1. The institution must publish an up-to-date dissertation / thesis handbook.

5.2.2. The institution must maintain copies of its research publications in approved databases and indexes in the learning resource centre.
5.3. Research faculty

5.3.1. The institution must ensure that supervisors of student research theses are full-time faculty members, with approved research experience.

5.3.2. The institution must ensure that its postgraduate research students are taught and supervised by faculty members holding doctoral degrees.

5.3.3. The institution must maintain annual records of faculty professional development activities that support research and scholarly activities.

6. Human resources

6.1. Faculty manual

The institution must maintain an up-to-date, and approved Faculty Manual that meets all the requirements of Compliance Indicator 6a: Faculty Manual⁹.

(NB. Faculty and Staff Handbook, may be combined into a HR/Personnel/ Employee or Faculty & Staff Manual)

6.2. Staff manual

The institution must maintain an up-to-date and approved Staff Manual that meets the requirements of Compliance Indicator 6b: Staff Manual¹⁰.

(NB. Faculty and Staff Handbook, may be combined into a HR/Personnel/ Employee or Faculty & Staff Manual)

6.3. Faculty qualifications

The institution must maintain up-to-date and approved policies governing professional requirements for teaching in accordance to Compliance Indicator 6c: Faculty Qualification.

⁹/¹⁰ This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
6.4. Employees qualifications

6.4.1. The institution must ensure that the qualifications of its employees are recognised by the MoE.
6.4.2. The institution must ensure that qualifications from institutions which follow the MoE curriculum are certified by the MoE.
6.4.3. The institution must ensure that employees’ qualifications issued by Higher Education institutions located in the UAE, are certified by the MoE.
6.4.4. The institution must ensure that its employees obtain a certificate of equivalency by the MoE if their qualifications are issued by general education institutions that do not follow the curriculum of the MoE.
6.4.5. The institution must ensure that its employees obtain a certificate of equivalency by the MoE if their qualifications are issued by General Education and/or Higher Education institutions that are located outside the UAE.
6.4.6. The institution must maintain records of its complete application to obtain recognition of each employee’s qualifications from the MoE, within one month of their starting date.

6.5. Part-Time faculty

The institution must ensure that the number of part-time faculty members does not exceed 25% of each programme’s faculty team.

6.6. Finance staff

6.6.1. The institution must ensure the appointment of a qualified Chief Finance Officer responsible for all financial functions of the institution.
6.6.2. The institution must ensure that its accounting and auditing system is administered by qualified and experienced staff, to undertake the assigned responsibilities.

6.7. Student service unit

6.7.1. The institution must maintain a dedicated student services unit.
6.7.2. The institution must ensure that its student services unit is staffed by qualified and experienced personnel, to undertake their assigned responsibilities.
6.8. Recruitment and employment

6.8.1. The institution must ensure it has an assigned person to coordinate and manage employment related matters including:

(i) residence visa and work permits
(ii) evaluation of non-faculty appointees
(iii) maintenance of personnel files
(iv) provision of letters of appointment / contracts
(v) terms and conditions of employment
(vi) probationary period
(vii) contract renewal and termination
(viii) health insurance benefits

maintaining on-site copies of:
(x) passport and visa information (for non-UAE nationals)
(xi) up-to-date curriculum vitae
(xii) qualification certificates, official transcripts
(xiii) signed contracts
(xiv) all documents required by the Ministry of Labor and Social Affairs in the UAE.

6.8.2. The institution must maintain an up-to-date master central register of all its recruitment checks on all its employees, including but not limited to:

(i) identity
(ii) visa to work in the UAE
(iii) police criminal background record from home country and/ or the UAE
(iv) employment references
(v) qualification checks.

6.8.3. The institution must provide all its employees with a job description and signed copy of their contract.

6.8.4. The institution must maintain records of a structured orientation programme for newly appointed employees, that includes coverage of the UAE national identity, culture, values and heritage.

6.8.5. The institution must maintain records of approval from the relevant authority prior to appointing faculty and administrative staff including:

(i) full-time
(ii) part-time
(iii) and outsourced.
6.9. Continuous professional innovation

6.9.1. The institution must engage employers who are part of the advisory board in the professional development planning for faculty and staff.

6.9.2. The institution must maintain an annual continuous professional development plan (CPD) for each employee’s training and development.

6.9.3. The institution must maintain annual records of faculty professional development activities that support teaching, learning and assessment.

6.9.4. The institution must ensure all faculty and staff receive annual safeguarding training.

6.9.5. The institution must ensure all faculty and staff receive annual training to support students of determination and those with additional learning needs.

6.9.6. The institution must maintain records of approval from FAHR prior to hosting conferences and workshops.

6.9.7. The institution must maintain records of approval from FAHR for domestic, or foreign guest speakers.

6.10. Performance monitoring

The institution must ensure that faculty and professional staff receive and discuss feedback on their annual performance evaluations.

6.11. Employee records

6.11.1. The institution must maintain up-to-date personal records for each employee, which include:

   (i) contract terms and conditions
   (ii) contract renewal
   (iii) holiday entitlement
   (iv) discipline
   (v) additional payments and allowances.

6.11.2. The institution must record Emirates Identification numbers of each employee, using an electronic Emirates Identification numbers reader.

6.11.3. The institution must retain electronic records of Emirates Identification numbers (EID) for all institution’s employees for 10 years after leaving the institution.
7. Admissions

7.1. General admissions

7.1.1. The institution must ensure that it complies with MoE directives regarding student enrolment caps.
7.1.2. The institution must ensure that it adheres to its admission standards/requirements.
7.1.3. The institution must specify higher admission standards to programmes which have higher proficiency requirements in mathematics, English language and science.
7.1.4. The institution must set and adhere to published admission deadlines.
7.1.5. The institution must require English language minimum score of EmSAT 950 score (or its equivalent), as part of its admission requirements for undergraduate and graduate programmes taught in Arabic (Equivalent internationally-recognised tests that are approved by MoE, include: 450 TOEFL scores of (139 CBT, 51 iBT), or 4.5 IELTS)

7.2. Undergraduate admission

7.2.1. The institution must ensure that students graduating from licensed MoE & ADEK curriculum schools, meet the admission requirements outlined in Compliance Indicator 7b: Admission Requirements for MoE & ADEK Curriculum Schools.
7.2.2. The institution must maintain records of approval from the MoE for setting any additional admission qualification requirements for students who have obtained the Secondary School Certificate from licensed MoE and ADEK formal education systems.
7.2.3. The institution must maintain records of validation of the Secondary School Certificate and other documents provided by the student at the time of admission.
7.2.4. The institution must ensure that enrolled students have obtained an EmSAT – Achieve English qualification or another standardised, internationally-recognised test that is approved by the MoE. (NB no longer excludes Arabic language of instruction programmes)
7.2.5. The institution must require an English language minimum score of EmSAT 1100 (or its equivalent), as part of its undergraduate admission criteria, for programmes taught in English. (Equivalent Internationally recognised tests that are approved by MoE, include: TOEFL scores of 173 CBT (Computer-Based Test), 61 iBT (Internet-Based Test), 500 PBT (Paper Based Test), 5.0 IELTS)
7.2.6. The institution must require an Arabic language minimum score of EmSAT 1000 as part of its undergraduate admission criteria, for programmes (Diploma, Higher Diploma and Bachelors) taught in Arabic language.
7.2.7. The institution must ensure that it complies with MoE admission directives to specific programmes, outlined in Compliance Indicators 7c: Admission requirements to specific programmes.
7.3. Graduate admission

7.3.1. The institution must ensure that graduate applicants with EmSAT scores between 1250 - 1400, are only admitted with conditional/ probationary places.

7.3.2. The institution must accept “EmSAT - Achieve English”, as valid entry certification. Students with EmSAT certificates are exempt from providing any other Standardised English Language Proficiency measure or test.

7.3.3. The institution must require, English language minimum score of EmSAT 1400 (or its equivalent), for graduate programmes taught in English. (Equivalent Internationally - recognised tests that are approved by MoE, include: TOEFL 550 (213 CBT, 79-80 iBT), and IELTS 6.0)

7.3.4. The institution must adhere to admission requirements for Master’s programmes of a minimum cumulative grade point average (CGPA) of 2.5 on a 4.0-point scale or its established equivalent.

7.3.5. The institution must adhere to its graduate admissions requirements.

7.3.6. The institution must ensure that admission to Doctoral level programmes follow requirements:

(i) completion of a master’s degree in the appropriate discipline for the doctoral programme with a minimum of CGPA of 3.0 on a 4.0 scale or equivalent

or

(ii) a baccalaureate degree with academic distinction with a CGPA above 3.7 on a 4.0 scale.

7.3.7. The institution must require English language minimum score of EmSAT 1100 score (or its equivalent), as part of its admission requirements for doctoral level programmes taught in Arabic (Equivalent internationally-recognised tests that are approved by MoE, include: TOEFL-500 (173 CBT, 61 iBT), or 5.0 IELTS).

7.3.8. The institution must require Arabic language minimum score of EmSAT 1250 score (or its equivalent), as part of its admission requirements for doctoral level programmes taught in Arabic.

7.4. Transfer admission

7.4.1. The institution must ensure that transfer admission applies only for students transferring from a National Register Licensed UAE HEIs or from a recognised HEIs from outside the UAE listed on the World Higher Education Database (http://whed.net/home.php).

7.4.2. The institution must ensure that it treats academic work completed at another institution under an articulation agreement as transfer credit.

7.4.3. The institution must ensure that all its transfer students provide valid English language proficiency certificates approved by the MoE.
7.4.4. The institution must ensure transfer students, transferring into a programme in the same field of study, provide certified transcripts confirming a minimum CGPA of 2.0 on a 4.0 scale.

7.4.5. The institution must ensure that transfer credits for undergraduate programmes are awarded for only relevant courses to the receiving degree, providing equivalent learning outcomes where the students have earned at least a grade of C (2.0 on a 4.0 scale).

7.4.6. The institution must ensure transfer undergraduate students with certified transcripts with less than a minimum CGPA of 2.0 on a 4.0 scale, only transfer to programmes of a different field of study.

7.4.7. The institution must ensure graduate transfer students, transferring into a programme in the same field of study, provide certified transcripts confirming a minimum CGPA of 3.0 on a 4.0 scale.

7.4.8. The institution must ensure that transfer credits for graduate programmes are awarded for only relevant courses to the receiving degree, providing equivalent learning outcomes where the students have earned at least a grade of B (3.0 on a 4.0 scale).

7.4.9. The institution must ensure that it maintains copies of official transcripts of all transfer students’ post-secondary work.

7.4.10. The institution must ensure that its transfer students are not admitted under specifications for conditional admission.

7.4.11. The institution must ensure that the transfer credits do not exceed 50% of the total credits for a bachelor’s degree.

7.4.12. The institution must ensure that the transfer credits do not exceed 25% of the total credits for a master’s Degree.

7.4.13. The institution must ensure that it does not grant credit twice for the same course taken at two different institutions.

7.4.14. The institution must only apply clinic training credit transfers from other licensed institutions in the UAE, unless approved by the MoE.

7.4.15. The institution must inform transfer students in writing, before admission of the outcome of the credit transfer value and conditions applied.

**Student provision**

8.1. Student handbook

The institution must maintain an up-to-date and approved Student Handbook that meets the requirements of Compliance Indicator 8a: Student Handbook11.

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11This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
8.2. Catalogue

8.2.1. The institution must maintain an up-to-date and approved Catalogue (or Student Guide) that meets the requirements of Compliance Indicator 8b: Catalogue.\(^\text{12}\)

8.2.2. The institution must ensure that the rules and regulations, published in its catalogue, do not change for student cohorts from their point of enrolment to graduation.

8.2.3. The institution must ensure that all past versions of its catalogue are archived online for a minimum of 10 years.

8.3. Student records

8.3.1. The institution must ensure that it uses an electronic reader to record each student's Emirates Identification number.

8.3.2. The institution must retain electronic records of Emirates Identification numbers (EID) for all students in accordance with the United Arab Emirates, MoE Ministerial Decision No. (286) of 2018, Article (1) 1-A.

8.3.3. The institution must maintain up-to-date and approved records of its students’ dropout rate.

8.3.4. The institution must maintain up-to-date and approved records of its alumni activities.

8.3.5. The institution must maintain all students’ paper-based records in secure fire-proof storage.

8.4. Student services

8.4.1. The institution must maintain a dedicated student services unit.

8.4.2. The institution must provide students with career planning guidance.

8.4.3. The institution must provide its campus community with information enabling them to access health services.

8.4.4. The institution must provide students with a structured orientation to its student services.

8.5. Student activities and publications

8.5.1. The institution must maintain up-to-date and approved records of student representatives for each programme.

8.5.2. The institution must provide training for student representatives on their roles and responsibilities and maintain training records.

\(^{12}\) This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
8.6. Welfare

8.6.1. The institution must ensure its timetables contain opportunities for individual students to meet with faculty to discuss course content and academic matters.

8.6.2. The institution must maintain an up-to-date master central register of police criminal background checks on international students resident in campus accommodation.

8.6.3. The institution must provide students with information on how to access psychological health services.

8.6.4. The institution must ensure that safeguarding and the prevention of radicalisation and extremism are included as specific risks on its risk register.

8.7. International students

8.7.1. The institution must assign an employee responsible for the pastoral care of international students.

8.7.2. The institution must maintain records of its international student participation in a structured orientation programme to the institution and the UAE.

9. Building services

9.1. Facilities

The institution must maintain IT services, including but not limited to: hardware, software, media, Wi-Fi, internet, and E-learning support, that meet the needs of all its stakeholders.

9.2. Learning resource centre

9.2.1. The institution must ensure that its learning resource centre is headed by a qualified and experienced person, to undertake the assigned responsibilities.

9.2.2. The institution must ensure that its learning resource centre is staffed by qualified and experienced personnel, to undertake the assigned responsibilities.

9.2.3. The institution must ensure that co-operative relationships with other libraries are governed by legal agreements.

9.2.4. The institution must ensure that learning resource centre staff are available during opening hours.

9.2.5. The institution must maintain up-to-date and approved records of its structured orientation to its learning resource centre including:

► physical library
► E-library library
► learning management system (LMS).
9.2.6. The institution must ensure that its library resources include resources, periodicals and texts matched to the needs of the programmes offered.

9.3. **Information technology**

9.3.1. The institution must provide Wi-Fi access for all faculty, staff and students within its campus.
9.3.2. The institution must provide students and faculty with access to E-library resources, matched to their learning programmes.
9.3.3. The institution must maintain security measures that protect the confidentiality of its institutional, instructional and administrative networks.
9.3.4. The institution must maintain off-site secure continuous electronic back up for electronic student records.
9.3.5. The institution must ensure it maintains an up-to-date and approved recovery plan to enable the continuity of teaching and learning in instances of infrastructure system failure.

10. **Financial management**

10.1. **Finance operations**

10.1.1. The institution must maintain a UAE-based bank account in its own name.
10.1.2. The institution must maintain a financial management and budgeting risk register.
10.1.3. The institution must maintain records of bank guarantees per applicable regulations decided by the ministry, in accordance with Minister of Higher Education & Scientific Research Decision No. (1) of 1992, Article 4.
10.1.4. The institution must maintain public liability, personnel liability and replacement insurances for its physical facilities and equipment.
10.1.5. The institution must maintain separate financial accounts for its auxiliary enterprises.
10.1.6. The institution must maintain a contingency fund to fully cover the cost of teach-out.
10.1.7. The institution must ensure that the authority for budget expenditure is delegated to each unit head.
10.1.8. The institution must publish and adhere to its students’ fees stated on its website, and in its student handbook and/or catalogue.
10.2. Budget planning

10.2.1. The institution must provide an annual budget approved by the governing body including:
► individual programme and departmental budgets.

10.2.2. The institution must provide an annual budget approved by the governing body including:
► itemized details of revenues and expenditures.

10.2.3. The institution’s approved annual budget must include:
► short- and long-term income and expenditure projections and human and physical resources to support activities.

10.2.4. The institution must allocate an approved annual budget for the:
► routine, preventive, planned and deferred maintenance for its educational related premises.

10.2.5. The institution must maintain:
► formal procedure for revision and reapproval of the budget.

10.2.6. The institution must maintain:
► short- and long-term planning for the development of its annual budget.

10.2.7. The institution approved annual budget must include estimated income and projected expenditure.

10.2.8. The institution must allocate an approved annual budget for its learning resource centre.

10.2.9. The institution must allocate an approved budget to support annual continuing professional development (CPD) plans.

10.2.10. Institutions offering undergraduate programmes must maintain an approved budget to support research and innovation, of no less than five percent of its overall expenditure budgets.

10.2.11. Institutions offering graduate programmes must maintain an approved budget to support research and innovation, greater than five percent of its overall expenditure budgets.

10.2.12. The institution must maintain up-to-date and approved records that its allocated research and innovation budget is consumed for that purpose.

10.3. Accounting

10.3.1. The institution must maintain independently certified annual revenue and expenditure reports.

10.3.2. The institution must ensure that its Chief Finance Officer prepares financial reports for different authorised budget holders.

10.3.3. The institution must provide financial reports to the MoE as requested.

10.3.4. The institution must maintain financial accounts and create reports using information technology resources.
10.4. Salaries

10.4.1. The institution must maintain verifiable records that prove that all employees receive their salary on time.

10.4.2. The institution must notify the MoE in writing, within 30 days of any missed employee salary payments along with an action plan to remedy the situation.

10.5. Auditing

10.5.1. The institution must ensure that its annual fiscal year audit is conducted by an independent external certified accountant.

10.5.2. The institution must ensure that its financial aid programmes are audited in line with the UAE laws and regulations.

10.5.3. The institution must maintain an annual financial external audit report.

11. Regulatory disclosure

11.1. Integrity and transparency

11.1.1. The institution must publish its annual records of the verified percentage of its graduates that are employed up to 12 months after graduation, in its Fact Book, critical self-evaluation report and website.

11.1.2. The institution must publish annual completion rate of student cohorts scheduled to graduate to those succeeding to graduate in its Fact Book, critical self-evaluation report and website.

11.1.3. The institution must publish the total number of faculty Scopus peer reviewed publications, for each of the last five academic years, in its Fact Book, critical self-evaluation report and website.

11.1.4. The institution must publish its ratio of Scopus peer reviewed publications per faculty, for each of the last five academic years, in its Fact Book, critical self-evaluation report and website.

11.1.5. The institution makes no unsubstantiated claims for itself and portrays itself clearly and truthfully in relation to employment prospects of students, other institutions/employers and other agencies.
11.2. Regulatory compliance

11.2.1. The institution must ensure it meets its legal obligation to obtain MoE licence and valid programme accreditations.

11.2.2. The institution must maintain overall responsibility for compliance with UAE Higher Education Standards.

11.2.3. The institution must retain overall responsibility for the compliance with UAE Higher Education Standards relating to any outsourced services.

11.2.4. The institution must maintain documentary proof that its education partners meet quality standards.

11.2.5. The institution must maintain records of its education partners’ UAE or international licences.

11.2.6. The institution must maintain a valid business licence (issued by relevant government department, and/or Emirate authorities) specifying the:
   (i) institution name
   (ii) location
   (iii) issue date
   (iv) expiry date
   (v) legal representative and their nationality.

11.2.7. The institution must maintain an up-to-date and valid MoE licence to operate as a higher education institution.

11.3. Contracts

11.3.1. The institution must maintain up-to-date and approved contracts, covering all contractual relationships, that identify each party’s responsibilities, and meet the Higher Education Standards, including those for:
   (i) articulation agreements
   (ii) memorandum of understanding (MoUs).

11.3.2. The institution must obtain MoE approval before signing any contract, or Memorandum of Understanding (MoU), that will impact its programmes.

11.3.3. The institution must demonstrate the obligations and benefits of its association with incorporated entities. (e.g. hospitals, radios, and televisions)

11.3.4. Institution must maintain up-to-date and approved contractual agreements with UAE teaching hospital/ health care unit, for any health care programmes with clinical components.
11.4. Institutional title and programme titles

11.4.1. The institution must ensure that its name accurately portrays its status, scope and affiliations.

11.4.2. The institution must ensure that its name accurately reflects its operation and programmes offered.

11.5. Website

The institution must maintain an up-to-date and approved website that meets the requirements of Compliance Indicator 11: Website.

11.6. Public disclosure

11.6.1. The institution must ensure its publications are consistent.

11.6.2. The institution must ensure that its publications accurately portray the institution, so that students and their families can make informed decisions about enrolment.

11.6.3. The institution must obtain authorisation from the MoE, prior to changing its name, address or programmes offered.

11.6.4. The institution must align its academic holidays with the MoE’s unified Human Resources Holiday Calendar.

11.7. Relationship with the Ministry of Education

11.7.1. The institution must ensure an open and cooperative relationship with the MoE in preparing for and hosting visits.

11.7.2. The institution must provide the MoE with its annual reports, course reports, and all other information, upon request.

12. Social responsibility and engagement

12.1. Strategy

12.1.1. The institution must maintain an up-to-date and approved strategic plan for social responsibility and engagement, which includes its goals for environmental enhancement and sustainability.

12.1.2. The institution must disseminates its strategic plan for social responsibility and engagement.

This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
12.2. Coordination

12.2.1. The institution must maintain a social responsibility and engagement committee composed of internal and external stakeholders.

12.2.2. The institution must maintain an up-to-date database of alumni.

12.3. Collaboration

12.3.1. The institution must maintain up-to-date and approved records of its advisory committees’ actions on curriculum development.

12.3.2. The institution must maintain an up-to-date and approved employer database, used for student work placements, internships and job applications.

12.3.3. The institution must maintain up-to-date and approved contracts, articulation agreements and/or Memorandums of Understanding (MoU) of any relationship with schools, colleges or further/higher education institutions.

13. Occupational environment, health and safety

13.1. Administration

13.1.1. The institution must publish and disseminate an up-to-date and approved occupational, environment health and safety Manual every two years. (Cross Ref CR1: PPM Policies and Procedures Manual)

13.1.2. The institution must provide a designated, qualified and experienced Health and Safety Officer to implement its health and safety policies.

13.1.3. The institution must maintain a valid compliance certificate that is issued by the Civil Defense.

13.1.4. The institution must maintain up-to-date, approved records of its emergency procedure tests.

13.1.5. The institution must maintain up-to-date records of its emergency drills;

(i) internally each term and/or semester

(ii) annually with the Civil Defense.
13.2. Risk assessment

13.2.1. The institution must maintain up-to-date and approved occupational environment, health & safety risk assessment records for all its operations including:
   (i) laboratory practical classes
   (ii) workshop activities
   (iii) internships
   (iv) work placements
   (v) trips and visits.

13.2.2. The institution must ensure it implements policies, procedures and instructions governing risk assessment.

13.2.3. The institution must ensure each action identified on its risk assessments is implemented on time.

13.2.4. The institution must ensure it periodically reviews policies and procedures governing risk assessment.

13.2.5. The institution must maintain up-to-date and approved records of its EHS committee meetings.

13.2.6. The institution must maintain an up-to-date and approved Critical Incident Emergency Plan.

13.3. Training

13.3.1. The institution must maintain up-to-date and approved records of its structured occupational environment, health and safety orientation programmes provided to all students, staff and contractors.

13.3.2. The institution must maintain up-to-date and approved records of its annual occupational environment, health and safety training programmes provided to its students, staff and contractors.

13.4. Equipment and signage

13.4.1. The institution must provide safety equipment in areas where hazardous materials are used.

13.4.2. The institution must ensure all chemicals, cleaning materials and equipment are stored safely in a secure location.

13.4.3. The institution must maintain up-to-date and approved policies governing the safe disposal of hazardous materials.

13.4.4. The institution must ensure all ladders and loading trolleys are maintained in safe working order.

13.4.5. The institution must display signage to alert the campus community of potential dangers and risks relating to;
   (i) emergencies (including fire)
   (ii) cleaning
   (iii) smoking
   (iv) safety procedures (including specialised laboratories, clinics, swimming pools, equipment/tools).
13.5. Safeguarding

13.5.1. The institution must ensure that its health services are available during operational hours.
13.5.2. The institution must ensure its clinic and nurse are licensed by the relevant authorities.
13.5.3. The institution must ensure it maintains a clean and hygienic clinic.
13.5.4. The institution must ensure it maintains up-to-date and approved medical records and incident reports.
13.5.5. The institution must ensure all campus visitors sign-in at reception and wear date-stamped visitor badges that are recorded and returned at the end of the visit.
13.5.6. The institution must ensure that security guards are qualified and licensed by relevant authorities.
13.5.7. The institution must ensure that its buildings are monitored by a digital surveillance system (e.g. CCTV).

13.6. Transport and parking: general

13.6.1. The institution must ensure it allocates designated parking spaces for;
   (i) buses
   (ii) cars
   (iii) people of determination.
13.6.2. The institution must ensure parking areas are not used as emergency evacuation assembly points.
13.6.3. The institution must ensure any parking shades are fire resistant and free from defects.

13.7. Transport and parking: administration

13.7.1. The institution must ensure all bus drivers maintain up-to-date valid driving licenses.
13.7.2. The institution must ensure all buses have valid permits.
13.7.3. The institution must ensure it maintains up-to-date and approved records of each bus driver’s training on how to operate fire extinguishers.
13.7.4. The institution must maintain up-to-date and approved register of its bus users.
13.7.5. The institution must maintain an up-to-date and approved traffic management plan covering its campus.

13.8. Transport and parking: maintenance

The institution must ensure all its buses are maintained free of defects and in safe working order.
13.9. Transport and parking: safety equipment

13.9.1. The institution must ensure all buses maintain fully operational fire extinguishers.
13.9.2. The institution must ensure all buses maintain fully stocked first aid boxes.
13.9.3. The institution must ensure all buses maintain fully operational digital surveillance systems (e.g. CCTV cameras).

13.10. Furniture

The institution must ensure furniture, cabinets and shelving, in all its offices, libraries, laboratories, auditoriums, stores, classrooms and other areas, are free from defects and safe for users.

13.11. Auditorium

13.11.1. The institution must ensure its auditorium(s) have additional emergency exit(s) behind the stage.
13.11.2. The institution must ensure all corridors are free from obstructions.
13.11.3. The institution must ensure a handrail is in place if the stage have four steps or more.
13.11.4. The institution must ensure that the back stage area is not used for storage.

13.12. Specialised laboratories and workshops

13.12.1. The institution must maintain an up-to-date and approved laboratories and workshops safe working systems and standard operation practices manual.
13.12.2. The institution must ensure its laboratories and workshops are equipped with clean and hygienic wash facilities.
13.12.3. The institution must maintain records confirming that its laboratories and workshops have fire resistant doors.
13.12.4. The institution must ensure materials, equipment and tools are stored safely.
13.12.5. The institution must ensure it maintains a visual fire alarm systems in areas where noise level are otherwise too loud to hear an audible alarm.
13.12.6. The institution must ensure its media studios (music/film) are equipped with fire resistant and sound proofed materials.


The institution must ensure all sports equipment are secured safely, free from defects and safe for users.

13.14.1. The institution must ensure all floors are free from defects and covered with impact absorbing materials.
13.14.2. The institution must ensure all walls are free from defects and covered with impact absorbing materials.
13.14.3. The institution must ensure the gym is well lit and ventilated.

13.15. Gym: First aid

The institution must ensure all gymnasiums maintain fully stocked first aid boxes.

13.16. Gym: Changing facilities

The institution must ensure it provides hygienic and equipped male and female gymnasium changing rooms.

13.17. Swimming pool administration

13.17.1. The institution must ensure that swimming pool lifeguards are licensed by relevant authorities and qualified to undertake the assigned responsibilities.
13.17.2. The institution must ensure water safety checks are carried out daily and the results displayed in the swimming pool area.
13.17.3. The institution must maintain up-to-date and approved records of the periodic chemical and water sampling conducted by specialised companies.

13.18. Swimming pool safety

13.18.1. The institution must ensure all swimming pools maintain fully operational safety rescue equipment.
13.18.2. The institution must ensure all swimming pool floors are maintained with non-slip material.
13.18.3. The institution must ensure swimming pools are marked with colour coded depth indicators.
13.18.4. The institution must maintain access controls preventing unauthorised access to the swimming pool.

13.19. Swimming pool: changing facilities

The institution must ensure it provides hygienic and equipped male and female swimming pool changing rooms.
13.20. Catering administration

13.20.1. The institution must ensure its catering provision is approved by the relevant food control authority.
13.20.2. The institution must ensure that catering staff are licensed by the approved authority and qualified to undertake the assigned responsibilities.

13.21. Catering hygiene

13.21.1. The institution must ensure its catering facility is clean and well maintained.
13.21.2. The institution must ensure that catering staff use personal protective equipment when handling food.
13.21.3. The institution must ensure the proper storage and handling of hot and cold food.
13.21.4. The institution must ensure the daily disposal of waste food.
13.21.5. The institution must ensure its catering areas maintain clean and hygienic washing facilities.

13.22. Catering and food labelling

The institution must ensure menus are accurate and up-to-date.

13.23. Catering and ventilation

The institution must ensure it maintains ventilated kitchens with operational fume extractors.

13.24. Information Technology (IT) server rooms

13.24.1. The institution must ensure the IT server room(s) maintain fully operational fire extinguisher/suppression systems aligned to specification FM200.
13.24.2. The institution must ensure all IT room floors are maintained with non-conductive material.
13.24.3. The institution must maintain records confirming that its server room doors are fire rated.
13.24.4. The institution must ensure that it maintains records of authorised personnel able to access its IT server rooms and utilises access controls to prevent unauthorised access.
13.24.5. The institution must ensure its IT server room are not used for storage.
13.24.6. The institution must ensure IT server rooms are maintained at a temperature of between 18-20 Celsius (°C).
13.24.7. The institution must ensure the server room has no windows.
13.25. Prayer rooms and ablution areas

13.25.1. The institution must maintain clear and hygienic prayer rooms and ablution areas.
13.25.2. The institution must maintain separate male and female prayer rooms.

13.26. Bathroom facilities

13.26.1. The institution must ensure it maintains clean and hygienic toilet facilities for its campus community.
13.26.2. The institution must ensure it maintains clean and hygienic toilet facilities adapted to meet the needs of people of determination.
13.26.3. The institution must ensure toilet doors are lockable and free from defects.
13.26.4. The institution must ensure all toilet floors are maintained with non-slip material.
13.26.5. The institution must ensure it maintains ventilated, clean and hygienic toilets.

13.27. Building facility general

13.27.1. The institution must ensure it maintains access to-, and the integrity of-, all its external areas.
13.27.2. The institution must ensure it maintains access to-, and the integrity of-, all its internal areas.
13.27.3. The institution must ensure all office space is not less than four squared metres ($4 \text{ m}^2$) per person.
13.27.4. The institution must ensure all classrooms space is not less than one and a half squared metres ($1.5 \text{ m}^2$) per person.
13.27.5. The institution must ensure all windows on the first floor and above, do not open more than 10 cm.
13.27.6. The institution must ensure all windows are free from defects and safe for users.
13.27.7. The institution must ensure all materials are categorised and segregated when stored.

13.28. Building facility fire safety

13.28.1. Institution maintaining a facility with dead-end corridors must ensure, these are;
   (i) no more than 6 meters long without sprinklers
   (ii) no more than 15 meters long with sprinklers.
13.28.2. The institution must ensure campus gates and internal roads provide emergency services with unobstructed access to buildings and rescue equipment.
13.28.3. The institution must ensure it maintains illuminated ‘Emergency Exit’ signs on all its emergency exits.
13.28.4. The institution must ensure it all emergency exits are accessible and obstruction free.
13.28.5. The institution must ensure all emergency exit doors are unlocked and can be opened using push bar operations.
13.28.6. Institutions without emergency sprinkler systems, may not cover more than 20% of their wall space with artifacts.
13.28.7. Institutions operating emergency sprinkler systems, may not cover more than 50% of their wall space with artifacts.
13.28.8. The institution must ensure it maintains ventilated and well lit fire pump rooms.
13.28.9. The institution must maintain pump room operational fire extinguishers.
13.28.10. The institution must maintain its pump room operational alarm systems.
13.28.11. The institution must maintain facility operational fire extinguishers.
13.28.12. The institution must maintain facility operational fire alarm systems.
13.28.13. The institution must maintain up-to-date and approved specialist company service records for its fire extinguishers.
13.28.14 The institution must maintain up-to-date and approved specialist company service records for its fire alarm system.

13.29. Building facility administration

13.29.1. The institution must maintain up-to-date and approved specialist company service records covering its pest control practices.
13.29.2. The institution must ensure all its rooms display identification labels matched to their designated purposes and campus locations.
13.29.3. The institution must maintain prior approval records from concerned authorities for any proposed changes to its facilities.
13.29.4. The institution must maintain up-to-date and approved specialist company service and replacement records for its water dispenser filters.
13.29.5. The institution must maintain up-to-date and approved specialist company service records, including disinfection, for its water tanks.
13.29.6. The institution must ensure all facilities maintain fully stocked first aid boxes.
13.30. Building facility environment

13.30.1. The institution must provide clean and hygienic, drinking water fit for human consumption.
13.30.2. The institution must ensure classroom noise levels do not exceed 40 decibels.
13.30.3. The institution must ensure technical workshop noise levels do not exceed 75 decibels.
13.30.4. The institution must ensure gymnasium noise levels do not exceed 45 decibels.
13.30.5. The institution must ensure dining area noise levels do not exceed 45 decibels.
13.30.6. The institution must ensure classroom lighting levels are not less than 500 lux.
13.30.7. The institution must ensure library lighting levels are not less than 500 lux.
13.30.8. The institution must ensure laboratory lighting levels are not less than 500 lux.
13.30.9. The institution must ensure corridors lighting levels are not less than 300 lux.
13.30.10. The institution must maintain a facility temperature between 22.5 - 25.5 Celsius (°C).
13.30.11. The institution must maintain facility humidity levels between 30- 60%.
13.30.12. The institution must ensure restaurant carbon dioxide (CO\textsubscript{2}) levels less than 800 parts per million (ppm).
13.30.13. The institution must maintain facility carbon monoxide (CO) levels less than 9 parts per million (ppm).
13.30.14. The institution must ensure all building electrical systems can be rapidly isolated in cases of emergency (e.g. Residual Circuit Devices, or isolation switches).

13.31. Building facility electricity

13.31.1. The institution must ensure that it maintains records of authorised personnel able to access its electrical rooms and electric boxes and utilises access controls to prevent unauthorised access.
13.31.2. The institution must ensure that its electrical rooms and electric boxes display hazard warning signs.
13.31.3. The institution must maintain electrical rooms with operational fire extinguishers.
13.31.4. The institution must maintain electrical rooms with operational alarms.
13.31.5. The institution must maintain safe and secure electrical connections.
13.31.6. The institution must maintain safe and secure electrical sockets.
13.31.7. The institution must ensure all building electrical systems can be rapidly isolated in cases of emergency (e.g. Residual Circuit Devices, or isolation switches).
13.31.8. The institution must maintain up-to-date and approved inspection records for its electrical devices.
13.31.9. The institution must maintain up-to-date and approved maintenance records for its electrical devices.
13.31.10. The institution must maintain offices free from unauthorised electrical devices (e.g. kettles and microwaves).
13.32. Building facility gas

13.32.1. The institution must maintain up-to-date and approved specialist company service and maintenance records for its facility’s gas supplies.

13.32.2. The institution must ensure liquid petroleum gas (LPG) cylinders are restricted to use in science laboratories.

13.32.3. The institution must maintain Civil Defense approval records for the use of liquid petroleum gas (LPG) cylinders in its science laboratories.

13.33. Computer labs

13.33.1. The institution must ensure that computer display screens do not cause glare and reflection.

13.33.2. The institution must ensure that workstation equipment is ergonomically designed.

13.33.3. The institution must ensure that electrical devices are connected to different sockets to reduce loads and that all electrical cables are isolated, in good condition, and do not endanger the safety of those present.

13.33.4. The institution must ensure that fire extinguishers (CO2) are present in all computer labs.

13.34. Learning resource centre (LRC)

13.34.1. The institution must ensure that cabinets and shelves are well fixed and do not endanger students’ safety and that books are stored safely and can be taken easily.

13.34.2. The institution must ensure that chairs and furniture are comfortable and ergonomically designed for users.

13.34.3. The institution must ensure that there are a sufficient number of easily accessed emergency exits fitted with illuminated signs at exits / emergency doors.

13.34.4. The institution must ensure that fire extinguishers are available in the learning resource centre (LRC).
14. **E-learning**

14.1. **Logistics and planning**

14.1.1. The institution must maintain an up-to-date and approved E-learning strategy that:

(i) identifies the role of E-learning in the institution’s short-term and long-term strategic plans and its alignment with the educational mission

(ii) identifies responsibility for the oversight, development, evaluation and support of the institution’s E-learning programme

(iii) is developed with the participation of relevant stakeholders

(iv) is approved by the governing body

(v) is reviewed annually by programme leadership, informed by direct and indirect measures of performance that result in a process of continuous improvement.

14.1.2. The institution must maintain up-to-date and approved policies and procedures governing its plans for the maintenance of hardware and software necessary for E-learning.

14.1.3. The institution must maintain up-to-date and approved short and long-term budgets for the hardware and software used to support E-learning.

14.1.4. The institution must maintain up-to-date and approved policies and procedures governing projected expenditure and forecasted revenue related to programmes and courses delivered through E-learning.

14.1.5. The institution must adhere to the number of teaching weeks and examination schedules mapped against the announced institutional academic calendar.

14.1.6. The institution must maintain up-to-date and approved policies and procedures governing its E-learning programmes and courses that meet the requirements of Compliance Indicator 14:

E-learning programmes and courses.

14.2. **Technology**

14.2.1. The institution must maintain up-to-date and approved policies and procedures governing the provision of E-learning infrastructure including minimum IT requirement for; hardware, software and internet access speed, needed to develop, deliver, assess courses and communicate.

14.2.2. The institution must maintain up-to-date and approved policies and procedures governing provisions for access to IT support services to all stakeholders regardless of their geographical location, to support them with any technological requests related to hardware, licensed software, media, and access.

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14. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
14.2.3. The institution must maintain up-to-date and approved policies and procedures governing the use of digital media for course delivery.

14.2.4. The institution must maintain up-to-date and approved policies and procedures governing students’ continuous access to the E-library and other E-learning resources.

14.2.5. The institution must maintain up-to-date and approved policies and procedures governing:
   (i) the evaluation and analysis of its E-learning environment using data
   (ii) the process review resulting in the development of an action plan for enhancement of the E-learning environment.

14.2.6. The institution must maintain up-to-date and approved policies and procedures governing the provision of an electronic database system capable of regular backup and securely storing essential student and institutional records.

14.3. Faculty and professional staff

14.3.1. The institution must maintain up-to-date and approved policies and procedures governing employee roles and responsibilities in the development and implementation of E-learning programmes and courses.

14.3.2. The institution must maintain up-to-date and approved policies and procedures governing training of faculty and staff involved with E-learning programmes and courses in the operation of the E-learning platform.

14.3.3. The institution must maintain up-to-date and approved policies and procedures governing qualifications, training and experience requirements for all faculty teaching E-learning programmes and courses.

14.3.4. The institution must maintain up-to-date and approved policies and procedures governing E-learning faculty workloads adjustments for time spent in developing and delivering E-learning course or programme materials.

14.4. Student awareness

14.4.1. The institution must develop and disseminate up-to-date and approved policies and procedures to enhance the IT skills of students to support their E-learning needs.

14.4.2. The institution must maintain up-to-date and approved policies and procedures governing students’ entitlement to E-learning academic learning support and academic advising.
14.5. Information security

14.5.1. The institution must maintain up-to-date and approved policies and procedures governing the copyright and intellectual property of E-learning resources.

14.5.2. The institution must maintain up-to-date and approved cyber security policies and procedures to protect the integrity of all E-learning data including: confidentiality of its E-learning institutional and administrative networks, and instructional systems.

14.5.3. The institution must maintain up-to-date and approved policies and procedures governing the adherence to the attendance policy and the tracking of students’ attendance.

14.6. Course delivery

14.6.1. The institution must maintain up-to-date and approved policies and procedures governing adjustments to course outline/syllabi to meet the E-learning delivery.

14.6.2. The institution must maintain up-to-date and approved policies and procedures governing the design of its E-learning programmes and courses. Procedures will ensure identification of pedagogic approaches designed to facilitate interaction among students and between students, and faculty, in either asynchronous or synchronous modes as appropriate; maintaining a reliable E-learning environment to support this interaction.

14.6.3. The institution must maintain up-to-date and approved policies and procedures governing the development and maintenance of an E-learning environment consisting of a Learning Management System (LMS). The platform and its related communications tools (e.g., for e-mail, videoconferences or blogs), and support resources/services (e.g., electronic library resources) should meet the demands of its E-learning programmes and courses for all stakeholders.

14.6.4. The institution must maintain up-to-date and approved policies and procedures that ensure that all approved goals and learning outcomes are covered for each course and programme.

14.6.5. The institution must maintain up-to-date and approved policies and procedures governing the completion of courses of a practical nature such as: internships, graduation projects, field studies and viva voce exams offered via E-learning mode.

14.6.6. The institution must maintain up-to-date and approved policies and procedures governing the completion of clinical training for health-related majors via E-learning mode such as: simulation systems of clinical cases, clinical examinations (OSCE), remote oral exams and remote discussion of clinical cases.

14.6.7. The institution must maintain up-to-date and approved policies and procedures governing the provision of courses (no less than two) through E-learning for UAE school students to prepare them to join higher education.
14.7. Assessment

14.7.1. The institution must maintain up-to-date and approved policies and procedures governing the authenticity of each student’s E-learning work. This may include tools to:

(i) mitigate academic dishonesty or misconduct

(ii) monitor assessment processes such as the use of electronic monitoring/proctoring resources.

14.7.2. The institution must maintain up-to-date and approved policies and procedures governing E-learning programmes and course assessments that maintain the rigour of the assessment process.

14.7.3. The institution must maintain up-to-date and approved policies and procedures governing assessment of clinical or placement elements of courses and programmes via E-learning mode.
Compliance Indicators

Compliance Indicator 1: Policies and procedures manual

The institution must maintain an up-to-date and approved Policies and Procedures Manual that includes all the operational and academic policies needed to meet the requirements of Compliance Indicator 1: Policies and Procedures Manual. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its stakeholders.

Standard 2: Strategic leadership

(2/A). The institution must maintain up-to-date and approved policies and procedures governing the By-Laws of its Governing Board, that meet the requirements of Compliance Indicator 2: Governance, to ensure that its organisation and its system of governance distinguish between the authority, roles, and responsibilities of its governing body, academic deliberative bodies, administration, faculty and staff.

(2/B). The institution must review and update (if applicable) its Policies and Procedures Manual for the start of each academic year. Records of the review and where applicable, amendments to policies and procedures, must be documented on a register within the manual.


(2/D). The institution must ensure when applying for an HEI licence, that it has the organisational and academic policies, procedures, personnel, programmes and other conditions to fulfil its mission.

(2/E). The institution must maintain up-to-date and approved policies governing mission development, approval and review.
(2/F). The institution must include its up-to-date and approved organisation chart in its policies and procedures manual.

(2/G). The institution must maintain up-to-date and approved policies governing the development, delegation, control, review and dissemination of its policies.

(2/H). The institution must maintain up-to-date and approved policies governing the strategic and organisational planning processes and responsibilities.

(2/I). The institution must maintain up-to-date and approved policies governing academic planning processes and responsibilities.

(2/J). The institution must maintain up-to-date and approved policies governing multiple campus coordination, if applicable.

(2/K). The institution must maintain up-to-date and approved policies governing campuses of UAE institutions in other countries, if applicable.

(2/L). The institution must maintain up-to-date and approved policies governing branch campuses of foreign institutions, if applicable.

(2/M). The institution must maintain up-to-date and approved policy and procedures governing the setting of holidays.

(2/N). The institution must maintain up-to-date and approved policies and procedures governing access and transition of equity groups, or other priority groups.

(2/O). The institution must maintain up-to-date and approved policies governing risk management.
Standard 3: Continuous quality enhancement

(3/A). The institution must maintain an up-to-date and approved Quality Assurance Manual that contains all the policies & procedures and other requirements of Compliance Indicator 3: Quality Assurance Manual\(^{15}\).

(NB Quality Assurance is considered synonymous with Institutional Effectiveness)

Standard 4: Curriculum management

(4/A). The institution must maintain an up-to-date and approved Comprehensive Programme Specification Document (CPSD), for each programme offered, that meet all the requirements of Compliance Indicator 4a: Comprehensive Programme Specification Document\(^{16}\).

(4/B). The institution must maintain an up-to-date and approved Comprehensive Course Syllabi for each course, that includes all the information specified in Compliance Indicator 4b: Course Syllabi\(^ {17}\).

(4/C). The institution must maintain up-to-date and approved Course Files for each course, that demonstrate the linkage between course learning outcomes, teaching and learning delivery plans (schemes of work) and assessment practice, that meets Compliance Indicator 4c: Course Files\(^ {18}\).

(4/D). The institution must maintain up-to-date and approved policies and procedures governing its Assessment System that meets the requirements of Compliance Indicator 4d: Assessment System\(^ {19}\).

(4/E). The institution must maintain up-to-date and approved policies and procedures governing curricula approval, revision and other substantive changes that significantly modify a programme’s key characteristics, goals, learning outcomes, basic structure, mode, or place of delivery planned to be implemented between programme reaccreditation or institutional review, that adheres to Compliance Indicator 4e: Programme Substantive Change\(^ {20}\).

(4/F). All institutions offering any form of internship, on-the-job or other method of work placements as part of its educational programmes, must maintain up-to-date and approved policies and procedures governing internship and publish a separate Internship Manual that meets the requirements of Compliance Indicator 4f: Internship Manual\(^ {21}\).

\(^{15/17/19/20/21}\) This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard. \(^{16}\) This may be supplemented by additional information to meet the institution’s needs.
(4/G). The institution must maintain an up-to-date and approved Joint Degree Programmes Manual (if applicable), that meets the policies, procedures and other requirements of Compliance Indicator 4g: Joint Degree Programmes Manual\(^2\).

(4/H). The institution must maintain up-to-date and approved policies governing undergraduate completion requirements.

(4/I). The institution must ensure that Bachelors degree and General Education Programmes include at least one course from the list below:

(i) Arabic language
(ii) Islamic studies
(iii) UAE social studies
(iv) English language.

(4/J). The institution must maintain up-to-date and approved policies governing graduate completion requirements.

(4/K). The institution must not award credit for duplicated courses or courses offered by UAE institutions that are not listed in the National Register of licensed institutions.

(4/L). The institution must maintain up-to-date and approved policies governing course substitution.

(4/M). The institution must maintain up-to-date and approved policies governing additional degrees from the same institution.

(4/N). The institution must maintain up-to-date and approved policies governing thesis/dissertation supervision.

(4/O). The institution must maintain up-to-date and approved policies governing academic progress.

\(^2\)This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
(4/P). The institution must maintain up-to-date and approved policies governing assessment strategies.

(4/Q). The institution must maintain up-to-date and approved policies governing grading.

(4/R). The institution must maintain up-to-date and approved policies governing its approach to teaching and learning methods.

(4/S). The institution must maintain up-to-date and approved policies governing class size.

(4/T). The institution must maintain up-to-date and approved policies and procedures governing lifelong learning.

Standard 5: Research and innovation

(5/A). The institution must maintain up-to-date and approved policies and procedures governing the free pursuit and dissemination of knowledge aligned with its mission and goals.

(5/B). The institution must maintain up-to-date and approved policies governing research support and procedures for securing research support.

(5/C). The institution must maintain up-to-date and approved policies governing ethical issues in research, including, as appropriate, the use of human and animal subjects.

(5/D). The institution must maintain up-to-date and approved policies governing student research.

(5/E). The institution must maintain up-to-date and approved policies and procedures governing the management of research, scholarly activity and innovation including:

(i) explicit reference to the promotion of research that integrates and demonstrates principles of sustainability

(ii) intellectual property rights conforming to UAE laws and regulations

(iii) ensuring that faculty are engaged in research and/or scholarly activity.
Standard 6: Human resources

(6/A). The institution must maintain an up-to-date and approved Faculty Manual that contains the policies and procedures and other requirements of Compliance Indicator 6a: Faculty Manual\(^{23}\).
(NB. Faculty and Staff Handbook, may be combined into a Personnel Manual/ Faculty and Staff Manual)

(6/B). The institution must maintain an up-to-date and approved Staff Manual that contains all the policies and procedures and other requirements of Compliance Indicator 6b: Staff Manual\(^{24}\).
(NB. Faculty and Staff Handbook, may be combined into a Personnel Manual/ Faculty and Staff Manual)

(6/C). The institution must maintain up-to-date and approved policies and procedures governing faculty and professional staff roles.

(6/D). The institution must maintain up-to-date and approved policies and procedures governing faculty and professional staff appeals.

(6/E). The institution must maintain up-to-date and approved policies and procedures governing the use of graduate assistants to support faculty with class activities and grading assessments.

(6/F). The institution must maintain up-to-date and approved policies and procedures governing nepotism.

(6/G). The institution must maintain up-to-date and approved policies and procedures governing employee relationships.

(6/H). The institution must maintain up-to-date and approved policies and procedures governing the handling of employee legal issues.

(6/I). The institution must maintain up-to-date and approved policies and procedures governing the content, maintenance and back-up of employees’ personnel files.

(6/J). The institution must maintain up-to-date and approved policies and procedures governing the selection of faculty members and non-teaching staff, including:
(i) advertising
(ii) recruiting
(iii) appointment.

\(^{23}/^{24}\) This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
(6/K). The institution must maintain up-to-date and approved policies and procedures, aligned with MoE requirements, governing employee qualifications.

(6/L). The institution must maintain up-to-date and approved policies and procedures governing employee promotion.

(6/M). The institution must maintain up-to-date and approved policies governing professional requirements for teaching in accordance to Compliance Indicator 6c: Faculty Qualification.

(6/N). The institution must adhere to a maximum with regard to faculty teaching assignments as per the following:

(i) non-terminal degree holders teaching undergraduate Diploma, Certificate, Associate Degree and baccalaureate programmes must not teach more than 30 credit hours or equivalent per academic year (no more than 15 credit hours per semester)
(ii) faculty members teaching undergraduate programmes with terminal degree must not teach more than 24 credit hours or equivalent per academic year (throughout the first and second semester combined)
(iii) the institution’s summer teaching is not obligatory and must be compensated for separately
(iv) faculty teaching graduate programmes only, must teach no more than 18 credit hours or equivalent per year (no more than nine credit hours per semester). Pro-rata must be used for faculty teaching a combination of undergraduate and graduate courses
(v) part-time faculty must not teach more than six credit hours, or equivalent
(vi) teaching overload must be avoided and only in special cases if used, it must be limited to three credit hours per faculty per year and the faculty must be compensated for the overload assignment
(vii) accounts differently for workload related to clinical training, studio, laboratory, graduation projects and internship.

(6/O). The institution must adhere to the following release time for workload assignments:

(i) a minimum of three credit hours per semester for programme coordinators and department chairs
(ii) a minimum of six credit hours per semester for deans
(iii) the institution’s research and major administrative assignments release time as per policies.

25 This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
Standard 7: Admissions

(7/A). The institution must maintain up-to-date and approved policies and procedures governing student:

(i) registration
(ii) withdrawal
(iii) readmission
(iv) probation
(v) dismissal.

(see Compliance Indicator 8b: Catalogue)

(7/B). The institution must maintain up-to-date and approved policies and procedures governing student:

(i) application fees
(ii) admissions deadlines
(iii) required documentation
(iv) transfer credit policies
(v) remedial courses
(vi) any joint degrees.

(see Compliance Indicator 8b: Catalogue)

(7/C). The institution must maintain an up-to-date and approved policies and procedures governing the Recognition of Prior Learning (RPL) that is also approved by the MoE and meets the requirements of Compliance Indicator 7a: Recognition of Prior Learning.

(7/D). The institution must maintain up-to-date and approved policies governing graduate admissions.

(7/E). The institution must maintain up-to-date and approved policies governing transfer admissions.

(7/F). The institution must maintain up-to-date and approved policies and procedures governing advanced standing, that are approved by the MoE.

(7/G). The institution must maintain up-to-date and approved policies and procedures governing undergraduate student admission.

(7/H). The institution must maintain up-to-date and approved policies and procedures governing the notification of admission decisions.

26This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
(7/I). The institution must maintain up-to-date and approved policies and procedures governing conditional/provisional enrolment.

(7/J). The institution must maintain up-to-date and approved policies and procedures governing the attested authenticity of students’ certificates and transcripts.

(7/K). The institution must maintain up-to-date and approved policies and procedures governing:
   (i) progress
   (ii) and progression.

(7/L). The institution must maintain up-to-date and approved policies and procedures governing student expulsion.

(7/M). The institution must maintain up-to-date and approved policies and procedures governing qualification admission requirements for students who have obtained certificates from secondary schools that follow the MoE curriculum streams including:
   (i) General
   (ii) Advanced ‘elite’ science
   (iii) ADEK with physics
   (iv) ADEK without physics
   (v) other streams.

(7/N). The institution must maintain up-to-date and approved policies and procedures governing visits by international students.

**Standard 8: Student provision**

(8/A). The institution must maintain an up-to-date and approved Student Handbook that meets policies, procedures and other requirements of Compliance Indicator 8a: Student Handbook.

(8/B). The institution must maintain an up-to-date and approved Catalogue (or Student Guide) containing the policies and procedures and other information that meets the requirements of Compliance Indicator 8b: Catalogue.
(8/C). The institution must maintain up-to-date and approved financial policies and procedures governing student:

(i) all costs (tuition, fees and other required programme costs)
(ii) schedule for payments
(iii) refunding of fees and charges to students who withdraw
(iv) changes to tuition and other fees
(v) financial aid
(vi) scholarships.

(see Compliance Indicator 8b: Catalogue)

(8/D). The institution must maintain up-to-date and approved policies and procedures governing student appeals and complaints. (see Compliance Indicator 8b: Catalogue)

(8/E). The institution must maintain up-to-date and approved policies and procedures governing graduate projects, thesis and dissertations, including registration, proposal submission and approval, principal advisor and supervision, graduate committees, seminar requirements, external readers, final examinations, revisions, award of degree, intellectual property rights and copyrights. (see Compliance Indicator 8b: Catalogue)

(8/F). The institution must maintain up-to-date and approved policies and procedures governing safeguarding, including the prevention of radicalisation, extremism and terrorism.

(8/G). The institution must maintain up-to-date and approved policies and procedures governing the raising of students’ concerns if they do not feel safe.

(8/H). The institution must maintain up-to-date and approved policies and procedures governing keeping students safe from the threats, and the support available to help them, of:

(i) bullying
(ii) cyber bullying
(iii) online grooming
(iv) criminal and sexual exploitation
(v) domestic abuse
(vi) substance misuse
(vii) gang activity.
(8/I). The institution must maintain up-to-date and approved policies and procedures governing academic advising and records of faculty advisers who assist students.

(8/J). The institution must maintain up-to-date and approved policies and procedures governing student counselling.

(8/K). The institution must maintain up-to-date and approved policies and procedures governing career services.

(8/L). The institution must maintain up-to-date and approved policies and procedures governing the release of information to the public that respects the rights of individual privacy, the confidentiality of records, and serves the best interests of students and the institution.

(8/M). The institution must maintain up-to-date and approved policies and procedures governing:

(i) degree audits
(ii) approving and changing student grades
(iii) other student academic records
(iv) notification of any grade changes made.

(8/N). The institution must maintain up-to-date and approved policies and procedures governing residential life.

(8/O). The institution must maintain up-to-date and approved policies and procedures governing student attendance.

(8/P). The institution must maintain up-to-date and approved policies and procedures governing gender segregation.

(8/Q). The institution must maintain up-to-date and approved policies and procedures governing the establishment, conduct and supervision of student activities.

(8/R). The institution must maintain up-to-date and approved policies and procedures governing its student council.
(8/S). The institution must maintain up-to-date and approved policies and procedures governing student publications and student operated media.

(8/T). The institution must maintain up-to-date and approved policies and procedures governing student rights and responsibilities.

(8/U). The institution must maintain up-to-date and approved policies and procedures governing student grievances, complaints and appeals.

(8/V). The institution must maintain up-to-date and approved policies and procedures governing records of student council activities.

(8/W). The institution must maintain up-to-date and approved policies and procedures governing student behaviour.

(8/X). The institution must maintain up-to-date and approved policies and procedures governing student discipline, academic integrity and offences.

(8/Y). The institution must maintain up-to-date and approved policies and procedures governing the management of all students’ records including:

(i) the designated responsible personnel
(ii) collection
(iii) maintenance
(iv) secure fireproof storage
(v) secure archive storage and accessibility of transcripts and degree completion authentication for not less than 50 years
(vi) disposal of all official and original student records.

(8/Z). The institution must maintain up-to-date and approved policies and procedures governing its student guidance system.
Standard 9: Building services

(9/A). The institution must maintain up-to-date and approved policies and procedures governing the use of the Learning Resource Centre including:
   (i) the use of its technology systems and resources
   (ii) compliance with image reproduction and copyright law
   (iii) faculty involvement in acquisition requests
   (iv) procurement and weeding of materials
   (v) the collection catalogue bibliographical format
   (vi) on- and off-campus access arrangements.

(9/B). The institution must maintain up-to-date and approved policies and procedures governing equipment and software replacement.

(9/C). The institution must maintain up-to-date and approved policies and procedures governing the appropriate use of its technology resources.

(9/D). The institution must maintain up-to-date and approved policies and procedures governing equipment and software technical support.

(9/E). The institution must maintain up-to-date and approved policies and procedures governing Learning resource centre/library regulations.

(9/F). The institution must maintain an up-to-date and approved policies and procedures governing the storage of students’ and employees’ electronic records.

Standard 10: Financial management

(10/A). The institution must maintain up-to-date and approved policies and procedures governing internal auditing and financial control that are aligned with its accounting system and the annual external audit.

(10/B). The institution must maintain up-to-date and approved policies and procedures that specify its CEO has overall responsibility for approving and controlling expenditure.

(10/C). The institution must maintain up-to-date and approved policies and procedures governing the receipt, deposit and safeguarding of institutional funds including from income-generating activities.
(10/D). The institution must maintain up-to-date and approved policies and procedures governing financial transactions, which includes:
   (i) regular reporting
   (ii) delegated authorities.

(10/E). The institution must maintain up-to-date and approved policies and procedures governing external auditing.

(10/F). The institution must maintain up-to-date and approved policies and procedures governing budgeting.

(10/G). The institution must maintain up-to-date and approved policies and procedures governing control over purchasing and inventory management, including sustainability, and disposal of assets.

(10/H). The institution must maintain up-to-date and approved policies and procedures governing cash management.

(10/I). The institution must maintain up-to-date and approved policies and procedures governing financial risk management.

(10/J). The institution must maintain up-to-date and approved policies and procedures governing auxiliary enterprises.

(10/K). The institution must maintain up-to-date and approved policies and procedures governing financial guarantee.

(10/L). The institution must maintain up-to-date and approved policies and procedures governing student financial rules and regulations, including fees and refunds.

**Standard 11: Regulatory disclosure**

(11/A). The institution must maintain up-to-date and approved policies and procedures governing its response to requests for information about itself.

(11/B). The institution must maintain up-to-date and approved policies and procedures governing copyright and intellectual property.
(11/C). The institution must maintain up-to-date and approved policies and procedures governing its publications.

(11/D). The institution must maintain up-to-date and approved policies and procedures governing teach-out. The institutions teach-out agreement must be approved by the MoE.

(11/E). The institution must maintain up-to-date and approved policies and procedures governing conflicts of interest.

(11/F). The institution must maintain up-to-date and approved policies and procedures governing anti-corruption and bribery.

(11/G). The institution must maintain up-to-date and approved policies and procedures governing co-operative agreements and contractual relationships.

(11/H). The institution must maintain up-to-date and approved policies and procedures governing the content of its website that meets the requirements of Compliance Indicator 11: Website.

(11/I). The institution must maintain up-to-date and approved policies and procedures governing:
   (i) academic honesty
   (ii) ethical behaviour
   (iii) reporting of student grades.

(11/J). The institution must publish its Holiday Calendar in a range of publications including:
   (i) catalogue
   (ii) student handbook
   (iii) faculty and staff handbooks
   (iv) website.

**Standard 12: Social responsibility and engagement**

(12/A). The institution must maintain up-to-date and approved policies and procedures governing relationships with external stakeholders, which includes:
   (i) developing and maintaining relationships
   (ii) consistency with its mission and the ways in which the association furthers the institution’s mission
   (iii) detailing the nature of these relationships
   (iv) stating the benefits and obligations of each party.

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29 This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.
(12/B). The institution must maintain up-to-date and approved policies and procedures governing its social engagement activities.

(12/C). The institution must maintain up-to-date and approved policies and procedures governing its advisory board(s).

(12/D). The institution must maintain up-to-date and approved policies and procedures governing its relationship with alumni.

**Standard 13: Occupational environment, health and safety**

(13/A). The institution must maintain up-to-date and approved policies and procedures governing health services.

(13/B). The institution must maintain an up-to-date and approved health and safety framework, containing health and safety policies aligned with the expectations of the MoE’s Occupational, Environment, Health and Safety Management System General Framework.

(13/C). The institution must maintain up-to-date and approved policies and procedures governing the safe storage, distribution, usage and disposal of any hazardous materials.

(13/D). The institution must maintain up-to-date and approved policies and procedures governing food provision service and fees.

(13/E). The institution must maintain up-to-date and approved policies and procedures governing male and female halls of residence service and fees including:

(i) healthy, safe, and secure living environment that includes special consideration for people of determination

(ii) a learning environment in the residence halls that supports the educational mission of the institution

(iii) services including health services, laundry and catering facilities

(iv) the support of trained operational and administrative staff.
Compliance Indicator 2: Governance

The institution must maintain up-to-date and approved policies and procedures governing the By-Laws of its Governing Board that meet the requirements of Compliance Indicator 2: Governance.

(1) Up-to-date and approved By-Laws governing the requirements for the appointment of a minimum of five Board members, excluding ex-officio members, to membership of the governing board.

(NB: Board is synonyms with Board of Trustees / Governors)

(2) Up-to-date and approved By-Laws governing the composition of Board members’ expertise and academic experience needed for them to support the strategic leadership to the institution.

(3) Up-to-date and approved By-Laws governing maintaining statutory records of its governing board’s academic qualifications, professional experiences and contact addresses.

(4) Up-to-date and approved By-Laws governing the appointment of Board members representing the wider UAE community.

(5) Up-to-date and approved By-Laws that limit to no more than one-third of the governing board’s members that have a financial interest in the institution.

(6) Up-to-date and approved By-Laws governing the appointment of the governing board’s chairperson who must not be an owner, investor, shareholder or have a financial interest in the institution.

(7) Up-to-date and approved By-Laws governing the term of office for governing board’s members.

(8) Up-to-date and approved By-Laws governing the appointment of at least one external independent governor whose term of office is time-limited.

(9) Up-to-date and approved By-Laws governing conflicts of interest, including prohibitions and limitations on financial dealings between governing board members and the institution.

(10) Up-to-date and approved By-Laws to ensure that governing board members are not involved in management decisions or the day-to-day operation of the institution.

(11) Up-to-date and approved By-Laws governing measures to ensure that the governing board is operating with the highest levels of integrity, honesty and ethical behaviour in all its dealings and decision making.

(12) Up-to-date and approved By-Laws governing the frequency of meetings, which should not be less than twice annually.
(13) Up-to-date and approved By-Laws governing the maintenance, storage and access arrangement to approved, signed and dated minutes of all Board meetings.

(14) Up-to-date and approved By-Laws governing the Board’s responsibility to appoint a CEO, with the qualifications and experience to undertake his/her assigned responsibilities.

(15) Up-to-date and approved By-Laws governing the Board’s responsibility to conduct performance evaluations of the CEO.

(16) Up-to-date and approved By-Laws governing the Board’s responsibility to approve all institutional policies.

(17) Up-to-date and approved By-Laws governing the Board’s responsibility to approve all the institution’s By-Laws.

(18) Up-to-date and approved By-Laws governing the Board’s responsibility to approve the frequency of its periodical review of the institution’s mission and vision statements.

(19) Up-to-date and approved By-Laws governing the Board’s responsibility to approve the institution’s strategic plan and monitor its progress towards achievement.

(20) Up-to-date and approved By-Laws governing the Board’s responsibility to review and evaluate reports on all aspects of the institutional performance, to enable it to assure itself, and other stakeholders, that appropriate academic standards and quality of provision for students are being maintained.

(21) Up-to-date and approved By-Laws governing the Board’s responsibility to approve educational programmes consistent with the institution’s mission statement.

(22) Up-to-date and approved By-Laws governing the Board’s responsibility to confer, or authorise the conferring of all qualifications.

(23) Up-to-date and approved By-Laws governing the Board’s responsibility to secure the financial resources necessary to support the achievement of the institution’s goals.

(24) Up-to-date and approved By-Laws governing the Board’s responsibility to approve the annual budget.

(25) Up-to-date and approved By-Laws governing the Board’s responsibility to approve major facilities, contracts, and campus plans, unless otherwise delegated by separate By-Laws.

(26) Up-to-date and approved By-Laws governing the Board’s responsibility to approve the selection of an external financial auditor.

(27) Up-to-date and approved By-Laws governing the Board’s responsibility to receive, and follow up on, the external auditor’s report and accompanying management letter.
(28) Up-to-date and approved By-Laws governing the Board’s responsibility to annually evaluate its own effectiveness and use that results for improvement action planning.

(29) Up-to-date and approved By-Laws governing its cross campus and single campus governance responsibilities, where multi-campuses are organised under a single governing body.

(30) Up-to-date and approved policies and procedures governing its Standing Committees.

Compliance Indicator 3: Quality assurance manual

The institution must maintain an up-to-date and approved Quality Assurance Manual that contains all the policies, procedures and other requirements of Compliance Indicator 3: Quality Assurance Manual. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard. (NB Quality Assurance is considered synonymous with Institutional Effectiveness)

(1) Up-to-date and approved policies and procedures governing the operational organisation of the quality assurance unit.

(2) Up-to-date and approved organisation chart showing the provision of the quality assurance unit.

(3) Up-to-date and approved policies and procedures governing the quality assurance unit’s contribution to up-to-date and approved strategic and operational planning documents.

(4) Up-to-date and approved policies and procedures governing the cycle of quality evaluations, including, surveys used in the production of the quality assurance unit’s annual report.

(5) Up-to-date and approved policies and procedures governing the quality cycle and approaches for the quality assurance unit’s cycle of critical self-evaluation/study.

(6) Up-to-date and approved policies and procedures governing self-evaluation/study of the:
   (i) the institution as a whole
   (ii) departments
   (iii) individual programmes
   (iv) operational units listed on the organisation chart.

(7) Up-to-date and approved policies and procedures governing the timetable for the review and updating of the institution’s mission, vision and strategic plans.

(8) Up-to-date and approved policies and procedures governing the critical success factors (CSFs) and the setting of key performance indicators (KPIs) for all departments and units listed on the up-to-date and approved organisation chart.
(9) Up-to-date and approved policies and procedures governing the annual critical self-evaluation of all the institution’s programmes, departments and units.

(10) Up-to-date and approved policies and procedures governing the instruments to be used in the annual critical self-evaluation of all the institution’s programmes, departments and units.

(11) Up-to-date and approved policies and procedures governing designated employees, responsible for ensuring each aspect of quality assurance and critical self-evaluation/study is completed.

(12) Up-to-date and approved policies and procedures governing the production of improvement action plans, that result from the critical self-evaluation/study, including budget and resource estimates.

(13) Up-to-date and approved policies and procedures governing the sharing of critical self-evaluation findings.

(14) Up-to-date and approved policies and procedures governing the implementation and progress monitoring of improvement action plans.

(15) Up-to-date and approved policies and procedures governing the implementation of the institution’s quality assurance requirements for all branch campuses, joint degree programmes and other collaborative arrangements.

**Compliance Indicator 4a: Comprehensive programme specification document**

The institution must maintain an up-to-date and approved Comprehensive Programme Specification Document (CPSD), for each programme offered, that meets all the requirements of Compliance Indicator 4a: Comprehensive Programme Specification Document. This may be supplemented by additional information to meet the institution’s needs.

(1) Programme title and programme code/number.

(2) Authoring team.

(3) Date of publication.

(4) Dates of initial programme accreditation (IPA) and, where appropriate, subsequent renewal of programme accreditation (RPA).

(5) Date(s) of programme:
   
   (i) initial accreditation
   
   (ii) past renewal of accreditation dates
   
   (iii) next reaccreditation due date.
(6) Academic unit(s) delivering the programme.

(7) In cases of interdisciplinary, or jointly offered programmes, the academic unit primarily responsible for the programme delivery.

(8) Delivery support partner (if applicable).

(9) Delivery mode/s.

(10) Programme aim/s.

(11) Programme Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs).

(12) Completion requirements.

(13) Programme structure.

(14) Support for students and their learning.

(15) Admission criteria.

(16) Programme learning facilities and laboratories.


(18) Assessment plan for programme learning outcomes.

(19) Indicators of quality and standards.

(20) Programme matrices or schematic showing: the schedule of delivery with programme learning outcomes mapped to course learning outcomes.

(21) Programme matrices or schematic showing: the schedule of delivery with programme learning outcomes mapped to descriptors of the QFEmirates for the appropriate programme level.

(22) Programme matrices or schematic showing: the schedule of delivery with teaching and learning methods.

(23) Programme matrices or schematic showing: the schedule of delivery with assessment methods.
Compliance Indicator 4b: Comprehensive course syllabi

The institution must maintain an up-to-date and approved comprehensive course syllabus for each course, that includes all the information specified in Compliance Indicator 4b: Comprehensive Course Syllabi. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

1. Course title and course code/number.
2. Credit hours (or equivalent).
3. Pre-requisites (if any) and co-requisites (if any).
4. Name and contact information of the course instructor/coordinator.
5. Brief course description (as in the Catalogue).
6. Course learning outcomes.
7. The link between the course learning outcomes and the overall programme outcomes.
8. A week-by-week delivery plan (scheme of work) detailing the course topics and contents, including assessment sessions.
9. The calendar programme of any required laboratory, studio, external visits and other non-lecture sessions, including any mandatory ‘live’ online sessions.
10. An assessment plan with submission deadlines.
11. A dated examination schedule or other student assessments, including the relative weight of various assessment elements in determining the overall course grade.
12. Teaching methods, including any use of online instruction.
13. Required course texts and recommended readings listed in standard bibliographic detail and any other learning resources.
Compliance Indicator 4c: Course files

The institution must maintain up-to-date and approved course files for each course, that demonstrate the linkage between course learning outcomes, teaching and learning delivery plans (schemes of work) and assessment practice, that meet Compliance Indicator 4c: Course Files. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) Reference to the aligned Comprehensive Course Syllabi (Compliance Indicator 4b: Comprehensive Course Syllabi).

(2) Copies of all instructor teaching materials, including PowerPoint slides, handouts and other learning material.

(3) Copies of all assessment instruments.

(4) Marking scheme and model answers for all assessments.

(5) Assessment records and examples from across the range of student performance of graded responses to all assessment instruments.

(6) Student attendance data.

(7) Faculty annual critical self-evaluation of the course including:
   (i) appropriateness of the course learning outcomes
   (ii) extent to which the syllabus was covered
   (iii) extent to which learning outcomes were met (with evidence)
   (iv) appropriateness of textbooks and other learning resources
   (v) appropriateness of assessment instruments in relation to learning outcomes
   (vi) appropriateness of the balance of assessment
   (vii) appropriateness of prerequisites
   (viii) general comments on any problems encountered with the course.

(8) Student performance data for each student and for the course as a whole (individual student grades both cumulative and for all assessments and grade distribution).

(9) Students course evaluation findings.

(10) Recommended action planned improvements.

(11) Progress monitoring records of the implementation of the course improvement action plan.
Compliance Indicator 4d: Assessment system

The institution must maintain up-to-date and approved policies and procedures governing assessment system that meet the requirements of Compliance Indicator 4d: Assessment System. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) Up-to-date and approved assessment strategy outlining the institution approach to assessing, grading and recording student performance that ensures students’ qualification meet international standards.

(2) Up-to-date and approved assessment methods and their alignment with QF Emirates including minimum credit values. (NB. How learning outcomes meet the QF E 5-strands: knowledge, skill, autonomy/responsibility, role in context and self-development)

(3) Up-to-date and approved maintenance of a subject outline containing the finalised mode, weighting and due dates of assessment items.

(4) Up-to-date and approved maintenance and storage of all assessment materials used to determine students’ qualifications.

(5) Up-to-date and approved marking schemes and allocation of marks for each part of the assessment to demonstrate its validity and reliability.

(6) Up-to-date and approved moderation of assessment decisions to ensure they are valid and reliable.

(7) Up-to-date and approved circumstances statements that may result in changes to students’ grades and the grade appeals process.

(8) Up-to-date and approved recordings of cumulative assessment decisions into an official student’s record of progress towards achieving their qualification.

(9) Up-to-date and approved storage of all students’ assessed material for not less than five years after completing the course.

(10) Up-to-date and approved operations of the Board of Examiners and conferring committees.

(11) Up-to-date and approved assessment methods of students’ performance.
Compliance Indicator 4e: Programme substantive change

The institution must maintain up-to-date and approved policies and procedures governing curricula approval, revision and other substantive changes that significantly modify a programme’s key characteristics, goals, learning outcomes, basic structure, mode, or place of delivery planned to be implemented between programme reaccreditation or institutional review, that adheres to Compliance Indicator 4e: Programme Substantive Change. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) The institution must seek MoE approval for any educational programmes changes that significantly modify the programmes key content such as learning outcomes, goals, structure and place or mode of delivery.

(2) The institution must gain MoE approval of its proposed notice before change written submission at least six months before the proposed change is implemented.

(3) The content of the programme substantive change request must include an executive summary.

(4) The content of the programme substantive change request must include a rationale for the change, with evidence of the need for it, and authorisation by the governing body and other relevant parties.

(5) The content of the programme substantive change request must include a detailed description of the proposed change.

(6) The content of the programme substantive change request must include any additional faculty or professional staff and other employees needed to implement changes, and their qualifications.

(7) The content of the programme substantive change request must include any additional learning resource center and other learning resources and facilities required.

(8) The content of the programme substantive change request must include any physical plant expansion and additional equipment required.

(9) The content of the programme substantive change request must include projection of other needs over the next several years, including:

   (i) estimates of the additional costs

   (ii) evidence that the institution has adhered to Compliance Indicator 14: E-learning programmes and courses, if the proposed change involves offering E-learning programmes or courses.
**Compliance Indicator 4f: Internship manual**

All institutions offering any form of internship, on-the-job or other method of work placements as part of its educational programmes, must maintain up-to-date and approved policies and procedures governing internship and publish a separate Internship Manual that meets the requirements of Compliance Indicator 4f: Internship Manual. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

1. Up-to-date and approved policies and procedures governing the requirements for signed agreements for each internship / work placement provider, including:
   (i) start date
   (ii) end date
   (iii) planned work
   (iv) renewal date
   (v) arrangements for access to the official agreement document that states the responsibilities of the institution, the student and the provider or placement site.

2. Up-to-date and approved policies and procedures governing the requirement for each internship which meets the aligned programme learning outcomes.

3. An up-to-date and approved policy and procedure governing arrangements for internship placements to provide each student with a job description that aligns on-the-job training and assessment with the programme learning outcomes.

4. Up-to-date and approved policies and procedures governing arrangements for internship students to access documentation that confirms:
   (i) the expectations for student learning
   (ii) student assignments
   (iii) student evaluation
   (iv) faculty/provider supervision.

5. Up-to-date and approved policies and procedures governing how the programme learning outcomes are met through the internship and aligned with the requirements of QF Emirates.

6. Up-to-date and approved policies and procedures governing mechanisms for matching students with internship providers.

7. Up-to-date and approved policies and procedures governing student internship orientation programme that includes the knowledge, skills and behaviors they need to succeed in the work environment.
(8) Up-to-date and approved policies and procedures governing the assessment of each internship placement site against national employment and other relevant laws including occupational, environmental, health and safety regulations.

(9) Up-to-date and approved policies and procedures governing a designated officer responsible for implementing its internships policies.

(10) Up-to-date and approved policies and procedures governing the periodic monitoring of the internship site and gathering feedback from students and the provider.

(11) Up-to-date and approved policies and procedures governing designated faculty or academic supervision from the department or programme offering the internship.

(12) Up-to-date and approved policies and procedures governing the delineation of responsibilities of the faculty or academic supervisor, the provider and the student.

(13) Up-to-date and approved policies and procedures governing the:
   (i) award of academic credit, (if any), to be earned
   (ii) organisation of the internship in the educational programme
   (iii) arrangement for internship assessment and grading
   (iv) internship evaluation methods.

(14) Up-to-date and approved policies and procedures governing opportunities for students to reflect, in writing and/or through an oral presentation, on their achievement of the course learning outcomes.

(15) Up-to-date and approved policies and procedures governing the internship annual evaluations, including gathering student and employer views that are used in improvement action planning.

**Compliance Indicator 4g: Joint degree programmes manual**

The institution must maintain an up-to-date and approved Joint Degree Programmes Manual (if applicable), that meets the policies, procedures and other requirements of Compliance Indicator 4g: Joint Degree Programmes Manual. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) The institution must maintain verification records that each partner institution is listed on the World Higher Education Database (http://whed.net/home.php).

(2) The institution must maintain an up-to-date and approved policies and governing UAE institutions, partnering with overseas institutions, retaining sole-responsibility for compliance with all UAE laws and regulations.
(3) The institution must maintain verification records that joint programmes meet the requirements of the partner institution.

(4) The institution must maintain legal documentation that confirms the entitlement of each partner to offer joint degree programmes.

(5) The institution must ensure that its partner’s faculty members meet the minimum requirements for qualifications aligned with the programme subject area.

(6) The institution must ensure that its partner’s faculty members meet the minimum requirements by documenting their qualifications from institutions listed on the World Higher Education Database (http://whed.net/home.php) and / or attestation.

(7) The institution must ensure that its partner’s faculty members meet the minimum requirements for qualifications at least one level above the level of teaching, except for faculty members with professional experience including:
   (i) extensive senior-level experience in the applied field, or
   (ii) experience in the applied field coupled with internationally recognised professional body certification.

   Exceptions to the above requirements are limited to faculty members in applied fields who have a minimum of a bachelor’s degree and either:
   ▶ extensive senior-level experience in the applied field, or
   ▶ experience in the applied field coupled with internationally recognised professional body certification.

(8) The institution must ensure that its faculty members, and any partnership faculty members delivering joint degrees teaching programmes in English, hold recognised English language proficiency qualifications at no less than EmSAT 1400+, (or its equivalent), before the end of their probationary period. (Equivalent internationally recognised tests that are approved by MoE, include: IELTS 6, TOEFL 550 [213 CBT, 79-80 iBT]).

(9) The institution must require its faculty, and partnership faculty members delivering joint degree in Arabic, to hold recognised English language proficiency qualifications at no less than EmSAT 1250+ (or its equivalent), before the end of their probationary period. (Equivalent internationally-recognized tests that are approved by MoE, include IELTS 5.5, TOEFL 530 [197 CBT, 71 iBT]).

(10) The institution must maintain up-to-date and approved policies and procedures governing partner institution’s delivery to a maximum of 50% of the curriculum.

(11) The institution must maintain up-to-date and approved policies and procedures that govern the proportion of partner institution’s E-learning or distance learning delivery, that must be taught by face-to-face delivery.
(12) The institution must maintain up-to-date and approved policies and procedures governing the implementation of the institution’s quality assurance requirements for joint degree programmes (see CI3: Quality Assurance Manual).

(13) The institution must maintain up-to-date and approved policies and procedures governing the arrangements for faculty of the partner institution to contribute to joint programme evaluation and development.

(14) The institution must maintain up-to-date and approved policies and procedures governing the equivalent entitlement of students visiting partner institutions, as afforded by the home institution.

(15) The institution must maintain up-to-date and approved policies and procedures governing the accessibility of visiting faculty to support student engagement outside of the classroom.

**Compliance Indicator 6a: Faculty manual**

The institution must maintain an up-to-date and approved Faculty Manual that contains the policies, procedures and other requirements of Compliance Indicator 6a: Faculty Manual. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(NB. Faculty and Staff Handbook, may be combined into a Personnel Manual / Faculty and Staff Manual)

(1) The institution must publish its Holiday Calendar in a range of publications including Faculty Handbook.

(2) An up-to-date and approved detailed organisation chart.

(3) Up-to-date and approved policies and procedures governing faculty roles and responsibilities in academic affairs.

(4) Up-to-date and approved policies and procedures governing faculty roles and responsibilities in curriculum development and review.

(5) Up-to-date and approved policies and procedures governing faculty roles and responsibilities in teaching.

(6) Up-to-date and approved policies and procedures governing faculty roles and responsibilities in student support.

(7) Up-to-date and approved policies and procedures governing faculty roles and responsibilities in academic advising.
(8) Up-to-date and approved policies and procedures governing faculty roles in research and/or scholarship.

(9) Up-to-date and approved policies and procedures governing faculty roles and responsibilities in management and administration.

(10) Up-to-date and approved policies and procedures governing faculty roles and responsibilities in governance.

(11) An up-to-date and approved statement on academic freedom.

(12) An up-to-date and approved code of conduct/professional ethics.

(13) An up-to-date and approved statement on intellectual property rights.

(14) Up-to-date and approved policies and procedures governing faculty workloads including the release time for deans, department chairs, programme coordinators, and other major administrative assignments.

(15) Up-to-date and approved policies and procedures governing full-time faculty expectations for office hours.

(16) Up-to-date and approved policies and procedures governing full-time faculty academic ranks and qualifications for those ranks.

(17) Up-to-date and approved policies and procedures governing full-time faculty orientation.

(18) Up-to-date and approved policies and procedures governing full-time faculty probationary periods.

(19) Up-to-date and approved policies and procedures governing annual performance evaluations of its employees and the effect of performance reviews on employment.

(20) Up-to-date and approved policies and procedures governing full-time faculty supervision and organisational issues affecting faculty.

(21) Up-to-date and approved policies and procedures governing professional development for faculty.

(22) Up-to-date and approved policies and procedures governing full-time faculty annual or holiday/vacation leave.

(23) Up-to-date and approved policies and procedures governing full-time faculty maternity leave.

(24) Up-to-date and approved policies and procedures governing full-time faculty sabbatical leave.

(25) Up-to-date and approved policies and procedures governing full-time faculty training/professional development leave.
(26) Up-to-date and approved policies and procedures governing full-time faculty emergency leave.

(27) Up-to-date and approved policies and procedures governing full-time faculty Hajj leave.

(28) Up-to-date and approved policies and procedures governing full-time faculty sick leave.

(29) Up-to-date and approved policy and procedures governing full-time faculty research expectations including administrative responsibilities for grants received.

(30) Up-to-date and approved policies and procedures governing full-time faculty consultancy or outside employment.

(31) Up-to-date and approved policies and procedures governing provision in the event of faculty member’s death in service.

(32) Up-to-date and approved policies and procedures governing promotion opportunities and application processes.

(33) Up-to-date faculty job descriptions.

(34) Up-to-date and approved policies and procedures governing faculty employment conditions including the requirement for identical qualifications for both full- and part-time faculty.

(35) Up-to-date and approved pay scales.

(36) Up-to-date and approved policies and procedures governing faculty teaching above their contracted hours.

(37) Up-to-date and approved policies and procedures governing summer employment.

(38) Up-to-date and approved policies and procedures governing the system of faculty/ staff members’ disciplinary actions and appeals.

(39) Up-to-date and approved policies and procedures governing faculty and professional staff grievance.

(40) Up-to-date and approved policies and procedures governing graduate assistants.

(41) Up-to-date and approved policies and procedures governing part-time faculty.
Compliance Indicator 6b: Staff Manual

The institution must maintain an up-to-date and approved Staff Manual that contains all the policies, procedures and other requirements of Compliance Indicator 6b: Staff Manual. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(NB. Faculty and Staff Handbook, may be combined into Employee/Personnel Manual / Faculty and Staff Manual)

1. The institution must publish its Holiday Calendar in a range of publications including Staff Handbook.

2. Up-to-date and approved definitions of professional staff.

3. Up-to-date and approved definitions of support staff.

4. Up-to-date and approved definitions of academic staff.

5. Up-to-date and approved definitions of non-academic staff.

6. Up-to-date and approved definitions of full-time staff.

7. Up-to-date and approved definitions of part-time staff.

8. Up-to-date and approved details of the working week.

9. Up-to-date and approved policies and procedures governing arrangements for overtime.

10. Up-to-date and approved policies and procedures governing vacations.

11. Up-to-date and approved policies and procedures governing maternity leave.

12. Up-to-date and approved policies and procedures governing Hajj leave.

13. Up-to-date and approved policies and procedures governing emergency leave.

14. Up-to-date and approved policies and procedures governing bereavement leave.

15. Up-to-date and approved policies and procedures governing annual supervision and performance evaluations of its employees and the effect of performance reviews on employment.

16. Up-to-date and approved pay and benefits schedule.

17. Up-to-date and approved policies and procedures governing probationary periods, length of contracts, and procedures for contract renewal.
(18) Up-to-date and approved policies and procedures governing provision in the event of staff members death in service.

(19) Up-to-date and approved policies and procedures governing staff roles and responsibilities in governance and committees.

(20) Up-to-date and approved policies and procedure governing maintenance of staff employment/personnel records.

(21) Up-to-date and approved policies and procedures governing the system of faculty staff members’ disciplinary actions and appeals.

(22) The institution must maintain up-to-date and approved policies and procedures governing faculty and professional staff grievance and appeals.

(23) Up-to-date and approved policies and procedures governing staff promotion.

(24) The institution must maintain up-to-date and approved policies and procedures governing its professional development for faculty and staff.

(25) Up-to-date and approved policies and procedures governing details of staff access to services including, but not limited to, counselling services, career services and registration for courses at the institution.

(26) An up-to-date and approved code of conduct/professional ethics.

**Compliance Indicator 6c: Faculty qualifications**

The institution must maintain up-to-date and approved policies and procedures governing faculty qualifications that are also approved by the MoE and meet the requirements of Compliance Indicator 6c: Faculty Qualifications. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) Faculty teaching credit courses in Certificate, Associate Degree, or Diploma, not offered in conjunction with a baccalaureate degree programmes must have a minimum of a Master’s degree with a major in the discipline taught and one of the below criteria:

(i) five years teaching experience in the discipline

(ii) a combination of five years teaching experience and other related employment

(iii) an equivalent of eighteen semester graduate credits beyond the Master’s degree in the discipline taught

(iv) internationally recognised professional credential e.g. public accountant certificate.
(2) At least one of the faculty teaching credit courses in Certificate, Associate Degree, or Diploma, not offered in conjunction with a baccalaureate degree programmes holds a terminal degree in a relevant discipline.

(3) Faculty teaching general education courses offered in conjunction with a baccalaureate degree curriculum must have a minimum of a Master’s degree with a major in the discipline taught and one of the below criteria:
   (i) five years teaching experience in the discipline
   (ii) a combination of five years teaching experience and other related employment
   (iii) an equivalent of eighteen semester graduate credits beyond the Master’s degree in the discipline taught
   (iv) internationally recognized professional credential (e.g. public accountant certificate).

(4) Faculty must hold a terminal degree or equivalent in the relevant taught discipline if teaching credit courses in the following programmes:
   (i) Baccalaureate degree programmes
   (ii) Certificate, Associate Degree, or Diploma, offered in conjunction with a baccalaureate degree programmes
   (iii) Higher Diploma programmes requiring three years or more of study beyond secondary school.

(5) Exceptions to the terminal degree requirements must be limited to no more than 20% of all faculty teaching in any specific programme.

(6) Exceptions to the terminal degree requirements must be limited to faculty members teaching in applied fields who have a minimum of one of the following:
   (i) a Master’s degree in teaching field with extensive senior level experience in the applied field
   (ii) a Doctorate in a related field with extensive senior level experience in the applied field
   (iii) applied field experience coupled with internationally recognised professional association certification.

(7) The institution must ensure that its faculty members (including any partnership faculty members delivering joint degrees) meet the minimum requirements:
   (i) qualifications aligned to the programme subject area
   (ii) documented qualifications from institutions listed on the World Higher Education Database (http://whed.net/home.php) and/or attestation /equivalency
   (iii) qualifications at least one level above the level of teaching, except for faculty members with professional experience including:
      ► extensive senior-level experience in the applied field, or
      ► experience in the applied field coupled with internationally recognised professional body certification.
   (iv) exceptions to the above requirements are limited to faculty members in applied fields who have a minimum of a bachelor’s degree and either:
      ► extensive senior-level experience in the applied field, or
      ► experience in the applied field coupled with internationally recognised professional body certification.
Compliance Indicator 7a: Recognition of prior learning

The institution must maintain up-to-date and approved policies and procedures governing the Recognition of Prior Learning (RPL) that are also approved by the MoE and meet the requirements of Compliance Indicator 7a: Recognition of Prior Learning. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

The content of the RPL policies and procedures must include:

1. General principles.
2. Forms of assessment.
3. Assessment processes.
4. Information and support for students.
5. Appeals process.

Compliance Indicator 7b: Admission requirements for MoE & ADEK curriculum schools

The institution must maintain up-to-date and approved policies and procedures governing the admission requirements for accepting students who have obtained their secondary school certificate from licensed schools which follow the MoE and ADEK curriculum, that meet the requirements of Compliance Indicator 7b: Admission Requirements for MoE & ADEK Curriculum Schools. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

1. Students must graduate from licensed MoE/ADEK schools.
2. The institution must obtain MoE approval on additional admissions conditions which may include:
   (i) minimum grade 12 average
   (ii) specific proficiency in English Language
   (iii) specific grade 12 pass average
   (iv) specific achievement levels in national tests
   (v) request for additional admission tests.
3. The institution must ensure that students submit an MoE/ ADEK approved original/ certified copy of secondary school certificate.
4. The institution must validate as authentic the certificate and other documents submitted.
5. The institution must ensure that students applying from the MoE General Stream for Engineering Majors have:
   (i) a minimum of 90% in Grade 12
   (ii) a minimum of 90% in Grade 12 Mathematics
   (iii) a minimum of 90% in Grade 12 Science
   (iv) the required passing average on national exams
   (v) a pass grade in the required Physics subject provided by the HEIs
   (vi) other admission requirements set by the HEI.
(6) The institution must ensure students applying from the MoE Advanced Stream for Engineering Majors have:
   (i) the required passing average on national exams
   (ii) the minimum passing average in grade 12 set by the respective HEI
   (iii) other admission requirements set by the HEI.

(7) The institution must ensure that students applying from the ADEK Stream for Engineering Majors have:
   (i) a passing average in the Advanced Mathematic (third level)
   (ii) a passing average in the Advanced Physics (third level)
   (iii) the required passing average on national exams
   (iv) other admission requirements set by the HEI.

(8) The institution must not admit MoE General Stream students to Medicine, Dentistry, Pharmacy, Physiotherapy and Veterinary majors.

(9) The institution must ensure that students applying from the MoE Advanced Stream for Medicine, Dentistry, Pharmacy, Physiotherapy and Veterinary Majors have:
   (i) the minimum passing average in grade 12 set by the respective HEI
   (ii) the required passing average on national exams
   (iii) other admission requirements set by the HEI.

(10) The institution must ensure that students applying from the ADEK Stream for Medicine, Dentistry, Pharmacy, Physiotherapy and Veterinary Majors have:
   (i) a minimum passing average in grade 12 set by the respective HEI
   (ii) a passing average in the Advanced Biology (third level)
   (iii) a passing average in the Advanced Chemistry (third level)
   (iv) the required passing average on national exams
   (v) other admission requirements set by the HEI.

(11) The institution must ensure that students applying from the MoE General Stream for Nursing Majors have:
   (i) a minimum passing average in grade 12 set by the respective HEI;
   (ii) the required passing average on national exams
   (iii) a pass grade in the required Physics, Biology, and Chemistry subjects provided by the HEIs
   (iv) other admission requirements set by the HEI.

(12) The institution must ensure that students applying from the MoE Advanced Stream for Nursing Majors have:
   (i) a minimum passing average in grade 12 set by the respective HEI
   (ii) the required passing average on national exams
   (iii) other admission requirements set by the HEI.
(13) The institution must ensure that students applying from the ADEK Stream for Nursing Majors have:
   (i) a minimum passing average in grade 12 set by the respective HEI
   (ii) the required passing average on national exams
   (iii) a pass grade in the required Physics, Biology, and Chemistry subjects. In case students did not take Physics, Biology and Chemistry subjects in grade 12, the HEIs must make it compulsory to take and pass the foundational Physics, Biology and Chemistry subjects
   (iv) other admission requirements set by the HEI.

(14) The institution must ensure that students applying from the MoE General Stream for Agricultural Science, Environmental Science, Biotechnology and Health Sciences Majors have:
   (i) a minimum passing average in grade 12 set by the respective HEI
   (ii) the required passing average on national exams
   (iii) a pass grade in the required Physics, Biology, and Chemistry subjects. In case students did not take Physics, Biology and Chemistry subjects in grade 12, the HEIs must make it compulsory to take and pass the foundational Physics, Biology and Chemistry subjects
   (iv) other admission requirements set by the HEI.

(15) The institution must ensure that students applying from the MoE Advanced Stream for Agricultural Science, Environmental Science, Biotechnology and Health Sciences Majors have:
   (i) a minimum passing average in grade 12 set by the respective HEI
   (ii) the required passing average on national exams
   (iii) other admission requirements set by the HEI.

(16) The institution must ensure that students applying from the ADEK Stream for Agricultural Science, Environmental Science, Biotechnology and Health Sciences Majors have:
   (i) a minimum passing average in grade 12 set by the respective HEI
   (ii) the required passing average on national exams
   (iii) a pass grade in the required Physics, Biology, and Chemistry subjects. In case students did not take Physics, Biology and Chemistry subjects in grade 12, the HEIs must make it compulsory to take and pass the foundational Physics, Biology and Chemistry subjects
   (iv) other admission requirements set by the HEI.

(17) The institution must ensure that students from the MoE General, MoE Advanced and ADEK Stream applying for Vocational Education programmes including Engineering Technology, Applied Engineering, Information Technology, Health Sciences (which do not deal directly with the Human Body), Management Sciences, Languages, Humanities, Social Sciences, Political Sciences, Basic Sciences, Islamic Sharia, Law, Education, Media, Arts, Military Sciences, Police Sciences and Technical Diploma Programmes, obtain:
   (i) a minimum passing average in grade 12 set by the respective HEI
   (ii) the required passing average on national exams
   (iii) other admission requirements set by the HEI.
Compliance Indicator 7c: Admission requirements to specific programmes.

The institution must maintain up-to-date and approved policies and procedures governing the admission requirements to specific programmes, that meets the requirements of Compliance Indicator 7c: Admission requirements to specific programmes. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) The institution must ensure that Bachelor of Law admissions meet both the general admission requirements, and also the following requirements:
   (i) a minimum of 75% for advanced stream or 80% for general stream in Grade 12 (MoE curriculum or its equivalent)
   (ii) the institution must require Arabic language minimum score of EmSAT 1000 score
   (iii) the institution must require English language minimum score of EmSAT 950 score (or its equivalent)
   (iv) the required passing average on College of Law’s admission test
   (v) completion of an individual interview
   (vi) other admission requirements set by the HEI.

(2) The institution must ensure that Bachelor of Education -Early Childhood admissions meet both the general admission requirements, and also the following requirements:
   (i) a minimum of 70% for advanced stream or 75% for general stream in Grade 12 (MoE curriculum or its equivalent)
   (ii) the institution must require Arabic language minimum score of EmSAT 800 score
   (iii) the institution must require English language minimum score of EmSAT 1100 score (or its equivalent)
   (iv) completion of an individual interview
   (v) other admission requirements set by the HEI.

(3) The institution must ensure that Bachelor of Medicine and Bachelor of Surgery (MBBS) admissions meet both the general admission requirements, and also the following requirements:
   (i) a minimum of 90% in Grade 12 for MoE Advanced Stream or its equivalent (International curricula)
   (ii) the institution must require English language minimum score of EmSAT 1100 score (or its equivalent)
   (iii) the institution must require Mathematics minimum score of EmSAT 900 score (or its equivalent)
   (iv) the required passing average on admission examination including the main streams of Science Chemistry, Biology and Physics
   (v) completion of an individual interview
   (vi) other admission requirements set by the HEI.
Compliance Indicator 8a: Student handbook

The institution must maintain an up-to-date and approved Student Handbook that meets policies, procedures and other requirements of Compliance Indicator 8a: Student Handbook. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

1. The institution must publish its Holiday Calendar in a range of publications including Student Handbook.

2. Up-to-date and approved statement of students’ rights and responsibilities.

3. Up-to-date and approved policies and procedures governing student roles, responsibilities and processes in governance and committees.

4. Up-to-date and approved policies and procedures governing financial control in student run clubs and societies.

5. Up-to-date and approved policies and procedures governing the role of faculty/staff advisors in student run clubs and societies.

6. Up-to-date and approved details of the Learning resource centre’s opening times.

7. Up-to-date and approved details of the Learning resource centre’s learning resources.

8. Up-to-date and approved details of the Learning resource centre’s E-learning resources.

9. Up-to-date and approved details of student services including student orientation programme.

10. Up-to-date and approved details of student services including learning support centres.

11. Up-to-date and approved details of student services’ provision of academic counselling / advising.

12. Up-to-date and approved details of student services’ provision of personal counselling.

13. Up-to-date and approved details of student services’ provision of career counselling which includes career / work-experience / internship placement services.

14. Up-to-date and approved details of student services’ provision of computer suites.

15. Up-to-date and approved details of student services’ provision of health services.

16. Up-to-date and approved details of student services’ provision of halls of residence.

17. Up-to-date and approved details of student services’ provision of dining services.
(18) Up-to-date and approved details of student services’ provision of recreational facilities.

(19) Up-to-date and approved details of student Services’ provision of prayer rooms.

(20) Up-to-date and approved policies and procedures governing responsibility and restrictions on the use of the institution’s facilities.

(21) Up-to-date and approved policies and procedures governing responsibility and restrictions on the use of the institution’s electronic resources.

(22) Up-to-date and approved policies and procedure governing responsibility and restrictions on the use of the institution’s Wi-Fi.

(23) Up-to-date and approved policies and procedure governing responsibility restrictions on the use of the institution’s internet access.

(24) Up-to-date and approved policies and procedures governing student run media and publications.

(25) Up-to-date and approved full time equivalent (FTE) faculty: student ratio.

(26) Up-to-date and approved information related to safe uses of laboratories, safety issues related to hazardous materials and fire safety.

(27) Up-to-date and approved student services offices contact information.

(28) Up-to-date and approved code of conduct which encompasses no smoking, dress codes and other related regulations.

(29) Up-to-date and approved policies and procedures governing academic integrity, which includes plagiarism penalties.

(30) Up-to-date and approved policies and procedures governing discipline, grievance, and appeal with timelines.

(31) Up-to-date information related to student records content, the institution’s privacy protection that it has in place, and conditions under which student’s record can be released.
Compliance Indicator 8b: Catalogue

The institution must maintain an up-to-date and approved Catalogue (or Student Guide) containing the policies, procedures and other information that meets the requirements of Compliance Indicator 8b: Catalogue. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) Up-to-date and approved institution’s vision, mission and goals.

(2) Up-to-date and approved statement about the history of the institution.

(3) Up-to-date and approved institution’s organisation chart.

(4) Up-to-date and approved faculty list with degrees held and the conferring institution.

(5) Up-to-date and approved list of graduate research faculty with degrees held and the conferring institution and their research interest.

(6) Up-to-date and approved list of names and titles of senior administrative staff.

(7) Up-to-date and approved list of members of the governing board and their affiliations.

(8) Up-to-date and approved admission application fees (see Compliance Indicator 11: Website).

(9) Up-to-date and approved admission deadlines (see Compliance Indicator 11: Website).

(10) Up-to-date and approved policies and procedures governing admission requirements for verified documents and secondary completion certificates (see Compliance Indicator 11: Website).

(11) Up-to-date and approved policies and procedures governing admission transfer credits (see Compliance Indicator 11: Website).

(12) Up-to-date and approved policies and procedures governing admission requirements for remedial programmes (see Compliance Indicator 11: Website).

(13) Up-to-date and approved policies and procedures governing admission requirements for any joint degree programmes (see Compliance Indicator 11: Website).

(14) Up-to-date and approved policies and procedures governing student readmission.

(15) Up-to-date and approved policies and procedures governing the General Education requirements for entry to an undergraduate degree programme.

(16) Up-to-date and approved policies and procedures governing graduate admissions.
(17) Up-to-date and approved financial policies and procedures governing student fee schedules and other programme cost payments.

(18) Up-to-date and approved financial policies and procedures governing changes to student tuition and other fees.

(19) Up-to-date and approved financial policies and procedures governing student fee refunds and charges to students who withdraw.

(20) Up-to-date and approved financial policies and procedures governing student financial aid.

(21) Up-to-date and approved financial policies and procedures governing student scholarships.

(22) Up-to-date and approved policies and procedures governing student registration.

(23) Up-to-date and approved policies and procedures governing student withdrawal.

(24) Up-to-date and approved policies and procedures governing student probation.

(25) Up-to-date and approved policies and procedures governing student dismissal.

(26) Up-to-date and approved statement about academic integrity, including definitions of plagiarism and other academic offenses.

(27) Up-to-date and approved completion requirements for each degree, including the curricula, programme learning outcomes and how these learning outcomes are aligned with QF Emirates.

(28) Up-to-date and approved required sequencing of courses within programmes.

(29) Up-to-date and approved course details and descriptions including prerequisites.

(30) Up-to-date and approved definition of the institution’s use of the terms ‘minor, or area of concentration’.

(31) Up-to-date and approved definition of the institution’s credit hour.

(32) Up-to-date and approved definition of the institution’s minimum number and level of credits/ units required for each core courses and electives.

(33) Up-to-date and approved number of credits for each course.

(34) Up-to-date and approved course details of the number of classroom and other hours required.

(35) Up-to-date and approved course details of the prerequisites, identification of core courses and electives (if applicable).
(36) Up-to-date and approved current academic year’s calendar including, teaching, assessment and holiday periods.

(37) Up-to-date and approved details and expiry date of all current MoE licensure and programme accreditations (see Compliance Indicator 11: Website).

(38) Up-to-date and approved details and expiry date of any international programme accreditations.

(39) Up-to-date and approved description of the institution’s facilities and resources that support learning.

(40) Up-to-date and approved details of any cooperative relationships with other educational, cultural or community organisations.

(41) Up-to-date and approved definition of the institution’s use of the terms ‘major’.

(42) Up-to-date and approved accurate qualification titles and designations for the programmes offered.

(43) Up-to-date and approved institution’s location and contact information.

(44) Up-to-date and approved statutory minimum English language “EmSAT - Achieve English” score admission requirements.

(45) Up-to-date and approved full time equivalent (FTE) faculty: student ratio.

(46) Up-to-date and approved full time equivalent (FTE) international faculty: faculty ratio.

(47) Up-to-date and approved current overall student satisfaction rate and annual self-evaluation report.

(48) Up-to-date and approved student services unit’s role in helping students to obtain their qualifications (see Compliance Indicator 8a: Student Handbook).

(49) Up-to-date and approved students’ rights and responsibilities (Code of Conduct).

(50) Up-to-date and approved policies and procedures governing student appeals and complaints.

(51) Up-to-date and approved policies and procedures governing academic regulations, assessment, grading and academic progress.

(52) Up-to-date and approved policies and procedures governing graduate research including: projects, thesis and dissertations, including registration, proposal submission and approval, principal advisor and supervision, graduate committees, seminar requirements, external readers, final examinations, revisions, award of degree, intellectual property rights and copyrights (see Compliance Indicator 8b: Catalogue).
Compliance Indicator 11: Website

The institution must maintain an up-to-date and approved website that meets the requirements of Compliance Indicator 11: Website. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

1. Up-to-date and approved current academic year’s calendar including, teaching, assessment and holiday periods (see Compliance Indicator 8b: Catalogue).
2. Up-to-date and approved overview of the institution.
3. Up-to-date and approved vision and mission statements.
4. Up-to-date and approved goals and objectives.
5. Up-to-date and approved details of the governing body.
6. Up-to-date and approved details of the senior management team.
7. Up-to-date and approved organisation chart.
8. Up-to-date and approved catalogue, which complies with the requirements of Compliance Indicator 8b: Catalogue.
9. Up-to-date and approved Student Handbook, which complies with the requirements of Compliance Indicator 8a: Student Handbook.
10. Up-to-date and approved statutory minimum English language “EmSAT - Achieve English” score admission requirements.
11. Up-to-date and approved policies and procedures governing its admission requirements including application fees (see Compliance Indicator 8b: Catalogue).
12. Up-to-date and approved policies and procedures governing its admission requirements including admissions deadlines (see Compliance Indicator 8b: Catalogue).
13. Up-to-date and approved policies and procedures governing its admission requirements for verified documents and secondary completion certificates (see Compliance Indicator 8b: Catalogue).
(14) Up-to-date and approved policies and procedures governing its admission requirements for transfer credits (see Compliance Indicator 8b: Catalogue).

(15) Up-to-date and approved policies and procedures governing its admission requirements for remedial courses (see Compliance Indicator 8b: Catalogue).

(16) Up-to-date and approved graduate admissions policy.

(17) Up-to-date and approved details of general education programmes.

(18) Up-to-date and approved details of student services including student orientation programme (see also Compliance Indicator 8a: Student Handbook).

(19) Up-to-date and approved details of student services’ learning support centres (see also Compliance Indicator 8a: Student Handbook).

(20) Up-to-date and approved details of student services’ provision of academic counselling / advising (see also Compliance Indicator 8a: Student Handbook).

(21) Up-to-date and approved details of student service’s provision of personal counselling (see also Compliance Indicator 8a: Student Handbook).

(22) Up-to-date and approved details of student services provision for career counselling including career /work-experience / internship placement services (see also Compliance Indicator 8a: Student Handbook).

(23) Up-to-date and approved details of student services provision for computer suites (see also Compliance Indicator 8a: Student Handbook).

(24) Up-to-date and approved details of student services provision for health services (see also Compliance Indicator 8a: Student Handbook).

(25) Up-to-date and approved details of student services provision for halls of residence (see also Compliance Indicator 8a: Student Handbook).

(26) Up-to-date and approved details of student services provision of dining services (see also Compliance Indicator 8a: Student Handbook).
(27) Up-to-date and approved details of student services provision of recreational facilities (see also Compliance Indicator 8a: Student Handbook).

(28) Up-to-date and approved details of student services provision of prayer rooms (see also Compliance Indicator 8a: Student Handbook).

(29) Up-to-date and approved activities and news about the institution.

(30) Up-to-date and approved information on branch campuses or campuses in other countries (if applicable).

(31) Up-to-date and approved institution’s location and contact information (see Compliance Indicator 8b: Catalogue).

(32) Up-to-date and approved date of the last website update.

(33) Up-to-date and approved details and expiry dates of all current MoE licensure and programme accreditations (see Compliance Indicator 8b: Catalogue).

(34) Up-to-date and approved details and expiry dates of all international programme accreditations (if applicable).

(35) Up-to-date and approved details of its Chair/programme coordinator for each programme.

(36) Up-to-date and approved details of its learning outcomes for each programme.

(37) Up-to-date and approved details of its curriculum structure and credit hours for each programme.

(38) Up-to-date and approved details of its study plan for each programme.

(39) Up-to-date and approved details of its course descriptions for each programme.

(40) Up-to-date and approved details of the full costs of studying for each programme.

(41) Up-to-date and approved details of its faculty teaching each programme including:

   (i) name

   (ii) highest qualification and name of awarding institution

   (iii) major/specialty.

(42) Up-to-date and approved full time equivalent (FTE) faculty: student ratio.

(43) Up-to-date and approved full time equivalent (FTE) international faculty: faculty ratio.

(44) Up-to-date and approved post-application acceptance rate for each programme.
(45) Up-to-date and approved information for international students including:
   (i) costs of living estimates
   (ii) student visa requirements
   (iii) eligibility for health services
   (iv) accident and travel insurance.

(46) Up-to-date and approved list of programmes, courses, services, and faculty not available during the current academic year.

(47) Up-to-date and approved programme’s students’ rates related to:
   (i) graduation
   (ii) attendance
   (iii) retention
   (iv) dropout.

Compliance Indicator 14: E-learning programmes and courses

The institution must maintain an up-to-date and approved website that meets the requirements of Compliance Indicator 14: E-learning programmes and courses. This may be supplemented by policies and procedures required to regulate any significant institutional activity or process that impacts its quality standard.

(1) The institution must maintain an organisation chart illustrating the responsibility for E-learning programmes and courses that includes materials development, programme delivery, learner support and evaluation.

(2) The institution must maintain up-to-date and approved policies and procedures governing the location of physical sites (e.g. laboratories, clinics) established to support delivery of its E-learning programmes and courses.

(3) The institution must maintain up-to-date and approved policies and procedures governing the security of its examination centres process including:
   (i) verified identity of the test taker;
   (ii) security of the test papers;
   (iii) administrative measures and technological advances to prevent malpractice and cheating.
(4) The institution must maintain up-to-date and approved policies and procedures governing the use of physical sites, such as tutorial or examination centers, in foreign countries to support the delivery of E-learning programmes, courses and arrangements to meet the mandatory requirement to obtain approval from the MoE for those sites before enrolling E-learning students who will use them.

(5) The institution must maintain up-to-date and approved policies and procedures governing E-learning class sizes (student/faculty ratios).

(6) The institution must maintain an up-to-date and approved policies and procedures governing the annual evaluation of its E-learning programmes and courses.

(7) The institution must maintain an up-to-date and approved policies and procedures governing its responsibility for the quality of E-learning courses provided by partner institutions or other organisations and has procedures in place for the evaluation and review of such courses.

(8) The institution must maintain up-to-date and approved policies and procedures governing the provision to faculty of support in instructional design and development of course materials, including as appropriate, graphic designers, multimedia specialists, programmers, librarians and others.

(9) The institution must maintain an up-to-date and approved E-learning course information sheet that covers the requirements below:

   (i) advantages and challenges to student’s success using E-learning
   (ii) minimum hardware, software and internet access speed requirements
   (iii) expected contribution to online collaborative communities for discussion threads, sharing papers, articles and communicating with faculty
   (iv) operational procedures and training materials to enable students to access online library and learning resources
   (v) details of operational procedures enabling students to access support services including tutors, academic advising, and financial aid
   (vi) details of the date, time, location of any onsite face-to-face attendance requirements, such as tutorials, field trips or, examinations.
# Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEK</td>
<td>Abu Dhabi Department of Education and Knowledge. ADEK’s role is to develop the education system in the Emirate of Abu Dhabi. This includes licensing all private institutions.</td>
</tr>
<tr>
<td>Authorisation</td>
<td>Approved by an MoE senior manager</td>
</tr>
<tr>
<td>CAA</td>
<td>Commission for Academic Accreditation. It licenses HEIs and accredits their programmes in the UAE.</td>
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<tr>
<td>CEO</td>
<td>Chief Executive officer of the HEI</td>
</tr>
<tr>
<td>Compliant</td>
<td>HEI meets the standard/metric composed of policies, regulations, and rules determined by the MoE.</td>
</tr>
<tr>
<td>Compliance inspection</td>
<td>Audit process to determine if HEIs meet the compliance inspection standards outlined in this manual.</td>
</tr>
<tr>
<td>Compliance inspector</td>
<td>A member of the inspection team responsible for following up the extent to which the HEI complies with approved inspection standards. Also, ensuring that the laws and regulations are applied through visits and using the tools necessary to prepare the inspection reports and submitting them to the concerned authorities.</td>
</tr>
<tr>
<td>Corrective plan</td>
<td>HEI’s time-bound improvement action plan</td>
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<tr>
<td>CRM</td>
<td>Customer Relationship Management system, it manages and processes all data entered onto the portal.</td>
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<tr>
<td>CRS</td>
<td>Compliance reporting system, composed of CRM and portal. All inspection activities are completed on the CRS.</td>
</tr>
<tr>
<td>Domains</td>
<td>Distinct collection of closely linked metrics</td>
</tr>
<tr>
<td>FCI</td>
<td>Full Compliance Inspection, it explores the lines of enquiries related to all standards and associated compliance indicators, and measures the degree to which the HEI complies with all relevant UAE laws and regulations.</td>
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<tr>
<td><strong>Inspection framework</strong></td>
<td>Collective term for the ‘Standards for compliance inspection of higher education institution’</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Inspection-phase documents</strong></td>
<td>Comprehensive list of documents required for the base room</td>
</tr>
<tr>
<td><strong>Key information data sheet</strong></td>
<td>HEIs enrolment, programmes and performance statistics</td>
</tr>
<tr>
<td><strong>HEI</strong></td>
<td>Higher Education Institution, HEI refers to federal and private universities, colleges, institutions (vocational and technical), and university colleges as defined by CAA</td>
</tr>
<tr>
<td><strong>HEI compliance framework</strong></td>
<td>Collection of standards, domains and metrics used to inspect HEIs within the UAE</td>
</tr>
<tr>
<td><strong>KHDA</strong></td>
<td>Knowledge and Human Development Authority (KHDA), KHDA is responsible for the growth and quality of private education in Dubai, supporting schools, universities, parents, students, educators and government partners to create high quality education sector</td>
</tr>
<tr>
<td><strong>Lines of enquiry</strong></td>
<td>Inspection themes to explore emerging from desk-top reviews</td>
</tr>
<tr>
<td><strong>Lines of inquiry</strong></td>
<td>Inspection themes to investigate</td>
</tr>
<tr>
<td><strong>Lead inspector</strong></td>
<td>MoE inspector directing the operations of the inspection</td>
</tr>
<tr>
<td><strong>Metric</strong></td>
<td>The smallest individual compliance indicator</td>
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<tr>
<td><strong>MoE</strong></td>
<td>Ministry of Education</td>
</tr>
<tr>
<td><strong>National Register</strong></td>
<td>Includes all the MoE licensed HEIs in the UAE</td>
</tr>
<tr>
<td><strong>Non-compliant</strong></td>
<td>HEI does not meet the standard/metric required</td>
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<tr>
<td><strong>OEHSMS</strong></td>
<td>Occupational environment, health &amp; safety management system</td>
</tr>
<tr>
<td><strong>Partially compliant</strong></td>
<td>HEI meets part, but not all of the standard/metric required</td>
</tr>
<tr>
<td><strong>POI</strong></td>
<td>Purpose Oriented Inspection, POI is a focused inspection on a particular theme</td>
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<tr>
<td><strong>Pre-inspection documents</strong></td>
<td>Key HEI documents to help plan the inspection</td>
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<tr>
<td><strong>QF Emirates</strong></td>
<td>The UAE qualification framework, QF Emirates is the single structure and reference point through which all qualifications in the UAE can be compared nationally and internationally</td>
</tr>
<tr>
<td><strong>Qualifications framework</strong></td>
<td>National Qualification Framework of the UAE</td>
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<td><strong>Quality assurance</strong></td>
<td>The processes, procedures, and rules followed during the inspection for ensuring accuracy, integrity and professionalism of the inspection process</td>
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<tr>
<td><strong>Standards</strong></td>
<td>Collection of closely linked domains that make up the framework</td>
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<tr>
<td><strong>Self-compliance report</strong></td>
<td>HEIs self-assessment (self-study) of how well they meet the standards</td>
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<tr>
<td><strong>SLP</strong></td>
<td>Senior Link Person, HEI staff member coordinating with MoE inspection team</td>
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<tr>
<td><strong>UAE</strong></td>
<td>United Arab Emirates</td>
</tr>
<tr>
<td><strong>Validation</strong></td>
<td>Authentication of educational documents with the legal and official stamps required by MoE</td>
</tr>
</tbody>
</table>
# Appendix 1 - Corrective plan sample

## CORRECTIVE PLAN

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Campus Address</th>
<th>Type of Institution</th>
<th>Telephone</th>
<th>President Name</th>
<th>Email</th>
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<table>
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<tr>
<th>Standard</th>
<th>Domain</th>
<th>Element</th>
<th>Details</th>
<th>Corrective Action by the Institute</th>
<th>Correction closing date</th>
<th>Actual closing date</th>
<th>Status</th>
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Appendix 2 - Frequently asked questions (FAQs)

Q1) Why is there a need for MoE Framework for the Compliance Inspection of Higher Education Institutions separate from the 2019 CAA Standards for Licensure and Accreditation?

MoE inspections determine an HEI’s compliance with the laws and regulations of the UAE. One part of the Inspection Framework covers the ‘2019 CAA Standards for Licensure and Accreditation’. However, other laws and decrees are also in scope for inspections. For example, MoE/ADEK school curriculum admission requirements, and the security of Emirates Identification recording protocols.

Q2) What is the difference between an MoE compliance inspection and a CAA external review?

Both MoE and CAA work together to optimise the students’ learning experience. However, their scope of work is different. The MoE is the regulator that monitors HEIs compliance with UAE laws and regulations. As the regulator, the MoE inspects frequently, between the intervals of CAA licensure and accreditations. CAA licenses HEIs and accredits their programmes. Its focus is on evaluating academic quality standards.

Q3) Why is a separate organisation needed to act as the regulator?

Regulation must be independent. There would be a conflict of interest in CAA operating as the licensure and accreditation authority as well as monitoring adherence to the laws and regulations.

Q4) Why are compliance inspections being introduced?

The Higher Education Inspection Directorate was established in 2016 as part of the Inspection Sector. It inspects HEIs under the authority of UAE Cabinet Decision No. (28) of 2016. Consolidating HEIs compliance inspection unifies the MoE’s approach of separate compliance and evaluative reviews already operating in Early Years and General Education Institutions.
Q5) Will HEIs now have two standards to comply with?

HEIs have always been required to meet all the laws and regulations of the UAE. This includes both the CAA standards and other laws and regulations that are now enshrined in the Framework for Compliance Inspection of Higher Education Institutions.

Q6) What is the difference between an MoE compliance inspection team and a CAA review team?

All inspectors are highly skilled full-time employees of the MoE. They live and work in the UAE. Since the establishment of the sector in 2016, inspectors have consolidated substantive UAE context expertise. CAA commissioners are supported by international peripatetic curriculum review experts that provide a global context to maintaining quality standards.

Q7) What is the reason for incorporating international best practice metrics into the framework?

Incorporating international best practice will help the UAE towards achieving its targets to be on one of the best educational countries in the world.

Q8) What is the difference between the MoE Curriculum management and CAA Educational programme standards?

The scope of the MoE Curriculum Management standard is compliance related. The CAA Educational programme standard evaluates the quality of education.

Q9) When will the Inspection Framework be implemented?

Once the Inspection Framework is published, it will be implemented immediately.

Q10) What is the purpose of the Inspection Framework?

The Inspection Framework sets out the MoE’s approach to inspection, within the spirit of open and transparent awareness.
Notice

Prior to each academic year, new laws, regulations and systems at the federal and local levels will be revised for the purpose of continuous updating on the inspection standards, domains, and metrics instruments unless directed by the MoE’s leadership or educational authorities otherwise.

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Ministry of Education
PO Box 3962
Dubai
United Arab Emirates

Tel: +971 4 217 6615
Fax: 04-2176862
Email: HE.Compliance@moe.gov.ae
www.moe.gov.ae