Internal Quality Assurance, Programme Monitoring, and Continuous Educational Enhancement

From Quality Documentation to Evidence of Academic Effectiveness

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Open Christian Press, a publishing imprint of Open Christian University and Center for Faith and Work
Chapter DOI: https://doi.org/10.65655/ocp.m29.c105
Book DOI: https://doi.org/10.65655/ocp.m29

Abstract

Internal quality assurance (IQA) is a university's continuing responsibility to establish, examine and improve the conditions under which its educational promises become demonstrable achievement. Yet institutional quality systems can produce extensive documentation without reliably detecting weak assessment, inequitable progression, inaccessible teaching or repeated failures to act on evidence. This chapter develops an integrated, Rwanda-anchored account of internal assurance that connects academic standards, programme monitoring, evaluation, institutional judgement, corrective action and verified educational enhancement. A critical documentary and conceptual synthesis draws on Rwanda's Higher Education Council internal quality-assurance guidelines and related national instruments, the African Standards and Guidelines for Quality Assurance, international professional benchmarks, and scholarship on constructive alignment, quality culture, organisational learning, feedback and educational analytics. The chapter advances a proposed evidence-to-enhancement lifecycle nested within Integrated Evidence-Traceable Quality Governance (IETQG), while preserving the distinction between internal professional decisions and legally authorised accreditation judgement. Five interlocking practical instruments provide a manual architecture, an annual programme-review record, a module-evaluation rubric, an evidence register and a corrective-action verification matrix. A worked hypothetical programme case demonstrates how conflicting evidence should lead to proportionate, documented decisions rather than favourable summary scores. These instruments are proposals for professional adaptation, not regulator-approved or empirically validated measures. Effective internal quality assurance is ultimately defined by the defensibility of its judgements and the educational consequences of its actions, not by the volume of its reports.

Keywords: internal quality assurance; programme monitoring; educational enhancement; Rwanda; quality culture; evidence traceability; academic governance

8.1 Introduction: Quality assurance as institutional responsibility

A university may conduct course evaluations every semester, convene a quality committee, complete annual programme reports and preserve thousands of files for inspection while a fundamental weakness persists unchanged. Students repeatedly receive late feedback; assessment questions fail to test the stated learning outcomes; an internship site cannot accommodate the number of assigned learners; or a programme's high completion rate conceals decreasing academic demand. Such a university has quality-assurance activity, but it has not necessarily established an effective quality-assurance system. The difference concerns what happens between collecting information and changing the conditions that generate educational experience. Internal quality assurance becomes credible when evidence influences decisions and when those decisions are subsequently examined for actual effects (Martin, 2018; Harvey & Williams, 2010).

The preceding chapters have established the purposes and multidimensional nature of higher-education quality, the authority of national regulation, the organisational capabilities needed for sustainable provision, and the design conditions of coherent, accessible and academically trustworthy programmes. Their practical implications converge at an unresolved question: who continuously tests whether the university is delivering what it approved and advertised, and what happens when the answer is uncertain or negative? This chapter addresses that question at the level of ordinary institutional operations. It concerns assurance while programmes are being taught, assessed, supported, revised and, where necessary, suspended or discontinued. External accreditation is important, but no periodic visit can substitute for the institution's own capacity to know the state of its programmes between visits (Higher Education

Council [HEC], 2021; Harmonisation of African Higher Education Quality Assurance and Accreditation Initiative [HAQAA], 2018).

IQA is understood here as the governed set of recurrent responsibilities, procedures, professional judgements and evidence practices by which an institution establishes and maintains academic standards, evaluates the actual experience and achievement of learners, protects legitimate interests, and makes accountable decisions for improvement. The definition is deliberately broader than a central quality office. Programme leaders, lecturers, internal examiners, support services, students, institutional researchers, academic boards and governing bodies each perform different parts of the function. A quality office can coordinate evidence and challenge unsupported claims; it cannot teach every module, award every mark or independently finance every improvement. An effective IQA system therefore joins delegated academic responsibility with institutional oversight, rather than replacing academic judgement with centrally administered checklists.

The Rwandan regulatory foundation is unusually relevant. HEC's *Guidelines for Internal Quality Assurance (IQA) Mechanisms for Higher Education*, dated November 2021, present 18 standards covering institutional mission, governance, academic programmes, quality policies, human and financial resources, learning environments, programme monitoring, student support, information management and periodic review. The document describes institutional ownership, stakeholder engagement, quality culture and continuous improvement, and provides for adaptable self-assessment arrangements (HEC, 2021). Its standards and assessment guidance should be read alongside the current legal framework and applicable programme-specific instruments. Presidential Order No. 044/01 of 24 July 2026, published on 30 July 2026, governs HEC's mandate; it does not convert the original analytical instruments offered in this chapter into prescribed HEC forms (Republic of Rwanda, 2026). Moreover, publication of a guideline establishes its stated expectations, not evidence that a given institution has complied with them.

The chapter's method is a critical, purposive documentary and conceptual synthesis. The source set comprises the approved book architecture, the author's doctoral analytical work, completed preceding chapters, identified HEC and Rwandan legal sources, continental and international quality references, and selected scholarship chosen for explanatory significance or its capacity to challenge simplistic assurance claims. Documents are interpreted according to provenance, level of authority, institutional scope, evidentiary relevance and possible counter-interpretations. No exhaustive systematic search, new participant research, institutional audit, PRISMA screening count, implementation trial or verified improvement effect is claimed. Constructed numerical and organisational examples are explicitly hypothetical. The practical framework is offered for testing and local adaptation, with no claim of regulatory approval or independent empirical validation (Sangwa, 2026).

The chapter's proposition is both institutional and epistemic. Institutions need routines capable of discovering deficiencies before students or external inspectors bear their full consequences; they also need reasoned methods for deciding what the evidence can and cannot establish. A low response rate cannot prove that students are satisfied, a high pass rate cannot independently establish mastery, and a completed corrective-action form cannot establish that a problem is resolved. Evidence must be interpreted against relevant standards, corroborated where reasonable and linked to an accountable intervention. That logic provides the institutional counterpart of the evidence-traceable accreditation judgement developed in the next chapter, while keeping internal assurance and external regulatory authority analytically distinct.

A useful methodological distinction follows from the chapter's critical realist orientation. An annual report and an officially approved quality policy are observable institutional artefacts. Staff and students' actual teaching, marking, advising and corrective decisions constitute events and practices that may or may not correspond to the artefacts. Institutional incentives, staff capacity, authority relationships, technologies and informal cultures may help to explain recurrent patterns, but those mechanisms cannot simply be read off a dashboard. The analysis therefore considers rival explanations for favourable and unfavourable indicators, asks what would count as disconfirming evidence, and distinguishes an internally warranted conclusion from a causal claim requiring a stronger research design (Meyer & Rowan, 1977; Sangwa, 2026). This perspective safeguards against both uncritical optimism about institutional self-reporting and an equally unjustified assumption that all formal procedures are ineffective.

The source-selection process was purposive and interpretive: the Rwandan legal and HEC instruments were prioritised for normative relevance; the African Standards and Guidelines and ESG 2015 were used as comparative benchmarks; and peer-reviewed and institutional research was selected to illuminate educational measurement, quality culture, feedback use and organisational learning. Findings were developed by comparing each source's

definition of the quality problem, prescribed or observed practice, evidentiary limitations, and implications for review. This account describes the logic of the present synthesis rather than claiming a retrospectively reconstructed systematic search, comprehensive screening record or empirical test. It also explains why the chapter treats professional checklists as aids to accountable interpretation, not self-validating measurements of institutional quality.

8.2 Quality assurance, quality control, quality enhancement, and institutional effectiveness

Quality assurance, quality control and quality enhancement are closely related but answer different questions. Quality control asks whether a specific product, record, assessment decision or process conforms to defined requirements. Checking that examination papers have been moderated, laboratory equipment meets calibration standards, grades have been accurately entered or a transcript records the correct credits exemplifies control. Assurance asks whether the university has a functioning, credible and adequately evidenced system capable of maintaining standards across repeated activities and cohorts. Enhancement goes further by examining where educational provision can be made more effective, inclusive, intellectually demanding or sustainable, even where the current minimum requirement is being met. Institutional effectiveness concerns the extent to which appropriately chosen purposes are achieved, interpreted with regard to resources, educational context and legitimate alternative explanations (HEC, 2021; European Association for Quality Assurance in Higher Education et al., 2015).

These functions cannot be arranged as a simple hierarchy in which quality control is obsolete and enhancement automatically superior. A single inaccurate grade can cause material harm irrespective of institutional improvement strategy; an unreliable examination procedure may require immediate correction before any long-term developmental project. Conversely, perfect conformity with a defective rubric can reproduce invalid judgements systematically. Assurance must therefore examine the quality of the standard itself, the reliability of its implementation and the consequences for learners. A procedure is not academically defensible because it is consistently applied if the procedure measures recall where a degree promises independent professional judgement. Biggs's (1996) constructive-alignment argument explains why the validity of objectives, activity and assessment relationships matters in addition to procedural consistency.

Quality enhancement should not become a euphemism for managerial novelty. Replacing a reading list annually, migrating to a new learning platform or increasing the number of feedback surveys does not necessarily constitute educational improvement. An enhancement claim requires a defensible account of the problem or opportunity, the chosen response, plausible pathways through which the response might matter, and relevant evidence from subsequent practice. Where outcomes improve after a change, the institution should still consider concurrent changes in cohort characteristics, staffing, assessment design and economic circumstances before attributing the entire improvement to its intervention. Conversely, unsuccessful interventions can constitute valuable organisational learning when the institution records why they did not work and revises its assumptions transparently (Argyris & Schön, 1978; Martin, 2018).

Table 8.1 clarifies the evidence demands of these interlocking functions. The point is not to create four competing administrative departments. It is to prevent the same artefact from being used indiscriminately to answer conceptually different questions. A signed examination moderation record establishes that a recorded control was performed. It does not, without examining the moderation process and assessed work, establish that assessment standards were maintained across a programme.

Table 8.1

The purposes, evidence and characteristic errors of internal educational quality functions

Function	Principal evaluative question	Illustrative evidence	Common inferential error
Quality control	Was the specified decision or process correctly executed?	Mark reconciliation; moderation log; laboratory check	Assuming procedural completion proves academic validity
Quality assurance	Can the institution maintain standards reliably across programmes and cohorts?	Approved procedures; verified samples; staff competence; audit trail	Equating policy existence with routine enactment

Function	Principal evaluative question	Illustrative evidence	Common inferential error
Quality enhancement	Did an identified change plausibly improve a worthwhile educational condition?	Baseline; action record; subsequent work samples; learner evidence	Counting initiatives instead of examining consequences
Institutional effectiveness	Are defensible institutional and educational purposes being achieved?	Integrated attainment, progression, research, public-service and resource evidence	Inferring quality from one aggregate performance indicator

Note. Original analytical synthesis informed by HEC (2021), Biggs (1996), Argyris and Schön (1978), and Martin (2018); categories are explanatory rather than mutually exclusive or regulator-prescribed.

The distinction also helps clarify the role of performance targets. A university might require an agreed proportion of feedback to be returned within a defined period. Such a target creates operational visibility, but it does not establish that feedback is intelligible, accurate or used by students. Boud and Molloy (2013) argue that feedback should be designed as part of learning, with learners progressively able to judge and act upon information. A responsible quality review therefore combines timeliness measures with analysis of feedback quality, student opportunities to respond and subsequent work. Where evidence is incomplete, the correct conclusion is qualified rather than automatically favourable or adverse. Institutional effectiveness is a reasoned judgement, not an arithmetical average of unrelated indicators.

8.3 Institutional quality-assurance governance: Academic boards, senates, departmental committees, and quality units

IQA succeeds or fails partly through its distribution of decision rights. A governing council or board exercises institutional stewardship within the powers granted by law and institutional statutes. A senate or equivalent academic authority ordinarily protects the integrity of curricula, standards, assessment regulations, awards and academic policy. Faculty boards and departmental committees interpret academic requirements within disciplines, programme teams scrutinise day-to-day delivery, and specialist functions support admissions, examinations, libraries, digital systems, student welfare, research and institutional evidence. A central quality unit may develop methods, schedule reviews, consolidate findings and escalate unresolved risk. Exact bodies and competences differ by institution; a template cannot substitute for approved statutes or the legally valid delegation of academic authority (HEC, 2021; Republic of Rwanda, 2026).

The governance problem is not solved by multiplying committees. Duplication may delay corrections until the next scheduled meeting, while an over-centralised arrangement can cause senior managers to decide specialist academic matters without adequate disciplinary scrutiny. At the opposite extreme, complete decentralisation may allow departments to use inconsistent marking thresholds, abandon agreed complaint procedures or suppress unfavourable data. Effective governance locates professional judgement near the learning activity while establishing common rules for matters that affect fairness, academic comparability, safeguarding and legal compliance. The senate can approve a university-wide moderation policy; departments should apply it through discipline-sensitive methods; independent academic scrutiny should verify that those applications are credible.

Accountability must distinguish four operations often collapsed in institutional reporting: identifying a problem, recommending a response, authorising the intervention and verifying its effectiveness. When the same programme director is required to diagnose, approve and declare closure of a serious failure without independent challenge, conflicts of interest may compromise credibility even without deliberate misconduct. Conversely, review should not be so adversarial that lecturers avoid reporting problems. A proportionate separation of duties might assign the programme team to investigate, the faculty board to approve a curriculum remedy, the quality unit to verify procedural compliance and the academic senate to decide a material award-level modification. Students should have safe opportunities to raise concerns, while confidential cases must be handled by competent offices without exposing personal information in general committee minutes (Loukkola & Zhang, 2010; HEC, 2021).

Table 8.2

Illustrative institutional allocation of internal quality-assurance decision rights

Decision locus	Principal assurance responsibility	Typical decision or artefact	Necessary challenge or escalation
Governing council or board	Resource stewardship, institutional risk and executive accountability	Quality strategy, funded improvement priorities	Material unresolved risk, financial or reputational exposure
Senate or academic board	Qualification integrity, academic regulations and standards	Programme validation, award rules, major curricular change	Legal approval, professional requirements, external permissions
Faculty or school committee	Cross-programme oversight and disciplinary standards	Annual review recommendations, staffing and assessment concerns	Material academic deficiencies beyond faculty authority
Department and programme team	Enacted teaching, assessment, support and cohort analysis	Module and programme review, academic action plan	Serious integrity, safety, accessibility or compliance risk
IQA unit or equivalent	Review design, evidence stewardship, independent checking and follow-up	Review calendar, evidence register, follow-up report	Persistent non-closure, inconsistent reporting, conflicting evidence
Specialist services and student representatives	Technical, welfare, library, digital, accessibility and experiential evidence	Service evaluations, user evidence and specialist findings	Confidential cases, urgent learner protection, data incidents

Note. Original proposed allocation, for adaptation to each institution's statutes, staffing and legal obligations. It is not an HEC governance chart. Student participation should be meaningful without requiring students to certify specialist matters beyond their expertise.

An annual responsibility matrix should name the office with final authority for each decision, the officer accountable for completion, the evidence custodian and the escalation route. It should also cover absence and succession, since a programme that depends entirely on one respected individual has not institutionalised its assurance capability. In small institutions, formal committee functions may legitimately be combined, but combination should not remove independent review of high-stakes judgements. Minutes should record contested issues and reasons for decisions, not merely unanimous endorsement. This creates a defensible institutional history when staff change or an external reviewer asks why an apparently known weakness remained unresolved (Meyer & Rowan, 1977; HEC, 2021).

The defensibility of decisions also requires an appeals and exception architecture. A department may request a temporary assessment variation, a programme director may need emergency replacement supervision, and a learner may challenge a mark or an inaccessible examination. A quality policy should specify which exceptions are permissible within delegated authority, what academic conditions they must preserve, how decisions are dated and disclosed, and when an exception becomes a material programme change requiring higher authorisation. Repeated waivers should trigger a systemic review rather than remain scattered as individually reasonable decisions. These procedures protect lawful discretion without allowing informal practice to become an undeclared alternative curriculum.

8.4 Establishing institutional quality policies, review schedules, responsibilities, and evidence systems

A functioning IQA policy begins with institutional educational commitments and identifies the standards by which those commitments will be judged. It should state its scope across awards, modalities, campuses, research activity where relevant, learner services and externally partnered provision. It should identify the competent approval authority, the relationship to national requirements, staff and student responsibilities, how possible conflicts of interest are managed, and how serious concerns are escalated. HEC's 2021 guidelines specifically address published QA policies and procedures, formalised roles, stakeholder participation, information management and periodic review. International references such as the African Standards and Guidelines and the ESG 2015 strengthen the comparative case for internal policies, programme monitoring and information use; neither displaces applicable

Rwandan law (HEC, 2021; HAQAA, 2018; European Association for Quality Assurance in Higher Education et al., 2015).

A policy without an operational calendar is difficult to enforce. The institution should synchronise module evaluation with the end of teaching, moderation with assessment and boards of examiners, programme review with reliable cohort results, resource allocation with budget cycles, and major curriculum review with academic planning and regulatory timelines. Emergency reviews must remain possible when risks do not respect calendars. A serious clinical-placement failure should not wait for the annual programme meeting. A substantial unexplained difference between examination markers may require grades to be withheld pending reconciliation. In contrast, a broader redesign of disciplinary progression can often be scheduled after a programme-level analysis. The timing of review should follow educational risk and the availability of meaningful evidence rather than the administrative convenience of one reporting date.

Evidence architecture is central. Institutions should maintain a controlled record of the claim or standard being assessed, the owner of the relevant process, the source and date of evidence, the cohort and programme to which it applies, its access restrictions, the outcome of verification and the decision it informed. Records should make a necessary distinction between policy, allocated resources, implemented activity and demonstrated educational result. For example, a lecturer's curriculum vitae may establish qualifications, a timetable may establish a planned allocation, attendance and course records may show enacted teaching, and reviewed assessment samples may illuminate whether teaching supported the intended standard. None is an all-purpose substitute for the others. A central repository is useful only when versioning, permissions, retention, retrieval and accountability are designed into its ordinary use (Sangwa, 2026; HEC, 2021).

The 2021 HEC IQA document contains 18 standards; a chapter-specific manual need not reproduce their text to create an effective internal crosswalk. Table 8.3 identifies functional clusters through which institutions can index their evidence while preserving the official standard numbers and language in the authoritative source. Clusters are an editorial aid, not a revision of HEC's standard system. They help avoid the error of assigning every indicator to the central QA office while leaving no operational owner within the academic or service departments.

Table 8.3

Functional crosswalk for HEC Rwanda's 2021 internal quality-assurance standards

Internal assurance cluster	HEC 2021 standards	Internal evidence emphasis
Institutional purpose and accountability	1–3, 5	Profile, mission, governance, published IQA arrangements, decision records
Academic programme and assessment integrity	4, 9, 11, 18	Programme approval, monitoring, learning and assessment, periodic review
Staff, funding and learning infrastructure	6–8, 12	Qualified staff, financial stewardship, facilities and learning support
Learner lifecycle and institutional information	10, 15–16	Admissions and certification, information systems, reliable public communication
Research, community and collaboration	13–14, 17	Research and innovation, community engagement, collaborations and mobility

Note. Analytical grouping of the 18 standard titles in HEC (2021, pp. 12–25). Consult the original instrument for full wording and interpretation; this table is neither an alternative legal standard nor a claim that each requirement is satisfied.

The policy should also set an evidence-governance protocol. Data collected for student advising should not automatically be redistributed for staff disciplinary review, commercial research or unrestricted AI model processing. Rwanda's Law No. 058/2021 on personal data and privacy creates duties that require institutional legal interpretation and appropriate controls, including attention to lawful processing, security and data-subject interests (Republic of Rwanda, 2021). The institution should define who may inspect identifiable records, how student feedback is de-identified, which records require confidentiality, how long evidence is retained, and what happens when an authorised reviewer needs access. These rules should be proportionate to the purpose: the absence of all student-level evidence can weaken internal inquiry, but unrestricted surveillance is not a legitimate shortcut to assurance.

The evidence system should use a common vocabulary and data dictionary. Programme identifiers, qualification levels, study periods, census dates, credits attempted, credits earned, withdrawal categories, assessment opportunities and closure states must have agreed meanings if reports are to be compared across faculties or years. For every substantial measure, the institution should record its numerator, denominator, exclusions, reporting period, extraction logic and responsible steward. It should also reconcile the source of records, such as examinations, student information and learning-platform systems, before publishing results. Where two databases disagree about the size of a cohort, the inconsistency is a quality finding to resolve, not a reason to select the more favourable number. The original records and the approved interpretation should remain traceable for authorised review (HEC, 2021; Jisc, 2015).

A proportionate review calendar requires at least three distinct time horizons. Immediate safety, access and academic-integrity failures need a rapid decision route; module and assessment evidence can be consolidated at the completion of a teaching period; and programme, resource and strategic evidence may require annual or multi-year interpretation. These are proposed operating horizons rather than universal HEC deadlines. The university should define triggering conditions that bring a review forward, including an unexplained progression collapse, repeated appeals, lost placement capacity, cyber incidents affecting academic records, inability to provide specialist supervision, or sustained contradiction between teaching evaluations and moderated student work. The central test is whether staff know both the ordinary timetable and the route for acting before the next scheduled meeting.

8.5 Programme validation, implementation monitoring, and annual academic review

Programme quality must be considered at several distinct stages. Validation is a prospective judgement about the educational merits and readiness of a proposed programme. Launch review examines whether critical staff, teaching resources, assessment arrangements, student information and support systems are actually in place. Implementation monitoring examines whether what was approved is being delivered under the circumstances of an identifiable cohort. Annual programme review interprets accumulated experience and achievement, including whether previous recommendations have been implemented. Periodic strategic review questions the programme's continuing academic rationale, structure, external relevance and sustainability. These stages form a developmental sequence but should not be confused: a successfully validated dossier does not prove enacted educational quality, while the absence of longitudinal graduation data from a new programme does not automatically establish defective readiness (HEC, 2021; Sangwa, 2026).

A validation record should therefore be preserved as the baseline against which implementation can be examined. It should identify the approved programme title and award, learning outcomes, credits, duration, admissions criteria, delivery sites and modes, module register, staffing assumptions, planned enrolment, learning resources, practical training and assessment architecture. Material variations should be recorded through a controlled modification procedure. During implementation, the programme team can compare authorised and delivered curricula, actual module offerings, teaching and supervisory allocations, assessment tasks, feedback performance, use of learning resources and students' academic experience. A discrepancy may be justified, harmful or simply administrative; its significance depends upon what has changed, which rule or academic purpose is implicated, and who has authority to permit or rectify the departure.

An annual review should not merely restate strengths and weaknesses. It should establish the cohorts and review period, describe student movement from admissions through progression, compare intended and evidenced learning, analyse moderation and external examiner findings, assess student and professional feedback, test staffing and resources, record previous actions and recommend specific decisions. The denominator and relevant population should be explicit. A progression proportion may use all registered students at an agreed census date, whereas assessment pass rates may include only students who attempted the relevant assessment; comparing these without explanation is misleading. Withdrawals, deferrals, repeaters, transfers and students awaiting completion should not disappear from the analysis because they make results difficult to present. Cohort-level interpretation also requires attention to discipline, mode and entry route (HEC, 2021; Kahu & Nelson, 2018).

It is useful to divide findings into matters that can be corrected within the programme, matters requiring institutional resources, and matters that may demand formal programme modification or external regulatory action. A module may need a redesigned assessment or better sequencing; a recurring laboratory bottleneck may require capital expenditure or a revised cohort limit; a substantial change in qualification structure may have consequences beyond the senate's

internal approval. The HEC's 2021 Standard 9 concerns design, approval, monitoring and evaluation of study programmes, and Standard 18 concerns periodic review of core activities. These provisions support the principle of an institutional review cycle, but precise external approval requirements must be established from applicable instruments rather than invented from this chapter's proposed timetable (HEC, 2021; Republic of Rwanda, 2026).

Table 8.4

Annual programme-review template: minimum evaluative fields and decision outputs

Review field	Evidence to examine	Required analytical conclusion or decision
Programme identity and authority	Approved specification, version, delivery permissions	Is current delivery consistent with approval?
Cohort composition and movement	Admissions, registration, transfer, deferral, withdrawal	What are the denominators and differential progression patterns?
Academic standard and achievement	Outcome maps, moderated work, examiners' findings	Are claimed award-level capabilities evidenced?
Curriculum and module sequence	Module results, prerequisites, content and credit map	What gaps, duplication or progression failures require action?
Teaching, assessment and feedback	Actual schedules, task samples, moderation, response evidence	Do educational activities and judgements remain fit for purpose?
Inclusion and student support	Access tests, service records, complaints, support response	Which barriers prevent meaningful participation?
Staffing, infrastructure and sustainability	Workload, contracts, facilities, digital service and budget	Can the programme continue safely and credibly?
Stakeholder and external perspective	Student and graduate views, employers, external examiners	What corroborates or challenges internal conclusions?
Previous actions and current risks	Prior review, action register, evidence of verification	Which actions have worked, failed or remain open?
Recommendation and authority	Findings, alternatives, costs, responsible committee	What is approved, escalated, monitored or formally modified?

Note. Original author-developed template informed by HEC (2021), ESG 2015 and Martin (2018). Institutions should add the current statutory or professional criteria relevant to each programme, not treat this instrument as an official HEC form.

Review is most credible when its structure allows unwelcome findings to survive deliberation. A strong report may conclude that teaching is academically effective while identifying a serious access failure affecting a small group; a weakness in learner protection must not be dissolved by favourable overall averages. Reviewers should record uncertainty honestly and assign an evidence-gathering action when the available information cannot settle a material claim. Only thereafter should the academic authority decide whether to continue unchanged, make minor improvement, impose enhanced internal monitoring, propose substantial redesign, restrict recruitment, suspend delivery or pursue an authorised closure process. The purpose is not to impose identical outcomes on all institutions but to require an intelligible relationship between the educational risk and the response.

Programmes with work-integrated learning need an additional assurance layer because attainment depends partly on parties outside the university. Annual review should connect placement agreements, the competence and availability of workplace supervisors, site capacity, insurance and safety arrangements where applicable, scheduled learning, feedback and the authenticity of assessed performances. A signed memorandum of understanding establishes an arrangement; it does not establish that each student obtained appropriate supervised experience. The review should examine sample logs, supervisor reports, observed or authenticated performances, incident records and students' opportunities to meet essential competencies. Where clinical, educational or engineering practice is regulated by another competent body, its requirements must be considered separately from ordinary programme preferences.

The same distinction applies to postgraduate and research provision, which can disappear from undergraduate-style quality dashboards. Doctoral and master's research review requires defensible admission and progression milestones, access to relevant scholarship and research infrastructure, appropriate supervisory expertise and capacity, ethics and

integrity procedures, confirmation of candidature where applicable, examination independence and reliable records of completion and withdrawal. A supervisor's formal appointment or doctoral qualification does not establish the quality of supervision. Institutions need to examine actual meeting and feedback practices without reducing research quality to the number of meetings, pages written or time to submission. Disciplinary expectations and applicable official postgraduate requirements remain controlling; the proposed IQA logic governs how institutions examine and respond to the evidence.

8.6 Module evaluation, curriculum coherence, assessment moderation, and external examining

Modules are the immediate sites where the approved curriculum becomes teaching, learning, practice and assessment. Their evaluation should consequently inspect more than a lecturer's popularity or the average mark. A defensible review examines whether the module's actual content and intellectual demand correspond to its approved learning outcomes, whether prerequisites support rather than obstruct progression, whether learning activities provide opportunities for appropriately complex thinking, whether resources and accessibility arrangements work, and whether assessment tasks support valid claims about individual achievement. These relationships are central to constructive alignment, but the review must also test whether the outcomes themselves remain suitably demanding for the qualification and discipline (Biggs, 1996; HEC, 2021).

A module should be evaluated through multiple evidence streams. The module descriptor and teaching plan establish intended provision; timetable, course-platform records and teaching artefacts demonstrate elements of enactment; assessment briefs, student submissions, marking rubrics and moderation records illuminate academic demand; student feedback explains perceived barriers; and subsequent module performance may reveal prerequisite gaps. Disagreement among sources can be informative. If most learners report clear teaching but external scrutiny identifies an assessment that tests only elementary recall, the programme should not dismiss the academic concern because the satisfaction score is high. If results decline after a more demanding assessment is introduced, the decline may indicate improved integrity of standards, inadequate preparation or both. The review must examine task validity, learning opportunities and comparative cohort evidence before deciding.

Moderation is a quality-control and academic-standards function whose precise form should follow task characteristics. Pre-assessment moderation examines questions, instructions, difficulty, outcome coverage, accessibility, time and marking criteria before students attempt the work. Post-assessment moderation scrutinises the consistency and defensibility of marking, treatment of borderline results, application of criteria and integrity of recorded grades. Sampling methods need to be justified. Random samples can illuminate broad consistency, while purposive review of high, low, borderline and contested scripts tests particular risks. In high-stakes or professionally regulated performance assessment, observation, assessor calibration and independent checks may be more informative than retrospective document review. A signature confirming moderation has occurred is useful but cannot replace substantive examination of moderation comments and resulting changes.

External examining introduces an appropriately independent academic perspective where an institution uses that model and where the relevant academic or professional arrangements permit it. The examiner may interrogate qualification level, curricular coherence, assessment briefs, sampled student work, classification decisions and the comparability of standards. Independence requires appropriate disciplinary expertise and management of conflicts of interest; a familiar consultant who designed the relevant assessment cannot automatically supply independent confirmation of its quality. External examiners do not ordinarily replace the authorised internal board of examiners or the competent regulator. Their comments require an institutional response, including reasons where recommendations are not accepted. External examination is therefore both a source of challenge and a test of institutional capacity to respond to challenge (HEC, 2021; European Association for Quality Assurance in Higher Education et al., 2015).

Table 8.5

Proposed module-evaluation rubric for documented professional judgement

Dimension	Evidence expected	Diagnostic interpretation
Outcome and qualification alignment	Descriptor, approved programme map, discipline benchmark	Are expectations coherent and sufficiently demanding?

Dimension	Evidence expected	Diagnostic interpretation
Content and intellectual progression	Learning materials, prerequisite map, student tasks	Does instruction deepen disciplinary knowledge appropriately?
Teaching and purposeful interaction	Session evidence, activities, feedback and learner work	Is meaningful enquiry supported, not merely activity counted?
Assessment validity and authenticity	Task blueprint, rubric, student submissions, oral or practical checks	Does work support defensible inferences about achievement?
Marking, moderation and integrity	Calibration, sampling records, anomalies and decisions	Are results dependable, fair and contestable?
Accessibility and participation	Content tests, adjustments, mode and workload evidence	Are unnecessary barriers identified and addressed?
Learning resources and technical continuity	Library, laboratory, placement and platform records	Were promised learning opportunities actually usable?
Review and educational improvement	Prior concerns, corrective records, subsequent evidence	What changed, and how is its educational consequence known?

Note. Original review instrument informed by Biggs (1996), HEC (2021), and Boud and Molloy (2013). Use a substantiated judgement (effective, improvement required, critical deficiency, or evidence insufficient) for each dimension rather than an unsupported aggregate numerical score.

Evaluators should resist substituting compliance arithmetic for judgement. A rubric of eight dimensions does not mean a programme with seven satisfactory scores and one unsafe laboratory practice is substantially satisfactory. Material academic integrity, learner-safety and legal thresholds are non-compensatory. The rubric can support consistency by requiring each judgement to refer to evidence and identifying the threshold at risk; it should not pretend to provide a psychometrically validated measure of teaching quality. Its most valuable use is in a structured conversation among lecturer, programme leader and independent reviewer about specific changes that can be verified during the next suitable learning or assessment cycle.

A practical moderation system should document what changed as a result of academic challenge. Before assessment, the reviewer can record whether a task assesses the intended level of reasoning, supplies a fair opportunity to demonstrate learning, has intelligible criteria and can be completed under stated conditions. After marking, the team can inspect stratified samples and discrepant judgements, record the basis for reconciliation, and confirm that approved marks are transferred correctly. Sampling plans should attend to borderline classifications, atypical results, group work, suspected misconduct and modes of delivery without treating purposeful samples as probability estimates. If the same rubric produces markedly different ratings from experienced assessors, the first response should be calibration against authentic student work and explicit performance descriptors, not automatic averaging of incompatible judgements (Biggs, 1996; Boud & Molloy, 2013).

Assessment validity becomes particularly demanding when generative AI is readily available. A portfolio, online essay or take-home task may support excellent learning while providing incomplete evidence of unaided individual competence. Programmes should identify where assistance is permitted, what declaration and process evidence are appropriate, and which outcomes require independently verified performance. Moderation may examine oral defence, supervised practice, successive drafts or authentic demonstrations where educationally justified. These safeguards should not be imposed indiscriminately: an oral examination may create accessibility or language barriers unless appropriately designed, while software-based AI-detection scores cannot substitute for fair evidentiary investigation. The crucial quality question is whether the assessment claim survives proportionate scrutiny of authorship, performance conditions and student opportunity (Sangwa, 2026).

8.7 Student feedback, course evaluation, graduate outcomes, and stakeholder evidence

Students possess indispensable evidence about whether teaching, schedules, assessment communication, academic advising, support services and learning resources are usable. They do not necessarily possess the complete specialist knowledge needed to judge disciplinary standards, the long-term suitability of a graduate curriculum or the legal conditions of accreditation. Student feedback should therefore be treated neither as a popularity contest nor as an optional ceremonial consultation. It is one fallible but essential perspective that becomes stronger when its collection

is ethical, its respondents are described and its findings are compared with observed educational conditions. The institutional purpose of consultation is to learn what the institution might otherwise overlook and to demonstrate that reasonable concerns receive a substantive response (Kahu & Nelson, 2018; HEC, 2021).

Evaluation design matters. A single end-of-semester rating of overall satisfaction conflates teaching quality, disciplinary difficulty, student expectations, grading experience and personal circumstances. More useful instruments distinguish clarity of learning expectations, accessibility of resources, workload, feedback usefulness, fairness of assessment, inclusion, opportunities for dialogue and responsiveness to support requests. Open-text responses may explain why a rating is low or high, but need careful thematic interpretation and privacy protection. Feedback obtained while a lecturer controls students' grades can be distorted by fear; responses obtained only from learners who complete a module can exclude those facing the most serious barriers. Anonymous collection, clear questions, safe complaint channels and transparent communication of aggregate results improve credibility without guaranteeing representativeness.

A responsible report states the eligible population, number responding, response rate where known, collection window and relevant nonresponse risks. It avoids presenting a precise-looking percentage as a population fact when the survey captured only a narrow convenience group. Where numbers are very small, reporting a subgroup's characteristics may reveal a student's identity. Findings should therefore be appropriately aggregated and, when necessary, described qualitatively. The institution should distinguish anonymous module feedback from formal complaints, academic appeals, safeguarding reports and requests for individual accommodation; these processes have different evidentiary, confidentiality and procedural purposes. Student representatives can help interpret system-level patterns but should not be expected to investigate confidential allegations or vote upon the academic merits of their own unresolved cases (HEC, 2021; Republic of Rwanda, 2021).

Graduate and employer evidence extends review beyond campus. Graduate destinations, further study, entrepreneurial activity, professional licensure, satisfaction with preparation and perceived gaps may illuminate longer-term programme relevance. Employers, professional bodies, placement supervisors, alumni and community partners can identify changes in practice that deserve curricular attention. However, employment indicators are shaped by labour-market conditions, social networks, migration, economic cycles and the population entering the programme. The fact that a graduate obtained a job does not establish that the curriculum caused it; the absence of immediate formal employment does not establish educational failure. Data collection should make room for self-employment, unpaid care, further learning and research careers where relevant, especially in contexts where administrative labour-market records are incomplete. Stakeholder testimony should be evaluated for possible selection and commercial interests rather than accepted merely because it appears on headed paper.

Feedback becomes educationally meaningful only when there is a visible route from consultation to institutional reasoning. Students should be informed, at an appropriate level of aggregation, which matters were identified, what will change, which requests were not accepted and why, and when progress will be reviewed. This is not a promise that all expressed preferences will be satisfied; academic integrity may require preserving challenging assessments despite dissatisfaction. It is a commitment that experience-based evidence will not disappear into a spreadsheet. Boud and Molloy's (2013) account of feedback as a learning process applies also to the institution: the value lies in its ability to interpret information, make a reasoned adjustment and learn from what follows.

Stakeholder consultation needs a response mechanism rather than simply another collection instrument. After each review period, an institution can issue a concise, accessible account explaining which themes emerged, which changes have been authorised, why particular requests were not accepted, who is responsible for the next step and when students may expect to see the result. Research comparing Australian and Scottish universities found that systematic collection and reporting of student feedback did not consistently translate into improvement action, reinforcing the importance of partnership and accountable follow-up (Shah et al., 2017). That evidence supports a professional warning, not a claim that a particular Rwandan institution has the same weakness.

Graduate tracking likewise requires an explicit sampling and interpretation strategy. Tracer studies should identify the graduation cohort, reachable and responding population, elapsed time after award, programme pathway, geographical mobility and whether outcomes are self-reported or independently corroborated. A respondent group dominated by graduates with stable contact information may yield a distorted picture of employment or professional transitions. Institutions can complement employment status with evidence of professional competence, further learning, service to communities and alumni reflections on curriculum strengths and gaps. Such findings should inform review alongside

current scholarly and occupational developments, without allowing short-term labour-market changes alone to determine the legitimacy of every academic programme (HEC, 2021; UNESCO Office in Harare, 2025).

8.8 Academic staff evaluation, continuing professional development, and teaching enhancement

The competence of academic staff is a continuous institutional obligation rather than a credential checked only at recruitment. Disciplinary expertise, teaching capability, assessment literacy, research practice, digital proficiency, supervision, accessibility and ethical judgement may develop or deteriorate as programmes, technologies and workload conditions change. HEC's 2021 IQA guidance explicitly addresses adequate human resources, staff development, appraisal and the alignment of staff capability with institutional responsibilities. A meaningful institutional policy should connect these functions to the actual academic duties allocated to lecturers rather than assuming that attendance at occasional workshops constitutes sustained competence (HEC, 2021).

Staff evaluation should be developmental while retaining proportionate accountability for serious failures. Evidence might include peer observation and review of teaching artefacts, the intellectual quality of assessment and feedback, student experiences interpreted cautiously, moderation findings, professional development undertaken, scholarly engagement and demonstrated response to prior recommendations. These sources are not interchangeable. Student ratings are susceptible to confounding influences and can penalise rigorous or unfamiliar teaching; peer observation can capture a carefully rehearsed performance; publications establish scholarly productivity but not necessarily teaching effectiveness. A fair appraisal interprets multiple evidence streams according to role, experience, discipline, modality and workload, while maintaining a transparent process for challenge and response (Loukkola & Zhang, 2010; Harvey & Williams, 2010).

Continuing professional development (CPD) is most effective when linked to a diagnosed problem and supported with opportunities to practise, reflect and obtain feedback. If moderation reveals that lecturers use inconsistent performance-level descriptors, an institution might introduce calibration exercises with anonymised student work, compare justifications and review a subsequent marking sample. If online students struggle with unclear directions, instructional designers and lecturers can collaboratively revise a sample module, test it with intended learner roles and examine subsequent usage and feedback. Where AI-assisted assessment or feedback is introduced, staff development should address task validity, error checking, disclosure, privacy and the preservation of accountable human decisions, rather than promoting tool familiarity alone (Biggs, 1996; HEC, 2021; Jisc, 2026).

Professional development also depends on labour conditions. Lecturers cannot consistently improve teaching when they are assigned excessive course loads, large marking cohorts, multiple unfamiliar digital systems and inadequate supervision time. An institutional claim of staff commitment is incomplete without an account of allocated workload, specialist support, protected development time and implementation resources. Appraisal should therefore be capable of identifying organisational failures rather than attributing every deficiency to an individual. Where a problem arises from an unreasonable teaching allocation, an intervention limited to staff retraining will be insufficient. Quality governance must be able to alter budgets, timetables, staffing complements and procurement arrangements when evidence shows that these conditions constrain learning.

A fair enhancement process separates developmental support from disciplinary proceedings while retaining clear escalation where misconduct, negligence or unsafe practice is substantiated. Self-reflection and confidential mentoring should not automatically become evidence for employment sanctions; equally, a repeated refusal to comply with valid academic standards cannot be excused as a personal teaching style. Decisions should identify the applicable duty, evidence of its performance or breach, opportunity to respond, improvement support, review point and appropriate authority. Such procedures strengthen the willingness of staff to disclose problems without weakening learner protection or academic standards. The criterion of success is observable improvement in the affected educational activity, not the number of CPD certificates produced.

The interpretive caution surrounding student evaluations has an empirical foundation. Heffernan's (2022) synthesis reports research indicating that course and teaching evaluations may be affected by prejudice and by disciplinary circumstances. This does not render every student account unreliable; it makes single-instrument personnel rankings professionally difficult to justify. A review can still identify patterns in clarity, responsiveness and inclusion, while using independent inspection of assessment, peer evaluation and documented teaching improvement to address

questions beyond students' direct observation. Where an allegation concerns discrimination or abuse, an appropriate safeguarding or disciplinary process should investigate it rather than waiting for aggregate survey confirmation (Heffernan, 2022).

8.9 Digital learning analytics, institutional dashboards, and risks of misleading performance indicators

Digital platforms make previously dispersed aspects of educational participation easier to count. Learning-management systems may record logins, downloads, submissions, discussion activity, time stamps and attempts; student-information systems record enrolment, progression and award outcomes; library systems record access to resources; and service platforms record advising and technical requests. These data can enable earlier recognition of inconsistent delivery, assessment congestion, accessibility problems and students requiring support. Yet the availability of data does not establish the validity of an educational interpretation. A login is not a measure of understanding, a downloaded reading is not proof of reading, and a low number of forum posts does not necessarily imply intellectual disengagement (Slade & Prinsloo, 2013; Jisc, 2026).

Useful dashboards begin with a question that academic staff can act upon. If a programme is concerned about delayed feedback, the system should identify the defined event, relevant deadline, assessed cohort and exceptions, while human review examines feedback substance and workload. If the concern is progression, the dashboard should distinguish credit attempted from credit achieved, registered students from assessment sitters, and first-time passing from passing after reassessment. Disaggregation can reveal differences associated with study mode, entry route, year of study or access conditions, but subgroup sizes and privacy risks must be considered. Differences are prompts for investigation, not automatic proof of discrimination, misconduct or deficient motivation (Kahu & Nelson, 2018; Slade & Prinsloo, 2013).

Table 8.6

Quality dashboard indicators and essential safeguards against misinterpretation

Candidate indicator	What it can legitimately signal	Necessary interpretation or safeguard
Enrolment and withdrawal	Cohort movement and changing service demand	Stable census date; all exit routes; avoid excluding missing students
Pass and progression rates	Potential attainment and curriculum bottlenecks	Task validity, marking consistency, reassessment and entry differences
Feedback turnaround	Timeliness of a defined lecturer or support response	Feedback usefulness, exceptions, workload and learner opportunity to act
LMS access and submissions	Particular interactions with a digital system	Offline work, device sharing, access barriers and task characteristics
Student evaluation response	Perceptions of teaching, access and support	Denominators, nonresponse, fear of retaliation and cohort specificity
Complaints and appeals	Reported contested decisions or service failures	Reporting confidence; case severity; resolution quality, not count alone
Graduate destinations	Particular post-study trajectories	Labour market conditions, attribution limits and incomplete follow-up
Corrective-action closure	Administrative progress on agreed work	Verify educational remediation rather than policy or file completion

Note. Original indicator appraisal informed by HEC (2021), Slade and Prinsloo (2013), Kahu and Nelson (2018), and Jisc (2015). No values or thresholds are asserted as regulatory requirements.

Artificial intelligence increases both the analytical possibilities and risks. Prediction may help identify cohorts that warrant an outreach offer, but it can misclassify students, reinforce historic disadvantage or convert support data into intrusive surveillance. The Jisc code of practice, updated in 2026, emphasises student benefit, validity, explainability, proportional processing, human responsibility and opportunities to question or correct data. Rwanda's personal-data legislation supplies a separate domestic legal context that must be assessed by competent institutional officers (Jisc,

2026; Republic of Rwanda, 2021). A proposed early-warning system should therefore establish its lawful purpose, minimum required data, governance owner, predictive validity for the intended population, fairness assessment, human intervention route, access permissions and deletion or retention practices before production use. Its effect should be evaluated by whether students receive appropriate, non-stigmatising support, not merely by the accuracy of classifying them as at risk.

Indicator design must also anticipate behavioural distortion. If a department's quality score depends heavily on pass rates, pressure may arise to simplify examinations or exclude difficult learners before the census date. If lecturers are ranked by student satisfaction alone, demanding but effective teaching may be disfavoured. If a university rewards evidence volume, employees may produce documents that consume time without changing learning. Such patterns illustrate the danger of metric substitution: the measurable proxy displaces the educational purpose it was supposed to illuminate. A responsible dashboard therefore combines quantitative signals with discipline-sensitive scrutiny, quality checks and opportunities for counter-evidence. Its principal function is to direct inquiry, not automatically to settle it (Harvey & Williams, 2010; Martin, 2018).

The institution should additionally decide whether analytics are necessary for a defined problem at all. Before commissioning predictive software, a pilot might test whether simpler information, such as missed required assessments combined with a documented opportunity for voluntary adviser contact, yields an adequate and less intrusive response. Predictive models should be evaluated against relevant baseline methods, false positives and false negatives, drift across cohorts, and the consequences of intervention. Human review is substantive only when advisers understand the model's limitations, can reject an inappropriate prediction, and have the resources to offer assistance. Jisc's learning-analytics code, originally issued in 2015 and updated in September 2026, provides a useful comparative ethical benchmark, including its strong purpose limits against using learner analytics for grading or profiling; it is not Rwandan law (Jisc, 2015).

Where AI supports institutional dashboards or quality reports, data lineage becomes an academic integrity requirement. A generative summary may omit small but serious cases, misinterpret denominator changes, invent an explanation for missing data or reproduce a bias embedded in historical records. A documented workflow should therefore preserve the underlying query or source extract, authorised access route, model or analytic version where relevant, reviewer's corrections, date of approval and the basis on which a finding was reported. Sensitive student narratives should not be transmitted to an unapproved external service for convenience. The claim that a dashboard is 'AI-enabled' is neither a sign of maturity nor evidence that its conclusions are more accurate than a simpler, transparently governed process.

8.10 Internal quality audits, thematic reviews, benchmarking, and external peer evaluation

An internal audit tests whether institutional arrangements meet defined criteria and operate as represented. It may examine a programme's assessment lifecycle, admissions decisions, placement agreements, accessibility provision, academic records or the governance of information systems. A quality audit differs from a routine programme review in its emphasis on independent verification against a specified scope and evidence standard. The review team should establish the question, criteria and period before inspecting records, identify the responsible process owners, sample implementation rather than relying exclusively on policy, and report confirmed findings separately from unresolved concerns. Where a standard is based on national regulation, the audit should identify the source, version and applicable provision; where the criterion is an internal policy or professional recommendation, that status should be stated explicitly. This distinction protects institutional staff from being criticised against requirements that were never legally or administratively applicable (HEC, 2021; Republic of Rwanda, 2026).

Thematic review is appropriate where a concern crosses programme boundaries. For example, the same unexplained extension practice may affect several departments, or postgraduate supervisors across multiple faculties may return feedback substantially later than institutional policy permits. A thematic review can distinguish programme-specific shortcomings from common causal conditions: staff workload, inadequate digital integration, ambiguous procedures, insufficient training or governance bottlenecks. If five programmes independently report the same assessment problem, requiring five separate action plans may reproduce an institution-wide failure of ownership. Central action may be necessary to repair a common system, with programme teams verifying the results locally. Themes can also be selected proactively, including responsible AI use, work-integrated learning, academic integrity, library access, doctoral supervision, cybersecurity, complaint handling or participation by geographically dispersed students.

An audit trail should contain enough information for a competent reviewer to reconstruct the work without exposing unnecessary personal data. The scope, approved criteria, reviewers' independence declarations, sampling rationale, records inspected, interviews or demonstrations undertaken where authorised, conflicting evidence, findings, institutional response and follow-up owner should all be recorded. Sampling is an important limitation. A clean sample provides assurance about the examined records within the sampling design; it does not prove the absence of defects in every programme, campus, cohort or assessment. Conversely, one confirmed serious breach may justify immediate containment without an estimate of population-wide prevalence when the consequences of leaving it unaddressed are unacceptable. The strength of any generalisation must be proportionate to the evidence and risk.

Benchmarking complements internal review when comparators are chosen for functional relevance rather than prestige. A university might compare its moderation design with an institution delivering a similar qualification, its accessibility practices with an authoritative technical standard, or its programme-review procedures with continental guidance. The African Standards and Guidelines supply shared principles, and UNESCO's African IQA handbook offers a contextually relevant professional resource; neither implies that all universities must have identical organisational charts, funding levels or delivery systems (HAQAA, 2018; UNESCO Office in Harare, 2025). Benchmarking should make explicit differences in mission, student characteristics, national authority and resources. Importing a foreign rule without examining those differences may increase compliance burden while leaving local educational problems untouched.

External peer evaluation can serve an institution's internal learning without becoming statutory accreditation. Independent disciplinary specialists may review selected programmes, teaching laboratories, assessment patterns or internal self-evaluation methods before a formal regulatory visit. Their credibility depends upon competence, genuine independence, a defined brief, confidentiality and the institution's willingness to engage with critical conclusions. The institution should not solicit a favourable endorsement and then describe it as independent review. Nor should a private consultant's opinion be represented as permission from HEC to award a degree or use a new delivery modality. The output of internal audit and invited peer review is an improvement- and assurance-oriented institutional finding; the legally competent authority retains its external functions (HEC, 2021; Republic of Rwanda, 2026).

An auditable review plan should identify its population and risk-based sampling logic in advance. For instance, an assessment audit might draw ordinary random cases to explore recurring process reliability while deliberately inspecting unusual grade changes, borderline awards, repeated extensions and previously contested decisions. The two sampling purposes should be recorded separately. Reviewers should ask whether selected records are genuine, complete, current and representative of the claim; whether the reported procedure was actually performed; whether contrary instances exist; and whether the proposed finding remains supportable under a reasonable alternative explanation. Conclusions should use calibrated language such as confirmed nonconformity, substantiated effectiveness, evidence insufficient or enhancement opportunity. A high-severity incident may justify immediate containment before a prevalence estimate is available; low-stakes anomalies generally permit further proportionate inquiry.

Institutions should also audit their own IQA system. This meta-evaluation asks whether reviews arrive in time to influence course and budget decisions, whether departments provide candid evidence, whether recommendations are appropriately independent, and whether corrective actions are verified rather than merely marked complete. It should examine cost and burden as quality variables: a reporting system that demands extensive clerical duplication may divert academic time from teaching without yielding better decisions. Review of the review process can test a small random set of concluded cases by reconstructing the applicable criterion, evidence source, competing interpretation, authorised action and subsequent verification. The result may justify simplifying a template, improving staff training or changing governance, not necessarily adding another layer of forms (Martin, 2018; HEC, 2021).

8.11 Programme review, curriculum renewal, suspension, and closure

A programme should be reviewed not only when external accreditation is due, but when evidence challenges its academic, professional or institutional rationale. Renewal may be necessary because disciplinary knowledge has advanced, professional practice has changed, students encounter an avoidable sequence of learning barriers, a crucial practical opportunity is no longer available, or the qualification's architecture no longer supports its stated graduate profile. Equally, apparent market decline should not automatically eliminate programmes that serve important research, cultural, civic or public-service functions. Decisions require explicit evaluation of educational worth,

demonstrated outcomes, institutional capability, viable alternatives and the legitimate interests of affected students (Biggs, 1996; HEC, 2021; UNESCO Office in Harare, 2025).

Minor module amendments, major programme modifications, temporary suspensions and permanent closures must be kept distinct. Correcting an obsolete reading or clarifying assessment instructions may often occur through delegated procedures. Changing an award's required credits, principal learning outcomes, academic level, substantial practical components, delivery arrangements or identity can affect the basis of approval and may require a higher level of internal or external authorisation. The institution should maintain a controlled modification register identifying the old and proposed versions, rationale, impact on existing and future cohorts, required consultations, governance decisions, communications and, where applicable, correspondence with HEC or a professional regulator. This chapter does not prescribe universal legal thresholds for major modification; the institution must obtain the applicable authoritative determination.

Suspension can be precautionary when continued recruitment or teaching would expose learners to a material threat that cannot immediately be controlled. Examples include the loss of necessary clinical supervision, an unsafe practice facility, a serious unresolved assessment-integrity failure or an interruption of a critical service. A prudent academic authority should distinguish pausing new admissions from interrupting existing students, and examine whether temporary alternative provision can lawfully and academically protect progression. Any interim measure requires a documented reason, competent authority, affected population, current risks, communications, review date and route to resumption or teach-out. An apparently minor administrative suspension can profoundly affect student finance, visas, employment and professional eligibility; these consequences belong in the quality judgement.

Closure demands particularly careful learner protection. Universities should establish the cohorts still enrolled, outstanding modules, placement and supervision requirements, credit and qualification pathways, assessment and appeals arrangements, access to learning and student records, fee or contractual implications, partner responsibilities, staff continuity and the arrangements for maintaining verified academic records after teaching ends. Alternatives such as transfer, supported completion or a formally arranged teach-out require appropriate academic and regulatory verification before being promised. A programme should not advertise uninterrupted completion unless it can demonstrate staff, facilities, finance, academic authority and the necessary legal approvals for the proposed route. Students should receive accurate, timely communication and accessible channels for advice and complaint, while the institution preserves the integrity of the award (HEC, 2021; European Association for Quality Assurance in Higher Education et al., 2015).

Decisions should also examine their distributive effects. Closure may disproportionately harm working adults, disabled students, doctoral candidates needing specialist supervision, students in remote locations or those unable to transfer without large costs. A financially necessary decision can still be poorly implemented if it transfers avoidable risk to learners who reasonably relied upon published commitments. Conversely, maintaining an academically defective programme solely to avoid reputational embarrassment may be equally harmful. IQA should therefore require an explicit comparison of realistic alternatives, non-negotiable academic and legal conditions, resource consequences and teach-out feasibility. The final record should explain why the decision is proportionate, how it will be implemented, what will be monitored and who independently confirms that protected commitments have been fulfilled.

Before an institution terminates a programme, its teach-out plan should be assessed as a programme in its own right. The plan needs a cohort-by-cohort schedule of outstanding academic obligations, named teaching and examining capacity, funding through the last expected completion, approved placement and laboratory access, arrangements for supervision and appeals, authenticated results and archived records, and a contingency for students whose legitimate timelines extend beyond the ordinary duration. A proposed transfer to another provider cannot be treated as equivalent provision merely because the providers use similar degree titles. Course-level equivalence, credit recognition, language and modality, costs, accessibility and professional eligibility require individual and programme-specific examination by authorised bodies. Students' continued right to accurate information and fair academic decisions must be protected even where the original provider is winding down.

An institution should evaluate whether apparently efficient portfolio rationalisation creates hidden public costs. Closing a low-enrolment programme may protect institutional solvency but deprive a region of scarce advanced training; sustaining the programme without qualified staff may instead mislead prospective learners and undermine the worth of qualifications. The analytical response is to consider transparent alternatives, including programme

collaboration, part-time scheduling, justified cohort limits, targeted investment and orderly closure. Each alternative must be tested against legal authorisation, academic integrity, feasible resources and distribution of learner risk. No favourable financial projection can compensate for an unavailable safety-critical competency or a degree that the institution has no authority to award.

8.12 Governing corrective actions, performance improvement, follow-up, and verification

The quality-assurance lifecycle breaks most decisively when an institution equates action with resolution. An annual review may identify delayed dissertation feedback and approve a new supervision policy; a department may introduce a moderation form after discovering inconsistent marking; or a dean may circulate a reminder on accessibility. These actions may be appropriate beginnings. None establishes that doctoral candidates now receive timely, academically useful supervision, that assessment decisions have become consistent, or that learning resources have become accessible. Corrective-action closure should depend upon the failure addressed, the quality of the remedy, and subsequent evidence that the unacceptable condition has been removed or materially reduced (Martin, 2018; Argyris & Schön, 1978).

A defensible action record begins with a precisely described finding. It distinguishes an established breach of an applicable standard from a concern supported by incomplete evidence, an enhancement opportunity above minimum standards, or an urgent risk requiring temporary containment. It then identifies the affected programme and cohort, plausible causes, corrective or preventive actions, financial and academic resources, responsible authority, deadlines, expected evidence, a verification method and escalation criteria. The owner of the activity is not automatically the competent person to certify closure. Where a finding is material, the institution should assign an independent check by the quality unit, academic board or specialist function, depending on the risk (HEC, 2021; Sangwa, 2026).

Root-cause analysis must be reasoned rather than theatrical. If feedback is late, possible causes include unreasonable class size, inadequate teaching allocations, ambiguous marking criteria, examiner turnover, software failures or students submitting through inconsistent channels. A simple reminder may work where a single deadline was overlooked, but it cannot correct structurally inadequate marking capacity. Investigators should examine relevant evidence, test competing explanations and avoid treating the nearest visible event as the whole cause. Where records are weak, the action plan may first need to improve measurement and reporting. Uncertainty should be documented rather than disguised by a definitive causal statement the evidence cannot support.

Table 8.7

Corrective-action tracking and verification matrix: illustrative entries

ID and finding	Action and accountable owner	Timing and verification evidence	Status and residual judgement
CA-01: assessment tasks inadequately test analysis	Redesign task blueprint; programme leader and module team	Before next assessment; independent moderation of briefs and marked scripts	Open until assessed work confirms valid demand
CA-02: feedback repeatedly exceeds agreed interval	Reallocate marking workload; dean and department head	Next teaching period; timestamp review and student feedback-use evidence	Improvement in progress; timing alone insufficient
CA-03: required course materials inaccessible	Remediate files; library, accessibility lead and lecturer	Before affected learning activity; assistive-technology test with representative roles	Cannot close on file replacement alone
CA-04: laboratory capacity below planned cohort demand	Revise supervised schedule or capacity; academic and finance authorities	Before practical delivery; safety review and observed access records	Critical; escalate if safe equivalent capacity unavailable
CA-05: previous review actions have no verification	Establish action ownership and follow-up sampling; IQA director	Quarterly check; linked records and independent closure notes	Systemic issue; requires cross-programme audit

Note. All entries are hypothetical. The timeframes and owners are illustrative and do not claim HEC endorsement or prescribe regulatory thresholds. Institutional adoption requires applicable criteria, staff capacity and case-specific risk assessment.

Actions should move through distinguishable states: proposed, authorised, underway, implemented, verified effective, or reopened. An alternative path records an action as superseded with documented reasons; an unsafe intervention may need immediate cancellation. The entry should preserve the original finding rather than overwriting it with a reassuring summary. Verification might require testing a restored digital service, inspecting facilities, reviewing moderated work or examining subsequent student progression alongside alternative explanations. Some outcomes can be verified quickly; others require a full teaching cycle. In high-risk cases, protective interim controls may be necessary while longer-term effects remain uncertain. A dashboard showing a large proportion of actions 'closed' is not a meaningful quality achievement if closure records consist only of meeting dates and uploaded policies.

Institutional leaders must also be prepared to act when an authorised remedy is not implemented. Escalation may be needed because an owner lacks resources, an approved modification was not put into practice, evidence reveals a wider failure or a deadline was missed without adequate reason. Escalation should be proportionate, procedurally fair and recorded. It should also reach funding and strategy bodies where necessary, since systemic deficiencies often persist when quality findings have no authority over budgets or enrolment decisions. The most useful follow-up question is not 'Did the department respond?' but 'What is now materially different for the students and academic standards affected by this finding, and how do we know?' (Martin, 2018; HEC, 2021).

For implementation, the finding should be linked to a theory of correction sufficiently specific to be tested. If student assessment cannot demonstrate independent analysis, the hypothesised mechanism might be an excessively recall-oriented task, inadequate formative practice, inconsistent rubrics or unacknowledged third-party assistance. The programme should distinguish these competing possibilities through task analysis, samples of work, learner experience and moderation records before selecting the principal remedy. The action should specify a baseline, an intended observable difference, an independent verification source, an explicit decision rule and a fallback response if conditions fail to improve. This is not a demand for causal certainty in routine administration; it is a safeguard against interventions whose rationale cannot be examined.

Escalation should follow consequence rather than ceremonial hierarchy. An urgent laboratory hazard or compromised student record may require immediate restriction of access and direct specialist notification, even where ordinary policy begins with programme review. By contrast, a minor formatting inconsistency in a course description may be corrected through delegated control and verified in the next publication cycle. A useful professional protocol differentiates initial containment, formal investigation, corrective decision, confirmation of implementation, verification of educational effect and residual-risk acceptance. The final stage must be authorised by someone competent to accept the remaining risk, not silently inferred from elapsed time. Cases should remain open where effectiveness cannot yet be observed, with safeguards continuing as appropriate.

8.13 Building an organisational culture of responsibility, learning, and academic integrity

Formal IQA processes depend on human relationships through which staff and students disclose problems, challenge interpretations and accept justified decisions. A university cannot develop a sustainable quality culture by requiring departments to describe themselves favourably. Staff need to know that inconvenient information will be examined competently and that good-faith error disclosure can lead to learning rather than automatic blame. Students need to see that complaints do not invite retaliation; academic leaders need to tolerate disagreement about cherished programmes or technologies; and governing bodies must be willing to fund correction when a serious weakness has been demonstrated. Loukkola and Zhang (2010) distinguish the structural elements of quality assurance from the cultural dimensions of organisational commitment, a distinction that helps explain why apparently similar policies can function differently in practice.

Institutional theory supplies a critical warning. Formal structures may be adopted because accreditation systems and professional communities expect them, while ordinary academic work remains largely unchanged. Meyer and Rowan (1977) described how organisations can maintain legitimate formal arrangements that are only loosely coupled to operational practice. The appropriate response is not to reject all documentation. Published regulations, consistent procedures, verified records and competent committees protect fairness and continuity. The response is to test the connection between institutional claims and action: whether quality meetings consider meaningful academic evidence, whether lecturers can explain the assessment standards they apply, whether budget decisions address repeatedly identified risks and whether learners experience the improvements announced on paper.

Argyris and Schön's (1978) distinction between correcting immediate errors and reconsidering underlying organisational assumptions is useful. If a department misses a feedback deadline once, targeted reorganisation may be sufficient. If it misses deadlines throughout successive cohorts, deeper questions arise: was the expected turnaround feasible, were lecturer duties appropriately calculated, did the curriculum cluster too many assessments, and did leaders reward enrolment growth while neglecting teaching capacity? Quality culture matures when institutions can challenge governing assumptions instead of repeatedly treating systemic symptoms as isolated mistakes. Such reflective inquiry should remain disciplined. Evidence, alternative explanations and the effect of proposed changes still matter; critical conversation without accountable action is no more effective than mechanical compliance.

Academic integrity is both an object of monitoring and a condition of the monitoring process itself. If programmes manipulate grade distributions, fabricate committee records, conceal student complaints, suppress contrary external examiner findings or generate misleading evidence using AI, the institutional quality system becomes unreliable at its source. Integrity policy should require truthful records, transparent assessment conditions, proportionate inquiry into suspected misconduct, protection of confidential information, effective conflict-of-interest declarations and reasoned appeal procedures. AI-generated internal reports may assist drafting or analysis only where source records are authenticated, confidential information is protected and responsible officers verify claims and retain authority over conclusions. AI fluency cannot replace institutional knowledge or convert invented evidence into a valid programme judgement (Jisc, 2026; HEC, 2021).

Students are participants in this culture, but participation must be meaningful rather than symbolic. A representative attending senate is not proof that students can influence programme quality. They need accessible information, suitable preparation, an opportunity to question findings, protection when raising concerns and feedback on subsequent decisions. Likewise, academic staff should participate through substantive curriculum and assessment review rather than completing forms whose consequences remain invisible. Recognition and incentives should reward careful evidence-based improvement, mentoring, responsible problem identification and scholarly teaching, while avoiding competitive scoreboards that encourage underreporting. The long-term test of culture is whether the university can identify its own weaknesses more accurately, not whether it can present itself as having few weaknesses.

A quality culture depends on the right to bring unwelcome evidence into academic deliberation. This includes students' ability to report inaccessible assessments without retaliation, junior lecturers' ability to question unsafe laboratory capacity, external examiners' freedom to identify inconsistent standards and quality officers' ability to preserve critical findings when senior managers prefer reassuring summaries. These protections must coexist with careful fact-finding, confidentiality and an opportunity for the subjects of adverse findings to respond. Academic freedom also matters: disciplinary disagreement about theories or research findings is not automatically a quality failure, while demonstrably unfair assessment or falsified evidence cannot be defended solely as academic discretion. The dividing line is whether the institution can justify its judgement against legitimate academic obligations and trustworthy evidence.

Institutional culture is transmitted through resources and routines as much as through leadership statements. When a board funds the remedy to a documented supervision shortfall, a senate rejects an academically weak proposal despite commercial promise, or a programme publishes a candid explanation of a failed pilot, the institution provides tangible evidence of its stated commitments. Where repeated concerns are ignored because changing practice would be politically inconvenient, quality rhetoric is likely to become detached from education. An IQA system should therefore treat the quality of institutional deliberation, dissent and resource response as relevant evidence of organisational learning, without asserting that any single behavioural indicator measures culture conclusively (Argyris & Schön, 1978; Loukkola & Zhang, 2010).

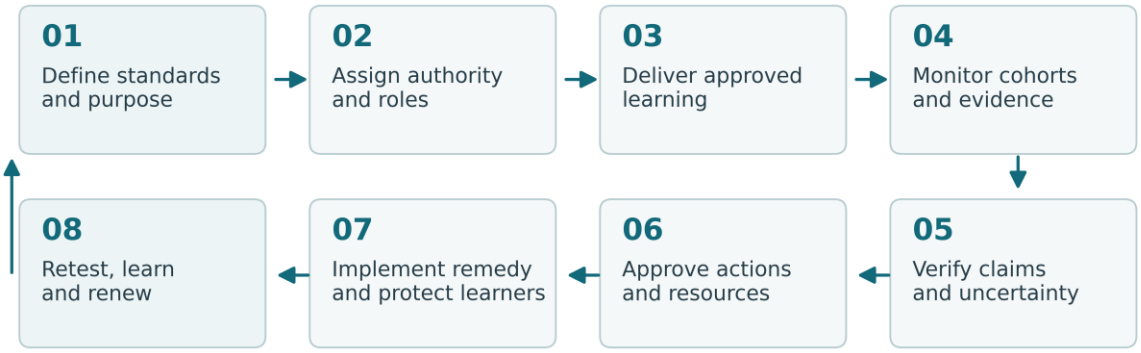
8.14 An integrated internal quality-assurance lifecycle for African universities

The chapter's synthesis is an evidence-to-enhancement lifecycle embedded within the provisional Integrated Evidence-Traceable Quality Governance (IETQG) framework developed from the author's doctoral work. The lifecycle connects educational and regulatory purposes, institutionally allocated responsibility, programme enactment, observation and verification, academic interpretation, authorised decision, remedial action and renewed evidence. It operates continuously rather than only before an accreditation deadline. Each transition has a characteristic risk: requirements may be misidentified, delivery may diverge from approval, indicators may misrepresent learning,

committees may approve disproportionate interventions, and completed tasks may be mistaken for verified improvement. Traceability means that a consequential quality claim can be followed backwards to an applicable standard and trustworthy evidence and forwards to an accountable decision and subsequent outcome (Sangwa, 2026; HEC, 2021).

Figure 8.1

An evidence-to-enhancement lifecycle for institutional and programme quality assurance

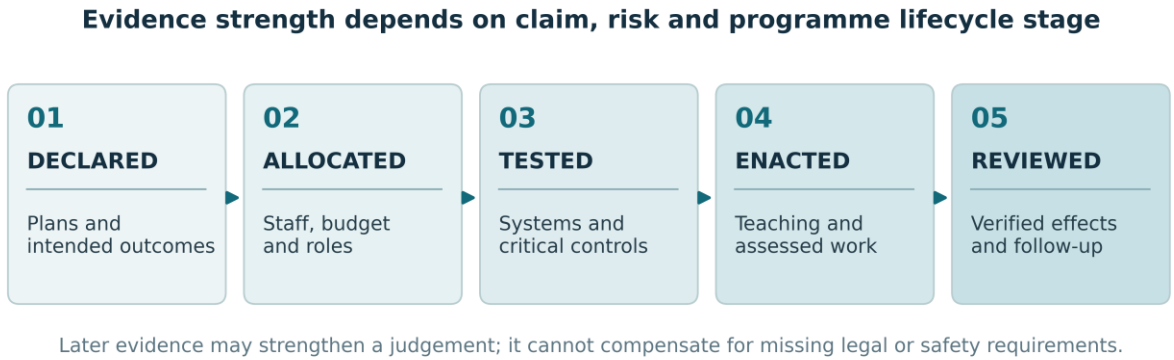


Note. Original conceptual diagram by the author, informed by HEC (2021), Martin (2018) and Sangwa (2026). Arrows show a proposed institutional process, not an empirically established causal sequence. Urgent safeguarding and compliance risks may require immediate escalation at any stage.

The lifecycle contains two distinct feedback movements. The operational movement detects a specific discrepancy, corrects it and checks whether the remedy works. The developmental movement uses accumulated cases to reconsider the curriculum, staffing model, governance arrangement, educational objective or underlying institutional assumption. An annual programme review may perform both. It can rectify one unclear assessment brief while deciding that an entire programme's final-year assessment architecture needs revision. The difference is not between small and large paperwork, but between maintaining a defensible provision and reconsidering whether the provision is well designed for its purposes. HEC's reference to the plan-do-check-act cycle provides a compatible practical orientation, although the present eight-stage interpretation is the author's extended proposal rather than HEC's published template (HEC, 2021; Argyris & Schön, 1978).

A second diagram makes the required standard of evidence more explicit. Quality claims must be supported according to their level: a policy demonstrates intention, a staffing contract or budget demonstrates allocation, a configured assessment or accessible course shows preparation, actual teaching and moderated student work show elements of implementation, and credible follow-up provides information about educational consequences. Evidence from an earlier stage should not be relabelled as proof of a later one. Nor is the sequence a rigid requirement that new programmes must already possess graduate outcome data. Before launch, readiness is assessed through proportionate allocations, testing and risk controls; after implementation, expectations of enacted and longitudinal evidence increase. The stage distinction protects both new institutions from impossible demands and mature programmes from remaining indefinitely at the level of proposals (Sangwa, 2026).

Figure 8.2
Progressive evidentiary strength in internal quality assurance



Note. Original author-developed conceptual interpretation of programme evidence maturity, drawing on Sangwa (2026). Evidence classes are not guaranteed to improve monotonically, and sufficient evidence always depends on the claim, risk, lifecycle stage and authorised decision.

Internal Quality Assurance Manual Framework

An institution can operationalise the lifecycle through a controlled IQA manual that is neither so brief as to leave important responsibilities undefined nor so elaborate that ordinary staff cannot use it. The framework proposed here has five integrated parts. The governance part identifies the legal and institutional authorities, delegation, academic independence, student participation, complaints, appeals and conflict management. The academic part specifies programme validation and amendment, module evaluation, assessment moderation, external examining, supervision, learner support and review. The evidence part prescribes data definitions, records, confidentiality, evidence provenance, sampling, report quality and information governance. The response part governs findings, responsible owners, interim protections, action planning, verification and escalation. The learning part specifies thematic review, professional development, resource feedback and periodic assessment of the IQA system itself. Each part should identify the applicable HEC standard and any profession-specific or delivery-mode obligations, with a named custodian and version-control date (HEC, 2021; HAQAA, 2018).

A usable manual should also state which policies are mandatory, which procedural details are institution-specific, which benchmarks are voluntary and which proposed instruments are experimental. Each programme should know where to locate the current approved specification, who can amend a module, when examiners must report concerns, how a student submits an appeal and who verifies that a corrective action has worked. A small university may use a shared electronic register and a concise committee timetable rather than expensive enterprise software, provided that record integrity, access control, independent challenge and academic authority remain adequate. Conversely, an institution with hundreds of programmes may need interoperable systems and a more specialised IQA function. The quality criterion is whether the arrangement performs the necessary assurance work reliably, not how closely its appearance resembles that of another institution.

For day-to-day use, the manual should specify a reproducible decision path. A programme leader identifies an issue against a current requirement or defensible educational objective; the authorised quality function checks whether the available evidence is sufficient and whether other students or programmes could be affected; a competent academic or executive body decides the remedy; implementation is assigned to an operational owner; and a reviewer who is sufficiently independent of the remedy tests its effects. At each point the record should identify what is known, what remains uncertain and what must be protected meanwhile. This sequence should allow justified shortcuts where immediate learner safety or record integrity is at risk. It should never delay urgent containment solely to wait for the next scheduled quality committee.

Institutional adoption should distinguish the core manual from procedure sheets, schedules and evidence records. The core manual governs purposes, responsibilities, delegation and rights. Controlled operating procedures then explain such recurring functions as examination moderation, annual programme review, student consultation, complaints, external examining, data retention, digital system incidents and correction verification. Approved templates can be shorter than the underlying policy but must carry an owner, a version, the applicable scope and a review date. This architecture allows a small university to maintain a usable system and a larger university to coordinate multiple

schools without replacing academic scrutiny with a central compliance office. An efficient manual reduces ambiguity about action; it does not seek to make every complex academic judgement automatic.

Implementation should be staged with a candid appraisal of administrative capacity. An institution may begin by reconciling approved programme specifications, establishing a risk and evidence register for priority awards, calibrating one or two assessment-review processes and requiring independent closure evidence for critical findings. It can then test a complete annual review in programmes with different educational demands, including a laboratory-intensive award and an online or professionally situated programme. The pilot should measure the time required to assemble and verify records, the usefulness of decisions, discrepancies found, unresolved access risks and whether academic staff can actually follow the procedure. Only a successful, documented pilot should justify wider system procurement or more elaborate data integration. This proposed sequence respects HEC's insistence that IQA be workable, supported by staff and not unnecessarily bureaucratic (HEC, 2021).

A QA evidence register and traceable finding record

The evidence register is the operational core of the manual. It must record not only where a document is stored but why that document is relevant to a particular claim and which institutionally competent person has checked it. The following proposed format can be used as a programme-level register or extended into a controlled institutional repository. In practice, each evidence record should have a stable unique identifier and a protected revision history. Privacy-sensitive records should be represented through appropriately restricted links, metadata or authenticated extracts rather than uncontrolled duplication (HEC, 2021; Republic of Rwanda, 2021).

Table 8.8

Proposed quality-assurance evidence register and verification record

Record field	Required entry or question	Illustrative value
Claim and authority	What is asserted; which current standard or decision applies?	PLO-03 analytical competence; approved programme specification v3
Evidence identifier and provenance	Who produced it, when, for which programme/cohort?	MOD-24-017; 2026 Trimester 2; module assessment sample
Evidence class and access	Policy, allocation, tested provision, enactment or outcome; privacy class	Enacted assessment; restricted student work
Verification and contradiction	Authenticity, currency, completeness and independent corroboration	Moderator confirmed six sampled artefacts; two counterexamples noted
Evaluative warrant and limits	Why does this record support the claim, and where does inference stop?	Findings concern examined work, not the full cohort
Evaluative interpretation	What does the record establish, and what remains uncertain?	Some students demonstrate analysis; breadth across cohort uncertain
Decision and action link	Who decided what; which action or other record follows?	Faculty review FR-018; action CA-01
Retention and review control	Custodian, access permissions, version and next review	Assessment office; authorised reviewers; next cycle

Note. Original proposed fields based on the evidence-traceability logic in Sangwa (2026). The illustrative values are invented for explanation and are not records of a real programme.

A further distinction is necessary between evidence provenance and evidentiary sufficiency. An authenticated dataset may accurately record every mark entered in an examinations system, yet still fail to establish that students demonstrated the advertised graduate competence. Similarly, a sound random audit sample can support a limited process inference but not necessarily an institution-wide conclusion about academic culture. The register should therefore contain an explicit 'warrant' field identifying why this particular record is capable of supporting this particular claim, alongside an exception or contradiction field recording credible material that weakens the inference. A reviewer should be able to retrace the reasoning without assuming that a document's official appearance proves the proposition for which it was submitted. This is the IQA counterpart of the Evidence-Traceable Accreditation Judgement (ETAJ) architecture examined in the following chapter (Sangwa, 2026).

Worked hypothetical programme review: from conflicting signals to verified action

Consider an explicitly hypothetical undergraduate business programme at a Rwandan university, provisionally named the Bachelor of Applied Digital Enterprise. Its curriculum has been approved internally for an annual review cycle, and it uses classroom teaching, asynchronous course materials and workplace projects. A programme dashboard reports that 88% of students who attempted a second-year assessment passed it, while the end-of-module survey reports 82% favourable views of overall teaching. These figures are constructed for this illustration and are not claims about any university or the Rwandan sector. An internal moderator nevertheless finds that most submitted work reproduces provided examples rather than applying the analytical judgement expected by the programme outcome. Separately, students with limited device access report that some timed activities are difficult to complete. The first methodological lesson is that none of the three sources should be suppressed to preserve a favourable headline (Biggs, 1996; Kahu & Nelson, 2018).

The programme team first identifies the precise claims. The high pass rate establishes a reported outcome under the current assessment conditions, subject to the quality of administrative data. It does not prove higher-order analytical competence. The student survey records the perceptions of respondents, but the report must disclose its response rate and consider whether dissatisfied or excluded students are less likely to have participated. The moderator's sample provides direct insight into the cognitive demand of some assessed work; the sample's size and selection prevent unsupported generalisation to every learner. The accessibility concerns indicate a plausible barrier deserving timely investigation, even if the affected population is small. The team collects an assessment blueprint, marking criteria, anonymised samples from relevant performance bands, tutor feedback, learning activities, access-condition evidence and authorised student comments. It records the source of each claim, the contrary evidence and the uncertainty remaining.

Review then distinguishes immediate controls from longer-term redesign. The faculty academic committee may require pre-assessment moderation of a redesigned analytical task that asks students to interpret unfamiliar evidence, explain alternative decisions and justify a recommendation. The module team provides structured practice and formative feedback before the revised assessment. The accessibility lead tests whether equivalent participation is possible through adjusted timing, downloadable learning resources or another academically valid arrangement. The dean examines whether staff time and platform configuration are adequate. None of these remedies may be presumed to waive a necessary HEC or programme-specific approval; if the changes materially alter an approved programme or delivery model, the designated officer must establish the applicable authorisation route (HEC, 2021, 2026; Republic of Rwanda, 2026).

The programme's action register records separate findings for assessment validity and access. Each has an accountable owner, an interim safeguard for the current cohort, a deadline tied to the next affected learning activity, and a verification plan. At the following assessment cycle, an independent reviewer examines the task, sampled student work across performance levels, moderation discrepancies and students' opportunities to demonstrate the intended outcome. Access testing confirms whether learners using representative devices and bandwidth conditions can undertake required activities without unjustifiable disadvantage. If marks become lower after assessment demand is corrected, that observation is not itself a failure: the question is whether the programme now generates more credible evidence of achievement and supplies adequate opportunities to reach the legitimate standard. The quality office records whether findings are verified resolved, partly resolved, still open or escalated, and the faculty considers whether analogous modules require thematic review.

This case illustrates why an internally credible conclusion may be mixed. The programme may retain suitable curriculum aims and adequate staffing while requiring material assessment correction and a specified access remedy. Its judgement need not be reduced to a single colour, a crude average score or an assertion that it is fully satisfactory because the pass rate was high. The value of IQA lies in making these distinctions explicit, maintaining protection while investigation proceeds and knowing when an educational deficiency has genuinely been addressed. The resulting records can subsequently inform an external review, but they do not determine accreditation on the regulator's behalf.

Implementation priorities, limitations, and professional implications

An institution establishing or rebuilding IQA should begin by identifying its highest-consequence quality obligations and the evidence currently available for each. It can then approve a short governance and escalation matrix, pilot the

annual programme-review template in different disciplines, test the evidence register for accessibility and confidentiality, and establish a routine in which every significant finding receives an owner and follow-up date. Pilot results should be examined for administrative workload, usefulness to lecturers and students, independence of verification, data quality and actual influence over academic decisions. Scaling should follow observed utility rather than assumptions that more elaborate software, longer reports or a higher number of indicators necessarily produce stronger assurance. The UNESCO African IQA handbook and HEC guidelines support contextual institutional adaptation, but the effectiveness of this chapter's particular proposed instruments remains to be tested (UNESCO Office in Harare, 2025; HEC, 2021).

Evaluation of the proposed lifecycle itself warrants systematic research. Useful future studies could compare programmes using the instruments with suitably selected comparators; assess inter-reviewer agreement on contested evidence; examine time to detection and verified resolution of critical academic failures; test whether review records are sufficiently reproducible; and analyse unintended administrative and equity consequences. Longitudinal qualitative studies could trace how academic decisions and budgets respond to findings, while mixed-methods designs might test whether improvements in measurement correspond to meaningful changes in student learning. None of these effects is established by the documentary synthesis undertaken for the chapter. The lifecycle is defensible as a transparent analytical and professional architecture, but its performance, feasibility and causal claims require direct investigation (Sangwa, 2026; Martin, 2018).

For HEC Rwanda and comparable authorities, the chief implication is that institutional self-assessment should be interpreted as an evidentiary process, not as a competition in file volume. Reviewers can ask whether institutions know their programme risks, use appropriate methods, acknowledge uncertainty, protect learners, verify action and correct inaccurate public claims. Institutions, in turn, should be able to explain why a finding exists, what the applicable authority requires, who decided the remedy and which subsequent evidence justifies closure. Such mutual expectations may reduce ceremonial compliance while respecting institutional differences and the proper division between internal academic responsibility and external regulatory decision. They provide a direct conceptual bridge to the next chapter's examination of professional reviewer reasoning and evidence-traceable accreditation judgement.

Comparative transfer requires similar restraint. Institutions in Rwanda, Kenya, Ghana and South Africa may pursue recognisably similar internal assurance functions while operating under different statutory authorities, qualification frameworks, resource conditions and arrangements for public and private provision. The transferable proposition is not that one agency's form, staffing ratio or review interval should be copied verbatim. It is that each institution should identify its legally and academically legitimate purposes, test enacted provision, examine disconfirming evidence, respond through competent authority and independently verify important improvements. Professional benchmarks such as the ASG-QA and ESG 2015 can inform that reasoning, provided they are not represented as directly binding national legislation where they lack such status (HAQAA, 2018; European Association for Quality Assurance in Higher Education et al., 2015).

A publication-quality professional instrument must also acknowledge its own costs and uncertainties. Standardised records improve comparability, but can marginalise unusual disciplines or amplify existing power differences when central administrators determine indicators without academic dialogue. Extra independent verification can strengthen confidence, but imposes workload and may be impracticable for every routine decision. The institutional response should therefore be risk-proportionate: preserve non-negotiable legality, safety, qualification integrity and fair process; delegate ordinary educational improvement to appropriately qualified teams; protect opportunities for challenge; and require more intensive evidence where the consequences of a mistaken judgement are greater. The tools developed here remain proposals that require institutional piloting, usability testing, reviewer calibration and empirical evaluation before stronger effectiveness claims are defensible.

Conclusion

Internal quality assurance is not an inventory of policies, surveys, meetings or electronic records. It is a governed institutional capacity to test the relationship between approved educational commitments and the provision students actually encounter, to interpret trustworthy and contradictory evidence, to make decisions within legitimate authority and to establish whether interventions have protected or improved academic standards. The most important distinction is between the completion of assurance activities and justified knowledge about educational effectiveness. A university may perform the former extensively while remaining uncertain about the latter. Conversely, a

proportionate, well-governed system can learn from modest but carefully interpreted evidence when it is honest about uncertainty, risk and contextual limits.

The chapter has developed this proposition through fourteen interdependent areas, from governance and review policy to module scrutiny, assessment moderation, learner and graduate feedback, staff capability, analytics, internal audit, programme closure and organisational culture. Its original practical contribution is a proposed evidence-to-enhancement lifecycle supported by a manual architecture, annual programme-review template, module-evaluation rubric, evidence register and corrective-action verification matrix. These professional instruments translate the provisional IETQG framework into the recurring responsibilities of institutions while avoiding claims of official HEC endorsement or demonstrated empirical validation. They also show why academic integrity, student protection and legal obligations cannot be traded against high average performance scores.

The transition to external accreditation follows naturally. An institution that cannot identify its own evidence, distinguish its uncertainties or verify its improvement claims will struggle to defend those claims before an independent panel. Yet even an excellent internal self-assessment cannot substitute for the regulator's competent determination. The next analytical task is to establish how external reviewers should connect current standards, institutional claims, verified evidence, evaluative warrants, contradictory information and proportionate recommendations in a transparent and contestable judgement. Effective IQA supplies the living evidence and accountable institutional response upon which that judgement can responsibly build.

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