



INSTITUTIONAL ACCREDITATION MANUAL

Bhutan Qualifications and Professionals Certification Authority

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Bhutan Qualifications and Professionals Certification Authority

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Tel: +975-2-333253/324712/330587/326706

Email: heqc@bqpca.gov.bt

Website: www.bqpca.gov.bt

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PREFACE

The Institutional Accreditation Manual (IAM) is a key document developed by Higher Education Quality Council (HEQC) under Bhutan Qualifications and Professionals Certification Authority (BQPCA) to support and uphold the quality of higher education institutions (HEIs) in Bhutan. Founded on the principles of transparency, integrity, and excellence, this manual serves as a comprehensive guide for HEIs, accreditation assessors, and stakeholders engaged in the process of institutional quality assurance.

Accreditation is one of the most important tools used globally for quality assurance of higher education systems. In this manual, the BQPCA outlines a clear, structured accreditation process to provide assurance of institutional quality and alignment with Bhutan's Gross National Happiness (GNH) values. The manual emphasizes continuous quality improvement and reflects the government's commitment to nurturing institutions that are not only academically robust but also contribute meaningfully to Bhutan's socio-economic growth.

This third edition of the IAM integrates national and international best practices to enhance institutional accountability and foster a culture of self-assessment. The manual provides detailed information on the standards required across seven critical areas of institutional performance, including governance, academic system, human resources, research, infrastructure, student services, and internal quality assurance. Each standard is supported by key performance indicators that guide HEIs in their self-assessment and improvement efforts, aligning with the Bhutan Qualifications Framework (BQF) and advancing the strategic goals of Bhutan's higher education sector.

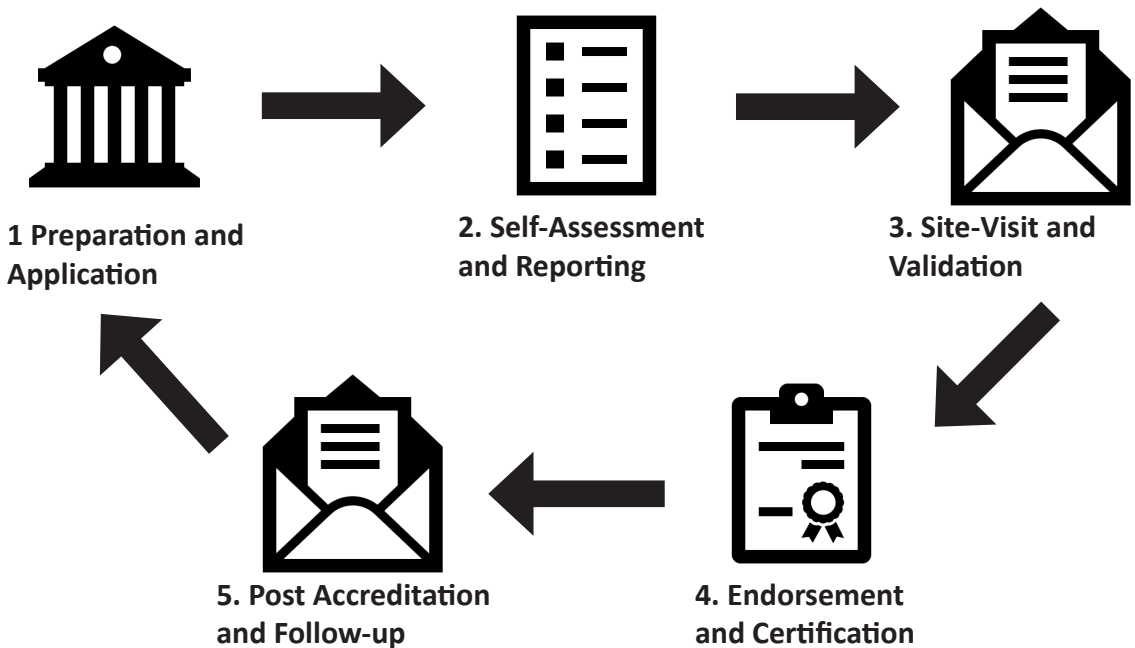
The BQPCA remains committed to a collaborative and rigorous accreditation process, ensuring that accredited institutions embody the highest standards of quality and integrity. We hope that this manual will serve as a valuable resource for all those involved in upholding the excellence of Bhutan's higher education system.

Framework for Quality Assurance: Institutional Accreditation Manual for Higher Education in Bhutan

The IAM is a detailed document which provides a comprehensive framework for institutional accreditation of HEIs in Bhutan. This document outlines the standards, processes, roles, and responsibilities involved in accrediting the HEIs. Key sections include:

- **Introduction and Purpose:** Outlines the significance of accreditation as a quality assurance mechanism in Bhutan's higher education system, emphasizing transparency, integrity, and continuous improvement.
- **Core Values and Benefits:** Details the guiding principles of quality, professionalism, inclusiveness, collaboration, and the benefits of accreditation for students, HEIs, the government, and stakeholders.
- **Roles and Responsibilities:** Specifies the responsibilities of the BQPCA Governing Council, Technical Advisory Committee (TAC), HEQC, HEIs, and assessors in the accreditation process.
- **Accreditation Process:** Describes the step-by-step procedures, from application submission and self-assessment to site visits, grading, and endorsement.
- **Accreditation Standards:** Comprises seven key areas evaluated during accreditation:
 - * Governance, Leadership, and Management
 - * Academic System
 - * Human Resources
 - * Research, Publications, and Linkages
 - * Infrastructure and Learning Resources
 - * Student Services
 - * Internal Quality Assurance and Enhancement System.
- **Grading and Certification:** Explains the grading criteria, scoring system, and certificate validity based on performance levels, ranging from A+ to C.
- **Post-Accreditation:** Focuses on maintaining standards, including processes for reassessment, reaccreditation, and strategies for quality enhancement.

Institutional Accreditation Process for HEIs



1. Preparation and Application

- **Description:** Institutions begin by preparing the necessary documents and completing the application form for accreditation.
- **Outputs:** Application submission and initial document checklist.

2. Self-Assessment and Reporting

- **Description:** Institutions conduct a self-assessment based on predefined standards and prepare an Institutional Self-Assessment Report (ISAR).
- **Outputs:** ISAR submission, detailing the institution's alignment with accreditation standards.

3. Site Visit and Validation

- **Description:** A team of assessors visits the institution to validate the ISAR through interviews and evidence review. The assessors finalize their findings, assign scores based on standards and key aspects, and prepare a comprehensive report.
- **Outputs:** Submission of Assessors' Report and Grading.

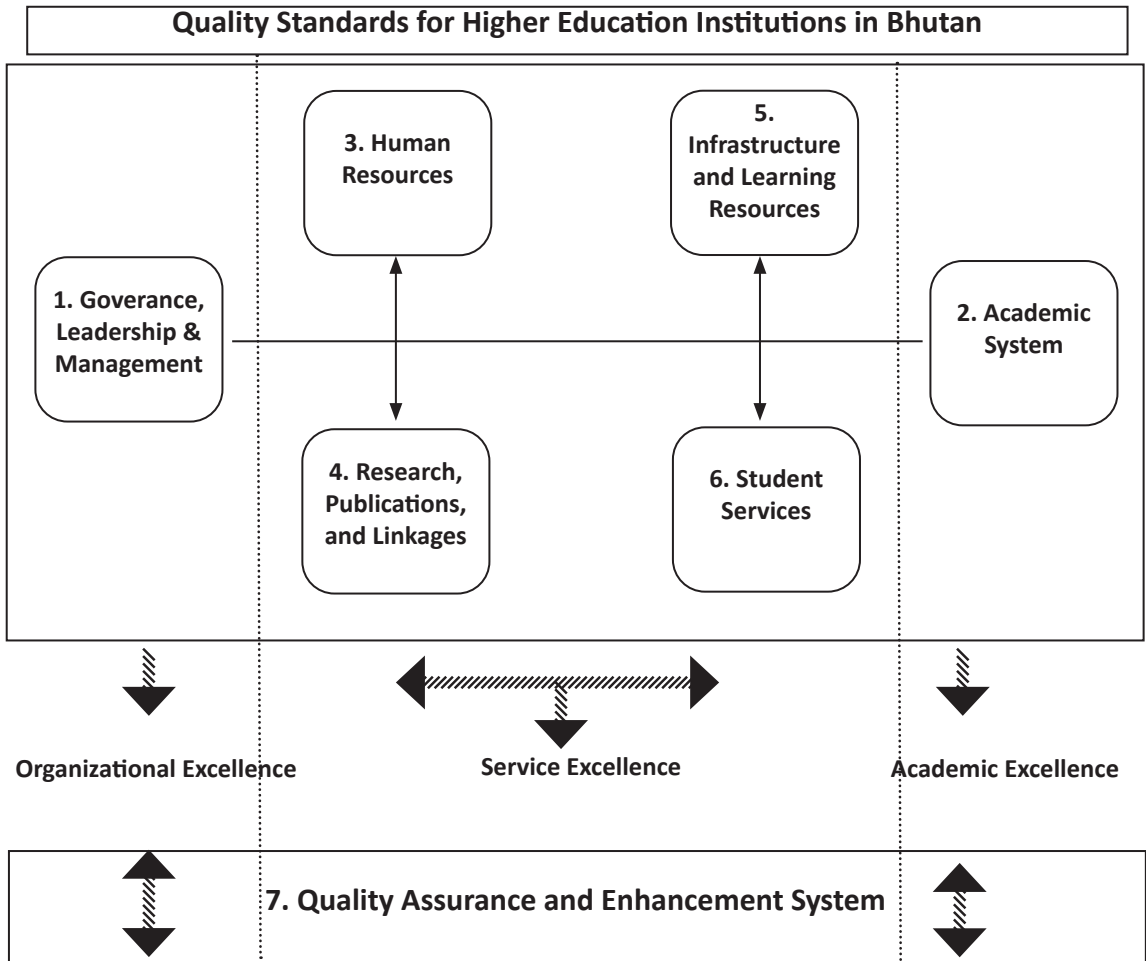
4. Endorsement and Certification

- **Description:** The BQPCA reviews the report, endorses the accreditation status, and issues an accreditation certificate.
- **Outputs:** Award of accreditation certificate with grade and validity period.

5. Post-Accreditation Follow-up

- **Description:** Institutions implement assessors' recommendations and submit Implementation Plan within six months of award of certificate.
- **Outputs:** Ongoing quality enhancement and Institutional Quality Assurance Reports (IQAR).

Framework for Quality Assurance



This framework outlines the quality standards for higher education institutions in Bhutan, focusing on three core areas of excellence:

1. **Organizational Excellence:** Encompasses Governance, Leadership & Management (1) which ensure effective leadership capabilities to support institutional goals.
2. **Service Excellence:** Involves Human Resources (3), Research, Publications, and Linkages (4), Infrastructure and Learning Resources (5), and Student Services (6) - all crucial for fostering a supportive environment that enhances educational and research services.
3. **Academic Excellence:** Covers the Academic System (2), which ensures robust curricular frameworks and instructional practices to achieve high academic standards.

At the foundation of the framework lies Quality Assurance and Enhancement System (7), which acts as an overarching system to continuously assess and improve all aspects of the institution's functioning, ensuring that organizational, service, and academic standards are met and enhanced over time.

1. INTRODUCTION

1.1 Bhutan Qualifications and Professionals Certification Authority (BQPCA) and the Institutional Accreditation Manual (IAM)

The Section 25 of Civil Service Reform Act 2022, mandates Bhutan Qualifications and Professionals Certification Authority (BQPCA, hereafter referred to as the Authority) as the competent authority for qualification accreditation, professional certification and national qualifications framework. Guided by Bhutan's educational vision and GNH principles; Higher Education Quality Council (HEQC, hereafter referred to as the Council), BQPCA aims to ensure that higher education institutions (HEIs) meet rigorous standards of academic quality, integrity, and relevance. In addition to policy oversight from the Ministry of Education and Skills Development (MoESD), the IAM is the main tool intended to elevate HEIs in Bhutan to international standards and produce graduates that are nationally rooted and globally competent.

The IAM serves as a comprehensive guide for HEIs, laying out the framework for institutional self-assessment, accreditation, and quality improvement. It emphasizes transparency, accountability, and continuous improvement, providing a structured approach for HEIs to evaluate and enhance their educational offerings. The IAM is organized around seven core standards—Governance, Academic System, Human Resources, Research, Infrastructure, Student Services, and Quality Assurance—that collectively form the foundation for institutional excellence.

Accreditation guided by the IAM is more than a compliance exercise; it is a catalyst for continuous growth and development within Bhutan's higher education system. It will serve as an effective tool for creating a vibrant professional ambience to align the HEIs with both national aspirations and global educational benchmarks. This will ensure that graduates are well-prepared for the demands of an evolving world to build a robust, high-quality education system that aligns with Bhutan's cultural values and fosters sustainable national development.

1.2 Accreditation

Accreditation is a vital tool globally recognized for ensuring quality in higher education systems. Institutional accreditation is mandatory for all HEIs in Bhutan, aiming to raise the quality of higher education, promote accountability, and cultivate a sustained culture of excellence. Branch campuses that are part of a larger HEI but operate independently—offering programs leading to university awards, with their own faculty, administrative structure, human resources, and budgetary autonomy—must undergo separate accreditation.

The process involves a rigorous and independent evaluation by a team of competent assessors, who assess HEIs against seven core standards detailed in this manual. As a continuous process, accreditation supports HEIs in evaluating their institutional vision, standards, and performance, while also identifying strategies to enhance educational effectiveness. It is a mechanism designed to foster awareness, build public trust, and establish confidence in the quality and standards of higher education.

1.3 Core Values

The Council believes that the quality of higher education in the country is grounded in the system's commitment to establish and uphold high standards for Higher Education Institutions (HEIs). The process of accrediting HEIs is underpinned by a set of core values that the Council is committed to.

Quality

The Council is committed to ensuring the quality of higher education through continuous efforts aimed at achieving excellence, efficiency, and high standards. It believes that HEIs should be dynamic, forward-thinking, and adaptable to the realities of an ever-changing world.

Integrity

The Council upholds the Bhutanese values of *tha-dham-tshig ley ju-drey* (cause and effect grounded in loyalty and accountability) as foundational to the integrity of HEIs. Institutions are expected to demonstrate loyalty, duty, respect, fairness, honesty, and transparency in all their practices.

Professionalism

The Council expects HEIs to uphold high standards of professionalism, fostering an environment where continuous improvement is integral to the quality of services and educational outcomes.

Inclusiveness

The Council values inclusiveness and diversity, advocating for the involvement of stakeholders in the development of policies, procedures, and practices that address a wide range of needs and perspectives within the higher education system.

Collaboration

The Council promotes collaboration, encouraging HEIs to engage with relevant stakeholders and renowned institutions both within and outside Bhutan, aiming to enhance the quality and relevance of higher education.

1.4 Purpose of Accreditation

The main purposes of accreditation are to:

1. Ensure that all HEIs meet established standards.
2. Enhance accountability and foster public trust and confidence in the standards of higher education.
3. Encourage and support HEIs in their pursuit of continuous quality enhancement.
4. Provide quality assurance to the government and other stakeholders.

1.5 Benefits of Accreditation

1.5.1 For Students

- Help students make informed decisions when choosing HEIs or programs within the country.
- Enable high-quality learning experiences.
- Enhance opportunities for student and staff mobility.
- Facilitate credit transfer across institutions.

1.5.2 For Higher Education Institutions

- Foster public confidence and trust in the institution.
- Promote professionalism and encourage ongoing quality enhancement.
- Gain international recognition for institutional awards.

1.5.3 For the Government

- Provide valuable information to guide funding decisions and assess the overall health of the nation's higher education system.

1.5.4 For Stakeholders

- Facilitate in deciding on the choice of HEI for their education.
- Assist employers in identifying quality graduates for recruitment.
- Aid in selecting HEIs for educational investment or partnerships.

1.6 Conflict of Interest

Both assessors and HEIs are required to declare any conflicts of interest before commencing the accreditation process, as outlined in ***Annexure I***.

1.7 Confidentiality

Any information related to accreditation that is deemed confidential must be protected and handled with strict confidentiality.

2. ROLES AND RESPONSIBILITIES

This chapter specifies the roles and responsibilities of the Governing Council, Technical Advisory Committee (TAC), Higher Education Quality Council (HEQC), Higher Education Institutes (HEIs), and assessors in the accreditation process.

2.1 Governing Council

The Governing Council, BQPCA shall:

- 2.1.1** Provide overarching guidance on matters related to quality assurance and accreditation.
- 2.1.2** Act as final arbitrator for addressing appeals related to accreditation.
- 2.1.3** Instruct the Council to assess any significant changes initiated by HEIs.
- 2.1.4** Endorse developments/revisions of documents related to accreditation.

2.2 The Technical Advisory Committee

The Technical Advisory Committee (TAC) for Higher Education Quality Council shall:

- 2.2.1** Ensure credible accreditation of HEIs in the country with the aim to provide quality higher education.
- 2.2.2** Direct the Council to conduct follow-up reviews to ensure that HEIs have implemented the assessors' recommendations.
- 2.2.3** Endorse the appointment of assessors based on the recommendations of the Council.
- 2.2.4** Act as arbitrator for addressing appeals related to accreditation.

2.3 The Higher Education Quality Council

The Higher Education Quality Council and BQPCA shall:

- 2.3.1** Coordinate and facilitate the accreditation process for HEIs.
- 2.3.2** Develop and maintain a pool of trained assessors.
- 2.3.3** Recommend assessors for appointment to the TAC.
- 2.3.4** Publish accreditation reports for public transparency.
- 2.3.5** Monitor HEIs to ensure they have implemented recommendations from the accreditation exercise.
- 2.3.6** Communicate decisions made by the Governing Council and TAC to relevant stakeholders.
- 2.3.7** Conduct studies on any significant changes introduced by HEIs.
- 2.3.8** Establish connections with external quality assurance agencies.
- 2.3.9** Review and update accreditation-related documents as needed.
- 2.3.10** Seek endorsement of accreditation results based on assessors' reports from the Head of the Authority.
- 2.3.11** Grant, withhold, or withdraw accreditation status in accordance with accreditation reports and established procedures.
- 2.3.12** Interpret the provisions outlined in the manual.

2.4 The Higher Education Institutions

The Higher Education Institutions shall:

- 2.4.1** Submit Self-Preparatory Report (SPR) to HEQC (*applicable to only newly established HEIs*).
- 2.4.2** Prepare and submit the Institutional Self-Assessment Report (ISAR) to the Council.
- 2.4.3** Provide all documents required by assessors or the Council.
- 2.4.4** Declare any conflicts of interest.
- 2.4.5** Collaborate and provide necessary support during the accreditation process.
- 2.4.6** Apply for accreditation or re-accreditation at least six months before the current accreditation's expiration.
- 2.4.7** Ensure timely payment of accreditation fees.
- 2.4.8** Submit an Implementation Plan and Institutional Quality Assurance Reports (IQAR) to the Council.

2.5 The Assessors

The Assessors shall:

- 2.5.1** Declare any conflicts of interest prior to the accreditation exercise.
- 2.5.2** Adhere to the Terms of Reference for Assessors as outlined in ***Annexure II***.
- 2.5.3** Sign Contract Agreement as per ***Annexure III***.
- 2.5.4** Complete assigned tasks as per the agreement, including handling any appeals.

2.6 The Chairperson of Assessors

In addition to the responsibilities outlined in section 2.5, the Chairperson shall:

- 2.6.1** Lead the team of assessors throughout the entire accreditation process.
- 2.6.2** Chair all meetings conducted during the accreditation site visit.

3. ACCREDITATION PROCESS

Accreditation is a systematic process designed to support and empower Higher Education Institutions (HEIs) in delivering high-quality education. This process, facilitated by Higher Education Quality Council comprises several key stages including Prerequisites for the newly established HEIs and institutional accreditation for eligible HEIs.

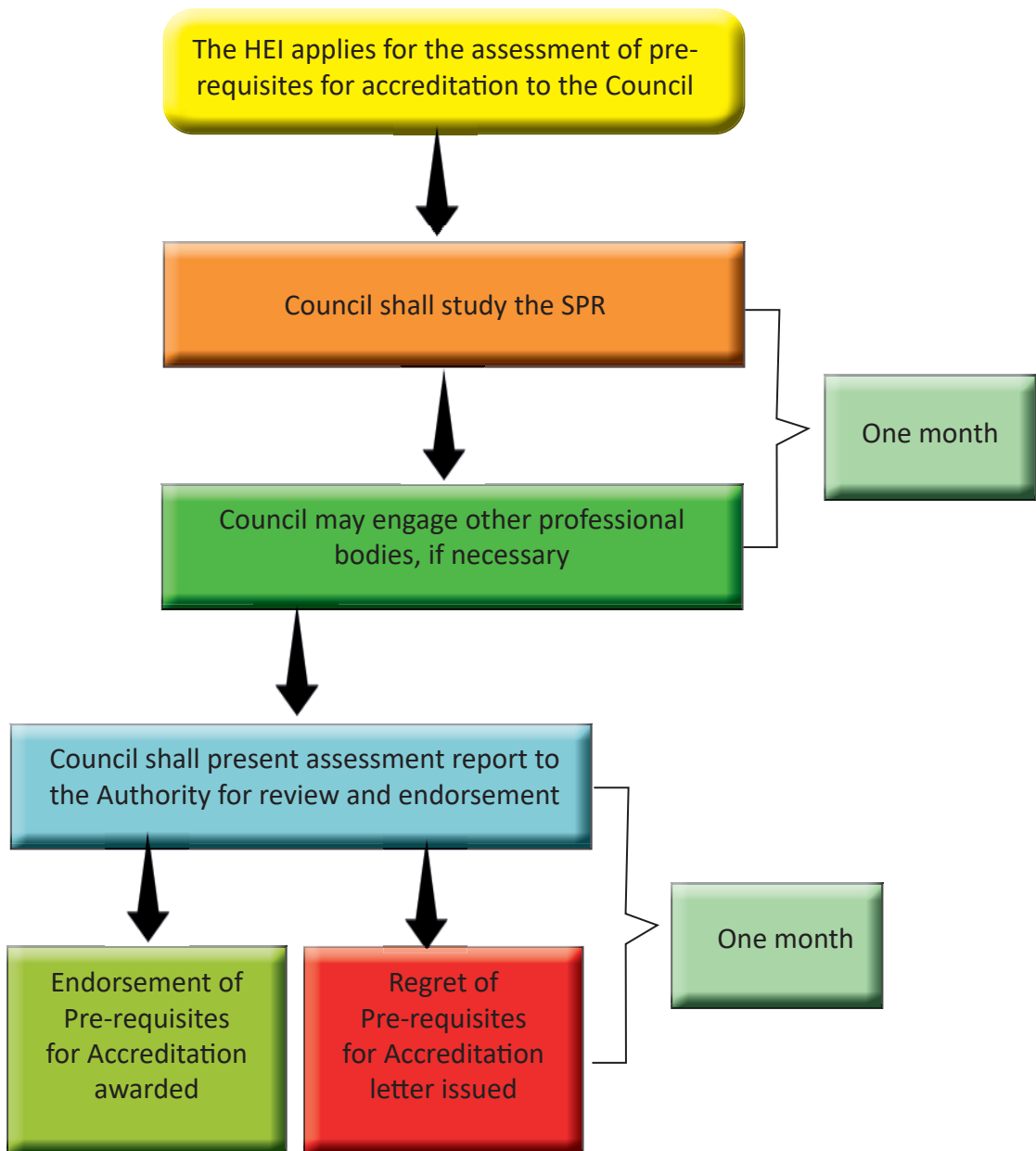
3.1 Prerequisites for Accreditation

A new HEI must demonstrate its potential to meet the standards outlined in this manual. Upon fulfilling the prerequisites for accreditation, the HEI may begin offering its programs. This provisional status will be valid for a minimum of five years from the year of establishment or one year after the graduation of its first cohort, whichever is later. However, this status does not guarantee automatic accreditation thereafter.

3.1.1 Procedure for Prerequisites for Accreditation

The proposed HEI must apply to the Council for an assessment of the prerequisites for accreditation, submitting a Self-Preparatory Report (SPR) as per **Annexure IV**. This application should be made once the HEI's infrastructure is established, and it has received affiliation from a recognized university or allowing it to function as an autonomous institute. The Council will review the SPR and may seek input from relevant professional bodies, if necessary, to ensure a thorough evaluation. A letter of endorsement or regret, with reasons (**Annexure V**) will be issued by the Council before the HEI begins operation. The entire process will be completed within two months of receiving the application and SPR. The Council reserves the right to withdraw or withhold the prerequisites for accreditation status at any time.

The assessment process for prerequisites includes the following steps:



- Application Submission: The HEI applies to the Council for an assessment of the prerequisites for accreditation.
- Initial Review: The Council reviews the SPR within one month.
- Engagement of Professional Bodies: If needed, the Council may consult with relevant professional bodies.
- Review and Endorsement: The Council presents the assessment report to the Authority for review and endorsement, completing the process within the second month.

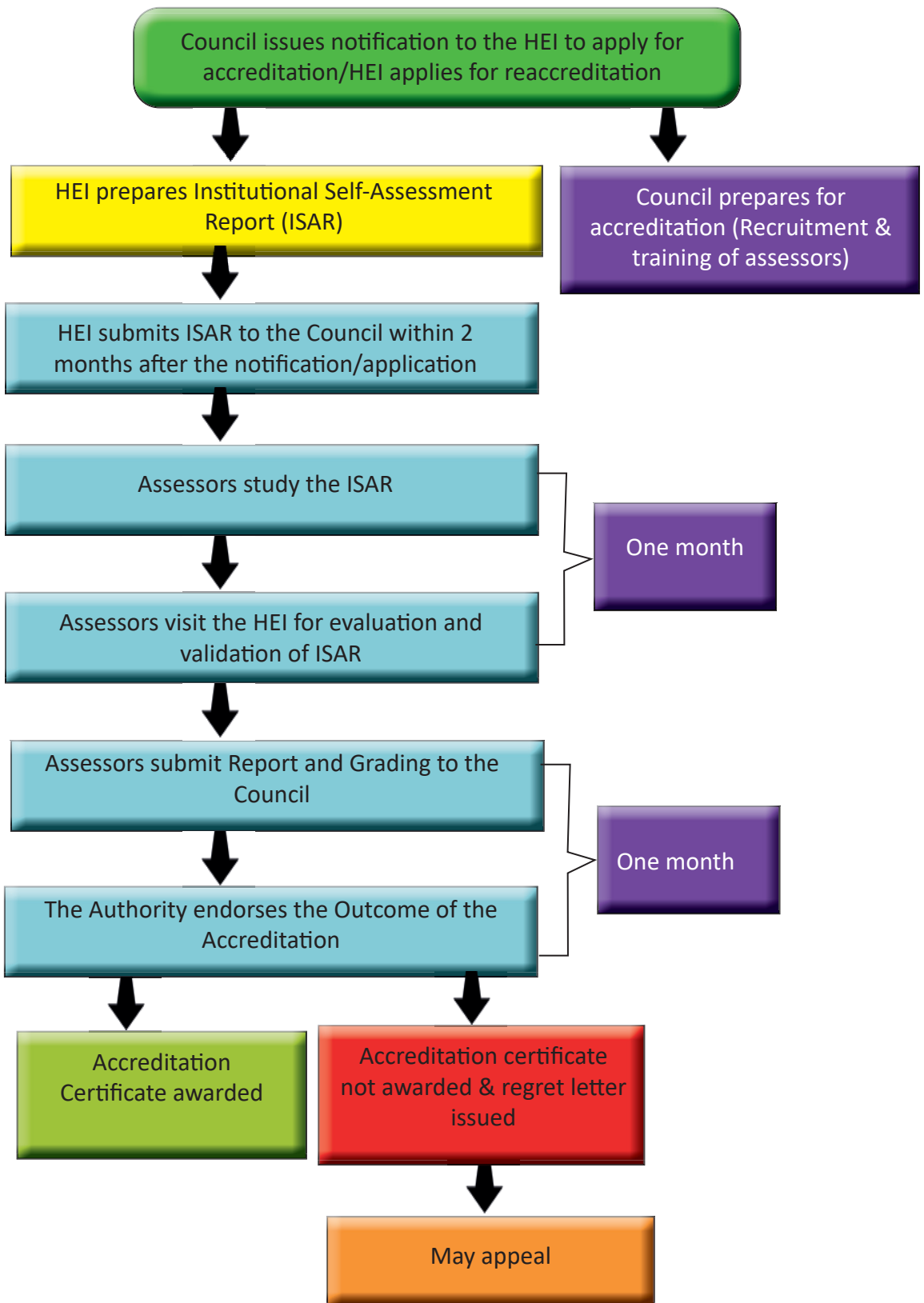
3.2 Institutional Accreditation

The assessors undergo training from the Council before conducting a site visit to validate the ISAR and assess the HEI's compliance with accreditation standards. Upon completion of the site visit and evaluation, the assessors submit their report and grading to the Council. Finally, the HEQC coordinates the awarding of the accreditation certificate to the HEI, as endorsed by the Authority.

3.2.1 Accreditation Process Steps

- **Notification/Application:** The Council issues a notification to apply for accreditation. For reaccreditation, HEIs must submit their application at least six months before the expiry of their current accreditation certificate.
- **Preparation of ISAR:** The HEIs prepare the ISAR based on accreditation Standards, Key aspects, and Questions.
- **Endorsement of the Assessors:** The Council seeks endorsement from the TAC on the recommended list of assessors submitted.
- **Submission of ISAR:** The HEIs submit the ISAR to the Council within two months of notification or application.
- **Assessment Preparation:** The Council recruits and trains assessors for accreditation.
- **Review of ISAR:** The assessors study the ISAR thoroughly.
- **Site Visit and Validation:** The assessors visit the HEI to evaluate and validate the information in the ISAR.
- **Submission of Assessors' Report:** The assessors submit their report and grading to the Council.
- **Awarding of Accreditation Certificate:** The Council arranges for the award of the accreditation certificate, if endorsed. If accreditation is not granted, a letter of regret is issued to the HEI.
- **Update to TAC:** The Council updates the TAC about the accreditation results of the HEIs.

The accreditation process entails the following steps:



3.2.2 Application

HEIs must submit their application for accreditation six months before the expiry of their current accreditation certificate. For the newly established HEIs, HEQC will issue a reminder to apply for accreditation. Applications must be submitted using the prescribed form (**Annexure VI**) and accompanied by the accreditation fee approved by the Ministry of Finance (MoF) as outlined in **Annexure VII**.

3.2.3 Institutional Self-Assessment Report (ISAR)

The HEIs prepare and submit the ISAR to the Council within two months from the application or notification date, as per the format **Annexure VIII**. A late submission penalty, as approved by the MoF, may be applied if the ISAR is delayed.

3.2.4 Accreditation site visit

The TAC grants approval to the assessors to assess HEIs based on the Terms of Reference (ToR) as per **Annexure II**. Upon appointment by the TAC, the Council conducts training of the assessors during which assessors study the ISAR and prepare draft Assessors' Report. Subsequently, they visit the HEI for evaluation and validation of the ISAR. The assessors shall confirm or contest the ISAR through detailed verification and evaluation during the site visit. The detailed assessment and site visit shall be made within one month after receipt of ISAR from the institute.

3.2.5 Assessors' report and grading

The assessors shall compile the assessors' report and grading sheet as per **Annexure IX** and **Annexure X** respectively based on the evaluation and site visit. The draft report shall be presented to the management before the exit meeting for correcting any factual errors. The report shall be finalized and signed during the exit meeting by the assessors and head of the institute. The assessors' report along with grading shall be submitted to the Council.

3.2.6 Endorsement by the Authority

Within one month after the receipt of the assessors' report, the Council shall get the endorsement of the Accreditation results from the Authority. Upon endorsement, the Council may award or not award the accreditation certificate (**Annexure XI**) to the HEI as per the decision.

3.2.7 Appeal

The right to appeal is granted to HEIs as an opportunity to question either the process or outcome of the assessment or decision of the Authority on the accreditation report. HEIs may appeal under the following circumstances:

- a. not satisfied with the accreditation outcome.
- b. observed major deviation in the accreditation process from those outlined in the manual.
- c. not satisfied with the Authority's decision to revoke accreditation status.

The HEIs intending to appeal may apply to the Head, BQPCA using the prescribed form (**Annexure XII**) within ten working days from the receipt of the accreditation certificate/letter of regret along with adequate justification. The application must be submitted along with receipt of non-refundable appeal fee as prescribed by MoF. The Head of BQPCA shall forward the appeal to the appellate body viz. Technical Advisory Committee to study and provide the necessary recommendations.

The appellate body shall only deliberate on the reason(s) specified by the HEI and prepare a report as per **Annexure XIII**. The appellate body shall not entertain any new evidence during the deliberation. The appeal shall be addressed immediately, and the concerned HEI shall be updated on the status.

3.3 Reassessment

Reassessment shall be made in the following situations:

- a. Where a HEI fails to get accredited, it shall apply for reassessment within twelve months. If it fails to obtain an accreditation certificate even after the reassessment, the Council may take up the issue to the Governing Council.
- b. Where the HEI intends to improve its grade, it may apply for reassessment after completing at least a year from the date of last accreditation.

All expenses related to reassessment, including honorarium, accommodation, daily allowance, and travel, shall be borne by the HEI. The HEI concerned shall make the payment based on the cost estimate worked out by the Council prior to the reassessment exercise.

3.4 Reaccreditation

Reaccreditation shall mean a subsequent cycle of accreditation that happens after the expiry of validity of the last accreditation. The HEI shall apply for reaccreditation six months prior to the expiry of the validity of the last accreditation certificate. The fee structure of the reaccreditation will be as per the MoF approval, and the procedure shall be as per the existing Institutional Accreditation Manual.

4. STANDARDS FOR ACCREDITATION

The accreditation process as outlined in this manual will assess HEIs based on a set of seven Standards which are formulated through wide stakeholder consultations, research and international best practices. Each Standard has Key Aspects and Indicators that are significant, relevant, measurable and achievable. The seven Standards are:

1. Governance, Leadership, and Management
2. Academic System
3. Human Resources
4. Research, Publications, and Linkages
5. Infrastructure and Learning Resources
6. Student Services
7. Internal Quality Assurance and Enhancement System

Each Standard is identified by a number and name (e.g. *Standard 1: Governance, Leadership, and Management*). The Key Aspect of each Standard is numbered (e.g. *1.1, 1.2, 1.3, 1.4, 1.5 and 1.6*) for six Key Aspects under Standard 1. Each Key Aspect has a set of Indicators (e.g. *Key Aspect 1.1: Vision and Mission*) numbered as 1.1.1, and 1.1.2. Each Indicator has a set of questions or instructions that are to be used by HEIs for preparing the Institutional Self-Assessment Report (ISAR). However, for simplicity, a 3-part Questions are numbered under each Key aspect.

4.1 Governance, Leadership and Management

Standard 1 focuses on the vision and mission of the HEI, and its organizational structure, management, accountability, and transparency. It also addresses the institute’s leadership culture and autonomy in both management and academic matters. Additionally, this Standard enables assessors to evaluate the HEI’s strategic development, planning, and implementation processes, as well as the effectiveness of its data and information management systems in supporting informed decision-making.

Key Aspects	Indicators
1.1 Vision and Mission	1.1.1 Vision and mission are aligned with the university/institute goals and national aspirations. 1.1.2 Plans and activities are geared towards achieving the vision and mission of the institution.
1.2 Organizational Structure and Management	1.2.1 Clear organizational structure and mandates are in place. 1.2.2 Governance, administrative structure, and institutional practices that promote efficient, effective, and ethical leadership in place. 1.2.3 Participatory and collaborative engagement of staff and students in relevant decision-making processes in place.

1.3 Accountability and Transparency	1.3.1 Clear line of reporting and accountability system with detailed guidelines to promote transparency, efficiency and accountability. 1.3.2 Transparent and effective financial management system in place. 1.3.3 There are systematic internal and external communication procedures for the dissemination of information to stakeholders in a timely manner.
1.4 Leadership and Autonomy	1.4.1 Presence of competent and qualified leadership to lead the organization. 1.4.2 Degree of autonomy in both management and academic matters. 1.4.3 Promote and facilitate leadership grooming and succession planning.
1.5 Strategic Development, Planning, and Implementation	1.5.1 Strategic plans to achieve long and short-term organizational goals and objectives in place. 1.5.2 Review of the strategic activities for continual improvement in place.
1.6 Data and Information Management	1.6.1 Data and information management system in place. 1.6.2 The confidentiality and security of all data and information ensured.

4.2 Academic System

Standard 2 considers the critical aspects of academic programmes, including their design, development, and review. It evaluates the HEI's efforts to diversify programmes and enhance academic flexibility to accommodate varying learning needs, career opportunities, and facilitate credit transfer for student mobility. Additionally, this Standard considers the institution's teaching, learning, and assessment approaches, emphasizing the policies and systems that ensure quality. It also assesses pedagogical practices that engage students in higher-order thinking, inquiry, and real-world experiences.

Key Aspects	Indicators
2.1 Programme Design, Development and Review	2.1.1 Relevancy and currency of programme offered ensured. 2.1.2 Mechanism for programme evaluation, development and review in place.
2.2 Academic flexibility and Programme Diversification	2.2.1 Diverse choice of programmes and electives offered. 2.2.2 Academic flexibility within the system in place.

2.3 Academic Planning and Delivery	2.3.1 Academic planning and implementation in place. 2.3.2 Modules delivered as per the approved learning outcomes & delivery plan. 2.3.3 Effective mechanisms in place to evaluate teaching for promotion of quality teaching. 2.3.4 Relevant teaching-learning methodologies and materials employed. 2.3.5 Teaching approaches and methods are focused on interactive and engaged learning.
2.4 Assessment Practices	2.4.1 Assessment policies to ensure fairness, transparency and integrity in assessments are in place. 2.4.2 Mechanism in place to design assessment, track progress and provide feedback to students. 2.4.3 Student progression record, recognition and reward are in place.

4.3 Human Resources

Standard 3 focuses on human resource management encompassing policies and procedures for the recruitment, induction, management, and succession planning of both teaching faculty and administrative staff. It also addresses continuous professional development (CPD), recognition and reward systems, and the implementation of a comprehensive Human Resource Development (HRD) master plan.

Key Aspects	Indicators
3.1 Human Resource Management System	3.1.1 A comprehensive HR policy is in place. 3.1.2 Transparent and fair selection and recruitment mechanism upheld. 3.1.3 There is proper induction, succession planning and career progression that is followed through. 3.1.4 The systems for performance appraisal, recognition, and reward are implemented. 3.1.5 Adequate staff with relevant qualification and experience employed.
3.2 Human Resource Developments	3.2.1 A comprehensive HRD master plan in place and adhered to. 3.2.2 Continuous professional development for faculty and staff in place. 3.2.3 Annual operating budget for HR development instituted.

4.4 Research, Publications, and Linkages

Standard 4 considers the policies, practices, and outcomes regarding the HEI's research engagement, consultancy and professional services. It focuses on the funds and facilities provided and efforts made by the HEI to promote research culture to encourage faculty and students to undertake research projects that are relevant and useful to society. It also focuses on the collaborations and linkages HEI has established with relevant stakeholders with clear benefit.

Key Aspects	Indicators
4.1 Research Culture	4.1.1 A comprehensive research policy is in place and adhered to. 4.1.2 Sources of research funds earmarked or secured. 4.1.3 System and practice to develop research capacity in place. 4.1.4 Impactful research activities and outcomes are evident.
4.2 Research and Publications	4.2.1 Research output published in peer-reviewed journals. 4.2.2 Database for research papers is well maintained.
4.3 Consultancy and Professional Services	4.3.1 Policy documents on consultancy and professional services are established and adhered to. 4.3.2 The record for consultancy services along with measures to monitor revenue generated from consultation services is established and upheld. 4.3.3 Services provided to the community.
4.4 Collaborations and Linkages	4.4.1 System for student or staff exchange programmes established and upheld. 4.4.2 Policy and procedure on active collaborations with relevant organizations established with clear outcome.

4.5 Infrastructure and Learning Resources

Standard 5 considers the adequacy, quality and optimal use of academic and residential infrastructure, recreational facilities, learning resources and other service facilities. As part of learning resources, the Standard is intended to address the quality and use of library facilities, laboratories, and ICT services for teaching and learning. It also addresses the inclusiveness of facilities, hygiene, safety, and overall maintenance of infrastructure.

Key Aspects	Indicators
5.1 Physical Infrastructure	5.1.1 Adequate & quality academic facilities & teaching learning resources ensured. 5.1.2 Adequate accommodation facilities equipped with the required amenities for students provided. 5.1.3 Adequate accommodation facilities for relevant staff available. 5.1.4 Recreational facilities are available and accessible. 5.1.5 Inclusive facilities are available and accessible.
5.2 Academic Support Services	5.2.1 Efficient library services available and accessible. 5.2.2 Efficient ICT facilities and services in place.
5.3 Safety and Maintenance of Physical Infrastructure	5.3.1 Safety, disaster management and contingency plan, an Standard Operating Procedure (SOP) in place and adhered to. 5.3.2 Mechanisms for maintenance of infrastructures in place.

4.6 Student Services

Standard 6 considers the policy, procedures, and criteria for student admission, student welfare, engagement, and support system. Hence, it focuses on the admission processes and decisions in terms of transparency, fairness, and inclusiveness. It examines the administrative, psychosocial and financial support systems provided by the HEI to facilitate student engagement in activities that enhance employability skills and competencies. The Standard also seeks information on strategies to enhance graduate employability and alumni engagement. The quality and inclusiveness of services for students with special needs is also considered.

Key Aspects	Indicators
6.1 Admission Process and Student Record	6.1.1 Admission policy and procedures in place and adhered to. 6.1.2 Students are provided with admission criteria & relevant course information.
6.2 Student Welfare, Engagement, and Support System	6.2.1 Policies and practices for the student support system in place. 6.2.2 Student orientation system and the redressal mechanism in place. 6.2.3 Plans and funds for student engagement activities in place. 6.2.4 Psychosocial and life skills programmes, and reward system in place. 6.2.5 Student bodies are operational and effective.

6.3 Graduate Employability	6.3.1 Strategies to enhance graduate employability in place. 6.3.2 Outstanding Graduate recognized.
6.4 Alumni Engagement	6.4.1 Alumni profile maintained. 6.4.2 Alumni engagement and networking facilitated.

4.7 Internal Quality Assurance and Enhancement System

Standard 7 considers internal quality assurance systems that support continuous institutional quality improvement in all other six standards described above. It assures that there are mechanisms and strategies in place that ensure continuous improvement of all the other standards. Possible methods and tools for improving internal quality and institutional effectiveness include regular feedback from students, key stakeholders, and employers and the community, objective tracer/graduate destination studies, employer and institutional self-reflection. This standard also seeks information on innovative practices and institutional identity such as institutional brand, institutional distinctiveness, and institutional values.

Key Aspects	Indicators
7.1 Quality Assurance System	7.1.1 Internal Quality Assurance (IQA) policy in place. 7.1.2 IQA monitoring and evaluation mechanism in place. 7.1.3 Feedback system in place. 7.1.4 System for continuous improvement established.
7.2 Innovative Practices	7.2.1 Innovative practices by students, academic and support staff promoted. 7.2.2 Innovative practices demonstrated and sustained.
7.3 Institutional Branding	7.3.1 Distinct institutional brand developed and promoted. 7.3.2 The values, principles, and practices of Gross National Happiness are evident in the HEI's institutional culture.

5. GRADING SYSTEM

5.1 Introduction

Institutional grading is the main outcome of the assessment and accreditation process. The *Certificate of Accreditation* carries a grade assigned to the HEI which is the status of accreditation. The grading system is based primarily on the principles of objectivity and accuracy in the accreditation process. Grading is expected to drive the continuous development of the HEIs by fostering motivation and providing strategic direction for sustained quality enhancement. The grading system has been designed based on a sound understanding of local contexts and international best practices.

The process of assessing and grading HEIs takes into account the marks awarded for each of the seven Standards and the Key Aspects considered in the accreditation exercise. The Key Aspects of each Standard have different weightings according to their relative importance.

5.2 Weightings for the HEIs

For all the HEIs subjected to accreditation, the weightings are the same, irrespective of the type of the institute. They are graded using the same grading sheet (**Annexure X**). The maximum scores for each Key Aspect are as follows:

Standard	Key Aspects	Weighting
1. Governance, Leadership, and Management (15)	1.1 Vision and Mission	2
	1.2 Organizational Structure and Management	3
	1.3 Accountability and Transparency	3
	1.4 Leadership and Autonomy	3
	1.5 Strategic Development, Planning, and Implementation	2
	1.6 Data and Information Management	2
2. Academic System (19)	2.1 Programme Design, Development and Review	4
	2.2 Academic Flexibility and Programme Diversification	4
	2.3 Academic Planning and Delivery	5
	2.4 Assessment Practices	6
3. Human Resources (11)	3.1 Human Resource Management System	5
	3.2 Human Resource Developments	6
4. Research, Publications, and Linkages (15)	4.1 Research Culture	8
	4.2 Research and Publications	2
	4.3 Consultancy and Professional Services	3
	4.4 Collaborations and Linkages	2
5. Infrastructure and Learning Resources (9)	5.1 Physical Infrastructure	5
	5.2 Academic Support Services	2
	5.3 Safety and Maintenance of Physical Infrastructure.	2

6. Student Services (11)	6.1 Admission Process and Student Record	2
	6.2 Student Welfare, Engagement, and Support System	5
	6.3 Graduate Employability	2
	6.4 Alumni Engagement	2
7. Internal Quality Assurance and Enhancement System (20)	7.1 Internal Quality Assurance System	12
	7.2 Innovative Practices	4
	7.3 Institutional Branding	4
Total		100

5.3 Process of grading

Upon receipt of ISAR from the HEIs, the Council shall send the document to the team of assessors appointed for accreditation of the HEI concerned, one month prior to the assessors' training. The assessors study the report individually after receiving the ISAR until the assessors' training and award provisional scores for each Key Aspect before the actual site visit. The scores are awarded based on meeting the indicators and their level of importance as shown in **Annexure XIV**. The team shall decide the final score at the time of site visit to the HEI for the accreditation. The scores shall be based on documentary evidence including the ISAR, discussions, consultations, observations and collective judgment of the team of assessors.

The mark for each Key Aspect shall be assigned according to the rubrics (**Annexure XV**). For instance, if a Key Aspect is allocated 4 marks, the scoring ranges will be as follows: Exceeding (3.4 to 4.0), Meeting (2.8 to 3.3), Partially Meeting (2.0 to 2.7) and Not Meeting (less than 2.0). Once the performance level is determined, assessors will assign a specific score within that range based on their findings. The range of marks for the maximum scores available for various Key Aspects is provided in the following table:

Max. mark	Exceeding	Meeting	Partially meeting	Not meeting
	86% or more	70 - 85%	50 - 69%	Less than 50%
2	1.7 - 2.0	1.4 - 1.6	1.0 - 1.3	< 1.0
3	2.6 - 3.0	2.1 - 2.5	1.5 - 2.0	< 1.5
4	3.4 - 4.0	2.8 - 3.3	2.0 - 2.7	< 2.0
5	4.3 - 5.0	3.5 - 4.2	2.5 - 3.4	< 2.5
6	5.2 - 6.0	4.2 - 5.1	3.0 - 4.1	< 3.0
8	6.9 - 8.0	5.6 - 6.8	4.0 - 5.5	< 4.0
12	10.3 - 12	8.4 - 10.2	6.0 - 8.3	< 6.0

For example, consider Standard 6: Student Services. The marks for each Key Aspect will be compiled as follows:

Standard 6: Student Services			
Key Aspect	Max. Score	Range	Marks awarded
6.1 Admission Process and Student Record	2		
6.2 Student Welfare, Engagement, and Support System	5		
6.3 Graduate Employability	2		
6.4 Alumni Engagement	2		
Total for the standard	11		

Assume that the following observations/findings were made according to the rubrics:

Key Aspect	Observation/ Finding	Range of marks	Marks awarded
6.1	Meeting	1.4 - 1.6	1.6
6.2	Exceeding	4.3 - 5.0	4.7
6.3	Not meeting	< 1.0	0.2
6.4	Partially meeting	1.0 - 1.3	1.0
Total (in 1 decimal place)			7.5

The marks are awarded within the specified range based on individual judgment and team consensus, not necessarily averaging. The marks for the remaining Standards should be determined in a similar manner and then summed to get the final total (rounded to the nearest whole number) as shown in **Annexure X**. An excel sheet shall be provided to help calculate the total.

The final grade shall be awarded based on the range of scores obtained as shown in the table below:

Range of Total Score	Grade	Validity	Grade Performance Descriptor
86+	A+	5 years	Excellent
70 - 85	A	4 years	Very Good
50 - 69	B	3 years	Good
Less than 50	C	1 year	Not accredited

To be accredited, the HEI must achieve a total score of at least 50% and a minimum of 30% in each Standard. The accreditation certificate will be issued in accordance with the ***Annexure XI***.

The marks and scores recorded in the Grading Sheet shall be treated as strictly confidential at all times. Access to this information shall be limited to the Council who shall be responsible for upholding and enforcing its confidentiality.

6. POST ACCREDITATION

The Post Accreditation phase is as important as the accreditation process itself. This phase involves several activities aimed at either maintaining existing strengths and promoting further development, or making efforts toward continuous improvement, as outlined in the accreditation report and status. Specifically, this phase includes following activities and events.

6.1 Certification

An Accreditation Certificate shall be awarded to the HEI if it achieves a minimum score of 50, with at least 30% in each Standard. If the HEI obtains a score of less than 50 or fails to meet the minimum 30% in any Standard, a regret letter will be issued, highlighting the same reasons for denial of the Accreditation Certificate.

The certificate shall include the following information:

- a) Name of the institute;
- b) The statement “Accredited by Bhutan Qualifications and Professionals Certification Authority”;
- c) The accreditation grade;
- d) Validity (*date of award and expiry*); and
- e) Signature of the Head of the Authority.

The validity of accreditation depends on the grade obtained as given below:

Grade obtained	A+	A	B	C
Validity	5 years	4 years	3 years	Not accredited, Reassessment after a year

The BQPCA shall award the accreditation certificate in a formal occasion.

6.2 Quality Enhancement

HEIs shall consistently endeavour not only to maintain the standards currently achieved but also to continuously improve the quality of their core activities — teaching, research, service, infrastructure, facilities, and resources. Efforts to drive continuous improvement through the pursuit of excellence, creativity, and innovation may be inspired by the recommendations in the Assessors’ Report. These efforts may also be driven by an ongoing process of institutional self-reflection, visioning, planning, and implementing strategies to achieve institutional goals.

The Council will formally communicate with the HEI regarding the implementation of the assessors’ recommendations, highlighting areas of strength and weaknesses. The HEI is required to prepare and submit an implementation plan based on the assessors’ recommendations within six months of receiving accreditation. By the middle of the validity period, the HEI must submit an Institutional Quality Assurance Report (IQAR) to review and assess the progress of the implementation plan. The IQAR should include a status update, major changes, and new initiatives undertaken to support the continuous improvement of the HEI (*Annexure XVI*). This also forms as a requirement

for reaccreditation. The Council will provide support in facilitating any necessary interventions, if required.

6.3 Withdrawal or Suspension

The accreditation status (*certificate*) awarded to HEIs may be suspended or withdrawn if clear evidence is established in any of the following cases:

- HEI has made false or intentionally misleading statements during the application process, site visit or any other submission to the Council.
- HEI fails to apply for reaccreditation at least six months prior to expiry of the validity of its last accreditation or failed to fulfil the requirements of IQAR.
- The Council establishes the validity of serious complaint(s) received in writing.
- HEI fails to maintain the required standard at any time.

6.4 Publicity

The Council shall publish a list of HEIs, including their profiles, accreditation status, grades, and validity on the BQPCA website. This information shall be reviewed periodically and updated as necessary. Information on the accreditation status of each accredited HEI shall be available at the Council.

HEIs shall publish the Assessors' Report on their websites. They may also include statements such as "accredited by BQPCA" or "BQPCA accredited". The HEIs' websites must include a link to the BQPCA website. The Assessors' Report shall be uploaded on both the BQPCA and HEIs' websites for public access.

Accreditation shall only be granted to HEIs whose applications for accreditation have been reviewed and endorsed by BQPCA. Any breach of the following conditions may affect the Council's decisions regarding future accreditation applications:

1. The accreditation status acquired by any HEI shall not be claimed or publicized by any of its partner institutions or branch campuses.
2. HEIs may publish their Assessors' Report, either in full or in parts, on their websites or other platforms. However, they must avoid making inaccurate or misleading statements about the accreditation.
3. If any HEI's accreditation status or certificate is withdrawn, the HEI must remove all references or claims of accreditation from its promotional materials and websites within the timeframe specified by the Council.
4. Accredited HEIs shall display their Accreditation Certificate prominently for public visibility.

No Conflict-of-Interest Statement

A. By the Institution

DECLARATION OF CONFLICT OF INTEREST

The institute, assures that the following assessors have no affiliation with our institution, directly or indirectly, in the immediate past one year:

- 1.. Name/Designation/Agency
- 2.. Name/Designation/Agency
- 3.. Name/Designation/Agency
- 4. Name/Designation/Agency
- 5. Name/Designation/Agency

Further, the Institution will not appoint any of the members of the proposed team of assessors for any assignment in the institution for one year after the assessment of the Institution by the assessors.

I hereby confirm that the above information is true to the best of my knowledge. In the event the above declaration is found to be incorrect,

- the accreditation of the Institution shall be suspended/canceled immediately and must be reassessed, and
- the Institution shall bear all the costs associated to the reassessment of accreditation
- I shall be liable for administrative/legal action under relevant laws, rules and regulations.

Date:
Place:
Signature (with institute seal):

B. By the Assessor

DECLARATION OF CONFLICT OF INTEREST

I, (name), bearing CID/EID No:
....., (Position Title), working for
..... (Agency) as the assessor for the accreditation of
..... (Name of HEI) declare that:

- I do not have or anticipate any Conflict of Interest. I shall notify the Agency concerned of any conflict of interest before discharging my duty.
- OR
- I do have Conflict of Interest in view of the following reason(s):
 1. Family Member:
 2. Close Relative:
 3. Close Friend:
 4. In-Laws:
 5. Enemy:
- I am not affiliated with the institution in the immediate past one year, directly or indirectly.
- I have no affiliation with any institution competing with the proposed institution.
- Others:

I hereby confirm that the above information is true to the best of my knowledge.
In the event the above declaration is found to be incorrect:

- the accreditation of the Institution shall be suspended/canceled immediately and must be reassessed;
- I shall bear all the costs associated to the reassessment of accreditation; and
- I shall be liable for administrative/legal action under relevant laws, rules and regulations.

Date:
Place:
Signature:

Terms of Reference for Assessors**1. Background**

Accreditation shall be done by “assessors” endorsed by the TAC on the recommendations of the Council. A team consisting of three to five assessors shall be engaged for the accreditation exercise. The assessors shall be qualified professionals with relevant background. They may be involved for accreditation of more than one institution based on the commitment and availability.

2. Eligibility Criteria

Assessors shall meet the following criteria to be engaged in accreditation:

- 2.1 Must have a minimum of master’s or equivalent qualifications in a relevant field.
- 2.2 Should have experience of at least 10 years in any public or private organization with a good employment history.
- 2.3 Should not be serving as teaching faculty (such as professors/lecturers) in any of the HEIs who would have conflict of interest.
- 2.4 Can be an in-service person that the Council thinks deemed appropriate.
- 2.5 Should be a person of integrity and commitment.

3. Core Values

- 3.1 Competence: Demonstrate expertise in carrying out the responsibilities.
- 3.2 Integrity and commitment: Committed to provide fair & accountable services.
- 3.3 Professionalism: Demonstrate professionalism through positive attitude, actions and comments.

4. Roles & Responsibilities

The assessors shall:

- 4.1 Declare conflict of interest.
- 4.2 Evaluate the ISAR submitted by the HEI through detailed examination, prepare a tentative assessors’ report, grade and list the required evidence before the site visit.
- 4.3 Assist in developing a plan of action for the accreditation site visit (5 days) and get endorsed during the 5-day training organized by the Council.
- 4.4 Validate the evidence during the site visit.
- 4.5 Ensure comprehensive and diligent evaluation of the institution against standards outlined in this manual.
- 4.6 Ensure integrity of practice and shall submit undisputed recommendation on accreditation to the Council without making biased judgment.
- 4.7 Finalize and present the assessors’ report at the exit meeting and submit to the Council in both hard and soft copy.
- 4.8 Complete the evaluation process as outlined in section 5 of the ToR.
- 4.9 Conduct other appropriate actions as deemed necessary to ensure professionalism.

- 4.10 Ensure the confidentiality of process and grading.
- 4.11 Chair all meetings, present assessors' report to the Authority, if appointed as Chairperson. In case the Chairperson is not available, the Council shall make the presentation.

5. Evaluation Process

The evaluation process shall include, amongst others:

Before site visit:

- a) Study ISAR submitted by the HEI as per **Annexure VIII**.
- b) Prepare individual tentative Assessors' Report as per **Annexure IX**.
- c) Identify strengths and issues related to the seven Standards.
- d) Prepare a tentative grade as per **Annexure X**.
- e) Discuss individual tentative evaluation, identify issues to be probed further and agree on distribution of responsibilities.
- f) Prepare a list of evidence required to validate the ISAR.
- g) Appoint Chairperson and Rapporteur, latest by the 4th day of the training of assessors.

During the site visit:

- a) The Chair shall lead the discussion throughout the site visit, including the meeting with various groups, and the Rapporteur shall lead drafting the report based on the discussions. However, other members may share the responsibility of report writing.
- b) Look for evidence to validate ISAR.
- c) Compare and discuss individual tentative evaluation to arrive at three most important points under each key aspect, overall analysis and standard wise recommendations.
- d) Compile individual Assessor's Report as per **Annexure IX**.
- e) Decide marks to be awarded under each Key Aspect and prepare the Grade sheet based on observation and evidence as per **Annexure X**.
- f) Conduct an exit meeting to finalize the report where a presentation shall be made on the overall analysis of the institution.
- g) Sign the final report by the head of the institution and the assessors' team.

After the site visit:

- a) Submit a soft copy and hard copy of all relevant records including the plan of action and the Assessors' Report to the Council.
- b) Answer to queries related to accreditation of the institution, if any.

6. Expectations

Do's

- Declare conflict of interest
- Develop a proper plan of action

- Study the ISAR thoroughly before the site visit
- Take note of any aspect of the institution that may not have been included in the ISAR
- Prepare individual tentative assessor's report
- Share observations and ideas candidly avoiding domineering attitude
- Work as a team to arrive at undisputed score and recommendation
- Shed all inhibitions relating to the institution being assessed
- Ensure integrity of practice
- Always be positive, committed, humble and collegial
- Have at least three team discussion/assessors' meeting during the site visit
- Share the responsibility of drafting the final assessors' report
- Share, finalize, and sign the assessors' report during the exit meeting
- Ensure confidentiality of information

Don'ts

- Avoid making criticism on ISAR
- Do not make conclusions without completing verification of evidence
- Do not be carried away either in favour of or against the institution by any exceptional strength or weakness in one or two aspects
- Do not attach any weighting to what you might have learnt unofficially about the institution.
- Do not publicly compare the institution in review to other HEIs
- Do not be carried away by external display
- Do not give impression of superior knowledge
- Do not be rude or insulting
- Do not indulge in personal work during the period of assessment.
- Do not accept any gifts, mementos and/or any special hospitality

7. Remuneration

A professional fee and daily allowance shall be paid to the assessors as per the approval of MoF. In case the Council cannot make travel arrangements for the site visit, the assessors shall be entitled for mileage as per the existing rules. Though the Council may facilitate, the assessors shall arrange their own logistics.

8. Access to Higher Education Institutions

The Council shall inform the HEI based on a plan of action. The HEI shall provide access to information as required by the assessors.

9. Amendments

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

Contract Agreement for Assessors

This agreement is executed on day _____ month _____ year _____ between the Higher Education Quality Council and _____
(*name of assessor*) bearing CID No. _____ whose assignment shall be performed as per the Terms of Reference of the assessors. For any breach of clause mentioned in the ToR, I shall be held liable for administrative/ legal action under relevant laws, rules and regulations.

(<i>Affix legal stamp</i>) Name: CID No.: Signature: Date:/...../20..... Place:	(<i>Affix legal stamp</i>) Witness by: Name: Signature: Date:/...../20..... Place:
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Self-Preparatory Report (SPR)

A. Profile of the institution

Name	
Location	
Type of Institution (Constituent/ affiliated/ others)	
Affiliated to, if relevant	
Source of funding	
Total area (in acres)	
Head of the institution	
Website	
Telephone number	
Email	
Plans in place for:	
No. of Departments	
No. of Programmes	UG: ____ PG: ____ Doctoral Degree: ____ Any other ____ Total: ____
No. of programmes with electives (specify electives)	
Estimated Cost of education per student as per the programmes offered (Tuition fees and living cost)	
No. of faculty	Male: ____ Female: ____ Total: ____
Regular	Male: ____ Female: ____ Total: ____
Contract	Male: ____ Female: ____ Total: ____
Others (e.g. Adjunct)	Male: ____ Female: ____ Total: ____

No. of faculty with Doctoral degree	
No. of faculty with Masters' degree	
No. of faculty with Bachelors' degree	
No. of faculty with other qualifications	
No. of non-teaching staff	Male: ____ Female: ____ Total: ____
Technical	Male: ____ Female: ____ Total: ____
Administrative	Male: ____ Female: ____ Total: ____
Support	Male: ____ Female: ____ Total: ____
No. of programmes that will be offered (<i>Specify the mode of study</i>).	
Level of autonomy the institution has from the affiliating University:	
Date of submission	

B. Plan Report

The following questions will give an insight into all the indicators under each Standard and their Key Aspects and accordingly prepare the HEI for actual accreditation. The evidence, wherever required, must be compiled for the assessment of prerequisites for accreditation.

Standard 1: Governance, Leadership, and Management

- 1.1 State the Vision and Mission of the HEI and how will it work towards achieving them?
- 1.2 Explain the organizational and management structure of the HEI.
- 1.3 Explain the details of the financial management plan including how the HEI will ensure transparency.
- 1.4 Provide the profiles of the identified leadership position holders of the HEI (*head of HEI, Deans, Heads of Departments, Programme Leaders, others*).
- 1.5 State the extent of autonomy that the HEI will have in both management and academic matters.
- 1.6 Describe the Strategic Development Plan which spells out both the short- and long-term plan.
- 1.7 Provide a five-year plan with a timeline to address each of the seven standards.
- 1.8 What are the plans and strategies in place in case the HEI fails to get accreditation status?

- 1.9 Explain the use of data and information management systems for decision making and strategic planning.
- 1.10 Mention any other plans not covered by the above questions, if any.

Standard 2: Academic System

- 2.1 What are the programmes that will be offered in the HEI?
- 2.2 How will the HEI ensure that the programmes are relevant to the job market and aligned to national priorities?
- 2.3 How will the HEI facilitate academic flexibility and programme diversification for students? Also, describe the initiatives that the HEI will adopt to facilitate credit transfer.
- 2.4 How will the HEI ensure effective academic planning, delivery, and assessment?
- 2.5 How will the HEI integrate the use of ICT in teaching-learning?
- 2.6 How will the HEI engage students in meaningful learning through innovative approaches?
- 2.7 Mention any other plans not covered by the above questions, if any.

Standard 3: Human Resources

- 3.1 Provide the detailed plans of HR policies including recruitment, professional development, promotion or recognition and retention of both teaching and non-teaching staff.
- 3.2 How will the HEI attract experienced HR to work for the HEI?
- 3.3 What professional development services will be provided to the staff?
- 3.4 What mechanisms will be adopted to effectively monitor, evaluate and reward the performance of the employees?
- 3.5 Mention any other plans not covered by the above questions, if any.

Standard 4: Research, Publications and Linkages

- 4.1 Explain the initiatives the HEI will undertake to build the research capacity of faculty members and students (*e.g. mentoring, internship, training, research-related courses, research projects, etc.*).
- 4.2 How does the HEI plan to institutionalize research culture and allocate adequate funds for research activities?
- 4.3 Provide details of all the formal collaborations, partnership/ linkages and their potential benefits (*e.g. MoU, MoA, MoC, other documentary evidence, etc.*).
- 4.4 How will the HEI enhance community vitality through consultancy and professional service?
- 4.5 Mention any other plans not covered by the above questions, if any.

Standard 5: Infrastructure & Learning Resources

- 5.1 Provide the conceptual master plan for all required infrastructure as per the relevant rules and regulations for the establishment of new HEI.
- 5.2 Provide details on how the HEI will maintain and ensure the safety of these infrastructures.
- 5.3 What are the plans in place to accommodate students with special needs?
- 5.4 Explain the disaster contingency plan.
- 5.5 Mention any other plans not covered by the above questions, if any.

Standard 6: Student Services

- 6.1 What are the plans in place for making life on campus enriching, engaging and conducive? Include both physical facilities and mental services that will be rendered.
- 6.2 Describe how the HEI will carry out the admission process and monitor student progression.
- 6.3 What services will be provided to the students with special needs?
- 6.4 What steps will be initiated to engage the alumni for institutional activities and development?
- 6.5 Mention any other plans not covered by the above questions, if any.

Standard 7: Internal Quality Assurance and Enhancement System

- 7.1 Explain the plan to ensure that there is an effective mechanism for Internal Quality Assurance (IQA).
- 7.2 Explain the IQA mechanism in place to address all the Standards.
- 7.3 Mention any other plans not covered by the above questions, if any.

Assessment Outcome of Pre-requisites for Accreditation

A. Endorsement of Pre-requisites for Accreditation

Ref. No. HEQC/20___/PRA-

Date:

The Proprietor

_____ (Name of institution)

_____ Bhutan

Dear Sir/ Madam,

Tashi Delek!

The Higher Education Quality Council has studied the **Self-Preparatory Report** (SPR) submitted by your institute. The Council is pleased to inform you that your institute has fulfilled the Pre-requisites for Accreditation. The validity of this status shall be for a minimum of five years from the year of its establishment or one year after the graduation of its first batch, whichever is later. However, this status does not guarantee any subsequent automatic accreditation status.

We hope that you will ensure meeting the standards as per the SPR submitted to the Council. If the Council learns of any major deviations from the SPR, the Council reserves the right to revoke this approval at any time without which the institute shall not be eligible for actual accreditation.

Thanking You

Yours Sincerely,

(.....)

Chief Programme Officer

Higher Education Quality Council

B. Regret of Pre-requisites for Accreditation

Ref. No. HEQC/Accre-05/20___/PRA-

Date:

The Proprietor

_____ (Name of institution)

_____ Bhutan

Dear Sir/ Madam,

The Higher Education Quality Council has studied the **Self-Preparatory Report** (SPR) submitted by your institute. However, we regret to inform that your institute could not fulfill the Pre-requisites for Accreditation due to the following reasons:

- 1.
- 2.

You may email your queries at heqc@bqpca.gov.bt or call at 02- 333253/324712.

Thanking You

Yours Sincerely,

(.....)

Chief Programme Officer
Higher Education Quality Council

Application form for Accreditation

The submission of this form and the required additional documentation is the first stage in applying for accreditation. This application form must be submitted to get accredited by the Higher Education Quality Council. It is, therefore, essential that the information provided is comprehensive, accurate and that all required documents are submitted.

Please indicate () the Cycle of accreditation:

- ☐ Prerequisite for Accreditation
- ☐ First cycle
- ☐ Second cycle
- ☐ Third cycle

Part I: Checklist of documents to be submitted with the Application Form

Tick the boxes to indicate which documents are included. If you consider that the document is not applicable, please contact the Council for confirmation. The application shall not be accepted in case of incomplete documents.

A	Documents authenticating the legal status of the institute, including list of directors, partners and/or legal owners.	
B	Lease agreement, if premises are leased	
C	Copies of the last three years audited annual accounts	
D	No. of students admitted during the last three years by gender	
E	Receipt of the accreditation fee	

I confirm that the information furnished is accurate, up-to-date and provides a true account of the provider and its provision. The ISAR shall be submitted to the Council within two months from the date of application.

Signature: _____ Date: ____/____/20____

Full name: _____

(Head of the Institute) (Seal of the Institute)

Part II: Details of academic programmes and courses

List all current programmes offered:

Course/ programme title	Awarding body	Level(s) as per BQF	Current student number

Fee related to Accreditation

The following fees shall be charged to HEIs for the various services provided by the Council.

1. Accreditation fee
2. Reassessment fee
3. Reaccreditation fee
4. Appeal fee
5. Late fee (on ISAR)

The above fees shall be charged based on the approval from MoF. The fee may be revised from time to time, as deemed necessary. The late fee shall be applied for duration that ISAR remains due for submission including weekends.

Institutional Self-Assessment Report

The Institutional Self-Assessment Report (ISAR) shall consist of the following three parts:

- A. Executive Summary
- B. Profile of the institution
- C. Main Report

The details of each part are outlined below.

A. Executive Summary *(short write-up for each Standard with a maximum of three pages including a brief institutional background and milestones)*

B. Profile of the institution

Name	
Location	
Type of Institute <i>(Constituent/ affiliated/ others)</i>	
Affiliated to	
Date of last accreditation <i>(if applicable)</i>	
Source of funding	
Cost of education <i>(Tuition fees and living cost)</i>	
Total area <i>(in acres)</i>	
Land registration certificate and latest tax details.	
Year of establishment	
Head of institute	
Website	
Telephone number	
Email	
Name of the Focal Person for IQA	
No. of Departments	
No. of Programmes	UG: _____; PG: _____; Doctoral Degree: _____; Any other: _____; Total: _____
No. of programmes with electives <i>(Specify electives)</i>	

New programmes introduced during the last five years	
No. of faculty	Male: ____ Female: ____ Total: ____
Regular	Male: ____ Female: ____ Total: ____
Contract	Male: ____ Female: ____ Total: ____
Visiting/adjunct faculties	Male: ____ Female: ____ Total: ____
No. of faculty with Doctoral Degree	
No. of faculty with Masters' degree	
No. of faculty with Bachelors' degree	
No. of non-teaching staff	Male: ____ Female: ____ Total: ____
Technical	Male: ____ Female: ____ Total: ____
Administrative	Male: ____ Female: ____ Total: ____
Support	Male: ____ Female: ____ Total: ____
No. of Students	Male: ____ Female: ____ Total: ____
Diploma	Male: ____ Female: ____ Total: ____
Bachelors' degree	Male: ____ Female: ____ Total: ____
Masters' degree	Male: ____ Female: ____ Total: ____
Any other	Male: ____ Female: ____ Total: ____
No. of programmes offered (specify the mode)	
No. of working days during the last academic year	
No. of teaching days during the last academic year	
Level of autonomy the institution has from the affiliating University:	
Date of submission	

C. Main Report

To address all the indicators under each Standard and Key Aspect, HEIs are required to answer the following questions. The evidence, wherever required, must be compiled for the team of assessors.

Standard 1: Governance, Leadership, and Management

1.1 Vision and Mission

- 1.1.1. How does the vision and mission align with the university's goals and national aspirations?
- 1.1.2. Explain how the plans and activities of the HEI are geared towards achieving the vision and mission.

1.2 Organizational Structure and Management

- 1.2.1. Describe/Show: (i) Organogram; (ii) Terms of References (ToR) of the key position holders.
- 1.2.2. Explain how the HEI promotes efficient, effective and ethical leadership within the organization (e.g. Standard Operating Procedures, Turn Around Time, etc.).
- 1.2.3. Show the evidence that the HEI practices participatory and collaborative engagement of staff and students in relevant decision-making processes.

1.3 Accountability and Transparency

- 1.3.1. Explain how the HEI ensures a clear line of reporting and accountability in line with the ToR.
- 1.3.2. What control mechanisms are in place to ensure transparency, efficiency and accountability in various aspects such as decision making, HR, teaching, learning, and assessment?
- 1.3.3. What measures are in place to ensure transparency and effectiveness in the financial management system?
- 1.3.4. Describe/Show the financial auditing mechanism, including outstanding memos and details of compliance.
- 1.3.5. Explain the various resource mobilization strategies in place, apart from the state funding outlining the details of revenue generated in the past 3 years.
- 1.3.6. Explain how the HEI ensures accurate and timely dissemination of information to stakeholders.

1.4 Leadership and Autonomy

- 1.4.1. Provide profiles of the head of the institution and other key leadership position holders (head of the HEI, Deans, Heads of Department, Programme Leaders, others).
- 1.4.2. State the extent of autonomy that HEI has in both management and academic matters.
- 1.4.3. Explain how the HEI grooms leadership and facilitates succession planning.

1.5 Strategic Development, Planning, and Implementation

- 1.5.1. Explain how the Strategic Development Plan is developed.
- 1.5.2. What are the Strategic Development Plans and activities (both the short- and long-term plans)?
- 1.5.3. Describe/Show how the HEI reviews the strategic activities for continual improvement.

1.6 Data and Information Management

- 1.6.1. Describe/Show: (i) Reliable and accurate data and information system for staff, students and alumni; (ii) Utilization of data and information for decision-making and planning processes.

- 1.6.2. How does the HEI ensure the accuracy, reliability, and accessibility of compiled data?
- 1.6.3. How does the HEI ensure the confidentiality and security of all data and information kept, including electronic data, course assessment materials and results?

Standard 2: Academic System

2.1 Programme Design, Development and Review

- 2.1.1. Explain how the HEI ensures that the programme offered is current and relevant to the national development priorities, employment opportunities and global competencies.
- 2.1.2. Provide a list of new programmes or major programme reviews that were undertaken in the last 3 academic years to ensure that the relevancy and currency of the curriculum is maintained.
- 2.1.3. Describe/Show the mechanism for programme evaluation, development and review process instituted.

2.2 Academic Flexibility and Programme Diversification

- 2.2.1. What are the diverse programmes offered by the HEI to enable learners to choose the programme of their choice?
- 2.2.2. What are the various elective options offered within each programme?
- 2.2.3. How does the HEI facilitate Credit Transfer both within and outside the country? Provide details of all the Credit Transfer cases facilitated during the last 3 academic years.
- 2.2.4. Describe/Show the mechanism to facilitate programme deferment and withdrawal.

2.3 Academic Planning and Delivery

- 2.3.1. Describe/Show how the HEI plans and implements academic planning for each academic year/semester by detailing out all the academic (module allocation, work plan/ lesson plans, and others) and logistic (classroom, online platforms, semester class schedule & others) preparation.
- 2.3.2. What actions are undertaken by the HEI to ensure that course/module/class delivery is based on the approved learning outcomes and delivery plans?
- 2.3.3. Explain ways adopted by the HEI to monitor the module/class delivery to evaluate teaching effectiveness of faculty members for timely interventions.
- 2.3.4. With support of relevant evidence, explain how the teaching-learning processes adopted by the HEI prepare students for possible further studies or equip them with skills necessary to work in a global context.
- 2.3.5. Describe/Show different ways in which faculty members engage the students to promote student-centered teaching learning approach.

2.4 Assessment Practices

- 2.4.1. Describe/Show assessment policies adopted to ensure fairness, transparency and integrity in assessments.
- 2.4.2. Describe/Show mechanism to design assessment, track progress and provide feedback to students.
- 2.4.3. Share following details for the last three years: (i) pass percentage; (ii) student drop-out and repeat cases.

Standard 3: Human Resources

3.1 Human Resource Management System

- 3.1.1. Provide the details on HR policies including attraction, recruitment, retention, recognition, promotion, talent management, welfare, post-retirement schemes, and others.
- 3.1.2. Describe/Show selection and recruitment procedure and criteria that are strictly adhered to as per the relevance and requirement.
- 3.1.3. What measures are adopted for induction, succession planning, and career progression of the human resources?
- 3.1.4. Describe/Show: (i) The performance appraisal and monitoring system followed at the institute; (ii) The system adopted to implement rewards and recognition at the institute.
- 3.1.5. Describe/Show: (i) Profile for faculty and staff; (ii) Faculty-student ratio set by the university/HEI.

3.2 Human Resource Developments

- 3.2.1. Describe/Show HRD master plan and its implementation.
- 3.2.2. Describe/Show: (i) The mechanism instituted to ensure continuous professional development for faculty and staff – both supported and self-initiated; (ii) List of continuous professional development availed in the last three years.
- 3.2.3. How does the HEI allocate and utilize the operational budget for annual HR development programmes?

Standard 4: Research, Publications, and Linkages

4.1 Research Culture

- 4.1.1. Share the research policy and how it is implemented.
- 4.1.2. How does HEI identify sources of funding and secure or earmark funds for research activities?
- 4.1.3. What are the activities and practices (e.g., mentoring, training, engagement in research work, etc.) undertaken by the HEI to develop research capacity?
- 4.1.4. Provide documented evidence of the organizing research events (conferences, seminars, symposiums, workshops, training programmes, etc.) in the past three years.
- 4.1.5. How has the research activity of the HEI impacted policy? Cite a few examples with tangible outcomes.

4.2 Research and Publications

- 4.2.1. Show the lists of publications (research articles, books, book chapters, conference papers, research reports, theses, dissertations, and technical reports, etc.) published in peer-reviewed journals in the last three years.
- 4.2.2. Provide a link to the database for research papers.

4.3 Consultancy and Professional Services

- 4.3.1. Describe/show the Consultancy and Professional Service Policy that outlines the process for engaging stakeholders, including faculty, students, and external communities, and evidence of its application.
- 4.3.2. Provide details of consultancy services provided along with revenue generated in the last three years.
- 4.3.3. Show details of community services provided by HEI in the last three years.

4.4 Collaborations and Linkages

- 4.4.1. Describe/show the documents and well-defined process for managing student or staff exchange programmes.
- 4.4.2. Provide details of policy and procedure (e.g., MoU/MoA/MoC, etc.) on active collaborations with relevant organizations outlining clear outcomes.
- 4.4.3. Provide details of exchange programmes or other initiatives resulting from the collaboration and their benefits.

Standard 5: Infrastructure and Learning Resources

5.1 Physical Infrastructure

- 5.1.1. Describe/Show the availability of adequate and quality academic facilities such as classrooms, laboratories, lecture theatres, library spaces, conference/meeting halls, and other learning resources.
- 5.1.2. Describe/Show the provision of adequate and hygienic accommodation facilities with required amenities such as safe drinking water, fan/AC/heater, furniture, internet connectivity, and other amenities for students.
- 5.1.3. Describe/Show measures in place to provide adequate accommodation facilities for relevant staff.
- 5.1.4. Describe/Show recreational facilities and how effectively these facilities are used.
- 5.1.5. How does the HEI ensure that facilities are inclusive?

5.2 Academic Support Services

- 5.2.1. Describe/Show evidence of library user policy to ensure quality and efficient library services.
- 5.2.2. How does the HEI ensure adequate and comfortable space available for reading and study purposes with good internet connectivity?
- 5.2.3. Provide the lists of inter-library partnerships and subscriptions outlining the benefits.

- 5.2.4. Provide lists of library collections including prescribed essential reading materials in the last three years with appropriate segregation against disciplines offered.
- 5.2.5. Describe/Show the ICT facilities and indicate how they support the improvement of its teaching-learning process, research and quality of services.
- 5.2.6. Describe/Show how the HEI promotes the creative use of technology to embrace emerging development in ICT.

5.3 Safety and Maintenance of Physical Infrastructure

- 5.3.1. Describe/Show the measures put in place and evidence of activities for disaster preparedness.
- 5.3.2. Describe/Show how the HEI ensures that the infrastructure and facilities are disaster resilient.
- 5.3.3. Describe/Show effective mechanisms in place for the maintenance of infrastructure and facilities.

Standard 6: Student Services

6.1 Admission Process and Student Record

- 6.1.1. How does the HEI ensure that the admission policy and procedures are consistently applied, and how is compliance with these policies monitored and evaluated?
- 6.1.2. Show records of admission done as per the criteria.
- 6.1.3. Describe/Show the evidence of: (i) Measures pursued to provide accurate and up-to-date information related to admission criteria and programmes offered; (ii) Dissemination of information on fee structure and refund policies.

6.2 Student Welfare, Engagement, and Support System

- 6.2.1. Describe/Show policies and practices for: (i) Scholarship and welfare; (ii) Code of conduct; (iii) Gender equity; (iv) Inclusive needs.
- 6.2.2. What policies and practices does the HEI have to promote lifelong learning?
- 6.2.3. Describe/Show the activities implemented for the orientation program (academic & support services) for the last three years.
- 6.2.4. What are the grievances redressal mechanisms in place? (e.g. Student Feedback Report/Satisfaction Survey Conducted). Provide details of grievances reported and resolved in the last three years, if any.
- 6.2.5. List down the student engagement activities and funds allocated for the last three years.
- 6.2.6. Give details on the existing mechanisms and types of personal/career guidance/ counseling and life skills programmes made available to the students.
- 6.2.7. Specify the type and number of awards given to students who excel in co-curricular activities.
- 6.2.8. Provide the Terms of Reference, composition, and selection procedures for student bodies.

6.3 Graduate Employability

- 6.3.1. What strategies are in place to enhance the prospects of employability for the graduates? (e.g. imparting relevant competencies, tracer studies, employer feedback, alumni feedback, on-campus recruitment, labour market information, etc.).
- 6.3.2. List of distinguished graduates receiving accolades and recognitions at various levels in the last three years.

6.4 Alumni Engagement

- 6.4.1. Show the record of the alumni profile.
- 6.4.2. Records of engagement of alumni in institutional activities and development.

Standard 7: Internal Quality Assurance and Enhancement System

7.1 Internal Quality Assurance System

- 7.1.1. Describe/Show the internal quality assurance policy in place.
- 7.1.2. Describe/Show the monitoring and evaluation mechanism undertaken in the last three years/since last accreditation.
- 7.1.3. Provide the details of follow up activities initiated, and impacts created for the recommendations from IQA outcome.
- 7.1.4. Describe the feedback mechanism in place and how these findings are used for further improvement.
- 7.1.5. Describe any initiatives taken by the institute to promote a culture of self-reflection/appraisal for continuous improvement.
- 7.1.6. What steps have been taken to address or comply with the recommendations of the previous accreditation? Highlight the major achievements based on the recommendations made, if applicable.

7.2 Innovative Practices

- 7.2.1. Describe activities that promote and facilitate innovative practices by management, academics, support staff and students.
- 7.2.2. How does the HEI evaluate and recognize individuals for such achievements?
- 7.2.3. Describe with evidence any innovative practice that has been demonstrated and sustained.
- 7.2.4. Describe any award received by the HEI both nationally or internationally for innovation or innovative practices.

7.3 Institutional Branding

- 7.3.1. Describe the key elements of your institution's brand strategy.
- 7.3.2. What channels and strategies are used to promote your institution's brand to prospective students, faculty, and other stakeholders?
- 7.3.3. What are the initiatives taken by your institution to promote values, principles, and practices echoing GNH values?
- 7.3.4. How do the physical environment, infrastructures, and general ambience of the institution reflect GNH values and practices?

Format for Assessors' Report

Part 1: General information	
1.1 Name and Address of the institute	
1.2 Year of establishment	
1.3 Current academic activities at the institution (Number)	
Faculties /Schools	
Departments/Centres	
Programmes/Courses offered	
Regular faculty members	Male: _____ Female: _____ Total: _____
Contract faculty members	Male: _____ Female: _____ Total: _____
Others (e.g. Adjunct)	Male: _____ Female: _____ Total: _____
Staff (Technical, administrative & support)	Male: _____ Female: _____ Total: _____
Students	Male: _____ Female: _____ Total: _____
1.4 Three major features in the institutional context (As perceived by the assessors)	• • •
1.5 Date of visit	
1.6 Composition of the team of assessors:	
Chairperson	Name: _____
Other members	Name: _____ 1. _____ 2. _____ 3. _____ 4. _____
HEQC officials	Name: _____ 1. _____ 2. _____ 3. _____

Part 2: Key-Aspect-wise analysis	Observations (Strengths and/or Weaknesses on Key Aspects) <i>Note: Please limit to three major ones for each; use telegraphic language; it is not necessary to have all three each time - write only relevant ones.</i>
2.1 Governance, Leadership and Management	
2.1.1 Vision and Mission	● ... ● ... ● ...
2.1.2 Organizational Structure and Management	● ... ● ... ● ...
2.1.3 Accountability and Transparency	● ... ● ... ● ...
2.1.4 Leadership and Autonomy	● ... ● ... ● ...
2.1.5. Strategic Development, Planning, and Implementation	● ... ● ... ● ...
2.1.6 Data and Information Management	● ... ● ... ● ...
2.2 Academic System	
2.2.1 Programme Design, Development and Review	● ... ● ... ● ...
2.2.2 Academic Flexibility and Programme Diversification	● ... ● ... ● ...
2.2.3 Academic Planning and Delivery	● ... ● ... ● ...
2.2.4 Assessment Practices	● ... ● ... ● ...

2.3 Human Resources	
2.3.1 Human Resource Management System	• ... • ... • ...
2.3.2 Human Resource Developments	• ... • ... • ...
2.4 Research, Publications, and Linkages	
2.4.1 Research Culture	• ... • ... • ...
2.4.2 Research and Publications	• ... • ... • ...
2.4.3 Consultancy and Professional Services	• ... • ... • ...
2.4.4 Collaborations and Linkages	• ... • ... • ...
2.5 Infrastructure and Learning Resources	
2.5.1 Physical Infrastructure	• ... • ... • ...
2.5.2 Academic Support Services	• ... • ... • ...
2.5.3 Safety and Maintenance of Physical Infrastructure	• ... • ... • ...
2.6 Student Services	
2.6.1 Admission Process and Student Record	• ... • ... • ...
2.6.2 Student Welfare, Engagement, and Support System	• ... • ... • ...

2.6.3. Graduate Employability	• ... • ... • ...
2.6.4 Alumni Engagement	• ... • ... • ...
2.7 Internal Quality Assurance and Enhancement System	
2.7.1 Internal Quality Assurance System	• ... • ... • ...
2.7.2 Innovative Practices	• ... • ... • ...
2.7.3 Institutional Branding	• ... • ... • ...

Part 3: Overall analysis	Observations <i>Note: Please limit to five major ones for each; use telegraphic language; It is not necessary to have all five bullets under each.</i>
3.1 Strengths	• ... • ... • ...
3.2 Areas for improvement	• ... • ... • ...
3.3 Opportunities	• ... • ... • ...
3.4 Challenges	• ... • ... • ...

Part 4: Recommendations (Standard-wise)

I agree with the observation of the assessors as mentioned in this report.

Name & Dated Signature of the Head of the institute

Seal of the institute

Name & Signature of the Assessors:

Name	Designation	Dated Signature
	Chairperson	
	Member	
	Member	
	Member	
	Member	

Name & Signature of HEQC officials

Name	Designation	Dated Signature

Grading Sheet

Name of the Institute: _____

Place: _____

Date of Visit: _____ to _____

Standard	Maximum mark for each standard	Mark awarded
1. Governance, Leadership and Management	15	
2. Academic System	19	
3. Human Resources	11	
4. Research, Publications, and Linkages	15	
5. Infrastructure and Learning Resources	9	
6. Student Services	11	
7. Internal Quality Assurance and Enhancement System	20	
Total	100	

Grade: _____

Performance Descriptor: _____

Details (Standards, Key Aspects and Marks):

Standard 1: Governance, Leadership, and Management			
Key Aspects	Max. mark	Range of Marks	Mark awarded
1.1 Vision and Mission	2	E: 1.7 - 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
1.2 Organizational Structure and Management	3	E: 2.6 - 3.0 M: 2.1 - 2.5 PM: 1.5 – 2.0 NM: <1.5	
1.3 Accountability and Transparency	3	E: 2.6 – 3.0 M: 2.1 - 2.5 PM: 1.5 – 2.0 NM: <1.5	

1.4 Leadership and Autonomy	3	E: 2.6 – 3.0 M: 2.1 - 2.5 PM: 1.5 – 2.0 NM: <1.5	
1.5 Strategic Development, Planning, and Implementation	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
1.6 Data and Information Management	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
Total (up to 1 decimal place)	15		
Standard 2: Academic System			
Key Aspects	Max. mark	Range of Marks	Mark awarded
2.1 Programme Design, Development and Review	4	E: 3.4 – 4.0 M: 2.8 - 3.3 PM: 2.0 - 2.7 NM: <2.0	
2.2 Academic flexibility and programme diversification	4	E: 3.4 – 4.0 M: 2.8 - 3.3 PM: 2.0 - 2.7 NM: <2.0	
2.3 Academic Planning and Delivery	5	E: 4.3 – 5.0 M: 3.5 - 4.2 PM: 2.5 - 3.4 NM: <2.5	
2.4 Assessment Practices	6	E: 5.2 – 6.0 M: 4.2 - 5.1 PM: 3.0 - 4.1 NM: <3.0	
Total (up to 1 decimal place)	19		

Standard 3: Human Resources			
Key Aspects	Max. mark	Range of Marks	Mark awarded
3.1 Human Resource Management System	5	E: 4.3 – 5.0 M: 3.5 - 4.2 PM: 2.5 - 3.4 NM: <2.5	
3.2 Human Resource Developments	6	E: 5.2 – 6.0 M: 4.2 - 5.1 PM: 3.0 - 4.1 NM: <3.0	
Total (up to 1 decimal place)	11		
Standard 4: Research, Publications, and Linkages			
Key Aspects	Max. Mark	Range of Marks	Mark awarded
4.1 Research Culture	8	E: 6.9 – 8.0 M: 5.6 - 6.8 PM: 4.0 - 5.5 NM: <4.0	
4.2 Research and Publications	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
4.3 Consultancy and Professional Services	3	E: 2.6 – 3.0 M: 2.1 - 2.5 PM: 1.5 – 2.0 NM: <1.5	
4.4 Collaborations and Linkages	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
Total (up to 1 decimal place)	15		

Standard 5: Infrastructure and Learning Resources			
Key Aspects	Max. mark	Range of Marks	Mark awarded
5.1 Physical Infrastructure	5	E: 4.3 – 5.0 M: 3.5 - 4.2 PM: 2.5 - 3.4 NM: <2.5	
5.2 Academic Support Services	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
5.3 Safety and Maintenance of Physical Infrastructure	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
Total (up to 1 decimal place)	9		
Standard 6: Student Services			
Key Aspects	Max. mark	Range of Marks	Mark awarded
6.1 Admission Process and Student Record	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
6.2 Student Welfare, Engagement, and Support System	5	E: 4.3 – 5.0 M: 3.5 - 4.2 PM: 2.5 - 3.4 NM: <2.5	
6.3 Graduate Employability	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
6.4 Alumni Engagement	2	E: 1.7 – 2.0 M: 1.4 - 1.6 PM: 1.0 - 1.3 NM: <1.0	
Total (up to 1 decimal place)	11		

Standard 7: Internal Quality Assurance and Enhancement System			
Key Aspects	Max. mark	Range of Marks	Mark awarded
7.1 Quality Assurance System	12	E: 10.3 – 12.0 M: 8.4 - 10.2 PM: 6.0 - 8.3 NM: <6.0	
7.2 Innovative Practices	4	E: 3.4 – 4.0 M: 2.8 - 3.3 PM: 2.0 - 2.7 NM: <2.0	
7.3 Institutional Branding	4	E: 3.4 – 4.0 M: 2.8 - 3.3 PM: 2.0 - 2.7 NM: <2.0	
Total (up to 1 decimal place)	20		
Grand Total (whole number)	100		

Name & Signature of the Assessors:

Name	Designation	Dated Signature
	Chairperson	
	Member	
	Member	
	Member	
	Member	

Name & Signature of HEQC officials

Name	Designation	Dated Signature

Institutional Accreditation Certificate (45x32cm)

	ཤེས་རིག་ འབྲུག་ཤེས་ཚད་དང་ཁྱད་རིག་དོན་ལྷན་དཔལ་འཛིན། BHUTAN QUALIFICATIONS AND PROFESSIONALS CERTIFICATION AUTHORITY Accreditation Certificate No. BQPCA/HEQC/2023/AC03(2) CERTIFICATE OF ACCREDITATION This is to certify that Name of the HEI is accredited by the Higher Education Quality Council, Bhutan Qualifications and Professionals Certification Authority with Grade A (Very Good) and is valid until 20.03.2028 Date: 29 March 2024 Director	
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Application for Appeal

1. Appellant Details.

Name of Institute:

Address:

Contact No:

2. Choose the relevant reason for the appeal and justify (*tick relevant ones*)

- ☐ Not satisfied with the accreditation outcome
- ☐ The HEQC withdrew or suspended accreditation status
- ☐ The decision was not made in accordance with the procedures or criteria set out in this manual
- ☐ Any other reasons (Specify:)

Justification :

.....

.....

.....

Submitted by;

Head of the Institute:

Signature:

Date...../...../20.....

(Seal of the Institute)

Technical Advisory Committee (TAC) Report on Appeals**1. Details of the Appellant Institute:**

Name	
Date of the appeal	
Representative of HEI	

2. Deliberation on the Appeal:**3. Decision by TAC:****4. Members of the Appellate Body:**

Name	Dated Signature
Chairperson:	
Member:	
Member:	
Member:	
Member:	

Distribution of Weighting against each Indicator

Weighting Descriptions		
Score	Level of Importance	Description
3	Extreme Importance	Urgent/Crucial/vital/absolute requirement
2	Great Importance	Remarkable/high/key/significant requirement
1	Fundamental importance	Minimum/relevant /basic requirement

Standard	Total Key Aspects	Key Aspects	Number of Indicators	Weightings	Score	Remarks
Standard 1: Governance, Leadership & Management	6	1.1	2	1	2	All fifteen indicators across the six key aspects are of fundamental importance, emphasizing that HEIs must have the necessary elements of governance, leadership, and management in place.
		1.2	3	1	3	
		1.3	3	1	3	
		1.4	3	1	3	
		1.5	2	1	2	
		1.6	2	1	2	
Sub-total			15		15	
Standard 2: Academic System	4	2.1	2	2	4	Seven indicators across three key aspects hold great importance, while five indicators within one key aspect are of fundamental importance, highlighting that the academic system serves as the primary determinant of the existence and quality of HEIs.
		2.2	2	2	4	
		2.3	5	1	5	
		2.4	3	2	6	
Sub-total			12		19	
Standard 3: Human Resources	2	3.1	5	1	5	Three indicators are of great importance, and five are of fundamental importance, highlighting the necessity for higher education institutions to meet the minimum human resource requirements to ensure smooth operations.
		3.2	3	2	6	
Sub-total			8		11	
Standard 4: Research, Publications, and Linkages	4	4.1	4	2	8	Four indicators are of great importance, along with seven additional fundamental indicators, underscoring the need for higher education institutions to foster a culture of research, publish academic papers, and establish relevant linkages.
		4.2	2	1	2	
		4.3	3	1	3	
		4.4	2	1	2	
Sub-total			11		15	

Standard 5: Infrastructure and Learning Resources	3	5.1	5	1	5	All nine indicators across three key aspects are of fundamental importance, emphasizing that higher education institutions must provide adequate infrastructure, facilities, and learning resources to support academic and co-curricular activities.
		5.2	2	1	2	
		5.3	2	1	2	
Sub-total			9		9	
Standard 6: Student Services	4	6.1	2	1	2	All eleven indicators across four key aspects are of fundamental importance, indicating that higher education institutions must establish a student support system and services to ensure their well-being and development.
		6.2	5	1	5	
		6.3	2	1	2	
		6.4	2	1	2	
Sub-total			11		11	
Standard 7: Quality Assurance and Enhancement System	3	7.1	4	3	12	The four indicators of key aspect 7.1 are critically important for the functioning of all other key aspects, ensuring the quality and growth of HEIs. 4 indicators of 2 key aspects are the great importance as they promote innovative practices and develop unique identity of HEIs (branding).
		7.2	2	2	4	
		7.3	2	2	4	
Sub-total			8		20	
Total	26		74		100	

Rubrics for Grading

Key aspects	Exceeding	Meeting	Partially Meeting	Not Meeting
1.1 Vision and Mission	The vision and mission are aligned with the university/institution's goals and national aspirations. All plans and activities are effectively implemented to realize the institution's vision and mission.	The vision and mission are aligned with the goals of the university/ institution and national aspirations. All plans and activities are aimed at achieving the institution's vision and mission.	The vision and mission are unclear and not aligned with the university/ institution's goals and national aspirations. Some plans and activities are directed towards achieving the institution's vision and mission.	The vision and mission are absent or not aligned with the university/institution's goals and national aspirations. There are no plans and activities aimed at achieving the institution's vision and mission.
1.2 Organizational Structure and Management	The organizational structure is well developed and mandates for key position holders are clearly defined and adhered to. The institute has dynamic Standard Operating Procedures (SOPs), and Terms of Reference (ToR) guided by exemplary leadership. Participatory and collaborative engagement of staff, students and stakeholders in relevant decision-making processes.	The organizational structure is well developed and mandates for key position holders are clearly defined. The institute has clear and functional Standard Operating Procedures (SOPs) and Terms of Reference (ToR) guided by ethical leadership. Participatory and collaborative engagement of staff and students in relevant decision-making processes.	The organizational structure and mandates are partially developed. The SOP and ToR are unclear for effective implementation guided by weak leadership. Only selected staff and students are included in the relevant decision-making process.	There is no pragmatic organizational structure and mandates with ineffective leadership. There is no SOP and ToR. Decision making process is not inclusive.

1.3 Accountability, and Transparency	There are clear and robust mechanisms of reporting, communication and an efficient accountability system, including financial management, with detailed guidelines in place to promote transparency, efficiency, and accountability. Innovative resources mobilization strategies are implemented to acquire abundant funds.	There are clear lines of reporting, communication and a functional accountability system, including financial management, with detailed guidelines in place to promote transparency, efficiency, and accountability. Resources mobilization strategies are effective in achieving adequate funds.	There are weak mechanisms of reporting, communication and accountability systems, including financial management, with unclear guidelines in place to promote transparency, efficiency, and accountability. Resources mobilization strategies are ineffective to acquire the required funds.	There are no mechanisms of reporting, communication and accountability systems, including financial management, without guidelines in place to promote transparency, efficiency, and accountability. No resources mobilization strategies to acquire funds or fully dependent on state funding.
1.4 Leadership and Autonomy	Leadership holders are highly qualified and competent. There is a high degree of autonomy in both management and academic matters. There is extensive effort dedicated to leadership grooming and succession planning.	Leadership position holders are qualified and competent. There is required autonomy in both management and academic matters. There is adequate effort for leadership grooming and succession planning.	Leadership position holders are qualified with limited competency. There is a limited degree of autonomy in both management and academic matters. There is some effort made for leadership grooming and succession planning.	Leadership position holders lack the required qualification and competency. There is no autonomy in either management or academic matters. There is no evidence of leadership grooming and succession planning.
1.5 Strategic Development, Planning, and Implementation	There is a dynamic strategic plan, and the activities are coherently implemented and monitored. The strategic plan and activities are reviewed timely engaging the relevant stakeholders.	There is a comprehensive strategic plan, and the activities are coherently implemented and monitored. The strategic plan and activities are reviewed periodically.	There is a basic strategic plan, and the activities are implemented and monitored randomly. The strategic plan and activities are not reviewed regularly.	There is no strategic plan, and the activities are not implemented and monitored. The strategic plan and activities are not reviewed.

1.6. Data and Information Management	There is a highly reliable and accurate data and information management system for informed decision making. There are robust measures to ensure accessibility, utilization, confidentiality, and security of all data and information.	There is a reliable and accurate data and information management system. There are appropriate measures to ensure accessibility, utilization, confidentiality, and security of all data and information.	There is a basic data and information management system for informed decision making. There are weak measures to ensure accessibility, utilization, confidentiality, and security of all data and information.	There is no data and information management system for decision making. There are no measures to ensure accessibility, utilization, confidentiality, and security of all data and information.
2.1 Programme Design, Development and Review	All programmes offered are inclusive, relevant, and current. Innovative, effective and reliable mechanisms for programme design, development and review are implemented.	All programmes offered are relevant and current. Effective mechanisms for programme design, development and review are implemented.	Most of the programmes offered are relevant and current. A basic mechanism for programme design, development and review is implemented.	A few programmes offered are relevant and current. Weak/No mechanisms for programme design, development and review are implemented.
2.2 Academic Flexibility and Programme Diversification	There is a diverse and extensive choice of programmes with electives offered. Academic flexibility within the system is dynamic and a robust credit transfer system is effectively implemented.	There is a diverse choice of programmes and electives offered. Academic flexibility within the system is structured and a clear credit transfer system is adequately implemented.	There is a limited choice of programmes and electives offered. Academic flexibility within the system is unstructured and the credit transfer system is inadequately implemented.	There is no choice of programmes and electives offered. Academic flexibility within the system is absent/ formless and there is no provision for credit transfer.

2.3 Academic Planning and Delivery	Robust academic plans are effectively implemented, and all modules are delivered innovatively as per the approved learning outcomes & delivery plan. Dynamic and systematic mechanisms are institutionalized to monitor and evaluate teaching effectiveness, and prompt interventions are provided. Teaching-learning approaches and materials adopted are highly innovative, student-centric, engaging and impart diverse global skills and competencies for study and work.	Comprehensive academic plans are adequately implemented, and all modules are delivered as per the approved learning outcomes & delivery plan. Effective mechanisms institutionalized to monitor and evaluate teaching effectiveness and timely interventions are provided. Teaching-learning approaches and materials adopted are sufficiently student-centric, engaging and impart adequate global skills and competencies for study and work.	Superficial academic plans are randomly implemented and most of the modules are delivered as per the approved learning outcomes & delivery plan. Rudimentary mechanisms adopted to monitor and evaluate teaching effectiveness and occasional interventions are provided. Teaching-learning approaches and materials adopted are moderately student-centric, engaging and impart limited global skills and competencies for study and work.	No academic plans and modules are delivered without an approved learning outcome & delivery plan. No mechanism deployed to monitor and evaluate teaching effectiveness and no interventions are provided. Teaching-learning approaches and materials adopted are hardly student-centric, engaging and do not impart global skills and competencies for study and work.
2.4 Assessment Practices	Robust assessment policies are adopted to ensure fairness, transparency and integrity in assessments. Innovative and dynamic mechanisms are administered to design assessment, track progress and provide feedback to students. Student progression records maintained are exhaustive and real-time, and diverse categories of recognition and rewards are instituted.	Extensive assessment policies are adopted to ensure fairness, transparency and integrity in assessments. Effective mechanisms are administered to design assessments, track progress and provide feedback to students. Student progression records maintained are comprehensive and several categories of recognition and rewards are instituted.	Substandard assessment policies are adopted to ensure fairness, transparency and integrity in assessments. Poor mechanisms are administered to design assessments, track progress and provide feedback to students. Student progression records maintained are incomplete and a few categories of recognition and rewards are instituted.	Assessment policies are flawed and do not ensure fairness, transparency and integrity in assessments. No mechanisms are administered to design assessment, track progress and provide feedback to students. Student progression records are not maintained, and recognition and rewards are not instituted.

3.1 Human Resource Management System	A comprehensive HR policy is rigorously implemented and consistently adhered to. Recruitment, leadership development, succession planning, performance appraisal, recognition, and reward system are robust, highly effective, fair, and transparent. All staff have relevant qualifications and rich experience.	A comprehensive HR policy is implemented and generally adhered to. Recruitment, leadership development, succession planning, performance appraisal, recognition, and reward system is effective, fair, and transparent. An adequate number of staff have relevant qualifications and sufficient experience.	A brief HR policy is implemented and inconsistently adhered to. Recruitment, leadership development, succession planning, performance appraisal, recognition, and reward system lacks fairness, and transparency. Most of the staff have relevant qualifications and sufficient experience.	No HR policy or it is vague and not implemented. Recruitment, leadership development, succession planning, performance appraisal, recognition, and reward system is absent. A minimum number of staff have relevant qualifications and experience.
3.2 Human Resource Developments	Comprehensive and dynamic HRD master plan is in place and strictly followed. Extensive CPD for faculty and staff are provided through effective mechanism, with promotion of self-initiated growth and learning. There is an ample annual operating budget for HR development with provision for additional activities and is judiciously and efficiently utilized.	Comprehensive HRD master plan is effectively implemented. Adequate CPD for faculty and staff are provided through effective mechanism. There is an adequate annual operating budget for HR development and is efficiently utilized.	Draft HRD master plan is randomly implemented. Some CPD for faculty and staff are provided through weak mechanisms. There is an inadequate annual operating budget for HR development and is utilized randomly.	HRD master plan is either completely absent or poorly implemented. No CPD for faculty and staff are provided. There is no dedicated annual operating budget for HR development.

4.1 Research Culture	A comprehensive and robust research policy is implemented. Diverse funding sources identified, and ample funds secured for research related activities. An effective system and vigorous practices to develop research capacity. Impactful research activities and outcomes are highly evident.	A comprehensive research policy is implemented. Adequate funding sources identified, and sufficient funds secured for research related activities. An effective system and practices to develop research capacity are established. Impactful research activities and outcomes are evident.	A brief research policy is implemented. Limited funding sources identified, and minimal funds secured for research related activities. The system and practices to develop research capacity is weak. Impactful research activities and outcomes are partly evident.	No research policy is in place. No funding sources identified. A system and practices to develop research capacity is missing. Impactful research activities and outcomes are not evident.
4.2 Research and Publications	All research works are published in peer-reviewed journals by faculty and students. Research database is well maintained, regularly updated and easily accessible.	Most research works are published in peer-reviewed journals by faculty and /or students. The research database is adequately maintained and accessible.	Some Research works are published in peer-reviewed journals by faculty and students. Research database is partially/inconsistently maintained or not easily accessible.	No research works are published in peer-reviewed journals by faculty and /or students. Research database is not available.
4.3 Consultancy and Professional Services	Comprehensive policy on consultancy and professional services are rigorously adhered to. Detailed records of consultancy services are maintained, and robust measures to monitor revenue generation. Impactful community services are provided.	Standard policy on consultancy and professional services are followed. Detailed records of consultancy services are maintained, and effective measures to monitor revenue generation. Adequate community services are provided to the community.	Brief policy on consultancy and professional services are inconsistently followed. Some records of consultancy services are maintained, and limited measures to monitor revenue generation. Some community services are provided to the community.	No policy on consultancy and professional services. No records of consultancy services and monitoring measures. Limited or no community services are provided to the community.

4.4 Collaborations and Linkages	A well-defined and rigorous system for student or staff exchange programmes is established. Clear and robust policy and procedure implemented on active collaborations with tangible outcomes.	A well-defined system for student or staff exchange programmes is established. Clear policy and procedure implemented on active collaborations with tangible outcomes.	A basic system for student or staff exchange programmes is established. Vague policy and procedure implemented on active collaborations with no tangible outcome.	No system for student or staff exchange programmes. No policy and procedure on active collaborations.
5.1 Physical Infrastructure	Adequate and state-of-the-art academic facilities & learning resources are provided. Adequate and inclusive accommodation facilities and amenities for students and key personnel are provided. All recreational facilities are available, accessible, and inclusive.	Adequate & quality academic facilities & learning resources are provided. Adequate accommodation, facilities and amenities for students and key personnel are provided. Most of the recreational facilities are available, accessible, and inclusive.	Adequate but standard quality academic facilities & learning resources are provided. Some accommodation facilities and amenities for students and key personnel are provided. Some recreational facilities are available, accessible, and inclusive.	Inadequate academic facilities & learning resources are provided. Inadequate accommodation facilities and amenities for students and key personnel are provided. Recreational facilities are available but not accessible.
5.2 Academic Support Services	Highly efficient and adequate library and ICT facilities and services available and accessible for teaching- learning and research.	Efficient and adequate library and ICT facilities and services are available and accessible for teaching- learning, and research.	Inefficient and inadequate library and ICT facilities and services available and accessible for teaching- learning and research.	Library services and ICT facilities are not available.
5.3 Safety and Maintenance of Physical Infrastructure	Robust safety, disaster management, contingency plans, and Standard Operating Procedures (SOP) are effectively implemented. Innovative mechanisms are adopted for the timely maintenance of infrastructures.	Comprehensive safety, disaster management, contingency plans, and Standard Operating Procedures (SOP) are effectively implemented. Effective mechanisms adopted for the maintenance of infrastructures.	Vague safety, disaster management, contingency plans, and Standard Operating Procedures (SOP) are poorly implemented. Weak mechanisms adopted for the maintenance of infrastructures in place.	No safety, disaster management and contingency plan, and Standard Operating Procedure (SOP). No mechanisms for the maintenance of infrastructures are evident.

6.1 Admission Process and Student Record	Comprehensive admission policy and procedures are consistently adhered to, periodically reviewed and effectively implemented with a reliable and real-time student database maintained. Students are provided with clear and comprehensive admission criteria and course information well in advance through multiple platforms.	A well-documented admission policy and procedures are generally adhered to, reviewed periodically, and effectively implemented with a reliable student database maintained. Students are provided with clear and relevant admission criteria and course information that is easily accessible.	A basic admission policy and procedures are occasionally adhered to, outdated and there is limited evidence of regular review and implemented with poor student database maintained. Students are provided with vague admission criteria and course information that is difficult to access.	No documented admission policy and procedures, or if present, they are rarely adhered to. There is no evidence of policy review or adherence to the established procedures with no student database. Students are not provided with admission criteria or relevant course information. Information, if available, is often incomplete, outdated, or inaccessible.
6.2 Student Welfare, Engagement, and Support System	Dynamic policies and innovative practices for student support are evident. Orientation, grievance redressal, and engagement activities are impactfully implemented and funded. Robust psychosocial, life skills programs, and a vibrant reward system are in place. There is a vibrant student body empowered with well-defined Terms of Reference and selection procedure.	Adequate policies and effective practices for student support are evident. Orientation, grievance redressal, and engagement activities are well implemented and funded. Effective psychosocial and life skills programs are available, with a strong reward system. There is a strong student body empowered with well-defined ToR and selection procedures.	Some policies and practices for student support are evident. Orientation, grievance redressal, and engagement activities are inconsistently implemented and funded. Psychosocial and life skills programs are minimal, with weak reward system. There is a functional student body empowered with well-defined ToR and selection procedure.	No policies and practices for student support. Orientation, grievance redressal, and engagement activities are not implemented and poorly funded. Psychosocial and life skills programs are absent, with no reward system. There is a nonfunctional student body.
6.3 Graduate Employability	There are comprehensive strategies to enhance graduate employability with numerous graduates receiving accolades or recognition at various levels.	There are adequate strategies to enhance graduate employability, with several graduates receiving accolades or recognition at various levels.	There are some strategies to enhance graduate employability with a few graduates receiving accolades or recognition.	There are no clear strategies to enhance graduate employability, and no recognition is given to graduates.

6.4 Alumni Engagement	Comprehensive and up-to-date alumni profiles are maintained. Alumni are proactively engaged in institutional activities and development, with regular networking events and significant contributions to the institution. Detailed records of alumni engagement and their impact are available.	Alumni profiles are adequately maintained and regularly updated. Alumni are actively engaged in institutional activities and development, with periodic networking events. Records show consistent alumni participation and contributions.	Alumni profiles are inadequately maintained and outdated. Alumni are hardly engaged in institutional activities, with infrequent networking events. Records show limited alumni participation and contributions.	Alumni profiles are not maintained at all. There is no alumni engagement in institutional activities, and networking events are rare or nonexistent. Records show negligible alumni participation and contributions.
7.1 Internal Quality Assurance System	Robust internal Quality Assurance (IQA) policy and IQA monitoring and evaluation mechanisms are institutionalized and effectively implemented. A robust and systematic feedback mechanism through the engagement of relevant stakeholders to enhance quality in all standards is evident. There is evidence of substantial initiatives taken by the HEI to promote a culture of self-reflection/ appraisal. Impactful changes are being made through critical analysis of the feedback/ recommendations of the previous accreditation exercise.	Comprehensive internal Quality Assurance (IQA) policy and IQA monitoring and evaluation mechanisms are institutionalized and are effectively implemented. A systematic feedback mechanism through the engagement of relevant stakeholders to enhance quality in all standards is evident. There is evidence of conscious initiatives taken by the HEI to promote a culture of self-reflection/ appraisal. Significant changes are being made through critical analysis of the feedback/ recommendations of the previous accreditation exercise.	Basic internal Quality Assurance (IQA) policy and IQA monitoring and evaluation mechanisms are not institutionalized and are poorly implemented. A basic feedback mechanism through the engagement of relevant stakeholders to enhance quality in some standards is evident. There is evidence of some initiatives taken by the HEI to promote a culture of self-reflection/ appraisal. Limited changes are being made through critical analysis of the feedback/ recommendations of the previous accreditation exercise.	No internal Quality Assurance (IQA) policy and IQA monitoring and evaluation mechanism in place. No feedback mechanism. There are no initiatives taken by the HEI to promote a culture of self-reflection/ appraisal. No/minimal changes are being made through critical analysis of the feedback/ recommendations of the previous accreditation exercise.

7.2 Innovative Practices	There is substantial evidence of initiatives to promote, recognize, and sustain innovative practices among staff and students. The HEI has received a wide range of recognition for innovative practices at the national/ international level.	There is significant evidence of initiatives to promote, recognize, and sustain innovative practices among staff and students. The HEI has received numerous recognitions for innovative practices at the national/ international level.	There is some evidence of initiatives to promote, recognize, and sustain innovative practices among staff and students. The HEI has received a few recognitions for innovative practices at the national/ international level.	There is no evidence of initiatives to promote, recognize, and sustain innovative practices among staff and students. The HEI has not received any recognition for innovative practices.
7.3 Institutional Branding	A highly distinct institutional brand developed and promoted. There is evidence of HEI promoting all of the values, principles, and practices of GNH.	A distinct institutional brand developed and promoted. There is evidence of HEI promoting most of the values, principles, and practices of GNH.	A basic institutional brand developed and promoted. There is evidence of HEI promoting a few of the values, principles and practices of GNH.	No institutional brand developed and promoted. There is no evidence of HEI promoting the values, principles and practices of GNH.

Format for Institutional Quality Assurance Report (IQAR)

Higher Education Institutions (HEIs) accredited by Bhutan Qualifications and Professionals Certification Authority (BQPCA) are mandated to submit the Institutional Quality Assurance Report (ISAR) to the Council through the Focal Person responsible for Internal Quality Assurance (IQA) of the institute. The report is primarily to share the progress made by the institutes with respect to the recommendations made in the assessors' report for all the seven Standards and to update the Authority on the changes, if any. More importantly, the report aims to improve the overall teaching-learning experience and ensure continuous quality enhancement from year to year.

The report comprises three parts: **Part A (Details of the institution)**, **Part B (Implementation Plan)**, and **Part C (Progress of the implementation Plan)**. There is no exact word limit requirement for providing the details. The details may be provided through hyperlinks to websites and any additional supporting documents may be added along with the IQAR. HEIs can submit the IQAR and any additional relevant documents or email the scan copy to the Council at heqc@bqpca.gov.bt by the mid of validity period of accreditation status.

Part A: Details of the institution

1. Name of the institute				
1. Name of the Head of the Institute				
• Contact number (<i>Office/mobile</i>) • Email address				
3. Name of IQA Focal Person				
• Contact number (<i>Office/mobile</i>) • Email address				
4. Website				
5. Accreditation Details				
Cycle	Grade	Date of site visit	Validity Period	
			From	To
1 st				
2 nd				
3 rd				
4 th				

B. Implementation Plan

Standards	Recommendations	Actions	Lead Person	Timeline	Remarks
Governance, Leadership, and Management					
Academic system					
Human Resources					
Research, Publications, and Linkages					
Infrastructure & Learning Resources					
Student Services					
Internal Quality Assurance and Enhancement System					

C. Progress of the implementation Plan

1. Provide details of any internal quality review activity that was carried out to fulfill the assessors’ recommendations.

.....

.....
2. Highlight the progress of the implementation plan.

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.....
3. Outline any initiatives or major changes taken for continuous improvement including the future plans.

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4. Highlight the recommendations that could not be implemented and the reason thereof.

.....

.....

This IQAR was submitted to HEQC on: ____/____/20____

Submitted by:

Name & dated Signature of the IQA Focal Person

Name & dated Signature of the Head of the institute

ACRONYM

1. **BQF:** Bhutan Qualifications Framework
2. **BQPCA:** Bhutan Qualifications and Professionals Certification Authority
3. **CID:** Citizenship Identity Card
4. **CPD:** Continuous Professional Development
5. **EID:** Employee Identity
6. **GC:** Governing Council
7. **GNH:** Gross National Happiness
8. **HEI:** Higher Education Institution
9. **HEQC:** Higher Education Quality Council
10. **HR:** Human Resources
11. **HRD:** Human Resource Division
12. **IAM:** Institutional Accreditation Manual
13. **ICT:** Information and Communication Technology
14. **IQA:** Internal Quality Assurance
15. **IQAR:** Institutional Quality Assurance Report
16. **ISAR:** Institutional Self-Assessment Report
17. **MoA:** Memorandum of Agreement
18. **MoC:** Memorandum of Cooperation
19. **MoESD:** Ministry of Education and Skills Development
20. **MoF:** Ministry of Finance
21. **MoU:** Memorandum of Understanding
22. **OPAC:** Online Public Access Catalog
23. **SOP:** Standard Operating Procedure
24. **SPR:** Self-Preparatory Report
25. **TAC:** Technical Advisory Committee
26. **TEP:** Tertiary Education Policy of the Kingdom of Bhutan
27. **ToR:** Terms of Reference

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GLOSSARY

Academic standards describe what is taught and learnt, how, and at what stage in a student's career. The content of the curriculum, the rate at which students are introduced to new concepts and skills, and the methods of teaching, learning and assessment used are the most important aspects of standards. External reference points, such as subject Benchmark statements, the Bhutan Qualifications Framework level descriptors and reports from the institution's external examiners, are used to ensure that the academic standards set by the University are appropriate.

Accreditation is the process of self-study and external review for quality assurance, accountability and for quality improvement of higher education institutions offering post-secondary programmes. It is an assurance that a program or institution meets established quality standards.

Accreditation status is the initial accreditation status granted by the Bhutan Accreditation Council on the recommendation of the assessors based on the assessors' reports indicating that the institution has demonstrated compliance with the requirements as per the Institutional Accreditation Manual.

Assessors constitute those professionals with similar background who have been assigned the role of assessors by the BAC.

Assessors' report is the final report of the assessors submitted to the Council through the Council on the findings of the site visit. It shall also include the confidential grade awarded by the assessors.

Action Plan is a series of steps designed to accomplish a goal or an objective, or to make changes and improvements related to strategic planning and outcomes assessment.

Annual Quality Assurance Report is a report submitted to the Council yearly to help monitor the progress made by the HEI and their efforts towards continuous improvement.

Appeals Committee refers to the committee constituted to handle appeals related to accreditation. It shall consist of three to five members.

Authority refers to Bhutan Qualifications and Professionals Certification Authority, unless otherwise stated.

Bhutan Qualifications and Professionals Certification Authority is the competent national body for qualifications accreditation, professionals certification and national qualifications framework. Its Governing Council is the apex body for any decision related to these functions.

Bhutan Qualifications Framework is the national document pertaining to qualifications and their classification in Bhutan. It provides education pathways linking the qualifications systematically.

Branch campus is an instructional site located geographically apart and independent of the main HEI. A branch campus is (i) independent of the main campus (ii) offers courses in educational programmes leading to a university award (iii) has its own faculty and administrative structure, and (iv) its own HR and budgetary autonomy.

Council refers to the Higher Education Quality Council, unless otherwise stated.

Course refers to the programme of study offered in the institution.

Cycle of accreditation is the term used to indicate the numerous rounds of accreditation that HEIs undergo. When an institution undergoes accreditation for the first time, it is referred to as cycle 1. Reaccreditation after expiry of the accreditation validity shall be referred to as cycle 2, cycle 3, etc.

Continuous Professional Development refers to a process of holistic approach taken by professionals to enhance their skills, knowledge and experience that is gained both formally and informally as you work, beyond any initial training. It involves actively pursuing opportunities for enhancement at all times.

Decline of accreditation is when the institution is denied accreditation status upon recommendation of the Assessors and subsequent action by the Council indicating that the institution has failed to demonstrate the compliance with the requirements and/or did not get the minimum grade of C.

Educational programme is a coherent set of courses leading to a credential (degree, diploma, or certificate) awarded by the institution.

Employability refers to having a set of skills, knowledge, understanding and personal attributes that facilitates in gaining and maintaining employment in the world of work. This includes self-employment.

Exit meeting is a meeting between the assessors and the institute's management team, during which the assessors present an overview of the draft report with particular emphasis on the factual findings during the site visit. This meeting may also answer or clarify questions, if any.

Faculty refers to the teaching staff working in HEIs. Fee refers to the amount HEIs pay for the services provided by the Council based on the approval from MoF. The fee may be revised from time to time, as deemed necessary.

Focal Person is an official who is nominated by the institution to ensure the continuous enhancement of quality through appropriate quality assurance mechanism. The focal person also collaborates with the Council during review of the application and with the assessors during 96 the site visit. S/he shall prepare annual report for submission to the Council.

Grade refers to the final letter grade arrived based on the total percent score. It has a performance descriptor.

Good practice is a commonly accepted practice within the higher education community designed to enhance institutional quality.

Higher Education Institution is a general term used to designate the education institution providing higher, post-secondary and tertiary level education. It shall include University, College, Institute, and Faculty.

Higher Education Quality Council is the Council under BQPCA responsible for quality assurance of higher education institutions through the accreditation of institutes, programmes and recognition of qualifications.

Integrity refers to the honesty, sincerity and sound moral principle embedded that serve as the foundation of the relationship among the Council, HEIs and the assessors.

Institutional Accreditation is a type of quality assurance process under which services and operation of higher education institutions are evaluated by an external body to determine if applicable standards are met.

Institutional effectiveness is the systematic, explicit, and documented process of measuring performance against mission in all aspects of an institution.

Institutional Self-Assessment Report is a primary document that the institution prepares to demonstrate compliance with the standards and questionnaire template provided in the Accreditation Manual.

Main Campus is the institution's campus with the central administrative unit.

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

Notification of Substantive Change is a letter from the head of the institution to the Council summarizing a proposed change and providing the intended implementation date (and listing the complete physical address for off-campus or branch campus) when an institution plans to initiate a significant change.

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

Programme is the set of course or other work that must be successfully completed before qualifying for a qualification from the institution.

Programme Accreditation is a process in which an external agency evaluates a programme offered by a HEI to ensure that they meet applicable academic standards.

Qualification is a certificate or deed issued by an educational institution, such as a university, that testifies that the recipient has successfully completed a particular course of study, or confers an academic degree. In some countries it is referred to as a diploma.

Quality assurance involves making sure that academic standards and quality of provision are satisfactory, so that students, their families, employers and the tax-paying public all get a good deal on their investment in higher education.

Reaccreditation shall mean subsequent cycle of accreditation of the institution after expiry of the validity of accreditation status.

Reassessment is the accreditation of the institution when they fail to get the minimum weighted score or for the improvement of the grade awarded.

Score is the mark awarded for each Key Aspect to arrive at the total score for the final grade.

Secretariat is the unit that carries out the daily work to facilitate the functioning of the Council. The Higher Education Quality Council serves as the Secretariat to the HEQC Technical Advisory Committee and the BQPCA Governing Council.

Site visit is a visit made by the assessors and the Council officials to verify the compliance and validate ISAR submitted to the Council for accreditation. Site visits typically involve both the main campus and the off-campus instructional sites.

Staff refers to general human resources including teaching, technical, administrative, and support services staff.

Student work refers to any academic task assigned to a student that is assessed (e.g. projects, written assignments, presentation, dissertation, research papers, lab reports, field work report, etc.).

Substantive Change is a significant modification or expansion of the nature and scope of an accredited institution. This may include institutional activities such as (1) changing the established institutional mission or objectives, (2) changing the institution's legal status, form of control, or ownership, (3) adding courses/programmes that represent a significant departure in content or in method of delivery, (4) adding courses/programmes at a degree or credential level above the institution's current accreditation, (5) changing from clock hours to credit hours, (6) substantially increasing the number of clock or credit hours for completion of a programme, (7) adding an off-campus location at which the institution offers at least 50 percent of an educational programme, or (8) establishing a branch campus.

Team of assessors refers to a team consisting of three to five assessors recruited by the Council to undertake accreditation exercises.

Tha-dham-tshig ley ju-drey refers to sublime values of solemn devotion and trust based on interconnectedness, relationship and bonding (thadham-tshig), and sublime values of cause and effect (ley ju-drey).