

The response of higher education institutions to the recommendations in the Higher Education Quality Committee audit reports

by

Belinda Evelyn Wort

Submitted in partial fulfilment of the requirements for the degree of

Magister Educationis in

Assessment and Quality Assurance in

Education and Training

Department of Mathematics, Science and Technology Education

Faculty of Education, University of Pretoria, South Africa

Supervisor: Prof William J. Fraser

August 2011

ABSTRACT

The first cycle of quality assurance (QA) was conceptualised and developed between 2001 and 2004 as reflected in the policy documents of the Higher Education Quality Committee (HEQC). The HEQC as the national QA agency was created as the permanent sub-committee of the Council on Higher Education (CHE) to take care of the QA responsibility in 2001. The national QA agency had to operate within the divisions created in higher education under apartheid, which often created perceptions based on prejudice about the distribution of quality. The South African higher education landscape has been exposed to the first cycle of the Higher Education Quality Committee QA cycle during which conducted 34 institutional audits, accredited approximately 5000 new programmes, subjected 85 programmes to national reviews, trained approximately 550 institutional auditors and 1500 programme evaluators and conducted many workshops and training opportunities for higher education institutions (HEIs). The main aim posed by this study was to determine the response of HEIs to the recommendations in the HEQC audit reports. The sub-questions of the research are (i) What process was followed to develop the quality improvement plan? (ii) Who were the role-players in the development of the quality improvement plan? (iii) What influenced their actions in the development of the quality improvement plan? (iv) What value did the quality improvement plan development have for the institution? (v) How does the quality improvement plan fit into the comprehensive quality management system of the institution? To answer the research questions, interviews were carried out on six participants. The findings were that the primary research question has been addressed conclusively by the three institutions through the experience of participants. The responses indicate how they have embraced improvement at the respective institutions which in turn have grown as a result of the HEQC audit process. The conclusion was an in depth response to the recommendations in the audit reports, illustrating ownership of quality improvement plan processes within the institutions. From the results of the secondary research questions it is concluded that the participants' responses provided the richness of the quality improvement plan process in the audit process. The responses reflected and confirmed the processes followed in developing the quality improvement plans and the role and influence of role-

players in the quality improvement plan process. The responses reflected the value of this process and revealed how it had been incorporated into the comprehensive annual planning processes of the institutions. The study concludes that the participating institutions responded differently and effectively to the recommendations in the HEQC audit reports, with the improvement reflected in the manner and approach institutions displayed when responding to recommendations, reflecting systematic processes.

Key Words

Quality Assurance, Institutional Audits, Improvement, Quality Improvement Plan, Quality Assurance Agency, Council on Higher Education, Higher Education Quality Committee, Higher Education Institutions, Institutional Audits Committee, Institutional Audits Directorate.

ACKNOWLEDGEMENTS

To my supervisor, Prof William Fraser, I am grateful for the time and patience you had with me on this journey.

To the study group formed for the degree and the personnel at the Centre for Evaluation and Assessment, your friendship and support is greatly appreciated.

To the institutions and participants who willingly assisted in the research of this project.

To the Council on Higher Education for allowing me the opportunity to present the work done in this area of quality assurance and for acquiring the knowledge that much more needs to be done.

To my family, friends and colleagues who have been a source of encouragement.

To the most important people to whom I dedicate this degree to:

My parents, my mother and my late father who instilled in me a work ethic and the principle of you finish what you start.

My siblings, who are constant reminders of where we come from and the possibilities there, are to improve our lives through education.

My **daughter**, Tamsin who completed her first tertiary qualification and my **son** Yuri who is on his journey to complete his first tertiary qualification. Thank you for being such wonderful young adults throughout this journey, and allowing me and your father to set tertiary education as the benchmark.

And lastly, to my **husband**, Logan for being a continued source of support and inspiration and know that I can never be the person I am if it is not for your unwavering belief in me.

TABLE OF CONTENTS

CHAPTER ONE.....	1
1.1 Introduction.....	1
1.2. Background	2
1.3 Aims of the study.....	5
1.4 Problem statement	6
1.5 Rationale for the study	8
1.6 Primary and Secondary Research Questions.....	9
1.7 The role of the Researcher.....	9
1.8 Context of the study	11
1.9 Theoretical Framework.....	11
1.9.1 Evaluation as a strategy that underpins this research	13
1.10 Explanation of concepts	16
1.10.1 Quality Assurance	16
1.10.2 Institutional Audit	17
1.10.3 Audit Report.....	18
1.10.4 Quality Improvement Plan	18
1.11 Overview of the study.....	18
1.12 Conclusion.....	19
CHAPTER TWO.....	20
2.1 Introduction.....	20
2.2 The history of quality assurance and international networks	21
2.2.1 The experience of International QA Agencies.....	24
2.3 Quality and Accountability	25
2.4 South African Quality Assurance Agency	30
2.4.1 Cyclical nature of Quality Assurance activities.....	31
2.4.2 Audit experience of peers in External Quality Assurance Agencies	32
2.5 The HEQC Quality Improvement plan Process.....	35
2.6 Private Higher Education Context In South Africa	36
2.6.1 Brief description of the participating institutions	38

2.7	Case studies in other countries	39
2.7.1	Post-audit improvement	40
2.8	Conclusion.....	42
CHAPTER THREE		43
3.1.	Introduction.....	43
3.2	Research Paradigm.....	43
3.3	Research design.....	45
3.4	Research methodology	47
3.4.1	Document analysis	47
3.4.2	Multiple Case study as selected research method.....	48
3.4.3	Sample of the study.....	50
3.4.4	An illustration of the participants' responses to the primary and secondary research questions	52
3.4.5	Data collection instrument.....	55
3.4.6	Data collection strategies	56
3.4.7	Data recording.....	57
3.5	Data Analysis.....	58
3.6	Methodological norms	59
3.6.1	Reactivity	60
3.7	Ethical considerations for the study.....	61
3.8	Conclusion.....	63
CHAPTER FOUR		64
4.1	Introduction.....	64
4.2	Description of Sample	64
4.2.1	Institutions	65
4.2.2	Participants.....	66
4.3	The Data Processing Activities.....	67
4.3.1	Process for collecting the data	67
4.3.2	Process for transcribing the data.....	68
4.3.3	Coding of the data	68

4.4	A Response to the primary research question	69
4.4.1	Response to the secondary research questions	73
4.5	Discussion	91
4.5.1	Post-audit change in the institutions	91
4.5.2	Value of the quality improvement plan process	94
4.5.3	The improvement aspect of the quality improvement plan process.....	95
4.6	Conclusion.....	102
CHAPTER FIVE		103
5.1	Introduction.....	103
5.2	Summary of Research Design	103
5.3	Results According to Research Questions.....	104
5.3.1	What is the response of higher education institutions to the recommendations in the Higher Education Quality Committee audit reports	104
5.3.2	What process was followed to develop the quality improvement plan?.....	105
5.3.3	How did the role-players influence the development of the quality improvement plan?	106
5.3.4	What influenced their actions in the development of the quality improvement plan? ..	106
5.3.5	What value does the quality improvement plan development have for the institution? 107	
5.3.6	How does the quality improvement plan fit into the comprehensive quality management system of the institution?	108
5.4	Reflection on Literature and Theoretical Framework	109
5.5	Reflection on Research Methodology	110
5.6	Recommendations and Implications	112
5.7	Limitations	114
5.8	Conclusion.....	115
References		117
Appendices.....		124
Appendix 1.....		124
Appendix 2.....		124
Appendix 3.....		124
Appendix 4.....		124

Appendix 5.....	124
Appendix 6.....	124
Appendix 7.....	124

LIST OF ABBREVIATIONS AND ACRONYMS

AAU	Association of African Universities
APQN	Asia Pacific Quality Network
ASPA	Association of Specialised and Professional Accreditors
AUQA	Australian Universities Quality Agency
CEO	Chief Executive Officer
CHE	Council on Higher Education
CNAP	Commission National de Accreditation
CRE	Association of European Universities
ENQA	European Association for Quality Assurance in Higher Education
EQA's	External Quality Agencies
HEQC	Higher Education Quality Committee
HEI	Higher Education Institution
IAC	Institutional Audits Committee
IAD	Institutional Audits Directorate
INQAHEE	International Network of Quality Assurance Agencies in Higher Education
IT	Information Technology
NGO	Non-governmental organisation
NZUAAU	New Zealand Universities Academic Audit Unit
PHE	Private Higher Education
PHEI	Private Higher Education Institution
QAA	Quality Assurance Agency
QA	Quality Assurance
QIP	Quality Improvement Plan
RPL	Recognition of Prior Learning
SER	Self-Evaluation Report
VUT	Vaal University of Technology

CHAPTER ONE

QUALITY ASSESSMENT AND HIGHER EDUCATION

1.1 INTRODUCTION

Accountability, development and continuous improvement are branded as the values of institutional audits and their subsequent activities. The Council on Higher Education (CHE) of South Africa, through its permanent committee, the Higher Education Quality Committee (HEQC), has conducted 34 audits of higher education in the first cycle, with approximately 28 improvement plans submitted. However, the recommendations from the audits have left institutions with a number of serious challenges, in particular a number of crucial questions that have been left unanswered by the HEQC and its panels of peers:

- How are Quality Improvement Plans (QIPs) developed?
- Who are the constructors of the institutional QIPs?
- How do institutions plan to respond to the QIPs?
- Who decides on the level of staff and stakeholder participation in the development of the QIPs?
- What approach does an institution take and what process is followed in preparing for a QIP?
- Is there any lasting and major impact on institutions and their stakeholders in developing a QIP?

The main challenge is that the value of the QIP process has not yet been fully recognised by the South African higher education sector. With the 34 institutional audits completed by the HEQC this study conducts a critical analysis of the significance of the QIP process.

As part of CHE, the responsibility for Quality Assurance (QA) of South African Higher Education Institutions (HEIs) is located within its permanent committee, the HEQC, formed in 2001 under the Higher Education Act of 1997, as amended. The audit methodology and implementation of institutional audits is located in the HEQC's Institutional Audits Directorate (IAD). This IAD operates within the legislative

framework, accompanied by a set of policy documents, which institutions use to prepare for an institutional audit.

The focus of this study is on the HEQC's audit reports' recommendations and the response of audited HEIs to them, with the aim of evaluating the QIP process. Three selected private HEIs in the Gauteng province were selected for their representativeness, convenience and accessibility for research purposes. These providers were audited in 2005 and 2006, since they have had the opportunity to evaluate and reflect on their improvement processes and to interact with the external QA agency on the QIP process. Each institution was visited by the HEQC staff to garner feedback and was therefore in a position to express an opinion on whether it had added any value to their institutional QA processes. The three institutions also submitted their mid-cycle reports to the HEQC (HEQC, May 2010).

Due to the intensity of the institutional audit process, few private HEIs participated in the HEQC audit process, and these three institutions were amongst only ten in the first cycle. This afforded them time to evaluate the success of their improvement activities, and because their audit process had been concluded they were able to respond to the research question. This study therefore investigates the QIP process at the three private HEIs, with particular emphasis placed on gaining an understanding of it from individuals working in them. In addition, it was valuable to gain an understanding of implemented improvements and to discover the impact of their responses to the recommendations in the audit reports.

1.2. BACKGROUND

The Council on Higher Education (CHE) was created by the Higher Education Act No 101 of 1997 (see Chapter 2 of the Higher Education Act of 1997). As part of its function, the CHE was tasked with responsibility for the quality promotion and assurance functions of HEIs, both public and private, and thus established its permanent sub-committee, the Higher Education Quality Committee (HEQC), to perform this aspect of its mandate. The HEQC was formed in 2001, according to the same Act, with specific QA responsibilities, to promote QA in higher education, audit the QA mechanisms of HEIs and accredit programmes of higher education (Higher Education Act of 1997).

The establishment of the HEQC in 2001 placed the “institutionalisation of quality assurance firmly on the agenda of higher education in a number of developed and developing countries in the world,” and South Africa became one of these countries (CHE, 2001, p.1). The HEQC’s *Founding Document* sets out the manner in which it intended to conduct its QA responsibilities in the higher education sector, with a legislative basis; a vision and mission; principles and values; its mandate, goals and approach to quality and QA; the scope of its work; and its areas of responsibility. Although part of a wider reform movement within post-apartheid South Africa, research has shown that “quality in higher education was not invented in the 1990s and that universities have always had mechanisms in place to assure quality” (Brennan & Shah, 2000, p.2). Furthermore, Woodhouse (2004) has traced the growth of QA agencies as far back as two decades, showing that when it began in South Africa, other countries had already embarked on it and could provide the South African Q A agency with a wealth of information.

Since its inception in 2001, the HEQC has created four directorates. *The Institutional Audits Directorate* (IAD) is responsible for conducting audits of public and private HEIs’ systems for ensuring good quality of provision in the three core functions of teaching and learning, research and community engagement. The *National Reviews* and *Programme Accreditation Directorates* are responsible for accrediting the learning programmes of public and private HEIs. Finally, the *Quality Promotion and Capacity Development Directorate* is responsible for implementing the HEQC’s quality promotion and capacity development programme, which disseminates information and knowledge about QA, and prepares individuals and institutions to participate in implementing the HEQC’s QA system (HEQC, 2004b). However, the IAD is where the QIP process of the HEQC audit process is located.

The HEQC began with the implementation of its institutional audits in 2004, having conducted three pilot audits in 2003 with one private and two public HEIs. The aim of the pilot audits was to develop, test and evaluate an institutional audits system, and with the results the HEQC adjusted its audit system and commissioned research on the pilot audit process. The critical elements of the national audit system, including the development of the *Institutional Audits Manual*, which provides the policies, procedures and audit criteria, were put in place in 2004 for the commencement of the first cycle of institutional audits. The IAD operates its QA activity with three policy

documents, *Framework for Institutional Audits*, *Criteria for Institutional Audits* and the *Institutional Audits Manual*, which serve as a guide for HEIs and systematically set out the audit methodology and the audit process of the HEQC. The HEQC also refers to an ‘audit cycle,’ in which all public and qualifying private HEIs were to be audited within a six-year cycle, as from 2004 (HEQC, 2004a). The cyclical nature of the implementation of QA activities, such as institutional audits, appears to be a strategy of international QA agencies.

As a further means of assuring quality, the HEQC subjected itself to an external evaluation of its QA processes, conducted by an external panel of peers in 2008. The HEQC, in its *Founding Document*, highlights critical success factors that contribute to the development of an effective South African higher education system, among which is the evaluation of its policies and programmes and implementation strategies every five years. In this light, the HEQC Board commissioned an external evaluation, following the audit methodology, with the HEQC developing a self-evaluation report that was validated by an external panel of peers. The evaluation report of 2009 commended the HEQC for the design and implementation of the institutional audits, however, one of the recommendations in the report was that the improvement plan element of the audit process be strengthened (HEQC, 2009, p.29). Taking into account the research and evaluations commissioned by the HEQC since its inception, the researcher is not aware of any research conducted on the QIP process within the HEQC.

In the process of completing the 34 audit reports, the Institutional Audits Committee (IAC) was formed to focus on the audit reports, QIPs and the mid-cycle reports. Consisting of peers across the higher education sector, it meets at least twice per annum and through discussions accepts the quality improvement plans of audited institutions. Within the audit process the “HEQC will require the institution to draw up and implement a quality improvement plan based on the audit report” (HEQC, 2007c, p.53). The HEQC audit process, through the QIP development, gives audited institutions the opportunity to examine and improve their own QA processes. The QIP process is a small part of the audit process, occurring after the institution receives its audit report from the HEQC and is developed based on the institutions’ response to the recommendations. An institution has five months to develop this QIP and the institution decides how it wants to respond to the recommendations that form the

basis of the QIP and which culminate in its development. The policy document, the *Institutional Audits Manual*, guides the audited institution in responding to the recommendations, with a proposed format of the recommendation. It indicates the level of priority and justification of the recommendation and the resources needed to address it with action plans and timeframes. It also indicates the person responsible for monitoring its implementation (HEQC, 2007c, p. 54). Audited institutions can use this as a guide when they develop their quality improvement plans. This study is interested in how the three institutions developed QIPs and whether they uncovered improvement in their QA processes during their development.

The HEQC, in its *Founding Document*, highlights “a formative notion of QA, focused on improvement and development rather than punitive sanction” (CHE, 2001, p.4), which could imply that the QIP process at the three institutions might provide some insight into this formative notion of QA following their QIP process. It is through the data collection phase of this study that this notion could possibly be uncovered. Pretorius (2003) suggests that the real enhancement of quality is an internally driven process that would be difficult to achieve through external QA. It appears, however, in the data collection process with the three participating institutions that the audit process was an intervention that drove improvement from within the institutions. Part of the mandate of the HEQC is to “audit the quality assurance mechanisms of higher education institutions” (CHE, 2001, p.10), with the audit report as the result of this process. Looking at three QIPs would not in itself prove or refute arguments expressed in the HEQC’s *Founding Document*, but in the case of this study it would provide some insight into how these institutions think of improvement, what improvement means for them and the value of the improvement process. The study therefore also seeks to explore the notion of improvement in the context of these three institutions.

1.3 AIMS OF THE STUDY

With all audited HEIs being required to submit a QIP based on the recommendations of their audit reports, this study aims to evaluate the audit methodology and determine whether the QIP process has yielded any value for the three participating HEIs. The intention is to gain an understanding of the QIP process from the

perspective of the participants in the three audited institutions then through their experience discover what improvement means to them.

The researcher is interested in how the formative notion of QA is reflected in the kinds of improvements that occurred at these institutions after the HEQC audit process. The study explores the development of the quality improvement process as experienced within the three institutions, how the individuals who manage the development of the QIP process facilitated the involvement of stakeholders, and whether the stakeholders influenced the QIP process. It would be of value for this study if, through the QIP process, there were to be a discovery made of improvement practices that arose as a result of it, and if the institutions were to have implemented these practices since the audit process.

Whilst understanding the notion of improvement from the perspective of the three institutions might be a true reflection of the QIP process, it would not necessarily be representative of the wider South African higher education sector. Acknowledging the shortcoming of selecting only three QIPs from a potential 28 submitted, the intention therefore is to understand the processes that the three institutions engaged in when they developed their QIPs and who the role-players were in this process. It is hoped that the results will add value to the approach to QA at the three institutions as they continue engaging in the HEQC's QA activities. This study offers the three institutions the opportunity to reflect on their improvement processes and the role of the external QA agency in the process.

1.4 PROBLEM STATEMENT

It is suggested in the literature that “the HEQC should leave quality improvement to institutions and there is a need for critical self-assessment and open discussions with peers without any threat from outside” (Pretorius, 2003, p.129). This view was expressed before the HEQC commenced its QA activities in the higher education sector and perhaps there still exists a view that it was an outside threat to the sector. The question arises, therefore, as to who drives the improvement process at the audited institutions. As set out in the HEQC's audit methodology, it requires an institution to develop a QIP based on the recommendations in the audit reports, but it is unclear who owns that QIP process. Can one assume that the audited institution

owns the process or is it a result of the mandate of the External Quality Assurance (EQA) agency? There is tension in the notion of improvement from the perspective of the audited institution and the legislative requirement mandated to the HEQC as the EQA agency.

As the three participating institutions developed QIPs, the concern was whether there was critical self-assessment or reflection within the institutions, and whether there was involvement and ownership from role-players in the institutions in their development. Whilst it should be noted that the quality improvement process is a small aspect of the audit process, the question nevertheless arises as to what improvement means for the institutions.

It has been known since 2004 in the higher education sector that public HEIs and some private HEIs would participate in the HEQC's first cycle of audits. The concern of this study is whether the QIP development process from the perspective of the three institutions improved their formative notion of QA, or whether there would have been improvement irrespective of the HEQC's intervention. The problem lies in determining the beneficiaries of the improvement, and whether the QIP of private HEIs is to adhere to the mandate of the EQA agency or to make improvements.

It is necessary to determine whether the institutions would have developed a QIP had it not been required as part of the HEQC's audit methodology or what the institution would want to improve after an audit, and ascertain when the improvement process started. It is known that when an HEQC audit panel of peers leaves an institution there is relief because the active validation of the self-evaluation report is over. However, it is less clear whether institutions make a shift to improve on the processes that run well in the institution or reflect on those aspects that do not work well.

The research will examine whether the institutions conducted their QA activities differently and at what point they were able to realise improvement. If they were able to discern any improvement it is important to examine its nature and how it is defined. The main question is whether an audit process was necessary for improvement at the institutions and who were its drivers. The problem is that the improvement part of the HEQC audit process is relatively recent in the higher education sector. With the first cycle of the audit concluded, the focus on the improvement aspect at the three

institutions might add more value to their processes than to those of the broader higher education sector.

The aim is therefore to understand what the development processes were behind the QIP development, who was involved in it, and what the influences were at institutional level. Did the institutions look at the recommendations in the audit report and develop a QIP involving those individuals who would have to implement the activities? Since it is clear in the HEQC's documentation that quality is the responsibility of the HEI, the institution decides on the terms of improvement within the QIP process.

1.5 RATIONALE FOR THE STUDY

In the absence of an overall view of the QIP process within the audit process in the South African higher education landscape, exploration of it would provide a useful basis for further research. The rationale for the study is therefore to explore and evaluate the QIP development process as a tool for improvement and to understand the process of the response to recommendations in the audit report. The HEQC, as a basis for its interaction with institutions, indicates that quality is the responsibility of HEIs, and their approach to the audit involves improvement. The researcher's concern is whether there has been value added at institutional level in the QIP development process. The rationale for the exploration of the three institutions is to provide a basis for further research in this area. Case studies cannot be generalised but can be of value to similar types of institution, and the results can be adjusted to an institutional context.

In the literature it is suggested, based on the Australian Universities Quality Agency (AUQA), that the internal quality audit is a good mechanism for quality improvement, and that an external quality audit does not detract from the institution's ability to improve but rather augments it (Woodhouse, 2003, p.39). Perhaps it is the case that the audit process enhanced the three participating institutions' ability to provide a better learning experience for their students. The literature also provided some evidence in the case study of the University of Otago in New Zealand, that the recommendations in the audit report contributed and had an impact on the university decision-making processes (Carr, Hamilton & Meade, 2005).

1.6 PRIMARY AND SECONDARY RESEARCH QUESTIONS

Against this background, the primary research question is posed as follows:

What is the response of HEIs to the recommendations in the Higher Education Quality Committee audit reports?

A number of secondary questions were developed with which to collect data from participants in this study:

1. What process was followed to develop the quality improvement plan (QIP)?
2. Who were the role-players in the development of the QIP?
3. What influenced their actions in the development of the QIP?
4. What value did the QIP development have for the institution?
5. How does the QIP fit into the comprehensive quality management system of the institution?

1.7 THE ROLE OF THE RESEARCHER

The researcher is inadvertently a participant in the research, having been in the employ of the HEQC since 2002 and involved in the HEQC audit process since the inception of the first cycle of audits. The researcher and this study are located in the Institutional Audits Directorate, where the HEQC's audit process is implemented. The researcher has access to all the HEQC confidential documents and as part of the employment contract is required to observe confidentiality of all the HEQC audit processes. In the capacity of an employee of the CHE, the researcher has provided administrative support to 15 of the 34 audits conducted by the HEQC since 2004. Through providing administrative support to the audit process the researcher had the opportunity to gain deeper insight into it as one of the CHE staff who supports panels of peers. In fulfilling my duties in the Institutional Audits Directorate, the researcher has been part of the conceptualisation of an audit for an institution and an active participant in the preparation of all related activities. These include the process of selecting potential panels of peers to conduct the audit site visit, and providing support for the report writer and the development of the audit report. The researcher was the audit officer for three of the 34 institutional audits conducted.

As a researcher I am interested in the improvement process in audits at HEIs and how improvement is realised, as well as how the institutions know they conduct their QA activities differently after the audit as an external intervention. The researcher was interested in understanding what improvement means for HEIs and how they know that they have improved. It is difficult and complex to put up one activity and state that it constitutes improvement; therefore the question arises as to how the institutions know. The researcher was interested in the beneficiaries of improvement and whether this improvement is a result of the audit process.

Aware of the importance of being objective and critical the researcher was aware of her position within the Institutional Audits Directorate which evolved from a project administrator to a manager, and that this role was different from previous roles within the audit process. The manager in the Institutional Audits directorate plays the role of audit officer during an institutional audit, which is, among others, essentially to assist the HEQC's audit panel of peers to fulfil their mandate. The methodology section of this study elaborates on the ethical aspects of research and the role of the qualitative researcher in the research process.

The researcher was also aware of possible reactivity, defined as the "problem that the subject of social research may react to the fact of being studied, thus altering their behaviour from what it would have been normally" (Babbie, 2007, p.290), but was of the view that the sample would be truthful in the data collection process. The researcher was aware of her status as manager in the directorate and that it might influence participants, however, keeping a research journal helped circumvent this and protect the integrity of the study. The researcher was of the view that she was not able to influence any participant in the study but rather the focus was on their personal experiences in their respective institutions.

As a researcher I participated in the post-improvement plan feedback visits to the three institutions. I acknowledge the similarity of the language used in the study and the language of QA in the HEQC, and while it might appear to the reader that there is no distinction between the researcher and the work of the HEQC, the EQA is defined by this language and when institutions participate in the audit process this is the language of communication in the audit process.

1.8 CONTEXT OF THE STUDY

The HEQC, in developing as a national QA agency, had to “contend with the inherited legacies of racial exclusion in higher education and the volatility associated with multiple mergers, incorporations and re-designations” (HEQC, 2008, p.5). It is within this higher education environment that the HEQC had to develop a QA system designed to consider international trends and practices, whilst simultaneously attempting to address national and local needs. Unlike other international QA agencies, the HEQC opted to undertake both an institutional audit and accreditation functions which were operationally and philosophically different (HEQC, 2008). The Australian quality assurance agency is an example of an international QA agency that conducts audits. The HEQC had the opportunity to learn from other QA agencies in the world before establishing itself as one, and had the advantage of knowing how others had developed before adopting its own approach and structure.

The methodology of the HEQC audit process includes adhering to criteria for the conduct of an audit, as is “common with standard international practice” (HEQC, 2004b, p.7). An HEI has to conduct an institutional self-evaluation that culminates in a self-evaluation report (SER) with supporting documentation. This SER is then validated by an external panel of peers selected by the HEQC to conduct an audit site visit. They arrive at an independent judgment in the form of an audit report, which consists of commendations and recommendations, from which the QIP is developed. The HEQC audit process consists of a set of activities, such as the scheduling of audits, the development of an audit portfolio, audit panels, pre-audit preparations by a panel of peers, an audit visit and the audit report itself. The context of this study is thus an understanding that the HEQC is the EQA agency, part of whose mandate is to conduct institutional audits, and that the QIP process is an integral part of the HEQC audit process.

1.9 THEORETICAL FRAMEWORK

The theoretical framework for this study draws on the phenomenological philosophy, incorporating evaluation located in the qualitative paradigm, which according to Creswell (2005, p.596) is “an enquiry approach useful for exploring and understanding a central phenomenon and type of educational research where the

researcher relies on the views of the participants and interpret and analyse their views.” Phenomenology meanwhile “is the philosophy that attempts to penetrate illusion in order to get at the reality underlying that illusion” (Higgs & Smith, 2006, p.56), and in this process encourages exploration, looking closely at and reflecting on an experience. The QIP process is the experience as reflected through the processes individuals follow in their respective institutions to respond to the recommendations and to own the process. It further suggests that the philosophy can help in solving problems but does not provide quick answers. What it does however allow for is an understanding and deeper meaning of an experience, drawing on the knowledge and experience of the six participants. This paradigm also assists the researcher to respond to the research question and determine what informs the processes, whether the participants read the entire audit report or only the recommendations, how they responded to it, and whether the improvement plan has become part of the institutions’ planning processes.

Other authors suggest that “phenomenologists continually interpret, create, and give meaning to define, justify and rationalise our actions” (Barbie & Mouton, 2003, p.28). The experience of the researcher suggests that the QIP process is an experience that appears to evolve within audited institutions and with which they grapple. Terre Blanche and Durrheim (2002, p.123) argue that the interpretive approach “tries to harness and extend the power of ordinary language and expression to better understand the social world”, and the QIP process at the participating institutions allows for this. By focussing on the experiences of the participants at the institutions the QIP process is given more meaning and the interpretation of improvement extended.

A popular approach to collecting data in interpretive research is through conducting interviews and engaging in participant observation (Terre Blanche & Durrheim, 2002), in this case through a set of six semi-structured interviews designed to elicit their experience of the three private HEIs. According to Stake (cited in Denzin & Lincoln, 2005), case studies are a common way of carrying out a qualitative inquiry, and when a number of cases are studied jointly to gain an understanding of a phenomenon they comprise a ‘multiple’ or ‘collective’ case study. In the case of this study the QIP process is explored jointly in the three institutions.

To support the case study approach, the underpinnings for this study is also to look at case studies as the method of collecting data for this study, the literature reviewed alludes to the use of case studies linked to aspects of institutional audits and improvement, the work of Brennan and Shah (2000), Bean (2005), Carr, Hamilton and Meade (2005), Botha, Favish and Stephenson (2008), Mammen (2006) and Quinn and Boughey (2009). It also appears from the literature that case studies conducted internationally and nationally yielded improvement based on recommendations in audit reports and the institutional audit process. The multiple case studies in this instance are trying to capture a collective experience, which is the QIP process in the three institutions.

1.9.1 Evaluation as a strategy that underpins this research

The HEQC's QA activities are participatory in nature and if HEIs do not take part in their processes the HEQC would not be in a position to adhere to its mandate as set out in the Higher Education Act of 1997. The theoretical underpinnings of the HEQC audit are rooted in the participation of stakeholders, and as Patton (2008) states, when something is evaluated its worth or value is determined in the process. In the case of this study the improvement plan process in the participating institutions is determined. This approach is also broader than that of Stufflebeam and Webster (1980), whereby education evaluation, which experienced a period of revitalization in the 1960s, is designed to assess or improve the worth of something.

The initial development of evaluation in the programmes in the United States of America was to provide guidance for funding of federal government projects, but by the mid-1970s interest in evaluation had grown with the establishment of societies, culminating in the establishment of the American Evaluation Association in 1984. There was also international development of evaluation and the demand for it, with the development of different models and professional associations into the 1990s and the establishment of an international organisation for cooperation in evaluation (Patton, 2008). The work of Cousins and Leithwood (1986) added to the understanding of evaluation for its utilization by decision makers, and aspects of credibility between the evaluation process and the evaluator, and concluded that evaluation procedures that generate information are useful in ensuring credibility. In the case of Patton (1991), the notion of increasing utility of evaluation was to

increase its rigour and its use was directly related to credibility and the role of the evaluator, whilst the evaluator's personal credibility and integrity overrode all other methodological concerns.

Babbie and Mouton (2003, p.335) argue that evaluation research is “the systematic application of social research procedures for assessing the conceptualization, design, implementation and utility of social intervention programmes.” The institutional audit is the social intervention from the EQA into an HEI with the audit report as feedback following the intervention. The evaluation studies conducted by the South African Qualification Authority (SAQA) serve as a backdrop for evaluation research, as in most cases the recommendations of evaluations conducted by the HEQC were either implemented or considered to refine its process and approach to QA in the South African higher education sector. The HEQC also underwent an evaluation of its QA processes in 2008, whilst the HEQC 2009 evaluation report and the evaluation on institutional audits report serve as examples in the South African context (HEQC, 2009).

Babbie and Mouton (2003) suggest that the principles of implementation and outcomes of evaluation are rooted in both the quantitative and qualitative tradition, with the latter having its roots in the interpretivist phenomenological paradigm (Babbie & Mouton, 2003). Rossi and Freeman (cited in Babbie & Mouton, 2003, p.335) write that evaluation research is “the systematic application of social research procedures for assessing the conceptualization, design, implementation and utility of social intervention programmes”. For Babbie and Mouton (2003), formative evaluation is carried out to provide feedback for improvement, and as such the audit process is an intervention by the HEQC as the external QA agency, with a view to improving the South African higher education sector. Exploring the recommendations of the audit reports could lead to improvement within audited institutions, and to identification of possible trends in the higher education sector. The theoretical basis for following this form of evaluation is about improvement, and it seems that the basis of the HEQC's QA activities is improvement.

The researcher has employed Patton's utilization focus evaluation, a theory supported by the opting by QA agencies for evaluation under the guidelines of the International Network of Quality Assurance Agencies in Higher Education (INQAHEE). Utilization-focussed evaluation can be “done for and with specific

intended primary users for specific intended uses,” further suggesting that evaluations should be judged by their utility and actual use, and that careful thought has to go into the design of an evaluation from the beginning to the end (Patton, 2008, p.37). Patton further argues that utilization-focused evaluation is highly personal and situational. This study is based on the recommendations of the HEQC audit reports, with HEQC staff part of the audit panel that develops them for the institutions. The stakeholders are the intended users and beneficiaries of this research, in this case the three participating institutions and the HEQC as the QA agency. Patton identifies a specific role for the evaluator as the facilitator who develops a working relationship with intended users to help them determine what kind of evaluation they need. This process is illustrated through a visit to the institution by the executive director of the HEQC and the director for institutional audits, and it is at this meeting that the scope of the audit for that institution is determined (CHE, 2007).

In this case the HEQC facilitates the audit process and production of the report, and the person who holds this process together is the audit officer, as clearly presented in the *Institutional Audits Manual*. Patton (2008) also argues that the personal factor is an important part of an evaluation, advocating the presence of an identifiable individual or group of people who personally care about the evaluation and the findings it generates. This kind of evaluation makes clear whose interests are being served, in the case of this study the major stakeholders operating within the institution. It also implies improvement for the institutions as they develop their respective quality improvement plans to address the recommendations in the audit reports. The evaluator is a ‘negotiator’ (audit officer) between the stakeholders, whilst the skills, personal knowledge, values and ethics are important components for the success of the evaluation. Patton’s (2008) view of utilization evaluation is captured in the way the HEQC has conceptualized its audit system so that it is based on stakeholder involvement, with clear roles, responsibilities and feedback to the audited institution. This has effectively ensured that HEIs participate in the audit process. The HEQC concluded its audit process by conducting 34 institutional audits with the 23 public and ten private HEIs, and one HEI from Namibia in the first cycle of audits.

The researcher envisages that the beneficiaries of this research will be students, audit panels of peers, QA managers and staff of QA units, academics and the

management of institutions. At this stage in the HEQC's QA activities they are the individuals in the institutions who are responsible for implementing QA activities.

1.10 EXPLANATION OF CONCEPTS

The terms used frequently in this study are quality assurance (QA), institutional audit, audit report, and quality improvement plan, clarification of which follows.

1.10.1 Quality Assurance

As the term suggests, 'quality assurance' (QA) refers to the "intention and activities planned to assure quality" (Segers & Dochy, 1996, p.119), and the HEQC defines these as "processes of ensuring that specified standards or requirements have been achieved" (HEQC, 2004a, p. 26). One method of ascertaining such an assurance is the institutional audit, defined by Mammen (2006, p.643), as "a form of quality assurance associated with quality improvement and enhancement". Furthermore, QA "should entail the attempt to strive for the best, to improve and to ensure the desired goal is achieved" (Venter & Bezuidenhout, 2008, p.1115). More specifically, for the purpose of this study, QA may include "all activities related to defining assuring and enhancing the quality of a higher education institution from strategic planning to curriculum development" (European Universities Association, 2009, p.6). This is the framework within which the term is used in the higher education sector in South Africa and internationally, but it then becomes the prerogative of the QA agency to pursue it in context.

From the literature it is evident that there has been a maturing of the concept as QA unfolded internationally. Segers and Dochy (1996) see QA as necessitating an agreement as to the level on which the evaluation will occur. They perceive a cycle of activities in the QA process, involving three stages: "monitoring of activities, a measurement stage and a stage of improvement" (p.120), which in their case study of the Dutch QA system was found to span five to six years. The cycle of activities in QA for most QA agencies is similar to that presented in the model of Brennan and Shah (2000), and in South Africa the HEQC works on a six-year cycle for its QA activities. In the case of the Vaal University of Technology (VUT), the author found that the "pilot audit contributed to VUT's on-going effort to refine its QA system in

order to enhance quality.” It is apparent at this stage that the institution used the audit to improve on its QA systems, as the author suggests that the pilot audit “created an opportunity for the institution to measure its quality assurance system against national criteria” (Brits, 2005, p.1045).

To conclude, Harvey and Williams (2010, p.107), write that “quality assurance has resulted in clear documentation and transparency qualifying that external processes could be better aligned to everyday academic activities.” The researcher understands that QA refers to all the activities than underpin the improvement processes at an audited institution, agreeing with the articulation of Vroeijenstijn (2001, p.3) that “quality assurance means a systematic, structured and continuous attention to quality in terms of quality maintenance and quality improvement.”

1.10.2 Institutional Audit

The concept ‘institutional audit,’ provides for the development of the audit report which forms the basis for the development of the quality improvement plan, defined as an “improvement oriented external evaluation of institutional arrangements for quality in teaching and learning, research and community engagement based on a self-evaluation conducted by the higher education institution” (HEQC, 2004a, p.15). The concept is also widely used by international QA agencies. According to Webb and Green (1994, p.59), the “experience of academic audit seems to show that the presentation of a well-founded and constructive analysis of a university’s process for QA can act as an effective lever for change.” In the CHE (2011) consultation document, it is suggested that, “consistent with current trends in international quality assurance and also sensitive to requests from the higher education sector [there has been] a desire to move away from the forensic approach evoked by the name audit.” This was a move to refer to institutional audits as ‘institutional reviews’ (CHE, 2011, p.17), which could see an end to the use of the term ‘institutional audit’ to describe an improvement-oriented process, though for the purpose of this study the researcher will not discard it since it is what the participants are referring to when they speak of ‘the audit.’ However, the researcher found the use of the term ‘audit process’ also refers to the institutional audit, so the terms will be used interchangeably in the text. For the participating institutions and HEIs, the audit process entails all the activities attached to an HEQC audit.

1.10.3 Audit Report

The 'audit report' is the evaluation from the HEQC to the audited institution, which provides an assessment of the adequacy and effectiveness of the internal quality arrangements of the institution with commendations and recommendations, (HEQC, 2004a, p.14). The audit report is essential in this study and assisted in understanding the three participating institutions. The responses to the recommendations in the audit report are the focus for the participating institutions through the experience of individuals within them. As reflected in the literature, all international QA agencies provide a report to the audited institution to bring the external evaluation to a close for the institution. This has been the case in the South African context, as reflected on the CHE website. The HEQC provided 30 audit reports to the 34 audited institutions in its first cycle of audits.

1.10.4 Quality Improvement Plan

The quality improvement plan (QIP) is defined as a "plan developed by the audited institution, specifying activities, designated responsibilities and time-frames in order to address the requirements and recommendations in the audit report" (HEQC, 2004a, p.26). The QIP is one of the QA activities within an audited institution, and its development, the role-players and its value are explored in this study. The HEQC has a specialist committee, the Institutional Audit Committee (IAC), which engaged with the quality improvement plans of audited institutions at meetings held between 2008 and 2011. These concepts are associated with the audit process and are the ones mostly used in this study. They are also integral to the language employed by the HEQC and institutions when they interact with the EQA agency.

1.11 OVERVIEW OF THE STUDY

Chapter 1 has outlined the aims and objectives of the study. The background to CHE was discussed, as were the problem statement and rationale of the research. The chapter also posed the research questions within the context of the study.

Chapter 2 reviews the literature relevant to the research.

Chapter 3 examines the research design of this study and explains how the sample was selected. It details the instrument and methods used in the data collection process. Measures taken to ensure adherence to ethical strictures, and credibility, validity and reliability are described.

The results of the qualitative data analysis are presented in **Chapter 4**, where the analyses of the interviews are conducted, conclusions drawn and recommendations made.

Chapter 5 presents the analysis of the data, with conclusions and possible and recommendations, and **Chapter 6** concludes this study with the recommendations and limitations.

1.12 CONCLUSION

Having presented the background and the research question, the following chapter will review the relevant literature as introduced in this chapter, but in greater detail. The focus of this study is the response of the three participating institutions to the recommendations in their respective HEQC audit reports, through the experience of individuals in these institutions. The responses to the recommendations are located in the QIP process at each of these institutions.

CHAPTER TWO

LITERATURE REVIEW

Is there anything new that is intellectually engaging, politically instructive or educationally useful to say about the last two decades of quality assurance in higher education or to insert into quality-assurance systems in their multiplying manifestations around the world?” (Singh, 2010, p.189).

2.1 INTRODUCTION

According to Singh and Lange (2007), quality assurance (QA) is a globalizing phenomenon which is taking root within higher education systems (HEIs) in a number of developing countries around the world. With the formation of the HEQC in 2001, South Africa is in its first decade of QA, having completed its first cycle of institutional audits in May 2011, but it is necessary to determine whether quality management makes a difference to the institutions and how they respond to the recommendations in the audit reports. As reflected on the CHE website (www.che.ac.za), the Higher Education Quality Committee (HEQC) has conducted 34 audits in the first cycle of audits, with 32 audit reports concluded, and has received approximately 28 quality improvement plans from audited institutions. However, there has been no formal research into what informed institutions' responses to their recommendations. The internal documentation in the CHE suggests that institutions respond to the recommendations in the audit reports in different ways, their being the consequence of a process of which quality management is an integral part.

The development of QA has been in existence at many HEIs for some time, and has led to the formalisation of external QA agencies internationally and in South Africa. Various international governments have used accountability as a means of establishing national external QA agencies, with some developing through legislation, for example, the South African QA agency (Higher Education Act of 1997). Williams (2009) asks who owns QA, an important question at this stage for the South African higher education sector. Central to this study, therefore, are institutions' responses to recommendations in audit reports, and who owns the QIP process, which is part of the QA activities in HEIs.

Some authors suggest that the QA agency might own the QA process, but it is evident from the literature reviewed within the CHE and documentation by audited HEIs that the contrary is the case. The question remains, as posed by Harvey and Williams (2010, p.107), “could the quality of higher education have been enhanced more efficiently and effectively without elaborate QA systems?” According to them, there have been “15 years of inertia and compliant indifference among a substantial section of the academic and administrative community” to quality in higher education. The way HEIs respond to the recommendations in audit reports becomes significant, if as stated in 2010 there is limited involvement of these key role-players.

A number of themes emerged from the literature, which will be elaborated on in this chapter. The researcher viewed a number of QIPs submitted to the CHE in order to gain an understanding of the process, with the key concepts in the literature reviewed being ‘quality’ and ‘accountability,’ as these are closely associated with QA agencies and international networks. Improvement was reflected in the form of various case studies of HEIs that underwent audits. The location of private higher education in the South African context was also a key factor in the literature review.

This chapter sets out to provide a brief historical context of QA both internationally and locally, with the history of QA international networks (2.2) and the understanding of the concept quality and accountability (2.3) providing a context for the South African QA agency (2.4), and the External QA Agency (2.5). The chapter also presents a number of case studies from various HEIs internationally that covered the improvement dimension (2.6), as well as providing a brief context and background of the three participating institutions in this study, located in the South African private higher education sector (2.7). The chapter is concluded in section 2.8.

2.2 THE HISTORY OF QUALITY ASSURANCE AND INTERNATIONAL NETWORKS

The history of QA agencies can be traced in the development of international networks, including those in Europe, Africa and Australasia. Singh and Lange (2007) suggest that in many developed countries QA activities are in their second or third decade, but still undergoing change. The literature indicates that external QA began in the 1980s, and the International Network of Quality Assurance Agencies in Higher

Education (INQAAHE) was formed in 1991, with a membership of 140 that included agencies from 60 countries. The purpose of the international network was to provide mutual advice and support, and it also addressed the question of what makes a good QA agency, leading to the development of the principles of good practice for the staff of external QA agencies (Woodhouse, 2004).

As part of the international network of QA agencies, the HEQC, in preparation for its evaluation in 2008, used the INQAAHE guidelines of good practice in its self-evaluation report and was evaluated against this set of principles by a panel of peers (HEQC, 2008). The results indicated that in some instances the HEQC complied substantially, in others partially or fully, with the INQAAHE guidelines. Of interest was that the panel noted the HEQC's achievements since its establishment as a QA agency, and reflected that the set of guidelines for good practice for external QA agencies was meant to promote good practice and to assist the external QA agency to improve its performance on the basis of its own experiences (HEQC, 2009, p.42). These INQAAHE guidelines have also been used by the Australian Universities Quality Agency (AUQA), New Zealand Universities Academic Audit Unit (NZUAAU) and the Commission National de Accreditation (CNAP) in Chile during their external reviews (Morse, 2006).

With the establishment of an international network such as the INQAAHE came the realisation that External QA Agencies (EQAs) displayed a great deal of difference in purpose and scope, and the knowledge that most were nationally based (Woodhouse, 2004). The INQAAHE is a voluntary association, and Blackmur (2008) advised that the guidelines be revised as they were not comparable with external QA agencies. In addition, he suggested that the INQAAHE's confidence in these guidelines was "arguably premature," and pointed out significant omissions (Blackmur, 2008, p.725). Blackmur further argued that the status given to quality improvement did not deserve such prestige since it was not clearly defined. His concern was that any quality improvement would be costly and that it was inappropriate for QA agencies to include quality improvement in their objectives with respect to HEIs, since EQAs were not responsible for university funding (Blackmur, 2008). There is merit in Blackmur's argument, particularly in the case of the South African QA agency, since although quality improvement is advocated in its audit process the QA agency is not responsible for funding to HEIs. Singh and Lange

(2007) however argue that a system of institutional audit is critical to purposes of quality improvement in South African higher education.

The private higher education institutions (PHEIs) selected for this study participated in the HEQC audit process but, in the South African higher education system, PHEIs do not qualify for state funding. As Blackmur asserts, improvement can be costly, and the INQAAHE guidelines “are inadequate as a model for the QA of national agencies as they fail to provide a basis on which any given agency’s decisions about higher education quality can be accepted at face value” (Blackmur, 2008, p.733). Blackmur argues for a more critical examination of the INQAAHE guidelines internationally, raising the question: who owns the quality improvement process, the institution or the QA agency? It is intended that his assertion be answered in the data analysis section of the study.

Conversely, Morse (2006) argues that although improvements should be made to the guidelines they are already in use by different types of external QA agencies and countries on a voluntary basis, implying that the context of the countries would determine their use. The guidelines serve a purpose, with countries determining their use in their respective national contexts. Whilst the INQAAHE guidelines have been contested they also offer a basis for comparison with other international networks, such as the Asia Pacific Quality Network (APQN), the Association of Specialised and Professional Accreditors (ASPA), and the Standards and Guidelines for QA in the European Education Area, referred to as ‘ENQA’ and serving as a model for other networks (Aelterman, 2006). These international networks also developed guidelines and there was agreement among them that the primary responsibility for quality lay with the institution. There was an underlying expectation that QA processes would lead to accountability and improvement (Aelterman, 2006, p.229). Also emerging from Aelterman (2006) was general agreement that external QA systems should be continuous and cyclical, with QA policy known to the public and feedback on the evaluation to audited institutions essential. There should be considerable transparency and comparability among international networks (Aelterman, 2006, p.232). The HEQC appears to be adhering to these guidelines, with the CHE’s website including a section that lists the year and number of audits conducted since 2004, including executive summaries of all the audited institutions audit reports (www.che.ac.za).

Linked to the international status of development of QA is the development of regional or continental networks around QA in Africa. The Association of African Universities (AAU), an international non-governmental organisation (NGO), was established in 1967 with a membership of 212, comprising 45 African countries, with the partial aim of raising the quality of higher education in Africa. One of the AAU's programmes is institutional collaboration in higher education, through a QA programme started in 1997 with the development of a QA guide (AAU, 2009). In 2007, the Association launched a continent-wide initiative to strengthen institutional quality and to support emerging QA systems, within the larger project of revitalizing African higher education (Singh & Lange, 2007).

2.2.1 The experience of International QA Agencies

The South African QA system seems to have been built on the model as reflected in Brennan and Shah (2000) and the experiences of the Australian, New Zealand and United Kingdom QA agencies. All international QA agencies operate with some level of similarity, as revealed by Brennan and Shah (2000), Segers and Dochy (1996), Bateman and Giles (2006), Woodhouse (2005) and Dano and Stensaker (2007). The literature presents evaluations as the norm in evaluating external QA agencies and their activities, and shows an improvement internationally and in South Africa.

There have been major developments in QA in many countries, and it was found that the South Africa's QA activities are recent compared to those of the United Kingdom, which have taken various forms since the 1980s. The QA Agency (QAA) for Higher education in the United Kingdom produced a handbook that described its audit process and indicates changes in their system between 2005 to 2011 (QAA, 2008). According to Geall, Harvey and Moon (1997), it involved the review of the mechanisms within universities to assure quality and possibly an attempt to bring closer the inspectorial control of provision by external governmental agencies. A further factor of significance in the United Kingdom's QA was an emphasis by external quality monitoring on accountability rather than improvement, though in the case study of the University of Central England in Birmingham it was found that underlying quality monitoring was the encouragement and facilitation of continuous quality improvement (Geall, Harvey & Moon, 1997).

Harvey (2005, p.274) argues that the future of quality is not a real engagement with learning but the advent of a more complex evaluation process, in that setting it is unlikely that the quality of the student experience will improve. From Harvey's observation it is clear the QAA is ahead of South Africa and the developments in the United Kingdom have laid the basis for benchmarking and international best practices. Webb and Green (1994, p.59) suggest that "the experience of academic audit seems to show that the presentation of a well-founded and constructive analysis of a university's process for QA can act as an effective lever for change," and following the experience of the United Kingdom it was found that there was value in the audit process for institutions.

The Australian Universities Quality Agency (AUQA), a national quality agency established in 2000, receives its funding from the Australian government and state and territory governments. It concluded its first cycle of audits in 2007 and embarked on a second cycle in 2008, emphasising the importance of a critical self-review of the institution to be audited as a basis for the external audit investigation. In AUQA's external review by a panel of peers in 2006 it was found that it had established a robust quality audit system that was rigorous and generally well respected (AUQA, 2011; Bateman & Giles, 2006). There was general progress on the thinking, moving from "controlling quality" to assuring quality in the 1980s, to a process of "managing continuous quality improvement today" (AUQA, 2011, p.6). Significant in AUQA's approach to external review is encouraging HEIs to devise their own characteristic quality management systems and revise them accordingly to make sure that they do not become "the enemy of creativity" (AUQA, 2011, p.7). Woodhouse (2003, p.134) regards the quality audit as a "flexible tool precisely because it operates in terms of an organisation's own purposes", and to link this assertion to the QIP process states that "quality improvement is becoming more a fit for purpose and an institution that wishes to improve should establish a culture in which new ideas are encouraged and welcomed, and new procedures are put in place if they are judged to be useful."

2.3 QUALITY AND ACCOUNTABILITY

The literature links the terms 'quality' and 'accountability'. For Vroeijenstijn (1995), quality has always been part of the academic tradition, but in the 1980s the outside world emphasised the need for explicit attention to it as governments assigned a

steering role to the development of higher education in response to mass access and society's demand for accountability. QA was asking for value for money, and in the South African context it is now one of the steering mechanisms in higher education (HE Act 1997). The Netherlands meanwhile chose a system based on allowing for a greater chance of success, and the external QA agency is an instrument for improvement. For them the EQA:

- is owned by HEIs themselves, although sanctioned by government
- aims foremost at QA, quality enhancement and quality improvement, while trying also to shape the public function
- is in the first instance programme-oriented, however an institutional audit is a natural keystone of the system, (Brennan & Shah, 2000; Vroeijenstijn, 1995, p.xiv).

There is no single meaning of the concept of 'quality,' but rather a combination, and there was no "general agreement on the meaning of quality in higher education it was no surprise that there was confusion about the terms to describe the systematic procedures aimed at monitoring and enhancing quality" (Segers & Dochy, 1996, p.119). For Brennan and Shah (2000) it is the responsibility of the institution, a belief reflected in the HEQC documentation and international QA agencies and networks. Indeed, the HEQC's approach to quality is to make clear that its understanding of the term allows HEIs to engage with and operationalise such understandings within their own institutional contexts and missions (CHE 2001, p.4). The HEQC's conceptualisation of quality sets the framework for institutions as part of a larger social project to re-imagine and reconfigure higher education and so achieve the progressive purposes stipulated in many policy documents (Lange & Singh, 2010). In its *Founding Document* the HEQC defines quality as, "fitness for purpose, value for money and transformation" (CHE, 2001, p.14), elaborating upon Vroeijenstijn's (1995) claim that quality is the responsibility of the HEI, which is accountable for its own internal evaluation.

Amongst the different views and perspectives on quality is that of Harvey and Green (1993, p.1), that it "can be viewed as exception, as perfection, as fitness for purpose, as value for money and as transformative." This underpins the varying interpretations by international networks and QA agencies, for example, the AUQA and HEQC. It is also argued that "quality is a philosophical concept and definitions of quality vary and

reflect different perspectives of the individual in society” (Harvey & Green, 1993, p.1), which Opré and Opré (2006, p.423) expanded on when arguing that “even though quality is a commonly used concept, it is quite difficult to identify a widely accepted definition, as quality is dependent largely a specific national circumstances, which change over time”. The way the HEQC define quality for the South African context does not appear to be different from the views of Harvey and Green (1993, p.1), that is as improvement and accountability, as “the criteria for assessing quality in higher education requires an understanding of different conceptions of quality that inform the preferences of stakeholders”. As such, the HEQC document states that “the primary responsibility for quality of provision and appropriate mechanisms to assure that quality rests with higher education providers” (CHE, 2001, p.15).

In their study of New Zealand, Carr, Hamilton and Meade (2005, p.196) adopted as a framework an interpretation of quality derived from the Baldrige 2004 Education Criteria for Performance Excellence, and found that “quality is achieved by identifying and satisfying student’s needs.” This suggests students are the main beneficiaries of improvement at their institutions, and confirms Harvey and Green’s (1993, p.19) view that quality “reflects different perspectives of the individual and society,” and the institution is responsible for the way it approaches quality.

Contributing to the difficulty in defining quality in higher education is a claim that it is “neither absolute nor static and its components vary according to context” (Mammen, 2006, p.641). For the HEQC, quality is transformative, as suggested by Harvey and Green (1993), and it relates to the ability to transform students on an on-going basis, adding value to their knowledge and personal development. For Opré and Opré (2006, p.423), it “accords more with today’s concern for higher education for the masses, where the emphasis is more on value adding per se than value adding from an already high level.” This conception of quality can possibly add value to the future of QA, move it towards quality promotion, and in the process assist explorations of the value of the QIP development.

The literature does not provide a conclusive view on the concept of quality but it is evident from similar interpretations that context and institutions determine quality. According to Westerheijden, Stensaker and Rosa (2007, p.3) “fitness for purpose and fitness of purpose are empirically empty terms and could mean anything depending

on what is given as purpose.” The HEQC has both concepts as part of its definition of quality, and these may be used in the context of the institution and the QA agency.

A broader perspective is to connect quality with social purposes, and Singh (2010) points to a larger social purpose in assessing the quality of higher education. She highlights the case of the United States, where the issue of “affirmative action and diversity featured in accreditation systems and in South Africa there is a focus on social justice and social transformation” (Singh, 2010, p.193). For Westerheijden, Stensaker and Rosa (2007, p.1), a purpose for seeking quality should be to “make HEIs more responsive to societal demands,” again linking it to the context of the institution in a particular country.

In a ‘quality assessment system,’ each system manifests its own particular interest and pattern, responding to its own context, as in the case of the United Kingdom, where it “appears to take a more summative approach and emphasise accountability” and in the case of continental Europe, where “a more formative approach and improvement orientation was found” (Brennan & Shah, 2000, p.69). Singh and Lange (2007, p.x) suggest that the:

... accountability improvement relationship is best understood within a context determined framework and that it is becoming a contextual imperative to rethink the way in which improvement can be retained and strengthened within the accountability-driven QA agenda.

The experience of the Nordic countries, as presented by Dano and Stensaker (2007), is that external QAs are important for internal quality culture in higher education and one of the key concerns has been the debate about improvement and accountability.

The concept ‘accountability’ cannot exist without quality, and the improvement dimension is implied. The developments of EQAs are linked to accountability for the funds spent on higher education internationally (Segers & Dochy, 1996). In Europe many countries moved towards a market-oriented steering policy that emphasised accountability through external QA systems (Segers & Dochy, 1996). For instance, the Netherlands saw a shift in the philosophy of higher education, with issues such as effectiveness, devolved budgeting and accountability being placed high on the agenda. The Association of Co-operating Dutch Universities played an important role in the discussions on the implementation of QA (Segers & Dochy, 1996), and it was

found that “a more formative approach and improvement orientation is found in continental Europe where government control over higher education is clear and accepted” (Brennan & Shah, 2000, p.69).

The EQA agency was established in 2001 to balance the developmental and the accountability frame in the conduct of audits, after some of the international developments, and emphasises accountability and development. Since “audits are both about accountability,” the development part in the higher education institution relates to the ability to identify areas in need of improvement and to develop strategies to effect such improvements (CHE, 2007, p.1). The improvement dimension is linked to case studies in the literature, and indicates various ways of implementing the QIP dimension in QA (Dill, 2000). Case studies surfaced as a result of the audit process and the improvement dimension was reflected through case studies at a number of HEIs in Australia and New Zealand, which presented evidence of the development of the recommendations in audit reports.

It emerged that improvement and accountability are linked to external QA agencies and that an “EQA that produces reports that satisfy the needs of the wider constituency must be independent and that most international QA agencies are independent” (Woodhouse, 2003, p.138). Furthermore, “institutional quality management is as much about accountability as it is about improvement and therefore emphasis is placed on regularized and systematic process” (Brennan & Shah, 2000, p.72). The QIPs submitted by audited institutions could be construed as leaving them accountable and striving to improve on their practices, as some indicated how the improvement process would be implemented with appropriate budgets and timeframes. D’ Andrea and Gosling (2005) suggest that improving something implies changing it for the better, and if improvement has to occur then the status quo, by implication, is inadequate.

In the case of Sweden, the study conducted indicated a similarity in the audit processes of Swedish HEIs, with their 36 audit reports also summing up “judgments and recommendations which audit panels made” and concluding that “a closer analysis of the audit reports shows that institutional diversity still could be maintained” (Stensaker, 2000, p.309). The review of the HEQC suggests “some complaints that recommendations sometimes strayed from highlighting a problem

area to prescribing specific solutions,” which means the analysis would be viewed in the context of the institution (HEQC, 2009, p.27).

2.4 SOUTH AFRICAN QUALITY ASSURANCE AGENCY

According to CHE (2011), the conceptualisation of the first cycle of QA was developed between 2001 and 2004, and its development took into consideration international developments and approaches. Singh and Lange (2007, p.1) regard the South African external QA agency as a national agency that was “seen as critical to the emergence of a single coordinated higher education system in South Africa.” In HEQC documentation it is suggested that QA, with funding and planning, was the policy instrument to steer the new higher education system towards improved quality (HEQC 2008, p.5), a view also expressed in the study by Quinn and Boughey (2009).

The implementation of the audit process rested with the IAD, the progress of which was reflected in the HEQC’s 2008 self-evaluation report, reflecting on the importance of peers providing academic legitimacy in processes of evaluation so as to carry out its mandate. In this review, the panel of peers suggested that it was too early to have a full sense of the HEQC’s impact on developing a substantive culture of quality at HEIs whilst completing its first cycle of audits (HEQC, 2008).

The HEQC, as part of its principles and values, states that it will “uphold the accountability requirements of higher education provision within the context of a strong developmental and formative approach to QA” (CHE, 2001, p.9). This view is also expressed in other QA agencies, not as a value but as a manner in which higher education should be managed in a particular country. The HEQC however notes in its self-evaluation report that it was grappling with finding an appropriate balance between the accountability and development aspects of QA with regard to its audit methodology. A further challenge for the HEQC was managing institutional accountability, academic freedom and institutional autonomy in the audit methodology (HEQC, 2008, p. 23), as it implemented the first cycle of audits.

An observation from an audit conducted in 2004, as presented in the HEQC’s internal documentation, states that “the developmental approach adopted by the team throughout the three days was evident“, while another audited institution wrote that “the reflective process in itself was exceptionally valuable and the feedback will be

used for strategic planning” (HEQC, 2005). This reveals an institution experiencing the developmental nature of the HEQC audit process. However, the researcher notes that the experiences of the three institutions in the context of this study do not reflect the norm in the sector. As mentioned above, the HEQC has conducted 34 institutional audits to conclude the first cycle.

2.4.1 Cyclical nature of Quality Assurance activities

QA has come full circle, and is made up of various activities. Broadly from the literature, international QA agencies run a five to six year cycle of audits, and the countries discussed in this section have undergone quality audits in their second or third cycle. South Africa consulted widely before deciding on the length of its first audit cycle, and SAQA conducts a six year audit cycle, during which period the institutions will have undergone the activities that reflect the audit process.

In the South African context, as reflected in the HEQC’s *Institutional Audits Manual*, an institution receives a visit from the HEQC secretariat one year before the commencement of the audit. The cycle begins with a selection of a panel of peers according to criteria, followed by a portfolio meeting at the CHE offices, a scheduling visit to the institution to be audited, a three-to-five day site visit, and an audit report to the institution. The audited institution submits a QIP, which is analysed and discussed by the HEQC’s Institutional Audits Committee (IAC). Discussion of the mid-cycle report of the audited institution concludes the audit process for that institution (HEQC, 2007c). The HEQC audit process runs over a period of three years for an institution, during which time the QA agency interacts with the institution at regular intervals through the already mentioned activities. This audit process occurred when the HEQC audited 34 institutions in its first cycle of audits.

The cycle of activities in QA for most QA agencies is similar to that presented in the model of Brennan and Shah (2000). There is a cyclical nature in the methodology of the audit system, and the HEQC follows that of Australia and the United Kingdom and various other QA agencies. The authors also found that the QA model that existed was influenced by the United States accreditation system and that the quality assessment model had four main elements: 1) the “national body” would have legal status but was independent from government, and the “level and focus” of the

national bodies varies. 2) The institution should undertake regular self-evaluation and report to the national body. 3) The institutional self-evaluation forms the basis for an external peer review evaluation. 4) There should be a published report setting out the findings of the peer review visit (Brennan & Shah, 2000, p.52). However, they do not elaborate on whether agencies develop criteria.

The methodology followed by the HEQC is that the institution develops a self-evaluation report based on the audit criteria. The HEQC constitutes the panel of peers who validate the self-evaluation report, and they visit the institution to be audited for a period of three to five days, during which time they interview key stakeholders and present the outcome of the process for the audit report (HEQC, 2007c). This methodology was also reflected in the HEQC (2009) review report, when a panel of peers reviewed the HEQC's QA activities based on the HEQC's self-evaluation report. A set of interviews with stakeholders and staff was conducted by the panel of peers and a report generated. The same process was followed in the review of the AUQA, whereby "the external review was carried out by a panel of reviewers on the basis of a self-evaluation report and feedback from auditees, auditors and key stakeholders" (Bateman & Giles, 2006, p. 5). In the case of the reviews conducted on the HEQC and AUQA, the review panels were reviewing from a set of terms of reference (Bateman & Giles, 2006; HEQC, 2009).

2.4.2 Audit experience of peers in External Quality Assurance Agencies

The cases considered in this section reflect on the EQA agency consulting broadly and looking at developments in the United Kingdom, New Zealand and Australia before setting up the QA agency. Harvey (2005) suggests that the intention in giving HEIs recommendations in audit reports is for institutions to improve their processes for the benefit of students, as in New Zealand. The QA agency is a regulator in higher education, as found in the study by King, Griffith and Williams (2007), with the QA Agency (QAA). Using the external QA of universities and colleges as an example of regulation in higher education, they explored the role of auditors in the quality audits, and found the "auditors in England seek to reconcile these external and formal frameworks with longstanding, often less explicit, disciplinary and professional peer approaches" (King, Griffith & Williams, 2007, p.161). This is a dilemma that auditors face in quality audits as they are often required to act within the quality

agencies' criteria, as in the case of the HEQC, as well as what the institution presents in its self-evaluation report (SER) and their professional experience. The panel of peers will use a combination of what the institutions say about themselves in the SER, what they heard during the interviews and their experience as professionals, before they arrive at a judgment of an institution.

This is linked to the audit process as auditors play a central role in the development of the audit report for the institution. The final report from the institutional audit visit is regarded by most of the auditors as the key outcome for governmental and regulatory purposes (King, Griffith & Williams, 2007). The South African cycle of audits is not as far advanced as the QAA, but it was found in the HEQC evaluative study of audits that auditors share similar sentiments. An auditor reflected on the audit experience as "she had felt enriched by the experience, whilst another said it had been 'extremely valuable and a privilege to participate'" (HEQC, 2007d, p.104). A sentiment that was expressed by the South African auditors as evidence in the HEQC administrative documents about auditor's experience of the audit was that the engagement with their peers and gaining an understanding of the institution was beneficial on a personal level. The audit process in the South African context is seen as developmental and a way for institutions to improve their quality management systems. It is consistent with other QA activities, such as the accreditation of programmes in the HEQC.

There was however a sentiment expressed in the literature (HEQC, 2009, p.52), that the "final audit reports should clearly differentiate between the views of the external panel and the conclusions of the HEQC Board." This is an issue for the HEQC to engage with as it continues to write audit reports in the first cycle of audits. The QIP process also fits into the regulatory character of the HEQC, and by having an understanding of its developmental processes could lay the basis for quality promotion in audited institutions.

The issue of the audit report is further explored in this study, suggesting that the bland civil service language adopted in reports is regarded as a sign that the QAA does not wish to "get offside by invoking controversy in the media" (King, Griffith & Williams, 2007, p.166). Harvey (2005, p.268) expressed similar sentiments with regard to the language of the audit report, stating "it was hard to spot harsh criticism of institutions in the language of audits."

In the case of the HEQC audit reports, executive summaries are placed on the CHE website for the higher education sector and audit reports are sent to the audited institution. The HEQC audit reports are not made public but institutions are asked to make it widely available within their institutions (www.che.ac.za). This does not mean that there are not also such sentiments in the sector, but as stated, “consequently, reports are written in ways that help to protect institutions and the regulator, who form a common interpretive rule community, by applying the protective jargons” (King, Griffith & Williams, 2007, p.170). The conclusion of this study with regard to the audit report might ring true for the South African experience of audit reports also. The executive summaries of the audited institutions on the CHE website are in a language best understood by those either actively involved in the QA processes at HEIs or those who participated in quality audits. The executive summaries of audit reports are written for a specific audience and are possibly not accessible to those who are unfamiliar with the QA language.

When looking at international QA agencies the issues of benchmarking and good practice surfaced, and the Australian experience was that many of the aspects identified in their audit reports reflected established best practices. When the recommendations were analysed, their councils, academic boards and governance committees had clearly different responsibilities and authority (Baird, 2007). The New Zealand Academic Audit Unit’s review panel, meanwhile, concluded that “there was a major stimulus for introduction of effective quality systems” (Meade & Woodhouse, 2000, p.27), and also alluded to trust between the agency and the universities. The HEQC on the other hand was also commended by its review panel for the “design and implementation of the institutional audits” (HEQC, 2009, p.19). These kinds of reviews on audit systems could enhance the QIP processes for the higher education sector, but they are also a reflection on the on-going improvement that is attached to QA. This was confirmed when the review was conducted on the AUQA, with the evidence suggesting that it had had a positive impact in raising the awareness of quality matters, and in developing commitment to quality and quality enhancement across the sector (Bateman & Giles, 2006). This might be broader than what the research question seeks to address, but it does add value to the audit system that appears to have had an impact on the Australian higher education system.

2.5 THE HEQC QUALITY IMPROVEMENT PLAN PROCESS

The QIP process is part of the HEQC audit process for audited institutions, is central to this study and a result of the response to the recommendations in the HEQC audit reports. The *Institutional Audits Manual* (2007) of the HEQC sets out a proposed process for HEIs when submitting QIPs to the HEQC five months after the audit report is made public. The IAD analyses the QIP of the audited institution and with the audit report forms part of the discussions at an IAC meeting. The process thereafter requires the staff of the IAD to conduct a visit to the audited institution meet with its senior management and provide feedback. The HEQC is able to gain an understanding of the QIP process at audited institutions during this feedback meeting. As part of the conclusion at the feedback meeting the institution indicates its readiness to submit their mid-cycle report, even though it is due only three years after the audit site visit (HEQC, 2007c).

To provide a broader view of institutions responses to recommendations in audit reports, the QIP process in some public HEIs was explored from documentation submitted to the IAD, and discussed at the May 2011 IAC meeting. The QIPs reflected different ways in which the QIP was developed in institutions, and the experiences of institutions as reflected in the internal HEQC (2011) documentation indicate that in some instances institutions established steering teams to oversee the responses to recommendations process and analysis of the audit report. It also acted as an advisory body for the development of the QIP, suggesting in this process that the institutional management was collectively accountable for ensuring that the outcomes of the QIP were achieved. The implementation of identified actions resides with the owners of the processes and each response shows where the recommendation would be incorporated into the institution's planning documents. (HEQC Internal, May 2011).

In the case of another institution, the QIP reflected that the QIP process was aligned with the institution's strategy, and the activities identified would be integrated into annual operational plans. Timelines would be developed with allocation of responsibilities for each activity, and this institution's documentation reflected that the development of the QIP was an inclusive process with a number of meetings with the university community. Support came from the senior executive of the institution and it was approved by the senate of that institution (HEQC Internal, May 2011).

As a response to the audit process, an institution reflected in its QIP that it welcomed the opportunity presented by the HEQC audit to benefit from the external critique and intervention. Through its internal planning processes, as a result of the audit process, the institution managed to enhance its core business of teaching and learning, as well as research and community engagement. The audit report has been a valuable resource, with the recommendations having been fitted into a much larger frame of concerns. This has directed their decision-making, indicating further that they were confident that their improvement plan was in synergy with the key directions in the institution, and would be further linked to the institution's operational plan (HEQC Internal, May 2011). A further response to the recommendations was to cluster them in order to respond to a part of the core function of the institution. In the case of this institution, the approach was to cluster the ten recommendations that dealt with teaching and learning and there was an indication that these areas formed part of a more holistic aim of the university to enhance this element of its core business (HEQC Internal, May 2011).

The reading of the documentation indicates levels of involvement within the institutions. As they developed their QIPs they also reflected the specific stakeholder involvement in process and the clustering of recommendations in the QIPs. Harvey and Williams (2010) suggest that the agencies also referred to widespread developments evident within institutions, including the setting up of internal quality processes and specialist quality units within institutions following the audit. They Whilst the pace and intensity of QA and enhancement activities has accelerated greatly over the years, its impact on the improvement of programmes and students remain less clear (Harvey & Williams, 2010, p.106).

2.6 PRIVATE HIGHER EDUCATION CONTEXT IN SOUTH AFRICA

The three participating institutions in this study are part of private higher education in South Africa, but which have not been as regulated or accountable as public HEIs. Lim (2010, p.212) defines a private higher education institution (PHEI) as “a commercial establishment that offers education programmes whose operations fall outside of the public education system.” This would apply to the participating institutions in this study and the ten PHEIs audited by the HEQC in the first cycle of audits. These institutions were audited between 2004 and 2007, having been

subjected to regulations for registration which came into effect in 2003 (CHE, 2009). Lim argues that “despite governments declarations that private higher education was an important component of the educational sector, government involvement in the QA of this industry came relatively late compared with the growth in the industry” (Lim, 2010, p.212). He cites Australia as an example of “a major exporter of education throughout the world” but raises the concern that the “late control of the industry was due to complexity in ascertaining what constitutes quality and how to measure it” in this sector (Lim, 2010, p.212).

CHE (2003) reported in 1995 that 150 000 South African learners were enrolled in approximately 117 PHEIs, offering mainly certificates (CHE, 2003). However, in 2009 there were 103 registered PHEIs in South Africa, ranging in size of small colleges offering a single programme to large multi-campus organisations offering a wide range of programmes. In 2009 the data on enrolments in private institutions was not collected systematically, which meant CHE was unable to quantify the contribution of private higher education (PHE) to the South African higher education sector (CHE, 2009, p.11).

The PHE sector has grown and matured over the past eight years, providing access to a small percentage of students in South Africa. The initial study conducted by CHE in 2003 suggested that the programmes were not pitched at appropriate levels or qualification type, and with some of the programmes not offering the necessary knowledge there were general problems in understanding exit levels. This study was conducted after the QA agency was formed and it had to gain an understanding of the PHE sector.

The CHE (2009) report suggests that the PHE sector was not sufficiently understood, that it had received little attention at national level and was viewed as competition for the public higher education sector (CHE, 2009, p.1). This report argues that the PHE sector cannot be neglected, given the increasing demand for high level skills in the country and the limited capacity of the public higher education sector to meet the demand. The report further argues that the PHE sector plays an important role in providing niche skills and accommodating learners who are seeking places in public institutions. It states that understanding the PHE sector in South Africa would require a view that incorporates both the public and private sectors, and with a number of

PHEIs being part of or affiliated to foreign universities, it is possible to look at the sector holistically (CHE, 2009).

The three selected institutions are PHEIs which were audited by CHE between 2005 and 2006, and their audit reports indicate that they would use the findings to strengthen their internal management systems, thereby facilitating the improvement of quality. The decisions about the manner in which the improvement would be made were the prerogative of the institutions, but the QA agency expected them to submit quality improvement plans five months after the reports were made public. These views are expressed on the CHE website in all the executive summaries of audited institutions in the first cycle of audits (www.che.ac.za).

2.6.1 Brief description of the participating institutions

This section provides a brief description of each PHEI participating in this study, based on the audit HEQC reports, the institutions' quality improvement plans and the mid-cycle reports. The internal HEQC documentation also served as a basis for developing an understanding of the institutions.

2.6.1.1 Institution One

This is a small distance education PHEI with a small number of students. Among the ten PHEIs audited by the HEQC, it was audited in 2006 following the start of the process in 2005. The audit process for this institution was an SER that was submitted to the HEQC, a panel of peers who validated the SER at a three-day audit site visit, with the outcome being an audit report. The report also provided some background to the institution and noted that it was relatively young, having been established in 1995 and having applied to the HEQC in 2003 for accreditation of its programmes. The institution submitted its QIP to the IAD in September 2007 and its mid-cycle report in April 2010. Its audit process was concluded with the HEQC in 2011.

2.6.1.2 Institution Two

This institution was among the first few to be audited by the HEQC, with the process starting in 2004. An SER was submitted to the HEQC, and a panel of peers validated

the SER at a three-day audit site visit, with the outcome being an audit report. The institution was audited in 2005 and the audit report reflected that this institution, founded in 1999, “characterises itself as a small, relatively young private provider offering a range of vocationally focused programmes.” Also reflected in this report was an inability by the panel of peers to evaluate the effectiveness of these newer quality management processes (HEQC, 2006). The institution submitted its QIP to the IAD in November 2006 and its mid-cycle report in October 2010. The audit process was concluded with the HEQC in 2011.

2.6.1.3 Institution Three

The audit process for this institution started in 2005, and it was audited in 2006. It is part of an international institution established in 2000 and started its operations in 2001, which makes it a young institution in the South African context. It has its main campus in another country and therefore underwent a joint audit site visit with the HEQC and the international QA agency. It operates within the framework of both QA agencies and had to respond to the recommendations in both audit reports. The institution submitted its QIP to the IAD in December 2007 and its mid-cycle report in April 2010. The audit process was concluded with the HEQC in 2011.

The three institutions took one year to prepare for their respective audit processes and were audited between 2005 and 2006, concluded by the HEQC in the form of a letter sent to each in March 2011 (HEQC Internal, 2011).

2.7 CASE STUDIES IN OTHER COUNTRIES

The cases considered in this section reflect the HEQC’s approach to consult broadly before it embarked on its QA in South Africa. The HEQC had the opportunity to look at various models of QA agencies before it embarked on its QA processes. For instance, New Zealand has a mature QA system and has moved into its fourth cycle of audits, with results of studies in New Zealand providing some insight into quality promotion as the results of the case came after two audit cycles. The New Zealand study, which looked at the issue of feedback to postgraduate students and the recommendations of academic auditors, found that postgraduates would be interested in their immediate environment and their “feedback was overwhelmingly

focussed on support issues” (Bean, 2005, p.267). In this study “the academic auditors took a holistic approach in their analysis and were able to draw on wide expertise and experience” (Bean, 2005, p.267). Whilst the postgraduates would be focused on what the institution had to offer, the auditors on the other hand would also have access to what was set out in the institution’s audit portfolio and make a recommendation based on their professional experience to enhance quality issues for the institution.

The respective focuses of the auditors and the postgraduates were different and it became the responsibility of those in the institution who develop the QIP to marry the two perspectives and ensure there was improvement for the students. Bean, (2005, p.272) writes that:

A survey or an audit report alone will not lead to improvements. A critical challenge is how the feedback in an auditor’s report or a student survey report is used to guide the provision of appropriate university structures, management oversight and support.

The conclusion of this study alluded to improvement for the postgraduates and how the institution manages its own QA activities after the research and the findings.

2.7.1 Post-audit improvement

In a comparative study on the lessons learned in the conduct of audits by QA agencies in the United Kingdom, New Zealand, Sweden, Hong Kong and the Association of European Universities (CRE), critical issues were raised regarding how QA agencies follow up on their audit reports and the enhancement of system knowledge about QA practices (Dill, 2000, p.189). The concerns that Dill raised apply to the South African QA agency, which is in its first cycle of audits. It was found that there was a ten-year gap in the implementation of audits between South Africa and the United Kingdom but that the audit process in all the agencies was similar, albeit with some variation. Dill (2000) found in the follow-up process of the audit that QA agencies had some measure of following up an audit report, with progress reports and voluntary progress reports. In some instances a feedback visit with annual university seminars published studies and teaching workshops. The improvement process has been in existence internationally in different forms, and South Africa

appears to be following the above mentioned international QA agencies. It is further suggested that while an academic audit offers the possibility for future improvement in student learning such improvement is difficult to measure (Dill, 2000, p.203).

Massy (2003, p.16) writes that a “growing number of institutions are achieving significant quality improvements through academic audits,” a sentiment confirmed by Carr, Hamilton and Meade (2005) from a study conducted at the University of Otago in New Zealand over a period of ten years. It yielded positive change for the institution, as illustrated by recommendations in their 1996 audit report, and the improvement could be seen in the 2000 audit report. The recommendation related to postgraduates, stating that “the role was perceived by students and the university as a whole as being so successful that it was expanded.” This example illustrates that the recommendations in audit reports of the EQA contribute to and have an impact on university decision-making (Carr, Hamilton & Meade, 2005, p.207). To confirm the sentiments expressed by Massy (2003), in the South African context a study conducted on the experiences of three HEIs argued that “the way in which each institution approached their audit and used it to advance their institutional agendas” is based on the institutional context (Botha, Favish & Stephenson, 2008, p.52).

There is no reference to quality improvement plans in the case studies of Bean (2005) or Carr, Hamilton and Meade (2005), indicating that the recommendations in the audit reports led to improvement. This could mean that institutions audited by the New Zealand Universities Academic Audit Unit (NZUAAU) were not required to develop QIP, but by responding to the recommendations in the audit report this was the result at these institutions. The NZUAAU states in its manual that it relies on the professionalism of the audited institution to address the recommendations in the audit reports (Jennings, 2007). Whilst the QIP process is recent in the South African context the results yielded from the New Zealand studies support the notion that the audit process as implemented in South Africa could lead to improvement, and this improvement becomes tangible within an institution over time.

In another comparative study of two HEIs conducted in New Zealand by Askling and Kristensen (2000), it was found that the audits of 1996 and the 1998 follow-up visit at one institution appeared to have contributed significantly to a thinking dialogue and further demonstrated how external stimuli can be directed at internal concerns. In the case of their study it was the recommendation in the audit report that gave rise to the

kinds of developments within the institution. For the other institution the impact of the audit was rather weak and gave rise to the reorganization of administration in the Vice Chancellor's office, implying that follow-up activities from the QA agency had made an impact and had led to improvement.

These case studies add value to the response to the primary research question, as tangible improvement can only be seen over a longer period and the improvement has to be realised by the role-players in the institution.

2.8 CONCLUSION

There is still no clear definition for quality in HEIs; however the literature revealed that improvement finds its way into processes without being defined as such. The literature also indicates that the QIP process is part of the improvement process, which in turn forms part of a QA activity for HEIs, international networks and international QA agencies. When the term 'quality' is used, most researchers refer to the work of Harvey and Green, and that QA agencies seem to have more or less the same brief that is contextualised in the countries in which they are located.

The next chapter will outline the research methodology employed to answer the primary research question.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1. INTRODUCTION

This study requires a confluence of phenomenological philosophy in the qualitative paradigm and evaluation research to gain an understanding of the QIP processes at the three participating HEIs. Therefore, the sample selection, data collection and data analysis will be considered through this lens and will be elaborated upon. The focus of this study is on the three audited private HEIs, and the views of the individuals within these institutions. By virtue of their status as institutions which have concluded the audit process with the HEQC they were best placed to reflect on the improvement plan process. Through this methodology the researcher will present an understanding of the QIP process from the perspective of the institutions expressed by the individuals, and a view of what improvement means to them.

This chapter focuses on the research paradigm (3.2), research design (3.3) the methodology for this research elaborating on the sample (3.4.), instrument (3.5), data collection strategies (3.6), the data analysis (3.7), the methodological norms for the study (3.8), ethical considerations and the conclusion (3.9).

3.2 RESEARCH PARADIGM

This section will briefly consider the phenomenological approach to the research question. The research design for this study is within the qualitative paradigm, which according to Creswell (2005, p.596) is “an enquiry approach useful for exploring and understanding a central phenomenon,” and also a “type of educational research where the researcher relies on the views of the participants’ and interpret and analyse their views and develop themes and further explore the topic.” This allows for the rich descriptions associated with the qualitative enquiry and the experience of the sample reflected in the interview process.

Phenomenology is a philosophy that attempts to penetrate illusion in order to get at the reality underlying it. It encourages one to explore, look again, and reflect (Higgs & Smith, 2006, p.56), asking one to “look at things more closely,” and it can help in

solving problems. It is not a philosophy that provides quick easy answers (Higgs & Smith, 2006, p.59). In this study the researcher wished to make sense of how the participants make meaning of the improvement plan development in the audit process for themselves as well as for their institutions. Cohen, Manion and Morrison (2008, p.22) present the argument as indicated by English and English in 1958, which stated that:

Phenomenology is the theoretical point of view that advocates the study of direct experience taken at face value and one which sees behaviour as determined by the phenomena of experience rather than by external objective and physically described reality.

They identify three distinguishing features of phenomenology, citing Curtis (1978) as:

- A belief in the importance and in a sense the primacy of the subjective consciousness
- An understanding of consciousness as active, as meaning bestowing
- A claim that there are certain essential structures to consciousness to which we gain direct knowledge by a certain kind of reflection (Cohen, Manion & Morrison, 2008, p.22).

Phenomenology underpins qualitative research and focuses on the “essence of an experience”, showing how complex meanings are built out of “simple units of direct experience” (Merriam & Associates, 2002, p.7). The essence of being involved or a participant in the audit process would inform the institutions’ processes and how they responded to the recommendations in the audit reports when developing the QIPs.

Another set of authors write that phenomenologists “continually interpret, create, and give meaning to define, justify and rationalize our actions” (Barbie & Mouton, 2003, p.28). The researcher found that this was reflected in the responses of the participants during the data collection process. Cohen, Manion and Morrison (2008, p.21) believe the central aim of the interpretive paradigm is to “understand the subjective world of the human experience and in this process retain the integrity of the phenomenon being investigated.”

The interpretive approach, “tries to harness and extend the powers of ordinary language and expression to better understand the social world,” and a popular approach to collecting data in interpretive research is through the conduct of

interviews and participant observation (Terre Blanche & Durrheim, 2002, p.123). The nature of the research and sub-questions directed the researcher to use the semi-structured interview process to collect data from the selected participants and so allow for a deeper exploration of the QIP process.

3.3 RESEARCH DESIGN

From the literature it is evident that external QA use evaluation as a means to assure the quality of their interactions with institutions. For instance, the external QA agencies of Australia, New Zealand and South Africa were evaluated by a panel of peers with specific terms and references (Bateman & Giles 2006; HEQC, 2009; Meade & Woodhouse, 2000), and evaluations in the form of institutional audits yielded positive change in the cases of some institutions in Australia and New Zealand.

For Davidson (2005, p.1), “evaluation is an activity that has allowed us to evolve, develop, improve things and survive an ever changing environment,” which also motivated the data collection in the three selected institutions. The HEQC and many other QA agencies underwent evaluations of their QA activities, as the manner in which they assure the quality of their activities, echoing Davidson’s (2005), view of how they evolve and continually improve their QA practices. This also applies to HEIs who participated in the audit process. The NZUAA have an internal QA process whereby the audit process and the audit panel performance was discussed with the auditors to seek feedback and present the report to the units board (Jennings, 2007). The recommendations in the evaluation reports of the QA agencies were implemented in many instances. In the different evaluation reports commissioned by the HEQC it was found that most of the recommendations were implemented, and the HEQC changed some of its activities based on the review report. Examples are the pilot audit study conducted by Jita and Onwu in (2003); the study conducted by Centre for Higher Education Research and Information (2004); and the Institutional Audits Evaluation study of 2007. Patton (2008) reiterates that when something is evaluated its worth or value is determined in the process. The value of the improvement plan process is determined in this study, with the audit process as the

intervention by the HEQC and the three institutions undergoing this intervention with the audit report resulting from the intervention.

Evaluation research has a recent history in South Africa and a key element of evaluation studies is the intervention or programme being implemented (Babbie & Mouton, 2003). The institutional audit process with the development of the QIP can be seen as an intervention, since there was no formal legislative implementation of the audit process in South Africa before 2004. The HEQC audit process can be seen within the evaluation methodology, as the institution would have to determine if the audit process was an intervention. In the case of one of the participating institutions it is stated that it was because there was an audit that the institution could continue in a certain direction.

The intervention aspect of the HEQC audit process is linked to improvement attached to the audit process, whereby the institution determines the level and priority of the improvement. There is a link between the responses to the recommendation as a form of improvement of the institution's QA processes, as demonstrated in their improvement plans, indicating how they intend to implement their improvements. This was reflected in the improvement plans submitted by the participating institutions and in the document analysis of audited institutions. Patton's utilization-focussed evaluation is linked to the intervention by the HEQC for and with specific intended primary users and for specific intended uses. The intended use of the HEQC audit process is improvement in the institutions after the audit process (Patton, 2008). The utilization aspect of the intervention has to do with the manner in which the audit process was conducted with the participation of the institutions that is beneficial to the QA agency and the audited institution.

Evaluating the development of the QIP process provided the researcher with an opportunity to gain an understanding of the QIP development process at the three participating private HEIs. The institutions had to evaluate themselves against this audit methodology and reflect on the audit process as an intervention. The improvement plan development becomes part of the institutions' planning processes, implying that the utilization of the evaluation is determined by the institution.

The theoretical underpinnings of the HEQC audit are rooted in the participation of stakeholders and the evaluation methodology. The HEQC audit process is formative, which "refers to evaluation done in order to provide feedback to people who wish to

improve the programme” (Babbie & Mouton, 2003). The HEQC has been explicit in this, as reflected in its policy documents. Whilst the audit process is not a programme it is an intervention and audited institutions expect feedback on the evaluation, in the form of the audit report that provides commendations and recommendations. The researcher noted that this intervention is participatory. If HEIs did not participate in the audit processes the HEQC would not be in a position to conduct and implement its QA activities. The participants in this intervention were the institution, with the panel of peers who operate within the frame of the external QA agency. The follow-up feedback on this intervention followed the IAC discussion of their improvement plans, which provided feedback to the institution in the form of a visit from the staff of the IAD. The three participating institutions underwent these processes (HEQC Internal, 2009).

3.4 RESEARCH METHODOLOGY

The optimal research method was document analysis, which provided a broader view of the QIP process in the audit process, and considered the multiple case studies.

3.4.1 Document analysis

Document and text analysis refers broadly “to various procedures involved in analysing and interpreting data generated from the examination of documents and records relevant to a particular study.” These sources of data are minutes of meetings and reports (Schwandt, 2007, p.75). The researcher had access to all the internal documentation of the HEQC and read through the planning documentation that dealt with the audit processes and the improvement plan processes of all audited institutions. These processes were located in reports from workshops and minutes of meetings, and form the basis of the HEQC internal documents. These documents were sourced because they contextualised the internal processes in the HEQC and served as an example of broadening an understanding through document analysis. The researcher decided to use the document packs and the minutes of the IAC meetings to provide an understanding of how the improvement plans were engaged with during the HEQC’s audit process.

The document pack of each IAC meeting consisted of an audit report, improvement plan and improvement plan analysis of the audited institution, and formed the basis for discussion and understanding the institution when the IAC deliberated. These documents packs were sent to each IAC member before the meeting, held in 2007 and between 2009 and 2011, when the quality improvement plans of audited institutions were discussed. During the 2009 IAC meeting the quality improvement plans of the three participating institutions were considered by the IAC (HEQC Internal, 2009). After discussing and accepting the quality improvement plans of audited institutions, the IAC requested the institutional audits directorate staff to conduct a post-improvement plan feedback visits to audited institutions. The IAD staff would develop a schedule of post improvement plan visits to the affected audited institutions. Examples of institutions' responses to the recommendations in audit reports were covered in the previous chapter. It is at these post-improvement plan feedback visits to the audited institutions that the HEQC was able to understand the QIP process at audited institutions. Institutions provided feedback to the HEQC staff on their responses and progress on each recommendation.

The reader should note that the researcher has been involved in the HEQC processes since the inception of the audit process and this experience provided insight into the discussions on audited institutions' quality improvement plans and the understanding of the IAC approach adopted with each institution. The researcher conducted several post-improvement plan feedback visits to audited institutions. As part of the audit trail for this study the researcher captured concerns and experiences during the data collection process in a research journal that forms part of the appendices for this study.

3.4.2 Multiple Case study as selected research method

As part of the methodology the researcher considered the option to conduct a multiple case study with the three private HEIs to provide insight into the QIP process at their respective institutions. A case study is an "intensive investigation of a single unit" (Babbie & Mouton, 2003, p.640), while for Tellis (1997) it is designed to elevate the viewpoints of the participants, which form the basis for this study. Denzin and Lincoln (2005, p.444) write that one should consider what can be learned about the single case and notes that each case study is a 'concentrated inquiry'. Patton (2008,

p.374) argues that evaluative case studies capture the changed internal and external relationships of an organisation. By concentrating on this unit this approach describes the QIP process in depth, and as a bounded system. Focussing on three institutions provided an in-depth perspective from the three institutions exploring the QIP process. Denzin and Lincoln (2005, p.445) would refer to the three institutions as a 'multiple or collective case study,' whereby a number of cases are studied jointly in order to investigate a phenomenon, in this case the QIP process.

The researcher is thus compelled to learn enough and describe the case in a sufficiently descriptive narrative, so that the readers are able to experience the phenomenon and draw their own conclusions (Denzin & Lincoln, 2005, p.445). The results of the case study cannot be used widely or generalised, and a criticism of the case study method is its limited generalizability. However, this risk can be reduced when more than one case is studied in depth (Babbie, 2007, p.300). It also makes sense to consider this method of responding to the study as it is reflected in the literature reviewed, namely the case study in New Zealand by the University of Otago. Carr, Hamilton and Meade (2005) found this yielded positive change for the institution, as illustrated by their recommendations of their 1996 audit report and improvement could be seen in the 2000 audit report related to the recommendation on postgraduates.

The methodology employed in this study followed a process of interviewing at least two participants from each institution according to criteria to ensure credibility and the trustworthiness of the data collected of the research process. According to Babbie (2007, p.306), a qualitative interview can be defined as "essentially a conversation, in which the interviewer establishes a general direction for the conversation and pursues specific topics raised by the respondent." The researcher had conversations with the participants to gain an understanding of their perspective, thus adding to the richness of the study.

The method of collecting data from the sample was a set of six semi-structured interviews, "in which the researcher asks some questions that are closed and open-ended" (Creswell, 2005, p.598). By virtue of the participants' experiences in their institutions and of the audit process, these individuals were able to provide an in-depth view of the QIP process. This allows for exploration of the QIP development process and the open-ended questions allowed the participants to express their

personal views, again adding to the richness of the research. The researcher conducted six one-on-one interviews, part of a data collection processes in which the researcher “asks questions to and records the answers from only one participant in the study at the time” (Creswell, 2005, p.594). This was a time-consuming process but it allowed for an individual participant to reflect on the process without any interference that might occur in a focus group interview.

3.4.3 Sample of the study

The sample of this study were the six individuals attached to the three participating institutions, a sample being “a subgroup of the target population that the researcher plans to study for the purpose of making generalizations” (Creswell, 2005, p.598). The sample was from the population of individuals who worked with the audit process specifically at institutional level and who were involved in the development of the QIP at the three participating institutions. These participants were selected for their experience in the HEQC audit process, for their knowledge of the QIP process in their respective institutions, and for their ability to respond to the research question.

The researcher made use of purposive sampling, choosing the sample for a specific purpose (Cohen, Manion & Morrison, 2008). The individuals were identified according to criteria developed by the researcher to best respond to the research question. It is also suggested that while it may satisfy the researcher’s needs, it does not pretend to represent the wider population; it is deliberately and unashamedly selective and biased (Cohen, Manion & Morrison, 2008). The researcher was aware when deciding on the strategy that these individuals might satisfy the researcher’s needs and they brought a wealth of experience and knowledge as individuals in the institutions from which they came. It becomes the researcher’s responsibility to uphold all ethical considerations in the selection of the sample and the collection of the data. It does mean that participants in the population might not have an equal chance to be part of the research as this kind of sampling is an example of non-probability sampling, which suggests that in some instances certain members may have no chance of being in such a sample (Welman & Kruger, 2005). The sample being part of the population were best placed to provide the insight and deeper understanding the researcher needed to respond to the research question.

The identification and selection of the three participating institutions was purposive and based on their location in Gauteng. The researcher considered the sample because it was convenient and cost-effective to access the institutions, which were part of the ten audited private HEIs in the HEQC's first cycle of audits. The researcher used this as one of the criteria to select the institutions, and they were audited between 2004 and 2006. Their improvement plans were submitted to the HEQC and discussed at the IAC meetings that transpired in 2009. (HEQC Internal, April 2009). The institutions submitted their mid-cycle reports to the HEQC for discussion at the April 2010 IAC meeting, when it was decided to conclude the audit process with the three institutions. They were selected as they were in a position to articulate a view of the audit methodology as it relates to the quality improvement plans (HEQC Internal, October 2010).

The sample was selected based on their positions in the three participating institutions. For selection, each individual had to fit some or all the criteria to be considered for this study:

- to be involved in or heading the quality management units of their institutions
- to have participated in an HEQC QA activity in their individual capacities
- to have been trained as an auditor or evaluator or to have participated in the HEQC's QA forums
- to have been involved in the audit at their institutions
- to have been involved in the improvement plan process at their respective institutions, to be currently in the employ of the institution and have direct involvement in the management of quality in their institutions.

The researcher took great care in the selection of the sample for the study and was aware that the institution would provide the name of a second participant. The researcher was careful in the consideration of participants, and the study dealt with a specific part of the HEQC's audit process. The participants in the study had to have knowledge of the audit process in order to provide a view on the QIP process, which focuses on a specific aspect of the audit process. Selecting the individuals who fit the criteria allowed for greater reliability, validity and trustworthiness of the study, as elaborated on later in this chapter.

The researcher considered criteria for the selection of the sample which, according to Babbie and Mouton (2003, p.288), means “thorough enculturation, current involvement and adequate time.” The participants were considered by the researcher based on a perception of thorough enculturation, which implied that they had to have knowledge of the HEQC audit process to be interviewed. The researcher also considered the participants’ current involvement and allowed for adequate time to select the best suited participants to collect the data from. This was done by contacting the individuals in the institutions and in the process determining the most suitable ones to be interviewed.

3.4.4 An illustration of the participants’ responses to the primary and secondary research questions

The responses of the participants were aligned with the primary and secondary research questions, illustrating the alignment between the research questions and the methods of data collection. The researcher developed a data table that forms part of the appendices for this study, providing the responses of each to the interview questions. Table 3.1 (below) illustrates how the research methods complemented the data collection strategies and which data collection strategies are aligned against each research sub-question.

Table 3.1: Complementarity of research methods and strategies		
Research question and research sub-questions (secondary questions)	Research method and data collection strategies	Sources consulted
<p>Primary Research question:</p> <p>What is the response of HEIs to the recommendations in the Higher Education Quality Committee audit reports?</p>	<p>Data collection strategy with this question came from the six interviews with the sample.</p> <p>The documents from public audited institutions provided insight.</p> <p>The responses to interview questions 4 and 5.</p>	<p>Interviewees 1, 2, 3, 4, 5 and 6</p> <p>Internal HEQC documentation (2009, 2010 and 2011)</p> <p>Barbie and Mouton (2003, p.28); Singh (2010); Bateman and Giles (2006); Bean (November 2005); CHE (2009). Jennings, J. M. (2007); Interview questions 4 and 5; Brits (2005).</p>
<p>First research sub-question</p> <p>What process was followed to develop the quality improvement plan?</p>	<p>Data collection strategy with this question came from the five interviews with the sample.</p> <p>This question was answered through the interview question 1</p>	<p>Interviewees 1, 2, 3, 4 and 6</p> <p>HEQC Internal documentation (2009, 2010 and 2011); Interview question 1; Institutions Quality Improvement plans</p>
<p>Second research sub-question</p> <p>Who were the role-players in the development of the quality improvement plan?</p>	<p>Data collection strategy with this question came from the five interviews with the sample.</p> <p>This question was answered through the interview questions, 1, 2 and 3.</p>	<p>Interviewees 1, 2, 3, 4 and 6; interview questions 1,2 and 3;</p> <p>Institutions Quality Improvement plans HEQC Internal documentation (2009, 2010 and 2011)</p>
<p>Third research sub-question</p> <p>What influenced their actions in the development of the quality improvement plan?</p>	<p>Data collection strategy with this question came from the five interviews with the sample.</p> <p>This question was answered through the</p>	<p>Interviewees 1, 2, 3, 4 and 6</p> <p>Interview questions 1,2 and 3; HEQC Internal documentation (2009, 2010 and 2011); D' Andrea and Gosling (2005)</p>

	interview questions, 1, 2 and 3.	
<p>Fourth research sub-question</p> <p>What value did the QIP development have for the institution?</p>	<p>Data collection strategy with this question came from the six interviews with the sample.</p> <p>The documents analysis from audited institutions provided insight</p> <p>This question was answered through the interview questions, 6 and 7.</p>	<p>Interviewees 1, 2, 3, 4, 5 and 6</p> <p>Interview questions 6 and 7;</p> <p>HEQC Internal documentation (2009, 2010 and 2011); Carr, Hamilton and Meade (2005); Baird (March 2007); Blackmore (2004),</p>
<p>Fifth research sub-question</p> <p>How does the QIP fit into the comprehensive quality management system of the institution?</p>	<p>Data collection strategy with this question came from the six interviews with the sample.</p> <p>This question was answered through the interview questions, 8, 9 and 10.</p>	<p>Interviewees 1, 2, 3, 4,5 and 6</p> <p>Interview questions, 8, 9 and 10;</p> <p>HEQC Internal documentation (2009, 2010 and 2011); Carr, Hamilton and Meade (2005); Baird (March, 2007), CHE (2011).</p>

3.4.5 Data collection instrument

The researcher considered the options of other instruments to collect the data from participants, namely in-depth individual interviews, focus groups, observation and participation, as well as personal documents as referred to in the literature on qualitative research (Babbie & Mouton, 2003). However, the semi-structured interview process was found to be the most optimal method of collecting the data. The instrument for this study was a set of questions to guide the discussion with the six participants from the three participating institutions. The question developments for the instrument were derived from concerns raised in the literature reviewed.

3.4.5.1 Piloting the instrument

The researcher decided to pilot the instrument to test the suitability of the set of questions. Two individuals who adhered to the criteria for the selection of the sample were approached to comment on the instrument. They both had experience of the HEQC audit process as auditors and as representatives in their respective institutions, and managed their respective audits. Apart from fitting the criteria for the selection of the sample of this study, both at different instances had participated in the other QA activities of the HEQC. They were contacted telephonically and the instrument was emailed to them. The changes proposed by the individuals centered on the logical order of the questions for the semi-structured interviews and minor changes to the content of the interview questions. The piloting of the instrument allowed the researcher to focus on the instrument. The researcher incorporated the proposed changes from the two individuals to produce the final instrument used for the semi-structured interviews.

The final questions or requests in the instrument during the six semi-structured interviews were:

1. Describe the process that was followed to develop the quality improvement plan.
2. Who were the role-players in the development of the quality improvement plan?

3. How were the role-players involved in the development of the quality improvement plan?
4. What does the term 'improvement' mean for the institution?
5. What does improvement mean for the institution in the context of the quality improvement plan?
6. What value did the quality improvement plan development have for the institution?
7. Is there any value in this process for the individuals, in the institution involved in the quality improvement plan process?
8. How did the institution plan for the QIP process?
9. What type of institutional planning went into the quality improvement plan process?
10. How does the quality improvement plan fit into the comprehensive quality management system of the institution?

The final instrument is attached as Appendix 2. The researcher was of the view that the instrument was the most effective way of collecting the data from the sample.

3.4.6 Data collection strategies

In qualitative research "there are three main methods of collecting data distinguished; interviews, observation and the use of personal documents" (Babbie & Mouton, 2003, p.310). The researcher opted to use interviews as face-to-face interactions and, as the literature indicates, it is the "most frequently used method of gathering data within the qualitative approach" (Babbie & Mouton, 2003, p.289). The researcher conducted one face-to-face interview with each of the six participants, a strategy that allowed for exploration of the phenomenon in depth with each participant. At the end of each interview the participant was given an opportunity to indicate whether all the aspects of the improvement plan process had been covered during the interview as a strategy for the researcher to conclude the interview. This approach allowed the researcher to ascertain if there was a

need to conduct another interview and if the view on the QIP process had been 'saturated' by the participant. The strategy of two participants per institution was to explore the phenomenon to the point of saturation.

The process of selecting the participants for the research and the process to gain permission to collect data from different structures happened by contacting the three participating institutions and determining who would be best placed to provide the data and fit the criteria. The refined instrument formed the basis of the semi-structured interviews and the researcher attempted to use the instrument consistently with all participants.

The researcher collected the data in the form of six semi-structured interviews, and this was operationalised with a convenient sample from the three participating institutions. The techniques used in collecting the data allows for discussion that gives the participant an opportunity to respond beyond the research question. It also allows for reflection by the participant.

3.4.7 Data recording

The researcher set up a schedule of interviews with participants from the three participating institutions, two participants from each institution, and an interview consent form was developed for each to sign before the start of the interviews. The transcribed interview of each participant is in Appendix 4. The researcher conducted one interview with each participant; the semi-structured interview schedule provided an opportunity to collect the data systematically, as will be elaborated on in Chapter Four. The interview process with each participant was between twenty and thirty minutes and the data of each was transcribed from the audio-tapes.

The collected data of each interview was recorded on to a CD to be handed in as part of the evidence for this study. The collected data was organized in a manner whereby all the interview transcripts were filed together and all the documents viewed for the research were kept together. As part of contingency and planning, duplicate copies of the data were kept at different locations (Creswell, 2005).

3.5 DATA ANALYSIS

The researcher opted to analyse the data by hand and developed a data table that sets out the responses of each participant to the interview questions and the theme development process. This data table will form part of the appendices for the study.

Content analysis is one of the main forms of qualitative data analysis whereby the data is reduced to fewer categories. Content analysis is “simply the process of summarizing and reporting written data and for making inferences from the text” (Cohen, Manion & Morrison, 2008, p.475). The data of the study was coded, and placed in categories for analysis in Chapter Four. The researcher followed the qualitative method to analyse the data. Coding is the process whereby raw data is transformed into a standardized form suitable for analysis (Babbie, 2007, p.325). The process followed was a “preliminary exploratory analysis which consists of the data to obtain a general sense of the data” (Creswell, 2005, p.236), allowing the researcher the opportunity to see if more data was needed. The coding of the data is the “process of segmenting and labelling text to form descriptions and broad themes in the data” (Creswell, 2005, p.237), which would then be further translated into a few themes. During this process the researcher considered the limitations of the study and took the opportunity to reflect on the data. Creswell (2005, p.254) recommends that the “qualitative researchers make an interpretation of the meaning of the research,” and a report of the findings of the data is presented in Chapter Four.

An aspect that the researcher bore in mind is that content analysis has limitations, one of which is that the content analysts know in advance what they are looking for in the text. This can restrict the extent to which the analytical categories can be responsive to the data (Cohen, Manion & Morrison, 2008, p.490), and might in the process cause the researcher to lose sight of the research question and present some biased views.

The data table and the research journal will serve as evidence to protect the integrity of the research process. The data table is in appendix 3 and the research journal appendix 5.

3.6 METHODOLOGICAL NORMS

The researcher has to consider if the findings are accurate, which involves a process of validation, following a strategy of member checking. According to Creswell (2005) this is a process in which the researcher asks one or more participants to check the accuracy of the account. Triangulation, on the other hand, is the process of corroborating evidence from different individuals (Creswell, 2005). In the case of the study this was done through interviewing two participants in the institution who had different sets of responsibilities (Creswell, 2005). These processes would allow the researcher to develop a report that was credible and accurate. Member checking also relates to ethical procedures in the research process, whereby the researcher has the responsibility for returning the account to the participant.

External validity is the degree to which the results of the study can be generalized to the wider population (Cohen, Manion & Morrison, 2008, p.137), and is an aspect to consider in the qualitative research design. In the case of this study there is a possibility that the research can be generalized and compared to other case studies. In the study the onus was on the researcher to provide sufficiently rich data for the readers and users of the research to determine whether it was transferable (Cohen, Manion & Morrison, 2008, p.137).

In qualitative research the understanding of reality is the researcher's interpretation of the participants' interpretations or understandings of the experiences or the process or the phenomenon. It thus becomes important to understand the perspectives of those involved. The researcher is closer to reality when it is viewed in this manner, and it is always interpreted, which is a strength of qualitative research. Triangulation thus becomes very important (Merriam, 2002, p.25). Qualitative researchers are the primary instruments for data collection and analysis and interpretations of reality are thus accessed directly through interviews, as in the case of this study. The audit trail describes in detail how data was collected, how the categories were arrived at and how decisions were made throughout the research process of data collection. This is one of the strategies considered to ensure the reliability of the study.

3.6.1 Reactivity

An aspect that the researcher considered in the data collection with the sample was reactivity, and the researcher became aware of this during the first interview with a participant who referred to the researcher as a member of staff of the HEQC. Reactivity is defined as the “problem that the subject of social research may react to the fact of being studied, thus altering their behaviour from what it would have been normally” (Babbie, 2007, p.290). Reactivity was not a concern for the researcher in the process of collecting the data but the researcher was aware of the impact this might have on the validity of the data. The researcher had professional interactions with all the participants and on occasion met with Participant One on HEQC QA activities. The same applied to Participants Three and Five. The researcher interacted with all the participants on the post-improvement plan visits to the three institutions, in a capacity as HEQC staff member. The interaction with the participants had been in relation to the HEQC QA activities.

The researcher was not in any position to influence the participants during the data collection process because the position held in the HEQC does not carry authority. The strict adherence to the criteria in the selection of the participants circumvented the issue of reactivity for the participants and helped the researcher to remain objective in the research process. However, meeting the participants in a professional capacity allowed for a level of comfort and ability when introducing the research and conducting the semi-structured interviews. Selecting individuals who fitted the criteria contributed to greater reliability and validity. The motivation for the selection and criteria of the sample was that these individuals were knowledgeable of the HEQC’s QA activities, and their institutions served as a context for their responses.

Institutional types added richness to the data but the PHEIs provided insight into understanding this stakeholder in the higher education sector. As stated in the CHE (2009) report, there was a need to better understand the role of PHE in the sector. It is hoped that the research will assist in understanding private HEIs’ experiences of the audit process. The HEQC audited ten private HEIs in the first cycle of audits and the sample was selected from these audited institutions.

Interviewing different individuals from different institutions is a way of collating the information provided and the triangulation ensures validity and reliability of the data. Triangulation also assists the researcher to “home in on a correct understanding of the phenomenon by approaching it from different angles. Validity is that the researcher might be able to ‘draw meaningful inferences’ from the data collected” (Terre Blanche & Durrheim, 2002, p.128). It is hoped that the meaningful inferences are reflected in the analysis of the data.

In ensuring methodological norms the researcher was reminded of the conduct of the interview, that it is “a social encounter and not simply a site for information exchange” (Cohen, Manion & Morrison, 2008, p.350). Interviewing more than one individual would ensure the reliability and validity of the data collected, while the concreteness of the data analysis would strengthen reliability. The coding and re-coding made sure it was consistent and helped ensure validity and reliability. The availability of field notes also ensures reliability and credibility of the data, as the development of thematic analysis emerges from the data of the interviews.

3.7 ETHICAL CONSIDERATIONS FOR THE STUDY

According to Babbie (2007, p.62), “Anyone involved in social scientific research needs to be aware of the general agreement shared by researchers about what is proper and improper in the conduct of scientific enquiry.” This is necessary to protect the integrity of the study, as the researcher is close to the study and there has to be a sense of awareness and sensitivity to all the aspects that make up the research. Merriam et al. (2002, p.26) suggest the process of reflexivity should be applied to allow for “reflecting critically on the self of the researcher such a reflection might help the reader to better understand how the researcher might have arrived at the particular interpretation of the data.” This reflection is captured in the research journal (appendix 5), and the knowledge and experience of the researcher in the work of CHE. The researcher was aware of being the primary instrument of data collection and analysis, therefore reflexivity was considered as essential in facilitating both the understanding of the phenomena under study and the research process (Watt, 2007). The researcher has to be aware of his or her

personal reasons for carrying out the study, as subjective motives might have a consequence for the trustworthiness of the study (Watt, 2007).

According to Babbie (2007, p.63), “Though the norm of voluntary participation is important, it is often impossible to follow.” It becomes important to make sure that no harm is brought to the people participating in the research. The researcher observed the procedures attached to voluntary participation of the sample and informed consent, anonymity and confidentiality. Informed consent includes the guarantee of certain rights. When the participants signed the form they agreed to be involved in the study and received acknowledgement that their rights would be protected (Creswell, 2005). The signed documents form part of the appendices of the study.

The researcher considered de-briefing the participants through an “interview to discover any problems generated by the research so that those problems can be corrected” (Babbie, 2007, p.67). The de-briefing process occurred immediately after the interviews were conducted, and took the form of short discussions with the participants. To further ensure the credibility of the research process the researcher undertook to provide the participants with an opportunity to view the transcripts of their interviews, which was the process of converting audiotape recordings into data for analysis (Creswell, 2005). This procedure strengthened the credibility and trustworthiness of the data collected from the participants.

The researcher gained permission from the management and governance structures within CHE to conduct the research and informed the relevant audited institutions about the conduct of the study. The consent document formed part of the ethical clearance for this study.

The researcher wished to reiterate the issue of reactivity with the sample and was aware of it during the data collection process. There was a possibility that the participants might have wished to create the impression with the researcher that all went well with the QIP development process, by virtue of the researcher’s position in the HEQC. The ethical consideration from the researcher was to be aware of reactivity and to be sensitive to this in the interaction with the participants. Therefore, an appendix is included to reflect how the data was collected in the form of a journal to protect the integrity of the research.

3.8 CONCLUSION

This chapter has focussed on the research design and methodology used. The aim of this study is to understand the QIP process from the perspective of the sample and the institutions in which they are located. The approach adopted responded to the research question. The study's outcomes will be reflected in the analysis of data which follows. The chapter concluded with a discussion on the methodological norms as well as the ethical considerations.

CHAPTER 4

PRESENTATION AND DISCUSSION OF QUALITATIVE FINDINGS

4.1 INTRODUCTION

The purpose of this chapter is to present the findings from the analysis of the qualitative data collected. It will provide a frame for how the data was collected through six semi-structured interviews with individuals from the three private HEIs. Qualitative data analysis involves organising, accounting for and explaining the data, and making sense of it in terms of the participants' definitions of the situation (Cohen, Manion & Morrison, 2008, p.461). The researcher decided to present the data in terms of the participants' experiences and responses to the interview questions. The interviews with participants were conducted over a period of three weeks, recorded on a Dictaphone and transcribed. The transcriptions were coded and clustered to form themes, which are reflected in the data table, Appendix 3. Content analysis is one of the two main forms of data analysis within the qualitative frame, which is a process of summarising and reporting on written data and through this process describing the importance of certain topics in the data (Cohen, Manion & Morrison, 2008). The researcher followed the appropriate protocol during the interview process and provided a code for each participant.

The description of the sample is discussed in Section 4.2, the data transcription process in Section 4.3, and the response and discussion on the primary and sub-research questions in Section 4.4, with the chapter concluding in Section 4.5.

4.2 DESCRIPTION OF SAMPLE

The sample was selected based on criteria as detailed in the previous chapter. The six participants were attached to the three participating private HEIs. The sample comprised both the institutions and the individuals, as presented below. Each participant was given a code to protect his or her identity, and a number rather than name assigned to the institution. The code will be used in the text to identify the participants and their responses to the interview questions. A description of the code (P111): P – Participant; 1 – Number; I – Institution; 1 – Number of institution.

Table 4.1: Schedule of interviews with sample codes

Date and Time of interview	Institutions	Participants	Code
30 June 2010 11:00 – 12:00	Institution One	Participant 1 Chief Executive Officer	P1I1
30 June 2010 12:00 – 13:00	Institution One	Participant 2 Registrar	P2I1
9 July 2010 09:00 – 10:00	Institution Two	Participant 3 Registrar	P3I2
9 July 2010 09:00 – 10:00	Institution Two	Participant 4 Quality Assurance Manager	P4I2
14 July 2010 11:00 – 12:00	Institution Three	Participant 5 Quality Assurance Manager	P5I3
14 July 2010 12:00 – 13:00	Institution Three	Participant 6 Member of quality assurance unit	P6I3

4.2.1 Institutions

The three institutions are identified as PHEIs in the South African higher education sector and are part of the ten audited by the HEQC. The three institutions were audited by the HEQC respectively in 2005 and 2006, and are located in Gauteng province. They were selected purposively and for convenience. Institution One was audited in 2006 with its report made public in 2007, and the audit process started with the institution in 2005. Institution Two's audit process started in 2004, with its audit site visit conducted in 2005 and the audit report made public in 2006. Institution Three's audit process was started in 2005, with its audit site visit in 2006, as in the case of Institution One. Institutions Three's audit report was made public in 2007. Institution Three is part of an international campus and underwent a joint audit process by that country's QA agency with the HEQC. The three institutions' audit process was concluded with the HEQC in 2010, and they had approximately three years of interaction with the QA agency before their audit processes were concluded, which provided them with the opportunity and ability to reflect on the audit process over a period of five and six years respectively.

4.2.2 Participants

The participants were selected based on the criteria developed and presented in the previous chapter, and for their knowledge and experience of their institutions and the HEQC audit process. During the data collection process the researcher discovered that three of the participants fitted the criteria in all aspects and three by virtue of the positions they occupied and their responsibilities at their respective institutions. The researcher discovered that the individuals proposed by the institution were in the three cases not at the institution at the time of the audit and in one instance had joined the institution at the mid-cycle report phase of the audit process. The researcher found at Institution One that Participant Two had joined the institution during the QIP development process, therefore taking responsibility to develop the QIP in the institution. In the case of Institution Two, Participant Four took ownership of the QIP process when she joined the institution and in Institution Three, the participant was given the responsibility to develop the mid-cycle report on joining the institution. Participant Six indicated that this gave her the opportunity to understand the improvements that had occurred at the institution since the start of the audit process;

“... maybe I did get a before and after view of the recommendation made at that stage and then had to write up where we are now” (P6I3).

This participant had the opportunity to observe the improvement processes and prepare the report for the institution, thus gaining an understanding of what had happened before the audit process started and the current state of the institution. This experience is linked to what Bateman and Giles (2006), Meade and Woodhouse (2000) and HEQC (2009) refer to in their evaluations of national external QA agencies. It allowed for reflection before addressing recommendations and provided the agencies with a before and after view of their QA activities, as reflected in the comment of Participant Six of Institution Three.

The participants nevertheless added to the richness of the data collected, especially since the researcher did not select Participants Two, Four or Six. They were identified by Participants One, Three and Five, based on criteria provided by the researcher in the invitation letter to the institution. Most of the participants had been exposed to the HEQC's QA processes, with some having been trained as auditors and evaluators. Participants Three and Five had served as HEQC

auditors on audit panels and been responsible for managing the audit process at their respective institutions. Participant Two had experience in the QA but was not exposed to the HEQC audit process and was new to the institution. Participant One was the chief executive officer of Institution One and was responsible for preparing his institution for the audit process. Participants Two and Three were registrars of their respective institutions, while Participants Four and Five were QA managers, and Participant Six had joined the institution recently and worked in Institution Three's QA unit. The sample adhered to the criteria for their participation in the study and the semi-structure interviews with them provided for a better understanding of the QIP process, based on their experience. Participant One expressed the view that the audit processes was:

"... a very empowering experience" (P111).

4.3 THE DATA PROCESSING ACTIVITIES

The following section describes how the data for the study was collected, transcribed and coded within the qualitative frame.

4.3.1 Process for collecting the data

The data collection process was concluded within three weeks, as reflected in Table 4.1 (above) and the interview schedule. The researcher wrote a letter to the three participants asking permission to conduct the research. The researcher followed protocol in setting up the interviews with participants, which was a time-consuming but rewarding process. Each semi-structured interview began with a brief introduction of the study and process. The participants responded to a set of guiding questions, the order of which changed during the interview process based on their responses, and this allowed the researcher to continue with the flow of the conversation rather than rigidly following the planned sequence of questions.

The researcher conducted the analysis of the data by hand as it was a manageable set of data with which to work. The data table therefore captures the responses to the questions of the participants in the study, and forms part of the appendices for this study. It covers all the questions asked during the semi-

structure interviews, and presents the themes. The researcher found during the semi-structured interview that the participants would lapse into other HEQC QA processes, with Participants Three and Four referring to accreditation practices and Participant Two referring to HEQC stakeholder meetings. In these instances the researcher focussed on the conversation about the quality improvement plan. The data collection process illuminated the QIP process and provided an in-depth understanding of the participants' experiences. The researcher was not confident about the contribution of Participant Six, who had joined the institution during the mid-cycle report process and was not involved with the QIP in the institution. She was therefore unable to respond to some of the guiding questions effectively, but nevertheless added value to the process.

4.3.2 Process for transcribing the data

Transcription is the process of “converting audiotape recordings into text data” (Creswell, 2005, p.233), and in this study the data was transcribed from the Dictaphone into a file for each institution and participant. The transcripts of the six interviews forms part of Appendix 4. The transcripts were organized and filed according to the dates of the interviews conducted and stored on three compact discs, to be handed in as required by the University's processes. The projected time planned for each interview was one hour but the interview sessions were between thirty and forty minutes. The transcription process, though time-consuming, allowed the researcher to engage closely with the data, and during it the coding and content analysis of the data started developing as the researcher began with the initial exploration of the data. This was then emailed to the six participants for member checking and to assure the credibility of the research process, thus honouring the agreements between them and researcher. The researcher asked the participants to check if reflected the interviews and offered them the opportunity to correct any inaccuracies.

4.3.3 Coding of the data

Coding is the process whereby raw data is transformed into a standardized form (Babbie, 2007). The coding of the data and the clustering of code families for the

development of themes that would flow into the analysis were carried out manually by the researcher. The process follows a preliminary exploratory analysis which consists of reading the data to obtain a general sense of it (Creswell, 2005, p.236). This exploratory analysis process gave the researcher an opportunity to see if more data was needed to exhaust the research question, and provided an initial sense of the QIP development process in the institutions. The researcher found that the strategy of interviewing two participants per institution assisted in coming to the conclusion not to conduct another set of interviews.

The coding of the data is the “process of segmenting and labelling text to form descriptions and broad themes in the data” (Creswell, 2005, p.237), which would then be further translated into fewer themes. The researcher found during this process that some participants responded to the primary research question without being prompted during the conversations. Whilst reflecting on the data, the researcher had the opportunity to consider the limitations of the study, which will be elaborated on in Chapter Five. The development of themes in the data was derived from the responses to the research questions. The researcher developed the data table to ensure that responses to all the questions were captured, and this allowed for a transparent way of lifting themes from the data and for the generation of the findings of the study.

4.4 A RESPONSE TO THE PRIMARY RESEARCH QUESTION

During the theme development process with the evidence, as mentioned above, the researcher discovered participants’ direct responses to the primary research question, therefore the strategy to put those responses upfront for the reader. The primary research question is: What is the response of HEIs to the recommendations in the Higher Education Quality Committee audit reports?

Participant One of Institution One provided an explanation for a response to a recommendation from the institution’s HEQC audit report. This was recommendation four in their audit report, whereby they had to put in place policies and procedures for recognition of prior learning (RPL) (HEQC internal 2010). The participant explained the process that was followed to respond to the recommendation and how this was brought to its conclusion:

“I liaised with representatives from the council of Added Experiential Learning externally in the US. We would then sit together, the registrar, myself as well as the design manager and we would then review that internally and look at what we have and in terms of what the recommendation requires and then realise to what extent the gaps were filled with that and then formalise our internal uh, documentation; that then was then taken to the council for approval and that then was included in the report” (P111).

The institution went to great lengths to respond to the recommendation, consulting internationally with stakeholders in the area of RPL and bringing the process into role-players’ responses within the institution. This implies that improvement occurred, that they had reflected internally, looked at the gaps in their response and formalised their documentation to present to one of their governance structures for approval. They adopted an approach of involving external stakeholders to give credibility to the RPL area and internal role-players to own the RPL area within the institution. The signing off by its council cemented the recommendation in the institution. The manner in which the institution responded to the recommendation is an indication of how it took ownership of the QIP process, which implies that the response to the recommendation was not an act of compliance but a well thought through strategy and process of addressing the recommendation. This would address Williams’s (2009) question as to who owns QA. The researcher observes that Institution One owned the QA process.

To provide further evidence in how the HEIs responded to the recommendation, the following response is from Participant Three, Institution Two:

“In both instances we looked at the recommendations, we also then looked at how the policies were implemented... What were the shortcomings of the policies and then revise the policies to adapt them to meet the recommendations but also to adapt them to reflect uh the practice” (P312).

The response from Participant Three, Institution Two, reflects how the institution responded to this recommendation. The depth of the response in this case was to reflect on the practice within the institution and this reflection resulted in the institution identifying shortcomings, taking the recommendation beyond a

response and inculcating improvement in the institution. This implies change within the institution with the development of the QIP and indicates improvement with the strategy to reflect on practices within the institution. This is also a reflection on Patton's (2008) utilization-focussed evaluation, with the institution as the end-user of the evaluation, using the intervention to improve its practices. This comment also confirms that Institution Two owned the QA process.

The response from Participant Five reflects how the institution responded to the aspect of advisory bodies in the audit report, indicating the process they followed:

“We got a recommendation about advisory bodies for our programmes that, um, that, um, we had the advisory bodies but they were not formalised, we didn't have sufficient evidence, you know, of the meetings. Um, so I would, um, consult with the heads of schools and the course coordinators of the different programmes um, to establish, you know, how we can move forward in terms of constructing the advisory board. Uh, we identified the steps that we needed to take for that specific recommendation got their input as to how we can realise that. And then, to me, a big part of that process of actually doing something or acting on the recommendations was to include it in our goal and structure and as standing items on agendas” (P5I3).

The response from Participant Five, Institution Three, provides an explanation of the processes followed in the institution by involving heads of schools and course coordinators to construct the advisory boards for programmes. This strategy ensured ownership by those directly involved in working with advisory boards in the institution and attending to the recommendation in their respective departments. The strategy to the response to the recommendation was also to entrench the recommendation into the planning process in the institution by placing it as standing item on agendas of meetings. This recommendation would become part of the on-going planning activities in the institution, adding to an understanding of improvement within the institution. This is also an indication of the involvement of stakeholders in the response to the recommendation and illustrating the level of depth in the response from the institution, reflecting ownership of the QIP process at the institution and the institution's experience of the QIP process. A further response was given by Participant Five on how the

recommendation was used to improve their practices and attending to it in the institutions governance structures:

“So we actually took the recommendations and we work them into our governance to make sure that we keep on monitoring the, the implementation and actually improving on the recommendations” (P513).

The responses from the three participants are an indication of how HEIs responded to the recommendations in the HEQC audit reports and it seems to have an impact on institution’s decision making, as intimated by Carr, Hamilton and Meade (2005). The way the institutions responded to the recommendation is also an indication of how they have evolved and changed since the audit process, which links to Davidson’s (2005) view on evaluation.

In conclusion, the primary research question has been addressed by the three institutions through the experience of Participants One, Three and Five. They have dealt with the question comprehensively, accommodating stakeholders and role-players so as to provide an understanding of the QIP process. In the case of Participant One, they involved an international stakeholder to broaden the area of RPL within the institution, adding value in the process. They involved internal institutional role-players who took ownership of the recommendation and had their council sign off on the recommendation. This indicates a sense of long-term thinking in addressing this recommendation within the institution, and there is also an indication of long-term improvement. This could be used as a basis for a follow up with the institution for the second cycle of QA.

In the case of Institution Two from Participant Three’s perspective, they reflected on their processes in terms of evaluating how they had implemented policies and where the shortcomings were. They then made the necessary changes to the policies and reflected on their practices. The manner in which they responded indicates improvement and ownership of the QIP process and this translates into long-term improvement in the institution.

Institution Three, from the perspective of Participant Five, indicates a monitoring dimension to the response to the recommendation, with the involvement of heads of schools and course coordinators. How they responded to the recommendation indicates taking the process further into the institutions planning processes by

having it as a standing item on agendas of governance meetings and improving on the recommendation.

The level of the responses indicates how the institutions have embraced improvement and implies change and growth within the respective institutions as a result of the HEQC audit process. The institutional responses focussed on specific recommendations and areas that the participants recalled during the QIP development process within their institutions. The responses indicated how embedded the QIP has become in the institutions, illustrated by having the governance structures engaging with the recommendations regularly.

The conclusion is also confirmed that this was not a compliance exercise from the institution but an in-depth and comprehensive response to the recommendations in the audit reports, clearly illustrating ownership of improvement within the institutions. The researcher was concerned initially that the institutions develop QIP to adhere to the QA agencies processes, but this was clearly not the case with the manner in which the institutions responded to the recommendations.

4.4.1 Response to the secondary research questions

The responses of the participants are presented in each secondary question with discussion from the researcher to contextualise the responses.

4.4.1.1 A description of the process followed to develop the quality improvement plan

The researcher observed from the responses to this question that some participants were responsible for the QIP development process in their respective institutions by virtue of their positions and levels of responsibility they occupy within their respective institutions. The responses were an indication that there were processes followed to develop the QIPs in the institutions and that these differed from institution to institution:

“I’ve been intimately involved in working with the registrar and some of the team members to, well, to respond to the development plan and to

develop um, remedial reactions and development processes and policies were required for the improvement” (P111).

As the Chief Executive Officer (CEO) of the institution, this participant delegated the responses to the recommendation process to the registrar. The CEO also worked intimately with the registrar on the QIP process whilst delegating it, and maintained a level of involvement in the institution. There were team members involved in the QIP process in the institution under the leadership of the registrar as its owner in Institution One. This process also involved developing remedial activities within the institution and involving other team members:

“Well yes, when I looked at the, the improvement plan as such, I think that was my priority to, to actually take that as, as the point of departure, I think I was involved from the start because the improvement plan came just when went... (P211).

There was a collaborative way of working in Institution One, with the registrar taking full responsibility for the process yet working closely with the CEO and team members of the institution. From a previous response, it is evident that the CEO took responsibility for some of the recommendations that focussed on RPL. This implies a collaborative process within the institution.

Participant Three notes individuals who were involved in the process and provides an indication of how they were brought into the ownership of the QIP in this institution:

“It was a consultative process with basically with the academics, and the heads of academics and existing management” (P312)

“And then we had meetings with the staff to see how they reflect on the recommendations and some of the staff were new so they also didn’t have the experience of the audit and some of the staff were here since the begin... since, you know, the establishment of the institution. So all of their experience and expectations and how the criteria were explained and implemented, all of them were mapped and discussed and from there on we draw a drafted documentation on how we go from here, a project plan” (P412).

In the case of Institution Two, there was also an owner of the QIP process who was the QA manager and who in this case worked closely with the registrar and

the rest of the staff. The process of responding to the recommendations in the HEQC audit report was consultative and the culmination of this was the development of a project plan within the institution, clearly illustrating levels of staff taking ownership of the recommendation. The staff involved comprised *academics, heads of academics* and management, working together to respond to the recommendation. This was a deliberate strategy to ensure ownership of the QIP in the institution's practices, given that this had not been the case in the institution before the audit process, as reflected in the conversation with Participant Three during the interview process:

“Um, I was fully involved with that, Uh, it was my primary task to develop the audit improvement plan, so I had to consult with the various divisions, work through the recommendations, um and even broader than the recommendations through the report, to see where we need to follow up. Um, so I developed the improvement plan and we circulated and consulted but it was um, primarily my responsibility” (P5I3).

In the case of Institution Three, Participant Five was the owner of the plan and worked with the rest of the staff consultatively in the institution to respond to the recommendations. Her response was broader than the recommendations, as she worked through the entire report to respond to concerns that needed to be followed up other than just the formal one. This is an indication that in the case of Institution Three the entire audit report was read when the institution developed the QIP confirming the critical self-assessment of the QIP process.

Five participants responded in various ways to this question, but it is evident that a process had been put in place to respond to the recommendations in the three institutions. These are reflected in cases when some people joined the institution following the audit site visit and audit report and were able to continue with the QIP process. There were meetings held in institutions and recommendations were placed on governance structure meeting agendas, making it possible for outsiders to follow developments. An example is Participant Six, who became responsible for developing the mid-cycle report when she joined Institution Three. She indicated that she came to the institution at the mid-cycle report process and could continue with the processes in the institution, implying a process was in place for the recommendations in Institution Three. The processes in Institution Three also

involved the sending the QIP through a consultation process which indicate a broader ownership of the QIP process.

Participant Four, who initiated the response to the recommendation process in Institution Two and joined the institution at the development of the QIP stage, managed to continue with the existing process in the institution. In the conversation with Participant Five it emerged that the institution had defined its improvements before the HEQC audit report was presented to the institution:

“It was actually in the, in the process of preparing for the audit because we actually identified some of the shortcomings which we also highlighted in the portfolio” (P5I3).

In the case of Participant Five at Institution Three it appears that the improvement process started at the stage when the institution was in the process of preparing its self-evaluation report. This also confirmed the concern of the researcher regarding the time the improvement process started in the institution for the HEQC audit process. In the case of Institution Three the improvement process started with the development of their self-evaluation report.

The question on the process to develop QIP has been addressed adequately, supported by Participants One, Three and Five, who expressed the view that there had been improvements taking place at the three institutions. They responded from their personal perspectives, which in some instances were broader than the question and enriched the evidence with an understanding of the QIP process. Participant Three alluded to the context of private HEIs’ ability to respond quicker to the external QA agency and within their institutions because they did not operate formalised structures like senate. This is also linked to the institution realising its value and niche in the South African higher education sector:

“Because it’s a private institution, we, we do not have the very formalised structures that you find in the... things doesn’t have to go to senate. Or to council or to faculty committees and things like that. Stakeholders are there, it’s one thing about small institutions like that-there are, we don’t even talk about stakeholders because they are always there” (P3I2).

This was also why the CEO of Institution One was able to respond to the improvement plan process. Nor did they operate with formalised structures but

rather had their stakeholders readily available. In the case of Institution One, they did report to a council, while Institution Three alluded to its different governance structures.

To conclude, there were processes set up to develop the QIP in the institutions that were collaborative, consultative and inclusive, from the level of the CEO of Institution One to ordinary team members under the leadership of the owner of the QIP. They incorporated remedial activities and policies for improvement involving stakeholders in the institution. The role-players were brought together by the owners of the QIP development in the three institutions through a range of meetings. The process also included different individuals with the strategy for broader groups of individuals in the institution developing the QIP. In the case of Institution Two, the processes ranged from bringing together groups of academics and management in meetings to responding to the recommendations. These meetings of role-players resulted in the development of project plans and served as a process of training inexperienced staff members. The inclusiveness of the process was reflected in the three institutions with the registrar in Institution One and the QA managers in Institutions Two and Three taking responsibility for the QIP process.

The researcher concurs with the view expressed by Singh and Lange (2007), who argue that a system of institutional audit is critical to purposes of quality improvement. This was the case with the three institutions, as from the responses there were tangible improvement processes in the institutions after the institutional audit process. The question was addressed conclusively by the participants through consultation processes in divisions in Institution Three, meetings and training opportunities in Institution Two, and working intimately together in Institution One. The processes were collaborative and inclusive, and involved broader groups of individuals in the three institutions in the QIP process. This provided an institutional response to this question and indicates that changes had occurred as a result of this process.

4.4.1.2 The role-players in the quality improvement plan process

The involvement of role-players in the quality improvement process in the institutions was not defined by their positions in the three institutions, but they were involved with the initiative of the persons responsible for the QIP in the three institutions. The three institutions gave the registrar and the two QA managers responsibility for the QIP process, with them deciding how they would involve role-players, who were involved in the recommendations response process at the level of their responsibilities in the institutions. In the case of Institution One, design managers, facilitators and lectures were involved in the QIP process. However from the responses, each institution adopted their own strategy to involve role-players in responding to the recommendations in the audit reports:

“Myself, the registrar, the learning design manager, the key uh, liaison representative at that time, um, some of our um, facilitators, lecturers and some of our supervisors” (P111).

“Then specific institutions, then the staff members themselves, then the IT people specifically because we have to see if they could actually work that and that was” (P211).

The responses from Institution One indicate a broad level of involvement from the role-players in the QIP process, including the design managers, facilitators and other HEIs. The responses reflected a level of vibrancy at the institution with the broad spread of role-players involved in the QIP process at this institution. Their involvement was also based on how they would be able to take the QIP process further, therefore their involvement:

“I joined this organisation in the beginning of 2008... At which point we were, we were, uh, both myself and the quality assurance manager were tasked with the responsibility of, of, of writing the follow-up report on the audit” (P312).

“And then we had meetings with the staff to see how they reflect on the recommendations and some of the staff were new so they also didn't have the experience... So all of their experience and expectations and how the criteria were explained and implemented, all of them were mapped and discussed and from there on we draw a drafted documentation on how we go from here, a project plan” (P412).

In the case of Institution Two, the two participants were given the responsibility of developing the QIP, and they used the opportunity to train their staff in the process. The involvement in this instance was therefore twofold, firstly involving them and secondly using the opportunity to train inexperienced staff members. This strategy would have long-term benefits for the institution, with more individuals understanding the QIP process. They involved the staff in the QIP process and by doing so made sure they would take ownership for the implementation of the recommendations in the institution. This would also ensure long-term improvement in the processes at the institution when key role-players own the process.

The approach used by Institution Three shows a systematic way of responding to the recommendations, by drawing in specific role-players for a purpose. This implies that those role-players responsible for specific recommendations improved that specific department in the institution:

“We actually selected people according to the recommendations. So if the recommendation dealt with specific departments, support units or academic units, we worked with them specifically to construct the improvement plan for that specific recommendation” (P513).

From Participant Three’s perspective a systematic approach was adopted to involve role-players in specific departments, support units and academic units; indicating the broad level of involvement of role-players in this institution to ensure that the recommendations are sufficiently known across different departments and units. There was also a collaborative approach in Institution Three, with the QA unit working with the academic unit to construct the improvement plan and owning and serving their own departmental purpose in this process. This approach indicates a level of long-term improvement within departments and the institution.

In conclusion, the responses from participants suggest that in the three institutions there was involvement of role-players in the QIP development process. This confirms that the QIP process inadvertently brought with it more participation from staff in response to the recommendations, and reflected a development of different ways of doing things at the institution. The role-players were design managers, facilitators, lectures, support units and academic units, and their involvement added value to the QIP process in their respective institutions. Each institution

adopted a strategy which came to the same conclusion, and this was informed by the context of each institution. There was clearly a strategy to involve different layers of individuals in the QIP development process, which added value to the institutions and ensured ownership of improvement within units within them.

In the case of Institution Two, the registrar and the QA manager were the owners of the plan and in the process of responding to the recommendations involved the relevant role-players, i.e., staff members within the institution. From the responses in the interviews, Institution One was the only institution to opt for the process of consulting and collaborating with international and other external stakeholders to assist with the development of their improvement plan. The result of this process was that staff were more engaged with the QIP process and taking ownership, suggesting that they were able to follow this process because they were small private HEIs.

The researcher found that the role-players in the QIP process at the three institutions were external stakeholders, an international stakeholder in the case of Institution One, governing bodies such as the council in Institution One, administrative and support staff, academics, learning design managers, facilitators, lecturers and supervisors. The researcher gained the impression that the staff members at all levels in the institutions were involved in the QIP process at each institution.

The three institutions reflected different approaches taken to involve role-players in the QIP process, which was not always the case in Institution Two. Before the audit process, as stated by Participant Four, they had not involved staff in decision making:

“Previously, I don’t think all of... everybody was that involved in the process and everybody didn’t understand the process that well and now everybody knows” (P4|2).

The statement from Participant Four shows how processes have changed at the institution and a different way of doing this after the audit process confirms Massy’s (2003) finding that a growing number of institutions are achieving significant quality improvements through academic audits. This statement applies to the three participating institutions and cannot be generalised, but the researcher

believes that these experiences can add value to private audited HEIs in the South African higher education landscape.

The researcher concluded that the research question had been dealt with adequately from the perspective of the three institutions, with the institutional culture changing at each and improvements occurring within them. The improvements in this instance were tangible because they had changed the way they worked when they developed the QIP, and allowed a department to develop its own improvement plan as the basis for long-term improvement across the institution.

4.4.1.3 The involvement and influence of the role-players in the quality improvement plan process

The participants from the institutions responded to the question focussing on the participation and roles of the different role-players, which builds on the institutions' responses to the previous question and links it to the role-players involvement in the QIP process. Participant One consulted and liaised internationally and institutionally, as well as involving the institution's council in responding to a recommendation. The institution prioritised this recommendation and went as far as the United States to benchmark it. The beneficiaries of the response would be the student in the long term because RPL was better conceptualised through the institution's response to the recommendation. The researcher believed that the influence of the international stakeholder added value to the final response to the recommendation. In the HEQC documentation, institutions are requested to develop a QIP and they decide how to respond to a recommendation. Participant One gave an example:

"I looked at, and looking at the wider system, looked at what has been done as far as my knowledge was on RPL and I liaised with representatives from the council of Added Experiential Learning externally in the US" (P111).

The response from Participant Two of the same institution suggests that some recommendations were operationalised, getting staff involved in responding to recommendations over a period, and giving the stakeholders an opportunity to

influence how the recommendation would be implemented in the affected department:

“And we started with uh, monthly meetings with regard to everybody that’s involved and say-this is what the process and the procedure is now, how should we change it because this is what we got from, from the CHE from, from, from the audit and how can you actually implement it into your department” (P2I1).

The participants from Institution One responded more broadly in ensuring that the QIP process contained input from all stakeholders within the institution. Adding monthly meetings as an on-going activity they also hired consultants from public HEIs to assist in responding to their recommendations. The initiative continues to be from the owner of the QIP process in the institution and further entrenched at departmental level.

“The academics and the heads of academics and with the existing management, the management at that point in time where we’d say now-what happened about this, what is now happening? And then we went to the academic staff and said-you didn’t do this, are you now doing this? Why and how? and that’s basically what we did” (P3I2).

“In every aspect of the recommendations or any point that has been issued as a concern or a recommendation, the people directly involved, first of all, and then the people part of the audit if there were any and then together we were sitting and discuss how they see we should address this” (P4I2).

“So if the recommendation dealt with specific departments, support units or academic units, we worked with them specifically to construct the improvement plan” (P5I3).

In conclusion, Participants Three, Four and Five had developed similar approaches in their institutions, involving different sets of role-players in responding to the different recommendations, and allowing them to be involved in and influence the QIP process. Academic staff, academic support units, and broader institutional stakeholders ensured maximum participation from different levels of staff in the QIP process, therefore ensuring ownership and a level of responsibility for improvement. Through the involvement of these stakeholders

they were able to influence the institutions' responses to the recommendations in the audit report. From their responses, the level of collaboration among the staff in the institutions strengthened departments, individual staff and academic units.

A broader response to this question is the view expressed by Participant Four, that the process could be long and drawn out because of the strategy to involve role-players:

“So it sometimes becomes a very long session” (P4I2).

This implies that processes were changing at Institution Two because of the audit process, while Participant Three indicated that they had not involved staff in their processes in the past at the institution. This implies change as a result of the audit process. The implication of Participant Four's comments is that when different role-players are involved the processes take longer and the benefit of this approach becomes tangible over a longer period. This confirms the case studies conducted in New Zealand, where the audited institutions were tracked over two cycles of audits.

The conclusion drawn here is that the role-players managed to influence the responses to the recommendations in the audit reports because they were involved through processes determined by the owners of the QIP process in their respective institutions. The influence of the role-players is within academic departments, support units and academic units and the general staff. This confirms improvement is occurring within the institution as a result of influence of role-players in development of the QIP in the audit process.

4.4.1.4 The value of the quality improvement plan process for the institutions

The value of a process within an institution can be determined over time, as reflected in the case studies in New Zealand, and the institutions in this study were able to determine this value over a period of approximately five years. The response from Institution One, indicating the realisation of what kind of institution it was, would not have been determined had there not been an audit process. The response from Participant One, the CEO, to this question provides a broader context. He realised this as the CEO of the institution:

“I think it also allowed, you know, on an external level... we’re a business-to-business university” (P111).

The level of the response from Participant Two of the same institution was different, as he focused on issues of standards and status as a tangible value of the audit process for the institution:

“I think it set our standards up, it, it lifted our standards. It, it also lifted us...our integrity uh, because we know that we comply to what is necessary. I would be very, very unsure and very, very um, scared to actually give something out if I don’t know whether it’s compliant and that really lifted our standard, our image, our status...” (P211).

The response of Participant Two further illustrates the institution’s commitment to improve, suggesting that the audit process “lifted their standards”, and possibly gave the institution the opportunity to be confident about its QA processes. The responses from the two participants provided an institutional response, giving the impression that there has been value in the QIP process at Institution One. The researcher is aware of the focus of the responses of the two participants and attributes this to their levels of responsibility within the institution. The CEO would look at concerns broadly and strategically and the registrar has to make sure that the operations in the institution runs well:

“I thinks it’s a general improvement of quality at all levels, quality of tuition, quality of programme design, quality of facilities has improved tremendously” (P312).

“And I don’t think it was done on that level before, but it gave the institution the opportunity to look at the bigger picture, I think it gave us a bird’s eye view on the institution, where the institution is going and what the processes are” (P412).

The responses of the two participants from Institution Two indicate a focus on general improvement and allowing the institution to look at itself critically, and this indicates the value of the QIP for the institution. The reference is to the way the institution was before the audit process, clarifying that the QIP had been valuable for the institution. The value in the case of Institution Two was expressed as a change in the quality of the tuition, a change in the quality of the programme design and the improvement of the quality of the facilities for students. The value

of the QIP process also gave the institution the opportunity to have a wider perspective:

“I think there was definitely value in it, more value for us as the coordinating or the facilitating unit, um, to get our heads around these are the things that we need to address and that we need to attend to” (P5I3).

“So I think in that sense it made... it forced us to think about what we want to um, what we want the institution to be like and then what steps need to be taken to do that. Um, I think planning’s always a good idea” (P6I3).

The six participants’ responses to this question are an indication that there has been value in the QIP development process for Institution Three. The value of the QIP process for the unit in Institution Three that managed the QIP process allowed time to think about their priorities and what they wanted the institution to be like. The value of the QIP process was also about the opportunity to plan within the institution.

To conclude, the value as illustrated in the responses is on different levels and areas in the three institutions. Institution Two realised that they had to focus on the improvement of their programme design and improve tuition for students. The value of the QIP process for Institution Two was also the opportunity to have a broader perspective. In the case of Institution One, they realised the necessity of looking at the institution holistically as a result of the QIP process. In Institution Three they realised that, as the coordinating unit, they needed time to think about concerns and plan more effectively. The value was the audit process itself, for Institution One when it came to the realisation of where it fitted in the higher education sector. Massy (2003) suggests that a growing number of institutions are achieving significant quality improvements through academic audits. This is confirmed in the literature from Stufflebeam and Webster (1980), which suggest that education evaluation was designed to assess and improve the worth of something. The value was realised in the processes and planning that have improved at the three institutions since the start of the audit process. However, it is more tangible since the QIP process, when they have been able to see the improvements and make certain realisations about the value for themselves:

“Five years ago, what do we do? There’s no process. Now, this happens and we say-oh no, there’s precedent, there’s process, there’s something” (P3I2).

This is an illustration of the value QIP process at Institution Two, as four years after the start of the audit process they had processes in place in the form of policies developed and implemented to address concerns. The researcher is therefore of the opinion that there has been value in the QIP for the three institutions, based on the responses of the participants. Patton (2008) reiterates that when something is evaluated its worth is determined in the process. The institutions, Participant Three in particular, realised their value and worth through the QIP process and were able to determine how they had improved since the start of the audit process.

In conclusion, this research question has been addressed by the participants, indicating that there has been value in the QIP process at the three institutions. The researcher is of the view that their value was also realised by virtue of being part of ten PHE institutions audited by the HEQC in the first cycle of audits. This QIP process has provided them with an opportunity to see tangible improvement at their respective institutions over a period of between five and six years respectively. The institutions have provided tangible examples, such as the need to improve the quality of their tuition and the design of their programmes in realising the value of the QIP process. They also received feedback from the QA agency through the IAC signing off on their mid-cycle reports and concluding the audit process.

4.4.1.5 The quality improvement plan as part of the institutions comprehensive planning processes

CHE (2011) suggests that institutions incorporate the recommendations of the HEQC audit reports into their strategic planning. The responses from the participating institutions suggest that this seems to be the case but they go further as some came to realisations about themselves in their planning process. The response from Participant One indicates such a realisation:

“I think it has become more inclusive. I think the frame made us aware - do we know our stakeholders, do we really know who they all are?” (P111).

Participant One said that they realised and became aware of who their stakeholders were during the QIP process. He also said that the institution operated more inclusively, which is an indication of improvement occurring within the institution and it realising it. The institution during this process also reflected on the its knowledge of its stakeholders, a kind of reflection that goes beyond responding to the recommendation and indicating improvement and change within the institution about issues of which they were not aware of as an institution. In this response it became clear that they had not known who their stakeholders were before the audit process. In this process they came to a realisation and probably planned for it. The response of Participant Two complements that of Participant One:

“Um, we build it around that. The quality management system was built around that that was the core that we took” (P211).

After arriving at the realisation of the kind of institution they were in, they continued to build their systems and plan further, reflected through the response of Participant Two. Participant Three, on the other hand, indicated that the QIP process had become part of Institution Two’s planning strategies:

“We have gone on beyond that, yes and it became part of un, improvement strategies become part of how you plan for the institution, we do a risk analysis, the whole thing became embedded to the extent that uh the initial significance of the audit report and the improvement plan kind of disappeared, they became part of everyday life” (P312).

The response from Participant Three illustrates how embedded the planning had become at the institution, incorporating the recommendations into their planning processes to the point that they became part of the operations. Participant Three saw no distinction between the improvement plan and the on-going planning at the institution, but rather it had become part of their everyday activities. They also came to the realisation of how activities had changed over time at the institution:

“Five years ago, what do we do? There’s no process. Now, this happens and we say - oh no, there’s precedent, there’s process, there’s something” (P312).

This reflects long-term improvement at the institution, whereby they had moved from not having any systems in place to knowing how to respond to concerns. This is an indication of policies being implemented to indicate a precedent for an incident. Institution Two were able to realise their improvement over a period of five years in the way they operated before the audit and after the development of the quality improvement plan. Here the participant had an opportunity to reflect on the planning activities of the institution and could therefore make this statement. This participant also reported that they had conducted a risk analysis, which is a further indication of the institution's commitment to embedding the QIP comprehensively within it:

"Absolutely. All our templates, all our documentation, communication documentation that goes out, all our discussions are absolutely based on the improvement" (P4I2).

This is a technical way of illustrating that there had been improvement at the institution and may give the impression that there had been no reflection on processes before they reached the template stage and had all processes documented. The researcher believes that the conceptual gains made during the improvement process were not articulated by this participant because when they involved other role-players in the planning processes it implied change and a different way of conducting QA activities, thus changing the culture of the institution. The researcher found this participant passionate about how the institution had evolved since the start of the audit process. She indicated that they had to start doing things differently in the institution and build on this.

Participant Five decided on a strategy not to differentiate between the planning processes within Institution Three, therefore not making a distinction between the QIP process and the institution's annual operational planning:

"They would not necessarily know that this is part of the improvement plan um, because we also try not to differentiate" (P5I3).

"So, we actually also acted on the recommendations in our operational plan which is part of our quality management system and our quality process. So, operationally it assisted us to keep a track of the recommendations, to put it as items on our agenda, but on the other... on

a more strategic level, we incorporated and we embedded into our own quality cycle and our planning processes” (P5I3).

Participant Five continued in the vein of not separating the QIP from the institutional strategic plan and developed a strategy of tracking progress on recommendations within the institution. The institution incorporated its recommendations as part of their institutional operational plan, stating that their recommendations in their operational plan formed part of their quality management system and in this process tracked recommendations in the institution.

Of concern to the researcher is that the institution institutionalised the recommendation, and if tracking it is not monitored it could disappear, leaving the improvement process untraceable after some time. This would mean an institution accommodating the QIP without making any distinction, but the danger is that the recommendation is not followed up by tangible improvement over a longer period. According to Harvey (2002), an institution can develop a future strategy for continuous improvement but its long-term effectiveness would be dependent on establishing internal processes and procedures for the development of a continuous culture of improvement. In the case study of the University of Central England it was found that underlying quality monitoring was the encouragement and facilitation of continuous quality improvement (Geall, Harvey & Moon, 1997). The institutions in New Zealand were able to track their improvement over a period of two audit cycles, therefore the monitoring of recommendations becomes important for those who have the responsibility of managing the QIP process within their respective institutions.

Participant Six of Institution Three responded to the question by stating:

“Yes. No, definitely. And I, I, I think if there was anything to, to dispute they would have done it” (P6I3).

This is a reflection that she had not been involved in the QIP process in the institution, and means that the recommendation response process was not being communicated throughout the institution. Therefore, there is a danger of the QIP process being located within a unit in the institution but not being coordinated

around it. Participant Six indicated awareness and a level of confidence in the institution's processes with this response.

It is evident that there have been processes in the three institutions whereby stakeholders were involved in the response to the recommendations. From the responses of the participants it can be concluded that the QIP had become part of the strategic planning processes of the three institutions.

To conclude, the researcher found that the experiences of the participants were reflected in their responses and provided insight into the incorporation of the QIP process into the planning processes of the three institutions. The responses ranged from Institution One becoming more inclusive and building around its quality management systems. In the case of Institution Two, they had moved beyond, with their QIP becoming part of their operational planning and their realising how their policies worked, because they were able to track precedents of concerns. In the case of Institution Three, they had embarked on a strategy not to differentiate between their QIP and their institutional planning.

Linking the responses of the individual participants allowed for triangulation of the institutional experience, and the researcher found responses from the same institutions complementary. From the responses to this research question it can be concluded that the QIP has had an impact at the three institutions. The recommendations found their way into the strategic planning processes in the three institutions and each demonstrated the depth at which the QIP was incorporated into their planning processes.

In the case of Institutions One and Two, they were guided by the QA agency's post-improvement plan visit, and in the case of Institution Three, which initiated its improvement processes immediately after the audit site visit, there was a level of ownership of the QIP process and improvement. They continue to have regular teaching and learning forums that stem from a response to a recommendation in the audit report.

The overall conclusion of the responses to the secondary research questions provides an understanding of how the institutions responded to the recommendations in the audit reports and illuminates the context of each institution. The researcher is confident that the sub-questions were addressed by

the participants and their responses enriched the QIP process in the audit process.

4.5 DISCUSSION

From the discussion and conclusion to each research question, the researcher identified emerging themes from the sub-questions that were raised through conversations with the participants. The initial overall impression from the data collection process and assimilating the data was that there had been an overall change at the three institutions following the audit process. Baird (2007) writes that the change occurring in Australian institutions in terms of good practices was due to the audit. The theme development accorded with the coding of the evidence and content analysis, during which the evidence was further broken down into themes. A theme also emerged where there was not a direct research question, but the response of each participant led to it, namely the understanding of 'improvement and private higher education.' The initial exploration of the data provided an overall response to the research questions. The theme development process emerged during the further exploration of the evidence and discussing the participants' responses to each research question.

The participants expressed the view that the institutions were becoming serious about QA following the audit and the development of quality improvement, and that there was a growth and change as a result of the QIP process. They provided examples of the recommendation response processes and subsequent changes in the institutions. The researcher selected a few themes that stood out in the evidence, namely change in the institution following the audit; the value of the QIP process, the improvement aspect of the audit process, and private higher education experience of the quality improvement process.

4.5.1 Post-audit change in the institutions

In the case of all the interviews the participants noted that there were physical changes at the institution following the audit. For instance, Institution Two expanded and became a new institution, outgrowing the improvement plan, as suggested by Participant Three. The changes were structural, with new staff

appointed, new buildings, expansion of offerings and a different way of working in the institution. Institution Three indicated that the change had started with the development of their SER, leading up to the audit site visit. This confirms Scott and Hawke's (2003) finding that the institution benefits from the document then enhances its internal capabilities for continuous improvement as it approaches an upcoming audit. The lasting improvement is reflected in the way the institution changed from the time of preparing for its audit process to its conclusion. For Institution Two the tangible improvement and change lay in their implementation of policies, and their ability to act on concerns based on the implementation of these policies. The tangible change in Institution Three was the introduction of on-going forums for teaching and learning, and academics discussing assessment practices as a result of the QIP process. These activities indicate long-term post-audit change.

The other changes that occurred were reflected in the broad consultation process that followed in each of the institutions in the way they responded to the development of the recommendations in the audit reports. The changes came with the tightening up of processes and putting the changes into the development of manuals for processes and procedures:

"... and we changed the processes towards that we changed the processes and procedures so that we actually have a manual now that has gone to an outside person to uh, put it into a format" (P211).

The manual is an illustration of how the institution's processes have changed from an informal arrangement to one that sets out the processes. This supports the claims of Massy (2003) and Carr, Hamilton and Meade (2005), from a study conducted at the University of Otago in New Zealand, illustrating change in the institutions.

The Participants Four and Five respectively suggested that the audit's impact had been the streamlining of their processes and providing an area of focus:

"Yes and no. Definitely the audit had an impact because it streamlined some of the processes; it explained and gave an understanding to the staff as well as to students why we have quality assurance but also because we're private we're exposed to the market. So you need to have

good service delivery, good quality product - which in our case is our programmes” (P4I2).

“What the audit contributed, I would definitely say that it provided us with focus areas and areas of priority and the recommendations um, provided us with some evidence that these are the things that we need to focus on. So, even though the processes would have happened, you know, there would’ve been an operational plan, there would’ve been aspects included in that, but the audit provided us with some focus on the aspects that needed improvement” (P5I3).

It appears from the response of the participants that the institutions used the audit as a tool to improve their processes by streamlining it, as mentioned by Participant Four, and becoming more focussed on aspects that needed improvement, as mentioned by Participant Five, who added that they would have planned but the audit provided the institution with the opportunity to focus on areas that needed improvement.

Another view that supports the notion that an institution changed following the audit was expressed by Participant Five:

“Um, if it was not for the audit, I don’t know if we would have managed to get academics around a table to talk about assessment” (P5I3).

It is important for institutions to create areas to converse about aspects that affect the recipients of improvement, but it seems that the audit created these spaces for Institution Three. Participant Three further illustrates how things have undergone change at Institution Two:

“Audit report contributed in a indirectly in a total restructure of the organisation and its decision making processes and quality assurance processes” (P3I2).

From the responses to these and the sub-questions it can be concluded that the audit process has had an impact on the three institutions. The major change has been the involvement of role-players in responding to recommendations and the growth experienced by Institution Two. These are further illustrated in the long-term activities, such as forums that are still in existence, four years after the audit, at Institution Three. The audit facilitated the change that occurred at the institutions following the audit, a change also attributed to Patton’s (2008)

utilization-focussed evaluation. The intervention by the external QA agency was utilised by the audited institution, which is the end-user.

4.5.2 Value of the quality improvement plan process

This theme is central to the experience of the participants in the institutions, who were able to express the value of the of the QIP process in the evidence. The researcher feels that value of the QIP process in the three participating intuitions is captured in the challenges with which institutions grappled during the QIP process. The response from Participant Two illustrates that it was not an easy task to garner support from academics for the QIP process:

“Yes, because they also have to adapt to changes and improve their process and procedures” (P2I1).

The participant refers to the academics’ course coordinators of programmes and direct interaction with students. Whilst the institution has the task of developing the quality improvement plan, the changes attached to QA activities are supposed to have beneficiaries and could enhance the experience of students. This would be a concern for the institution because the academics are the implementers of improvement processes in the institutions, therefore Participant Two’s concern regarding academics adapting to changes in audited institutions becomes significant in the institution.

The value of the improvement plan process is building staff capacity and the institution had many strategies to involve their staff in the processes. In Institution Two, Participant Three indicated:

“Those staff who are still left gained experience, administrative capacity have improved, this process that went with the development of the improvement plan, it’s more important thing for us that the plan itself, the values lies in the writing of the plan and the development of the plan and the implementation of the plan” (P3I2).

This is linked to the CHE (2011) assertions that institutions take the recommendations and make them part of the planning of the institutions processes. Therein lies the value of the QIP process for the institution.

The overall responses from the participants suggest that there has been value in the QIP process, however it is not clear how this value has been translated in the institution. Participant Three referred to how things had changed at Institution Two following the QIP process, and the recipients of that change appear to be the students. For Harvey (2005) the intention in giving HEIs recommendations in audit reports is for them to improve their processes for the benefit of students. It is however not clearly interpreted as change for the students by the researcher, and the change appears not to be tangible.

4.5.3 The improvement aspect of the quality improvement plan process

This theme evolved in the evidence because during the discussions the term 'improvement' arose with the participants, and the researcher was of the opinion that a perspective of the term would contextualise the changes at the institutions after the audit process.

The researcher found that there were varying responses in the data, with some participants venturing into examples that illustrated improvement:

"In my mind, is that the outcome must be of a better quality and experience by those who are the beneficiaries of whatever service you provide so improvement sits to me at an experience level but it must improve, it must become better than what it was" (P111).

Participant One went further and provided a perspective on improvement that probably stood out during the audit site visit, and was perhaps a driving factor in the development of the QIP. He gave an example in Institution One of how aspects of teaching and learning had changed:

"The mode was very ill - defined at the beginning. Today the notion of what is the mode of learning we provide is well - defined or it's better defined" (P111).

This suggests that there was improvement in the approach to teaching and learning in the institution as a result of the audit process. It provided the institution with an opportunity to examine its teaching and learning practices and, as stated by Participant One, they realised that their mode was 'ill-defined' initially, but

became better defined as a result of the QIP process. The tangible improvement in Institution One is thus its approach to the delivery of teaching and learning.

Participant Three provided his perspective on improvement in the context of the institution:

“I think that in the context of the quality improvement plan, improvement is a... for us was a, was a positive but gradual change towards providing a better teaching and learning environment for our learners with all the components that go with it. Uh, there are certain things that I think that are very far removed but very important” (P3I2).

“Uh, from subject process, but I think we started to address certain issues immediately - uh, lecturer preparedness, uh, things like that. Uh, but it’s not an improvement and it’s also not a... it’s not something that can be over” (P3I2).

Participants One and Three qualified their understanding of the concept ‘improvement’ by providing examples in their respective institutions that focussed on the improvement of teaching and learning, indicating continuous improvement at their institutions after the audit:

“That quality cycle of improvement and how the improvement actually leads into another cycle and, and showing you other things that need to improve. So, definitely, to me improvement means a cyclical process wise but an upwards cycle and not just going round and round but definitely moving forward” (P5I3).

“Whereas the improvement process is more internal but it’s also accountability” (P5I3).

“I think the, the, the basic philosophy of uh, improvement being continuous uh, a continuous process. It’s, it’s very important um, and then you must also... it’s important to take the staff along” (P6I3).

Participants Five and Six provided a view that improvement within their institutional context was continuous, while Participant Five stated that the improvement process was internal, and that there was a level of accountability reflected in her response to the role-players in the QIP process, suggesting that they would improve over a period but that cycle of improvement has to move forward. Participant Six provided an added perspective of the importance to take

staff along on the improvement process. Participant Five further expressed her understanding of improvement in her institutional context:

“So it’s not necessarily to arrive at the final state of “this is the best it can be”, but improvement to me, means a process and that it is a process and that it will be maybe next year will be a bit better, but that we still need to improve on that. So, I see my work and my work around the audit and in the institution following up on the recommendations as that cyclical, that quality cycle of improvement and how the improvement actually leads into another cycle and, and showing you other things that need to improve. So, definitely, to me improvement means a cyclical process wise but an upwards cycle and not just going round and round but definitely moving forward” (P5I3).

Her understanding of improvement provided a personal perspective in terms of her work in the institution, linking it to the cyclical nature of QA in QA agencies. If her views of improvement are translated deeper in the institution there could be on-going improvement practices at the institution.

The researcher found that the participants had varying understandings of the term ‘improvement’ which they presented in their institutional contexts. However, the responses from Participants Two and Four (below) were superficial, given their respective levels of responsibility within their institutions:

“We’ve done so much, but now we have to improve on what we’ve done and then I actually, to rephrase a term as guiding us forwards. So I, I think maybe um I understood it better as a guiding towards” (P2I1).

“So, improvement means, for us, making it easier and making sure that we are actually having fun being here and enjoying the process and having quality programmes” (P4I2).

The researcher believes that the two participants had an understanding of what improvement means at a practical level but were unable to articulate it during the interview process.

In the three institutions, based on the responses, there seems to have been improvement on many levels during the QIP process. The level of the responses indicates that the individuals in the institutions had wrestled with the concept ‘improvement’ and that their understanding was reflected in the tangible examples

provided. The three institutions had at least four years to experience tangible improvement and reflect on it.

There was an understanding of the term 'improvement' among participants, though complex, and there had been improvement within the institutions from the perspectives of the participants:

“Uh, administrative capacity have improved. It's uh, the only one thing that, that I, I think have not improved, uh, that will never improve” (P3I2).

“I think for us, looking at improvement, is make it easier for everybody involved. So if it improves what do you improve? Do you improve your delivery of your teaching and learning? Do you improve your QA systems in terms of management information systems? Do you really have a system that is operational? So, improvement means, for us, making it easier and making sure that we are actually having fun being here and enjoying the process and having quality programmes” (P4I2).

The response is an indication of the participants reflecting on improvement and, as D'Andrea and Gosling (2005) suggest, improving something involves changing it for the better, and if improvement does occur the status quo must have been inadequate. In the case of this institution, they realised how they had improved and were grappling with ways to take the improvement to another level.

The researcher saw more of an operationalisation view of improvement in Institution Two than a conceptual shift in the thinking of those responsible for the QIP process. Whilst they say that quality is embedded it appears more operational, with getting everyone involved to share ideas. This implies that improvement in Institution Two is about improving its systems and processes and the conceptual thinking around improvement is assumed by those responsible for the QIP process to provide leadership to the role-players.

Participant Five was the QA manager at Institution Three, and she suggested improvement in the delivery of teaching and learning as a way to understand improvement:

“Yes, and it still is. It's after four years and we still have a monthly learning and teaching forum” (P5I3).

“Yes, I would say so because of those discussions that we had. Um, if it was not for the audit, I don’t know if we would have managed to get academics around a table to talk about assessment” (P5I3).

Blackmore (2004, p.390) writes that QA has increased an “emphasis on administrative and low level tasks in academic work”. This is not low-level academic work, getting academics to talk about assessment, but it should be noted that the institutions involved academics in the response to recommendations, which could result in low level academic work and an emphasis on administration. The sense from the participant was the importance of academics discussing assessment, as an improvement, and this was probably not the case before the audit process. There is also the possibility that, as Blackmore further suggests, QA activities are time-consuming and could take academics away from teaching and research.

As a result of the QIP, academics were engaged in the process of discussing responses to the recommendations, however the researcher was unable to ascertain if they experienced this involvement as an administrative burden and this is for another study on the impact of QIP development in audited institutions. The experience of Participant Five could be presented as improvement, since they managed to involve academics in teaching and learning forums and to discuss issues pertaining to teaching and learning at institutional level. This confirms the findings by Carr, Hamilton and Meade (2005), from a study conducted at the University of Otago in New Zealand. Institution Three incorporated improvement practices that added long term value, according to Participant Five:

“So it really gave us that opportunity to show them the benefit of sharing and of discussing and of, of, of, where, for instance, implemented learning and teaching forums post audit” (P5I3).

This sentiment confirms the claim of Venter and Bezuidenhout (2008, p.1115,) that QA “should entail the attempt to strive for the best, to improve and to ensure the desired goal is achieved.”

In conclusion, whilst there was an impression that the participants wrestled with the term ‘improvement’ they did understand the context of the improvement plan, that improvement in the institutions had become part of their operations, and those responsible for the QIP processes within the institutions were managing it.

4.5.4 Private higher education and the quality improvement process

This theme emerged because some participants linked the manner in which they were able to respond to the recommendations to their contexts as PHEIs:

“Ja, and I think we can now sit around the table and look at private higher education from a view of, you know, we’re actually providing good quality teaching and learning” (P4I2).

Participant Four of Institution Two expressed the realisation that PHEIs were providing good quality education as a result of the audit process. She also said that they provided quality teaching and learning because they were private institutions. They did not receive funding from government, which means that the students who registered with their institutions did so because they offered quality education. This view can also be explored in future research.

Participant Three of Institution Two followed up with the response that in this institution they were in the process of designing policies when the audit process started, indicating how recent the formal external QA activities were for PHEIs and that the institution was not ready to participate in the audit process at that stage:

“At the point of audit, I think, private institutions like this one were still busy designing their policies and writing their policies but you must remember also that policy gets in form by, by practice” (P3I2).

However, the response below reflects a definite change at the institution after the audit process, to which the participant attributed it, as well as the fact that the institution was a PHEI:

“The institution as it is at the moment is not the institution that was audited. That’s a, that’s an interesting phenomenon but that is something that one can expect in the private sector” (P3I2).

“We are into a phase where we grow and we can only grow - private institutions make it through one thing only and that’s quality”(P3I2).

“We can’t undercut the public in terms of costs or anything” (P3I2).

“We are more expensive and to be more expensive we’ve got to offer better quality of and I think that’s the, the notion of everybody” (P3I2).

“Because it’s a private institution, we, we do not have the very formalised structures that you find in the... things doesn’t have to go to senate. Or to council or to faculty committees and things like that. Stakeholders are there, it’s one thing about small institutions like that - there are, we don’t even talk about stakeholders because they are always there” (P3I2).

“A young institution, but definitely there’s been maturity rich, not maturity rich but it was, it’s, it’s in the process of getting more mature”(P6I3).

“Yes and in our case that was the, definitely also the case um, coming from a large public to a smaller property or a smaller campus. I can definitely um, say that things are progressing much easier and that you can arrange things much quicker and you can get decisions taken quite easily and the governance are simpler than in the larger institutions” (P5I3.).

The thinking of the participants reflected in the responses defines PHE institutions in terms of size, being small and governance structures, with fewer formal structures to make decisions within short timeframes. There was also an acknowledgement that PHEIs were unable to undercut the cost of public HEIs, but that they are resolved to providing better quality education in order to grow in the sector.

In conclusion, the responses argue that PHEIs are able to respond to the QIP processes within their institutions within short timeframes because they do not operate with formal structures and staff have multiple roles. I was an HEQC staff member during the audit site visit to Institution One, and that is what I observed during that audit. The responses of the institutions will assist CHE to understand private HEIs in the audit process context (2009).

The researcher is confident that the participants effectively responded to the primary and secondary research questions, and their experiences were reflected in the responses, which translated into an institutional response. The responses of the participants reflected their involvement and experience in their institutional QA activities, reflecting improvement realised over a period. There have been conclusive responses to and on the following:

- The primary research question that the three institutions responded effectively to the recommendations in the audit reports and this response differed from institution to institution.

- The role-players were involved in the QIP process on various levels within the three institutions employing different strategies.
- The involvement and the influence of role-players in the QIP process, and this translated into role-players taking ownership of the QIP process in the institutions, therefore implying improvement.
- The value of the QIP process for the three institutions, which was illustrated in the responses that reflected different focus on QA activities in the institutions, realising improvement.
- The QIP process as part of the comprehensive planning processes in the institutions, with some inserting recommendation responses in their general planning processes.

4.6 CONCLUSION

This chapter focussed on the results of the study through interviews, a description of the sample and the data collection processes. It assisted the researcher in drawing conclusions to the primary and secondary research questions and the analysis of them. The researcher found that the three participating institutions were able to respond to the recommendations in the HEQC audit reports and the manner in which the institutions responded provided the context for each institution's experience of the audit process.

The final chapter elaborates on the findings of the study as well as making recommendations. Further discussions based on the limitations will also be presented.

CHAPTER 5

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS FOR THIS STUDY

5.1 INTRODUCTION

The aim of this study was to explore the QIP process that emanates from the recommendations in the HEQC audit reports. This section reports on the analysis. The researcher found that the sample selected provided the evidence to respond effectively to the primary and secondary research questions. This study has brought to the fore the QIP process, but the challenge remains to ascertain the value of this process in the 31 remaining audited institutions. The QIP process in the three participating institutions can possibly be of value for the 10 PHEIs audited in the first cycle of audits, but there is a wealth of information about the QIP process in the 23 public HEIs. It should be noted that this study was located in the private higher education sector, where its value is located. The researcher is of the view that this study has served its aim to determine if the QIP process was of value to the three participating institutions.

This section will cover the summary of the research design (5.2), the results according to the research questions (5.3), reflection of the literature and theoretical framework (5.4), reflection on methodology (5.5), recommendations (5.6), limitations of the study (5.7) and the conclusion.

5.2 SUMMARY OF RESEARCH DESIGN

The research design supported the study. The institutions were participants in the HEQC audit methodology, and could not participate in this study if they did not subject themselves to a HEQC audit process. The three participating institutions participated in the audit process, which was dependent on the participation of stakeholders, namely the QA agency, the institution and the panel of peers. The institutions received feedback on the audit process in the form of an audit report and developed quality improvement plans. The evaluation methodology was therefore under scrutiny and it appears that this design worked for the QA agency

and the institution. The results of the study illustrate this. The intervention was conducted, the feedback was given and the institutions experienced long-term improvement as a result of the audit process. The HEQC has conducted its 34 audits and provided feedback to the audited institutions; however the concern is whether the improvement that occurs as a result of the audit process is tracked by the QA agency to inform its strategies as it embarks on the second cycle of audits. Also, the questions arise, if audited, will the institutions track their improvement as a result of the audit process? and who owns the improvement process?

5.3 RESULTS ACCORDING TO RESEARCH QUESTIONS

This section covers the responses of the participants to the primary and secondary research questions, discussion and analysis of which were dealt with in Chapter Four, section 4.2. This section will note the outcome of each of the questions, starting with the primary research question.

5.3.1 What is the response of higher education institutions to the recommendations in the Higher Education Quality Committee audit reports?

The discussion of this research question was covered in section 4.4. There were direct responses to the primary research question and the result was that the three institutions responded conclusively to the recommendations in the HEQC audit reports. The researcher however found there was an in-depth approach to respond to the recommendations from the institutions. The institutions responded to the recommendations in the audit reports, implementing different strategies and the researcher was confident that this was not a compliance exercise. The institutions responded in depth and also reflected on the practices within the institution, taking the recommendation beyond the required response. The result confirms that the institutions owned the QA process. The responses from the participants indicate that the recommendations in audit reports of external QA agencies contribute and have an impact on institutions' decision-making processes. The response to the recommendations also allowed the institutions to identify interventions for improvement, as reflected in the responses of the

participants. This is confirmed by the researcher's experience when conducting post-improvement plan visits to audited institutions. It was found that many institutions' contexts played a role in their approaches when responding to recommendations in audit reports. The responses of the participants provided insight into the QIP process at the three institutions, which involved meetings with role-players and working collaboratively in the institution, thus resulting in change at the institution.

5.3.2 What process was followed to develop the quality improvement plan?

This research question was discussed in depth in section 4.4.1.1. The result was that the institutions had processes in place and adopted strategies to develop their quality improvement plans to such an extent that those who were not involved in the initial processes in the institutions were able to participate and take the processes forward. The processes were policy implementation and meetings with role-players. The strategy of each institution was to involve stakeholders in the QIP process. The approach at each institution was different as their contexts were also different, apart from being audited over different years in the audit cycle. The three institutions described a process that was followed to respond to the recommendations and in all cases stakeholders were involved through consultation inside and outside the institutions.

The common process among the institutions has been to invite different levels of staff to participate in the response to recommendations process, with the unintended result of role-players taking ownership of the process in the institutions. The researcher found that the participants taking ownership of the recommendation response was not a deliberate, thought-through strategy from the institutions, but that it seemed to have evolved in the respective institutions. This was linked to the change that occurred in the institutions after the QIP process, which required institutions to conduct their QA activities differently.

5.3.3 How did the role-players influence the development of the quality improvement plan?

This research question was discussed in depth under section 4.4.1.2. The responses varied but the conclusion was that the role-players influenced the development of the QIP and were involved under the leadership of the owners of the QIP development process in the institution. They were involved in the process through the QA managers responsible for the QIP process in the institutions and through this process managed to influence the development of the quality improvement plan. The influence was through the plans that evolved out of the groups of individuals who responded to the recommendations for each institution. The results at the three institutions were changes in the institutions, where a collaborative way of working was established. In some institutions teaching and learning forums were established as a result of the influence of role-players, who managed to influence the development of the QIP in the three institutions. This was determined by the owners who initiated this process in academic departments and academic units.

5.3.4 What influenced their actions in the development of the quality improvement plan?

This question was discussed in depth in section 4.4.1.3. The owners of the QIP process in the respective institutions developed similar approaches in their institutions when they involved different sets of role-players in the institution to respond to the different recommendations. This allowed the role-players to become involved in and influence the QIP process within the institutions. They appeared to have had maximum participation from different levels of staff involved in the QIP process, therefore indirectly ensuring ownership and a level of responsibility for improvement within the institution. From their responses it appears that a level of collaboration among the staff developed that could lead to the strengthening of academic departments within the institutions. The QA managers used the strategy to involve role-players in the institutions who could contribute to the response of the recommendations, and the effect of this was a consolidation of long-term improvement in the institution.

The involvement of staff in the QIP processes is a sign of improvement at the institutions. The three institutions alluded to changes taking place at the institution as a result of the HEQC audit process. The researcher is of the opinion that the external influence that impacted on the three institutions would be the HEQC audit reports, which directed the institutions to develop quality improvement plans.

5.3.5 What value does the quality improvement plan development have for the institution?

This research question was discussed in depth in section 4.4.1.4. The value of a process within an institution can be determined over time, as reflected in the case studies in New Zealand. The institutions in this study were able to determine this value over a period of approximately five years. The participants' responses to this question are an indication that there has been value in the QIP development in the three institutions. The value as illustrated in the responses seems to be on different levels and areas in the institutions, from a focus on improving the quality of programme design and the quality of tuition to realising to look at the institution in its totality. The value has been the audit process in itself, but a realisation for Institution One, where it fits into in the sector. Massy (2003, p.16) states that a "growing number of institutions are achieving significant quality improvements through academic audits." The value lies in the processes and planning that have improved at the three institutions since the start of the audit process, but it appears more tangible following the QIP process, when they were able to see the improvements and make certain realisations about the value for themselves. The institutions were able to identify interventions for improvement and enhancement through realising the value of the QIP process, which is an aspect of the audit process.

To conclude, the value for the institutions is that it was part of the HEQC's first cycle of audit and only ten private HEIs underwent the audit process, providing them with the knowledge that they had improved during it. They were also in a position to track the value of improvement over a five-year period.

5.3.6 How does the quality improvement plan fit into the comprehensive quality management system of the institution?

This research question was discussed in depth in section 4.4.1.5. There is an indication of long-term improvement at the institution, whereby they have moved from ad hoc systems to a situation where they knew how to respond to concerns within the institution. A manual has been developed to capture their systems, and the institutions indicated that they were able to realise the improvements over a period of five years. They managed to move away from ad hoc responses to concerns and adopted a structured way with processes in place to respond to concerns. The example cited from Institution Two was an ability to deal with disciplinary procedures with students and staff wishing to resign. They now had policies in place for meeting confrontation by with undisciplined students, and could implement policy.

They were able to acknowledge and recognise how the institution had evolved before and after the audit process. This is also an indication that the participants had an opportunity to reflect on the planning activities of the institution and could therefore make this statement. The one institution went as far as conducting a risk analysis, which was a further indication of its commitment to having the QIP comprehensively embedded in the institution. The three institutions incorporated their improvement plans into their annual planning process, with some tracking their recommendations. The concern about the strategy is that a recommendation can be subsumed into the strategic plan with no monitoring thereof for future reference.

To conclude, in terms of the results to the research questions, the approach to responding to a recommendation in the HEQC audit reports occurred but differed from institution to institution. The difference in response ranged from benchmarking with other institutions to internal consultative processes with staff and governing structures. The recommendation response process from the institutions was to get the internal stakeholders involved and then to draw up a response in the form of a plan. The context and approach in the institutions differed but improvement occurred within these processes in the three institutions. The responses to the recommendations became an institutional response

because the participants' responses were based on their experiences within their respective institutions and as a result all research questions were addressed.

5.4 REFLECTION ON LITERATURE AND THEORETICAL FRAMEWORK

The study confirmed much of the literature, in particular the case studies in Australia and New Zealand, which added value in understanding the improvement process that follows recommendations in the audit reports. The literature on private higher education provision added a frame for understanding private higher education in the context of the audit process in South Africa, but the challenge remains for CHE to gain an understanding of this stakeholder in the South African higher education context. The audit process would be the basis for this understanding as the HEQC has a directorate that understands this sector in its accreditation processes, and the recommendation is to have a holistic understanding of the private higher education sector, taking into account all components.

The question remains and was asked by Harvey and Williams (2010, p.107), "could the quality of higher education have been enhanced more efficiently and effectively without elaborate QA systems?" According to these authors, there have been "15 years of inertia and compliant indifference among a substantial section of the academic and administrative community" to quality in higher education. This question remains relevant as the HEQC embarks on its second cycle of audits, and the academics are not central to owning the improvement strategies in the participating institutions. This could be the case in the remaining audited institutions.

The literature on the international network and international QA agencies added value to understanding QA in the South African context and was confirmed by the study. There is still no clear definition of the term 'quality,' which was central to the study, but the understanding of quality in context assisted the researcher. The HEQC provides a clear understanding of quality and the participating institutions worked within this frame. The South African higher education audited institutions are aware of this understanding though the HEQC policy documents.

The theoretical framework for this study drew on the phenomenological philosophy, which is located in the qualitative paradigm. This was useful in exploring and understanding the central phenomenon, the quality improvement process, by relying on the views of the participants and interpreting and analysing their views. The researcher drew on the experiences of the six participants in the three private HEIs, which suited the framework. The responses from the participants provided an institutional perspective on the audit process. The responses from the participants' added value to the QIP process for the institutions and provided an opportunity for the QA agency to gain a better understanding of how the quality improvement process impacted on their QA activities. There seemed to have been a similar process in each institution with regard to involving stakeholders to respond to the recommendations in the audit reports. There was also a level of depth and improvement reflected in the responses from participants, allowing the researcher to believe that the approach was appropriate for this study.

The study also considered the evaluation frame, which indicated that the audit process as an intervention in the institutions was a useful process as it contributed to change in the QA processes in the three institutions. Patton's (2008) view on evaluation, that when something is evaluated its worth or value is determined, was confirmed through the themes arising in the evidence. The value for the QA agency is a better understanding of the private higher education sector in the context of the audit process and for the institutions a realisation of change within the institution as a result of the audit process.

5.5 REFLECTION ON RESEARCH METHODOLOGY

The methodology behind the study supported the outcome, with a few considerations for improvement in hindsight. Document analysis was necessary and supported the research question in providing background. However, the document analysis for this study was insufficient for gaining an understanding of what happens in the public audited institutions with regard to the QIP process. The researcher should have considered more systematic reporting on other audited institutions after the audit process, as this would have provided a broader

understanding. The internal HEQC documentation related to the QIP process contains a wealth of information and needs further in-depth exploration to reveal improvements that occurred within audited institutions following the audit process.

The multiple case study approach provided a broader view of the QIP process, showing the similarities in the responses to the recommendations in the participating institutions. One institution alone would not have been of value for the private higher education sector, therefore the choice of three institutions can possibly add value to the QIP process. Aspects of the results can be generalized since ten private HEIs participated in the first cycle of audits, and the results can be applied to similar type of PHEIs. The researcher was of the view that this was a good strategy, provided the anticipated results and added to the knowledge in this area. Some of the results can be generalised for the 10 private audited HEIs. The concern is that there are 31 audited institutions with audit reports that need closer scrutiny.

The sample of six individuals attached to the three participating institutions served the purposes of the study. Purposive sampling worked and the location of the participants attached to the institutions provided an institutional view. The criteria for the sample assured the reliability and validity of the data. The researcher experienced that one participant per institution would have answered the research question. The second participant was not hand-picked by the researcher and the researcher did not establish a rapport with them before the interviews, whilst the researcher had professional interactions with the other three participants. In the cases of the individuals identified by the researcher the data collection process worked well and the issue of reflexivity did not feature, though it did surface with those individuals who were not directly approached by the researcher, which was a concern. The institutions in the sample worked well, as they were diverse in their programme offerings and histories.

The data collection strategy for the research questions worked well, though the researcher should have considered a follow-up interview with three participants instead of conducting another with a different individual in the institution. The second interviewee in most cases added to the sentiments raised by the first interviewee and contributed to the triangulation within that institution. The face to-face interview provided the researcher with more insight into the participants and

was the best way to collect the data, though a focus group session with academic would have provided a broader view of the QIP process within each institution. What could not be probed effectively was the level of change within the institution, or whether this was a positive experience for the academics as the implementers of improvement practices in institutions.

5.6 RECOMMENDATIONS AND IMPLICATIONS

Based on the results of the study, it was found that the post-audit activities needed some attention and should be focussed on for the next cycle of institutional reviews, with the QA activities used more effectively in the HEI. The following recommendations are made to contribute to the improvement of the management and implementation of the quality improvement plans process in audited HEIs, and to serve as possible future research areas. The recommendations are directed at the external QA agency audited institutions, QA managers, academics and the management of institutions as it prepares for the second cycle of QA.

Recommendation 1: quality assurance agency

The HEQC is concluding the first cycle of audits; it is recommended that the HEQC research the value of the quality improvement plan process in the higher education sector as a result of the HEQC audit process to gain an understanding of its work. This research should be conducted institutionally as the audit processes affected institutions differently. Conducting this kind of research would assist the HEQC in its approach to the second cycle of quality assurance.

The quality assurance agency should consider a completely different approach to the second cycle of institutional audits and build on the improvements experienced in audited institutions.

Recommendation 2: quality assurance agency and audited institution

The participating institutions were three and with 34 institutional audits conducted in the first cycle of audits, 34 audit reports produced and approximately 28 improvement plans completed, there is potential to ascertain the value of the QIP

in the higher education sector. The researcher recommends that the HEQC firstly engage closely with the impact of the QIP process in audited institutions as it embarks on its second cycle of quality assurance in the sector and, secondly, provide feedback to audited institutions as they conclude their audit process with the HEQC.

Recommendation 3: quality assurance agency

It was found that institutions were left on their own when they had to respond to the recommendations in the audit reports and develop their quality improvement plans in the absence of continuous contact from the quality assurance agency. It is recommended that the QA agency take cognisance of the QIP in the second cycle of institutional reviews and develop a systematic process of interacting with audited institutions following an institutional review in the second cycle of QA.

Recommendation 4: quality assurance agency

It is recommended that the QA agency provide clear guidelines on the entire audit process as it embarks on the second cycle of institutional reviews, making explicit how improvement was tracked and used to improve processes within audited institutions. In addition, it is recommended that the QA agency make explicit the type of interaction there would be with institutions and what the intention of these interactions would be.

Recommendation 5: quality assurance agency

The CHE (2009) report suggests that understanding the private higher education sector in South Africa would require a view that incorporates both the public and private sector, and looking at the sector holistically. It is recommended to the HEQC that it develop an understanding of the private higher education sector before embarking on its second cycle of QA. The results of this study can serve as a guide to understand private higher education institutions in the context of the quality improvement plan.

Recommendation 6: audited institutions and quality assurance managers:

The researcher recommends that audited institutions track improvement as a result of their responses to the recommendations in the audit reports over a period and provide tangible examples of improvement. This process should be managed collaborative in audited institutions by academics, QA managers and the institutions leadership. This improvement should also lay the basis for the institutions' participation in the second cycle of institutional reviews.

5.7 LIMITATIONS

A limitation to the study is the number of participants and institutions in the sector asked to provide a sector view of the QIP development process. A focus group approach could have provided a more holistic view of the institution in terms of participants and with reference to the institutions a public institutions should have been included.

Another limitation of the study was the choice of PHEIs in Gauteng, whilst the HEQC audited five public institutions located in the province. The experience of three institutions does not reflect the quality improvement experience in the higher education sector, with 34 institutions having been audited in the HEQC's first cycle of audits. In addition, the focus on PHEIs, of which ten were audited by the HEQC in the first cycle of audits with PHEIs generally smaller and offering fewer programmes than public HEIs.

Segers and Dochy (1996) allude to a cycle of activities in the QA process and suggest three stages: monitoring of activities, a measurement stage, and a stage of improvement. Missing in the engagement with the participants after five years in the audit process is the monitoring of their improvement activities. There was an opportunity in this study to gauge this with the three institutions.

The area not explored in the study was the beneficiaries of the improvement process, which seems to be assumed with all the participants in their responses but not stated explicitly. The challenge for future research is to foreground the beneficiaries of improvement in the audit process.

5.8 CONCLUSION

The aim of the study was to gain an understanding of the responses to recommendations in HEQC audit reports, and the results of the study provided more than an understanding. It provided knowledge of how institutions responded to the recommendations in the audit reports and the different strategies they employed to do so. It also concluded that audited institutions took ownership of their QIP processes.

The researcher concurs with the conclusions reached by Westerheijden, Stensaker and Rosa (2007, p.247), about the many facets of QA and the interests associated with it. They conclude that:

- QA is not yet optimal, better processes can lead to improvement
- defining quality remains a problem
- a plurality of critical analyses is required.

The researcher argues that despite this conclusion there has been progress in processes, leading to improvement in the participating institutions. They might not have achieved them consciously, within a theoretical framework as espoused by Quinn and Boughy (2009), but nevertheless they contributed to the knowledge in the South African QA context. The concerns raised by Westerheijden, Stensaker and Rosa (2007) lay the basis for future studies in this area.

The results also provided the researcher with the knowledge that improvement is a long-term process, confirming the sentiments expressed by Carr, Hamilton and Meade (2005) that there is an array of influences for changes within institutions, in addition to those generated by the external QA agency. This implies that institutions change and in some instances this is facilitated by the QA agency. The involvement of other role-players in the process assured ownership in the institutions of the improvement process and added value to the way institutions conduct their QA activities. This study was conclusive and served its purpose in answering the research question conclusively. It is hoped that the improvement identified within the institutions during the QIP development process is tracked and reported on when institutions participate in the second cycle of institutional reviews. The HEQC has managed to collect a wealth of data on the audit process over the last ten years. It is hoped that the analysis of this data finds its way into

the HEQC's future quality assurance interactions with HEIs and translates into advice to the Minister of Higher Education and Training.

REFERENCES

- Aelterman, G. (2006). Sets of Standards for External QA Agencies: A Comparison. *Quality in Higher Education*, Vol.12, No. 3, 227–234.
- Asking, B., and Kristensen, B. (2000). Towards the 'Learning Organisation': Implications for institutional governance and leadership. *Higher Education Management*, OECD, Vol. 12, No. 2, 17–41.
- Association of African Universities. (2009). Core programme 2009–2013: Renewing and networking African HEIs to meet local and regional Challenges.
- Australian Universities Quality Agency. (2011). Audit Manual Version 8.0. Australia.
- Babbie, E. (2007). *The Practice of Social Research* (11th ed). United States of America: Thomson Learning.
- Babbie, E., Mouton, J. (2003). *The Practice of Social Research*. Cape Town: Oxford University Press.
- Bateman, and Giles. Pty. Ltd. (2006). Review of the Australian Universities Quality Agency. Final report. <http://www.auqa.edu.au>.
- Baird, J. (2007). Taking it on board: Quality audit findings for higher education governance, *Higher Education Research and Development*, Vol. 26, No1, 101-115.
- Bean, G. E. (2005). Does Feedback from Postgraduate Students Align with the Recommendations of Academic Auditors? *Quality in Higher Education*, Vol. 11, No. 3, 261–272.
- Blackmore, J. (2004). QA rather than quality improvement in higher education, *British Journal of Sociology Education*, Vol. 25, No. 3, 383–394.
- Blackmur, D. (March 2008). A critical analysis of the INQAAHE Guidelines of Good Practice for higher education QA agencies, *Higher Education*, Springer Netherlands. Vol. 56, No. 6, 723–734.
- Botha, J., Favish, J., and Stephenson, S. (2008). Institutional Audits: A comparison of the Experiences of Three South African Universities. *Quality in Higher Education*, Vol. 14, No. 1, 29–53.

- Brennan, J., and Shah, T. (2000). *Managing Quality in Higher Education: An International Perspective on Institutional Assessment and Change. The Society for Research into Higher Education*. Great Britain: OECD, Open University Press.
- Brits, H. J. (2005). A pilot audit exercise based on the principles of total quality management: A case study. *South African Journal on Higher Education*, Vol. 19, No. 6, 1033–1046.
- Carr, S., Hamilton, E., and Meade, P. (November 2005). Is it possible? Investigating the influence of external quality audit on university performance. *Quality in Higher Education*, Vol.11, No. 3, 195–211.
- Centre for Higher Education Research and Information. (2004). *Review of HEQC Pilot Audit Reports*.
- Cohen, L., Manion, L., and Morrison, K. (2008). *Research Methods in Education* (6th ed). New York, Routledge.
- Council on Higher Education. (2011). *Framework for the second cycle of quality assurance 2012 – 2017*. WWW.che.ac.za (March 2011)
- Council on Higher Education. (2001). *Higher Education Quality Committee, Founding Document*.
- Council on Higher Education. (2003). *The State of Private Higher Education in South Africa*, Higher Education Monitor, No. 1.
- Council on Higher Education. (2009). *The state of Higher Education in South Africa*, Higher Education Monitor, No. 8.
- Council on Higher Education. (2007). *HEQC Evaluative study of institutional audits 2006*.
- Cousins, B. J., and Leithwood, K. A. (1986). Current empirical research on evaluation utilization. *Review of Educational Research*, Vol. 56, No. 3, 331 – 364.
- Creswell, J. W. (2005). *Educational research: Planning, Conducting and Evaluating Quantitative and Qualitative Research (2nd ed.)*. New Jersey, Pearson Education Inc.

- Dano, T., and Stensaker, B. (2007). Still balancing improvement and accountability? Developments in external QA in the Nordic Countries 1996 – 2006. *Quality in Higher Education*, Vol. 13, No. 1, 81–93.
- D' Andrea, V., Gosling, D. (2005). *Improving Teaching and Learning: A whole institution approach*, Open University Press.
- Davidson, E, J. (2005). *Evaluation Methodology Basics: The nuts and bolts of sound evaluation*. United States of America, Sage.
- Denzin, N. K., and Lincoln, Y. S. (Ed.). (2005). *The Sage handbook of qualitative research* (3rd ed.). United States of America, Sage.
- External review of the New Zealand Academic Audit Unit – Te Wahanga Tatari, (2009). New Zealand. <http://www.nzuaau.ac.nz> retrieved on 23rd of June 2010.
- Dill, D. (2000). Designing academic audit: Lessons learned in Europe and Asia, *Quality in Higher Education*, Vol.6, No. 3, 187–207.
- European Universities Association. (2009). *Improving Quality, Enhancing Creativity: Change process in European HEIs. Final report of the QA for Higher Education Change Agenda (QAHECA) Project*, EAU Publications, Belgium www.eua.be
- Geall, V., Harvey, L., and Moon, S. (1997). The United Kingdom Institutional Self-evaluation and Quality, in Strydom, A.H., Lategan, L.O.K., and Muller, A. (Eds) *Enhancing Institutional Self-evaluation and Quality in South African Higher education and International perspectives*, University of Orange Free State.
- Green, D (Ed). (1994). *What is quality in higher education?* Society for Research into higher education and Open University press, Open University press.
- Harvey, L. (1999). Centre for Research into Quality. Evaluating the evaluators: Opening key note of the Fifth Biennial Conference of the International Network of QA Agencies in Higher Education, Santiago, Chilli; May 1999.
- Harvey, L. (2005). A history and critique of quality evaluation in the UK. *QA in Education*, Vol. 13, No. 4, 263-276. .
- Harvey, L. (2002). Evaluation for What? *Teaching in Higher Education*, Vol. 7, No. 3, 245–263.

- Harvey, L., and Green, D (1993). Defining Quality, Assessment and Evaluation in Higher Education, Vol.18, No. 1, 9–35.
- Harvey, L., and Williams, P. (2010). Fifteen Years of Quality in Higher Education (Part Two). *Quality in Higher Education*, Vol. 16, No. 2, 81–113.
- Higher Education Act No. 101 of 1997. Government Gazette No. 18515, Notice 1655, Pretoria: Government Printers. Republic of South Africa.
- Higher Education Quality Committee. (2006). Audit Report.
- Higher Education Quality Committee. (2007a). Audit Report.
- Higher Education Quality Committee. (2007b). Audit Report.
- Higher Education Quality Committee. (2004a). Criteria for Institutional Audits.
- Higher Education Quality Committee. (2009). External Evaluation of the Higher Education Quality Committee.
- Higher Education Quality Committee. (2004b). Framework for Institutional Audits.
- Higher Education Quality Committee. (2007c). Institutional Audits Manual.
- Higher Education Quality Committee. (2005). Internal documents.
- Higher Education Quality Committee. (2007d). Internal documents.
- Higher Education Quality Committee. (2009). Internal documents.
- Higher Education Quality Committee. (2010). Internal documents.
- Higher Education Quality Committee. (2011). Internal documents.
- Higher Education Quality Committee. (2008). Self – Evaluation Report. .
- Higgs, P., and Smith, J. (2006). *Rethinking the Truth* (2nd ed.). South Africa, Juta.
- Jennings, J. M. (2007). Academic audit manual for use in cycle 4 academic audits: New Zealand Universities Academic Unit, Te Wahanga Tatari, New Zealand.
- King, R., Griffiths, P., and Williams, R. (2007). Regulatory intermediation and QA in higher education: The case of the auditors, *Oxford Review of Education*, Vol. 33, No. 2, 161–174.
- Lim, F. C. B. (2010). Do Too Many Rights Make a Wrong? A Quality Study of the Experiences of a Sample of Malaysian and Singapore Private Higher Education

- Providers in Transnational QA. *Quality in Higher Education*, Vol. 16, No. 3, 211–222.
- Luckett, K. (2007). The Introduction of External QA in South African Higher Education: An Analysis of Stakeholder Response: *Quality in Higher Education*, Vol.13, No. 2, 97–116.
- Mammen, K. J. (2006). Academics 'perceptions of 'quality in higher education' and quality strategies, *South African Journal on Higher Education*, Vol. 20, No. 5, 639–654.
- Massy, W. F. (2003, June). Auditing Higher Education to Improve Quality. *The Chronicle of Higher Education*. The Chronicle Review, Vol. 49, Issue 41, 16.
- Meade, P., and Woodhouse, D. (2000). Evaluating the effectiveness of the New Zealand Academic Audit Unit: Review and Outcomes, *Quality in Higher Education*, Vol. 6, No. 1, 19-29.
- Merriam, S. B. and Associates. (2002). *Qualitative Research in Practice*. Examples for Discussions and Analysis. San Francisco, Jossey-Bass.
- Morse, J. A. (2006). The INQAAHE Guidelines of Good Practice for External QA Agencies: Assessment and next steps. *Quality in Higher Education*, Vol. 12, No. 3, 243–252.
- Onwu, G. O., and Jita, L. C. (2003). Research report on the HEQC pilot audit process. Unpublished.
- Opré, A., and Opré, D. (2006). QA in Higher Education: Professional Development: *Romanian Association of Cognitive Science*, Vol. X, No. 3, 421 – 438.
- Patton, M.Q. (1991). Towards utility in reviews of multivocal literatures. *Review of Educational Research*, Vol. 61, No. 3, 287–292.
- Patton, M. Q. (2008). *Utilization Focussed Evaluation (4th ed.)*.United States, Sage.
- Pretorius, R. (2003). Quality Enhancement in higher education in South Africa: why a paradigm shift is necessary. *South African Journal on Higher Education*, Vol. 17, No. 3, 129–136.

- QA Agency for Higher Education.(2008). Handbook for institutional audit: England and Northern Ireland.
- Quinn, L., and Boughey, C. (2009). A case study of an institutional audit: A social realist account. *Quality in Higher Education*, Vol. 15, No. 3, 263–278.
- Ratcliff, J. L. (2003). Dynamics and communicative aspects of quality. *Quality in Higher Education*, Vol. 9, No. 2, 117–131.
- Scott, G., and Hawke, I. (2003). Using an external quality audit as a lever for institutional change, *Assessment and Evaluation in Higher Education*, Vol. 28, No. 3, 323–332.
- Schwandt, T. A. (2007). *The Sage Dictionary of Qualitative Inquiry* (3rd ed.). United States of America, Sage.
- Segers, M., and Dochy, F. (1996). QA in Higher Education: Theoretical considerations and empirical evidence. *Studies in Educational Evaluations*, Vol.22, No. 2, 115–137.
- Sing, M., and Lange, L. (2007). Equity Issues in QA in South African Higher Education. Unpublished.
- Sing, M., and Lange, L. (2007). Exploring the surfaces and depths of QA. *Perspectives in Education*, Vol. 25, No. 3, vii–xv.
- Sing, M. (2010). QA in Higher Education: Which Past to Build on, What Futures to Contemplate? *Quality in Higher Education*, Vol.16, No. 2, 189–194.
- Stensaker, B. (2000). Quality as Discourse: An analysis of external audit reports in Sweden 1995 – 1998. *Tertiary Education and Management*, Vol. 6, No. 4, 305–317.
- Stufflebeam, D, L., and Webster W, J. (1980). An analysis of alternative approaches to evaluation. *Educational and Evaluation and Policy Analysis*, Vol. 2, No. 3, 5–20.
- Tellis, W. (1997). Application of a Case Study Methodology. *The Qualitative Report*, Vol.3, No. 3, 1–17.
- Terre Blanche, M., Durrheim, K. (Ed). (2002). *Research in Practice: Applied Methods for the Social Sciences*. Cape Town, University of Cape Town Press.

- Venter, P. A., and Bezuidenhout, M.J. (2008). A mechanism for programme evaluation in higher education, *South African Journal of Higher Education*, Vol. 22, No 5, 1114–1126.
- Vroeijenstijn, A. I. (1995). Improvement and Accountability: Navigating between Scylla and Charybdis, Guide for external Quality assessment in higher education. *Higher education Policy series 30*. United Kingdom, Jessica Kingsley.
- Vroeijenstijn, A. I. (2001). Manual for Self – Evaluation at Programme Level, Quality Model Higher Education (3rd draft).
- Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, Vol.12, No. 1, 82–101.
- Webb.C. (1994). Quality Audit in Universities, cited in Green, D. (Ed) (1994). What is quality in higher education?
- Welman, J. C., Kruger, S. J. (2005). *Research Methodology* (2nd ed.). Southern Africa, Oxford University Press.
- Westerheijden, D. F., Stensaker, B., Rosa, M.J. (Ed). (2007). QA in Higher Education: Trends in regulation, translation and transformation.
- Williams, P. (17 February 2009). The Future of QA: Id quot circumiret, circumveniat? (Unpublished).
- Woodhouse, D. (2003). Quality Improvement through Quality Audit. *Quality in Higher Education*, Vol. 9, No. 2, 133–139.
- Woodhouse, D. (2004). The Quality of QA Agencies. *Quality in Higher Education*, Vol. 10, No. 2, 77–87.
- WWW.che.ac.za

APPENDICES

APPENDIX 1

CLEARANCE CERTIFICATE

DECLARATION OF ORIGINALITY

APPENDIX 2

INTERVIEW PROTOCOL

APPENDIX 3

DATA TABLE

APPENDIX 4

TRANSCRIPTS OF INTERVIEWS

APPENDIX 5

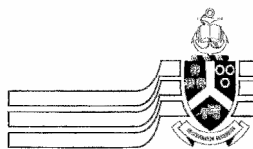
RESEARCH JOURNAL

APPENDIX 6

LETTERS OF CONSENT

APPENDIX 7

ACKNOWLEDGEMENT OF LANGUAGE EDITING



UNIVERSITY OF PRETORIA
FACULTY OF EDUCATION
RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

CLEARANCE NUMBER :

SM 10/05/01

DEGREE AND PROJECT

MEd

The response of higher education institutions to the recommendations in the Higher Education Quality Committee audit reports

INVESTIGATOR(S)

Belinda Wort

DEPARTMENT

Science, Mathematics and Technology Education

DATE CONSIDERED

30 August 2011

DECISION OF THE COMMITTEE

APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

**CHAIRPERSON OF ETHICS
COMMITTEE**

Prof L Ebersohn

A handwritten signature in dark ink, appearing to read 'L Ebersohn', written over a horizontal line.

DATE

30 August 2011

CC

Jeannie Beukes
Prof. W.J. Fraser

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.

UNIVERSITY OF PRETORIA

DECLARATION OF ORIGINALITY

This document must be signed and submitted with every
essay, report, project, assignment, dissertation and/or thesis.

Full names of student: Belinda Evelyn Wout
Student number: 255 181 95

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this my dissertation (eg essay, report, project, assignment, dissertation, thesis, etc) is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE OF STUDENT: 

SIGNATURE OF SUPERVISOR: 

Appendix 2

Semi-structure Interview Questionnaire

The following questions will be used as a guide by the researcher to facilitate discussion with the participant.

What is the response of higher education institutions to the recommendations in the Higher Education Quality Committee quality audit reports?

Interview questions:

1. Describe the process that was followed to develop the quality improvement plan?
2. Who were the role players in the development of the quality improvement plan?
3. How were the role players involved in the development of the quality improvement plan?
4. What does the term improvement mean for the institution?
5. What does improvement mean for the institution in the context of the quality improvement plan?
6. What value did the quality improvement plan development have for the institution?
7. Is there any value in this process for the individuals, institutions in the quality improvement plan process?
8. How did the institution plan for the QIP process?
9. What type of institutional planning went into the QIP process?
10. How does the QIP process fit into the comprehensive quality management system of the institution?

Student: Belinda Wort 25518195

100
1908 - 2008



**UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA**

Supervisor: Prof William Fraser

DATATABLE (Appendix 3)

Primary research Question: What is the response of higher education institutions to the recommendations in the Higher Education Quality Committee audit reports?

The table below covers the introductory comments from the interviews, providing background information of the participants, creating a better understanding for the researcher.

Code: P – Participant; 1 – Number; I – Institution; 1 – Number (P1I1)

Introductory Background comments from participants to gain an understanding		
Participant	Response	Researcher comment
P1I1	<i>“I think I understand the, the, the framework. I believe I understand the framework within which the HEQC operates, and having uh, experienced a institutional audit, at least understanding at an application level, uh, the implications of the, the audit framework.” (P1I1)</i>	Possibly an indication that he understands where the HEQC comes from. He has knowledge of the systems having been responsible for the audit process at the institution was a good participant, CEO, Soft spoken, confident and knowledgeable participant.
P2I1	<i>“Well, I’ve...there’s, there’s QA forums every year I think, I had a lot of talks with her before my first actual uh, submission...And went through her documentation and used that as an example so..., uh I think that I did through, through doing and through learning, so no formal training specifically in that. “ (P2I1)</i>	Indicating that this participant was not exposed to any formal HEQC training processes, was exposed to the HEQC’s quality assurance forums and was inducted by his predecessor. He might not have been formally trained but seems to have been involved in the QIP process from the beginning at the institution. Seemed a bit unsure of himself during the interview.
P3I2	<i>“I volunteered to be trained as an auditor but because we were the first batch of, of trainees, so to speak, I think we also participated in the formulation of the criteria which was a huge uh</i>	Indicating that he fits the criteria and that he has been trained as an HEQC auditor and

	<p><i>advantage in terms of gaining experience. So, um, I believe that the first auditors that went into the auditing process had a bit of an advantage in the sense that they, they were not trained to uh a particular criteria but they designed the criteria so they were probably much better informed as to exactly what they were doing and I think that was a valuable experience for me. Uh, I participated in an audit to also...I chaired an audit also gaining valuable experience but part of that, prior to the audits,” (P3I2)</i></p>	<p>was the chair of an audit panel, which could imply that he had a greater understanding of the audit process and how the improvement plan process was managed at his institution. Knowledgeable participant involved in many HEQC processes and often referred to the accreditation processes because that is his frame. Confident and knowledgeable participant</p>
P4I2	<p><i>“I’ve been trained as a programme accreditor as well as a...or evaluator, as well as the audit training. I’ve conducted both of them but they’ve never used me. So in general, as quality assurance fits underneath my profile, I’ve just implemented all that training and all that knowledge into my systems but I haven’t, in general, been part of any evaluation process for the CHE.” (P4I2)</i></p>	<p>Indicating that she fits the criteria and that he has been trained as an HEQC auditor and evaluator. She alludes to the value of the training provided by the HEQC and how this assisted her in her portfolio which could provide a view of the impact of the training process the HEQC provides as it prepares individuals in the HE sector. Get the sense that she used the experience to her advantage and fro the benefit of the institution. Confident and knowledgeable participant</p>
P5I3	<p><i>“Yes, I was trained as both an auditor and an evaluator. I’ve actually assisted the CHE with offering the training or providing the training to others and I’ve been um, on an audit panel and also involved in report writing, I did the report writing training, um, I think it’s the second day of the auditor training.” (P5I3)</i></p>	<p>Indicating that she fits the criteria and that he has been trained as an HEQC auditor and evaluator, was an audit panel member, which could imply that she had a greater understanding of the audit process and how the improvement plan process was managed at her institution; she was also a report writer. Confident and knowledgeable participant</p>
P6I3	<p><i>“Oh, yes. No, definitely. In, um, I think the main frame was that now...I started in the quality field in October 2002. And I think, I can’t even remember how many training sessions that I’ve attended and I did, I, I was trained as an..., Auditor, yes and also I did the report writer training as well, yes.” (P6I3)</i></p>	<p>The response is an indication that she fits the criteria and that she has been involved in QA activities at her previous institution. She has an understanding of the HEQC’s work but seems not able to articulate her views, seems nervous a bit intimidated?</p>

RESEARCHER OBSERVATIONS ON THE INTRODUCTORY COMMENTS DURING INTERVIEWS

P111 – Yellow P211 – Bright green P312 – Turquoise P412 – Pink P513 – Grey P613 – Teal

Question	Participant 1 P111	Participant 2 P211	Participant 3 P312	Participant 4 P412	Participant 5 P513	Participant 6 P613
Interview introductory	Has been part of the HEQC audit processes,	Not part of the audit, not trained as an auditor or evaluator	Has been part of HEQC processes since 2001. Chaired an audit panel	Noted she was trained as an auditor and evaluator for the HEQC	Has been part of the HEQC audit processes, participated in an audit	Noted that she was not part of the audit. But has been trained as an auditor.
	Has been part of the HEQC audit processes,	Not part of the audit	Has been part of HEQC processes since 2001. Chaired an audit panel	Noted she was trained as an auditor and evaluator for the HEQC	Has been part of the HEQC audit processes, participated in an audit	Noted that she was not part of the audit.
Observation:	Found the participant welcoming and comfortable during the interview, responded to all the questions. There was no reactivity here just	Not exposed to any formal HEQC training but attended HEQC information meetings. This participant was bit	Also involved in other HEQC directorate, Was involved in the audit in advisory capacity, wrote the follow	She was not part of the audit but was a knowledgeable participant; she had to develop the QIP when she joined the institution. It appears	She has been involved in other HEQC QA activities apart from the audit process, good and participant,	Not exposed to any HEQC training but was aware of the HEQC's activities, not a confident participant due to joining the process

	<p>a sense of assisting in the understanding of the PHE sector. Confident participant.</p>	<p>unsure of the contribution he could make to the discussion because I was from the HEQC and I visited the institution in that capacity earlier. He also joined the institution after the audit but took responsibility for the QIP process when he joined the institution.</p>	<p>up report. Confident and knowledgeable participant, was aware of the HEQC processes I got The sense that he used his experience with the HEQC</p>	<p>that she used her training as an auditor and evaluator to develop her QIP.</p>	<p>was comfortable throughout the interview. The value is that she operates within two EQA's and was responsible to manage that process at the institution.</p>	<p>late in the institution but provided some insight in the cases where she could respond.</p>
--	--	--	--	---	---	--

Participants' responses to questions in the semi-structured interviews:

QUESTION 1	Participant 1 P111	Participant 2 P211	Participant 3 P312	Participant 4 P412	Participant 5 P513	Participant 6 P613
1. Describe the process that was followed to develop the quality improvement plan?	I've been intimately involved in working with the registrar and some of the team members to, well, to respond to the development plan and to develop um, remedial reactions and development processes and policies were required for the	Responsible for the implementation and follow up on the QIP.	It was a consultative process with basically with the academics, and the heads of academics and existing management,	So, in terms of giving feedback of the recommendations - that I was part of and afterwards we had a CHE site visit on feedback of the recommendations that we submitted.(P412)	Um, I was fully involved with that, Uh, it was my primary task to develop the audit improvement plan, so I had to consult with the various divisions, work through the recommendations, um and even broader than the recommendations through the report, to see where we need to follow up. Um, so I developed the improvement plan and we circulated and consulted but it was um, primarily my responsibility. (P513)	And it was well past the audit and it was past um, the improvement plan.

	improvement.					
	Participant 1 P111	Participant 2 P211	Participant 3 P312	Participant 4 P412	Participant 5 P513	Participant 6 P613
2. Who were the role players in the development of the quality improvement plan?	myself, the registrar, the learning design manager, the key uh, liaison representative at that time, um, some of our um, facilitators, lecturers and some of our supervisors, (P111).	Then specific institutions, then the staff members themselves, then the IT people specifically because we have to see if they could actually work that and that was (P211)	I joined this organisation in the beginning of 2008., At which point we were, we were, uh, both myself and the quality assurance manager were tasked with the responsibility of, of, of writing the follow-up report on the audit. (P312)	And then we had meetings with the staff to see how they reflect on the recommendations and some of the staff were new so they also didn't have the experience of the audit and some of the staff were here since the begin...since, you know, the establishment of the institution. So all of their experience and expectations and how the criteria were explained and implemented, all of them were mapped and discussed and from there on we draw a drafted documentation on	We actually selected people according to the recommendations. So if the recommendation dealt with specific departments, support units or academic units, we worked with them specifically to construct the improvement plan for that specific recommendation.(P513)	Not at the institution,

				how we go from here, a project plan(P4I2).		
	Participant 1 P1I1	Participant 2 P2I1	Participant 3 P3I2	Participant 4 P4I2	Participant 5 P5I3	Participant 6 P6I3
3. How were the role players involved in the development of the quality improvement plan?	I looked at, and looking at the wider system, looked at what has been done as far as my knowledge was on RPL and I liaised with representative s from the council (P1I1)	And we started with uh, monthly meetings with regard to everybody that's involved and say- this is what the process and the procedure is now, how should we change it because this is what we got from, from the CHE from, from the audit and how can you actually implement it into your department. (P2I1)	the academics and the heads of academics and with the existing management, the management at that point in time where we'd say now- what happened about this, what is now happening. And then we went to the academic staff and said-	In every aspect of the recommendations or any point that has been issued as a concern or a recommendation, the people directly involved, first of all, and then the people part of the audit if there were any and then together we were sitting and discuss how they see we should address this.(P4I2)	So if the recommendation dealt with specific departments, support units or academic units, we worked with them specifically to construct the improvement plan(P5I3)	Not at the institution,

			you didn't do this, are you now doing this? Why and how, and that's basically what we did.(P3I2)			
	Participant 1 P111	Participant 2 P211	Participant 3 P3I2	Participant 4 P4I2	Participant 5 P5I3	Participant 6 P6I3
4. What does the term improvement mean for the institution?	P111: in my mind, is that the outcome must be of a better quality and experience by those who are the beneficiaries of whatever service you provide so improvement sits to me at an experience level but it must improve, it must become better than what it was.	I think maybe um I understood it better as a guiding towards, (P211).	Was a positive but gradual change towards providing a better teaching and learning environment for our learners with all the components that go with it, inside the organisation the notion of	Improvement started at the Self-evaluation process, it continued, built on and became part of everybody's day to day business, it became continuous (P4I2) So, improvement means, for us, making it easier	but improvement to me, means a process and that it is a process and that it will be maybe next year will be a bit better, " (P5I3) that quality cycle of improvement and how the improvement actually leads into another cycle and, and showing you other things that need to improve. So, definitely, to me improvement means a cyclical process wise but an upwards cycle and not just going round and	I think the, the, the basic philosophy of uh, improvement being continuous uh, a continuous process. It's, it's very important um, and then you must also...it's important to take the staff along. (P6I3)

	<p>An example of the improvement: The mode was very ill defined at the beginning. Today the notion of what is the mode of learning we provide is well defined or it's better defined. (P111)</p>		<p>continuous improvement, (P3I2)</p>	<p>and making sure that we are actually having fun being here and enjoying the process and having quality programmes. P4I2</p>	<p>round but definitely moving forward, (P5I3). "Whereas the improvement process is more internal but it's also accountability," (P5I3)</p>	
	<p>Participant 1 P1I1</p>	<p>Participant 2 P2I1</p>	<p>Participant 3 P3I2</p>	<p>Participant 4 P4I2</p>	<p>Participant 5 P5I3</p>	<p>Participant 6 P6I3</p>
<p>5. What does improvement mean for the institution in the context of the</p>	<p>I think it also allowed, you know, on an external level...we're a business- to-</p>	<p>we've done so much, but now we have to improve on what we've done and then I actually, to rephrase a term as</p>	<p>I think that in the context of the quality improvement plan, improvement is a...for us was a, was a positive but gradual</p>	<p>well, on an annual basis, we have capacity building workshops and training processes that we have with</p>	<p>So the improvement plan is, is definitely a more useful tool for those coordinating and facilitating the process than for the, the actual stakeholders, but</p>	<p>And, and, and not force it on them but to convince them that it is for the better...to the institution and not just, not just something to please the HEQC.... That</p>

<p>quality improvement plan?</p>	<p>business university.(P111)</p>	<p>guiding us forwards. So I, I think maybe um I understood it better as a guiding towards.(P211)</p> <p>Because we all improving but we not doing it on our own we are guided towards that and um, the quality management of Da Vinci really now is, is above the rest, is a cut above,(P211)</p>	<p>change towards providing a better teaching and learning environment for our learners with all the components that go with it. Uh, there are certain things that I think that are very far removed but very important,(P312)</p> <p>Uh, from subject process, but I think we started to address certain issues immediately- uh, lecturer preparedness, uh, things like that. Uh, but it's not an improvement and it's also not a...it's not something that can be over.P312</p>	<p>the staff and all of the staff are involved.(P412)</p> <p>Making sure that everybody is sure of the impact of improving and quality assurance in their environment,(P412)</p>	<p>it's the tool, it's the, it's the mechanism that, that brings...and it forces you to bring together and to act on the recommendations.(P513)</p> <p>Yes, I would say so because of those discussions that we had. Um, if it was not for the audit, I don't know if we would have managed to get academics around a table to talk about assessment.</p>	<p>we do it for our own reasons P613</p>
----------------------------------	-----------------------------------	--	---	--	---	--

			that's one thing that improved tremendously is our reporting capacity, P3I2)			
6. What value did the quality improvement plan development have for the institution?	I think it also allowed, you know, on an external level...we're a business- to-business university. (P11)	I think it set our standards up, it, it lifted our standards. It, it also lifted us...our integrity uh, because we know that we comply to what is necessary. I would be very, very unsure and very, very um, scared to actually give something out if I don't know	I think it's a general improvement of quality at all levels, quality of tuition, quality of programme design, quality of facilities has improved tremendously, P3I2) Which added also value to this and it also assisted...the whole audit	I think so, yes. I think it was important to go through the process, doing a self-evaluation and I don't think it was done on that level before, but it gave the institution the opportunity to look at the bigger picture, I think it gave us a bird's eye view on the institution, where the institution is going and what the processes are.	I think there was definitely value in it, more value for us as the coordinating or the facilitating unit, um, to get our heads around these are the things that we need to address and that we need to attend to. P5I3	Um, I'm of the opinion that um, you should structure whatever you...needs to be done and plan what needs to be done. So I think in that sense it made...it forced us to think about what we want to um, what we want the institution to be like and then what steps need to be taken to do that. Yes, so after that I do think an improvement plan was a good idea. Um, I think planning's always a good idea. P6I3

		<p>whether it's compliant and that really lifted our standard, our image, our status...(P211)</p>	<p>issue assisted us in actually selecting our, our staff which we appoint in a much better way.P3I2</p> <p>The value lies in the, in the writing of the plan and the development of the plan and the implementation of the plan rather than the plan itself.(P3I1)</p> <p>the process that, that went with the, with the development of the improvement plan and everything</p>	<p>P4I2</p> <p>Yes, there was value, exposed them to discuss more of the concepts, involved support and administrative staff in the improvement process, (P4I2)</p>		
--	--	---	--	---	--	--

			around that, it's a more important thing for us than the plan itself. P3I2			
	Participant 1 P1I1	Participant 2 P2I1	Participant 3 P3I2	Participant 4 P4I2	Participant 5 P5I3	Participant 6 P6I3
7. Is there any value in this process for the individuals, in the institution involved in the quality improvement plan process?	I think for the two roles the CEO and the registrar at some very intimate levels, this has been a very empowering experience. (P1I1)	And um, we feel that what we, what we, that what we hand out is really valued by the student and why whoever they're giving it to, to evaluate. (P2I1) Yes, because they also have to adapt to changes and improve their process and procedures	Those staff who are still left gained experience, administrative capacity have improved, this process that went with the development of the improvement plan, it's more important thing for us that the	all of the staff have been explained the processes and how they fit into the quality assurance process, what is the value they add to the quality assurance process from the support staff to the admin staff-	Um, yes, I think so. I'm, they, you know, you...we constantly also try and get feedback from the staff and, and do staff surveys and we did a survey after the audit about the feedback from the staff and they indicated that the whole audit was a valuable process	: Um, yes, I think so, I think so, yes. I think they, they um, the staff, because of the introduction..but I don't know when they introduced the assessment training. Whether it was now post audit or pre audit, but the assessor training and the whole question of um, a research into training methods in your specific field. P6I3 Ja, and therefore yes, it must be to the benefit of the

		<p>(P211). Um, the same...even the financial guys, they are doing the stuff so that we can actually um, progress on our work. I think every individual working as part of the institute, um, admin process um, actually benefited from that, (P211).</p>	<p>plan itself, the values lies in the writing of the plan and the development of the plan and the implementation of the plan, P3I2) Staff support, that sort of thing, ja. What we're looking at at this point in time is improving administrative uh, systems (P3I2)</p>	<p>P4I3 Yes they were all involved, we've discussed it, everybody had input when new processes were considered, annual strategic planning, (P4I2)</p>	<p>for them ... (P5I3) more involved on an operational level in terms of implementation, but I, I, I would be of the opinion that it assisted them also within their divisions, to structure what they are doing and to provide them with focus areas and areas that they need to improve. (P5I3) So it really gave us that opportunity to show them the benefit of sharing and of discussing and of, of, of, where, for instance, implemented learning and</p>	<p>students and, and the staff. P6I3</p>
--	--	--	--	---	---	--

					teaching forums post audit. (P5I3)	
	Participant 1 P1I1	Participant 2 P2I1	Participant 3 P3I2	Participant 4 P4I2	Participant 5 P5I3	Participant 6 P6I3
8. How did the institution plan for the QIP process? Follow up	we need to run a system that aligns to the requirements and what are we going to do about that and take what is being suggested by the uh, audit to actually direct us more specifically, P1I1).	Um, we build it around that. The quality management system was built around that, that was the core that we took, (P2I1).	Because it was already embedded and it was already done (P3I2) five years ago, what do we do? There's no process. Now, this happens and we say- oh no, there's precedent, there's process, there's something, (P3I2).	It became part of their planning, all discussions are absolutely based on improvement, (P4I2)	Ja, we um, as I mentioned about the governance structure, that was one way of embedding it in the, the, the operational aspects of the institution. Um, the other way was to make it part of our quality assurance cycle and our planning cycle um, in the institution. So, we actually also acted on the recommendations	And so the, the teaching and learning forums used to share um, good practice.P6I3

					in our operational plan which is part of our quality management system and our quality process	
	Participant 1 P111	Participant 2 P211	Participant 3 P312	Participant 4 P412	Participant 5 P513	Participant 6 P613
9. What type of institutional planning went into the quality improvement plan process?		Did not respond to this question	There's more of a co-operative, collaborative management style, P312) We now have a different way of dealing much more with, with staff directly and take their input on certain things so...(P312)	Strategic planning meetings, (P412)	to put it as items on our agenda, but on the other...on a more strategic level, we incorporated and we embedded into our own quality cycle and our planning processes. (P513)	Um, you know, because they take, they take everything very seriously. From Australia's side as well uh, about what's going on um, on our um, quality field. P613
	Participant 1 P111	Participant 2 P211	Participant 3 P312	Participant 4 P412	Participant 5 P513	Participant 6 P613
10. How does the	I think it has	Did not	We have gone	Absolutely. All our	they would not	Yes. No, definitely.

<p>quality improvement plan fit into the comprehensive quality management system of the institution?</p>	<p>become more inclusive. I think the frame made us aware- do we know our stakeholders, do we really know who they all are? (P111)</p>	<p>respond to this question.</p>	<p>on beyond that, yes and it became part of un, improvement strategies become part of how you plan for the institution, we do a risk analysis, the whole thing became embedded to the extent that uh the initial significance of the audit report and the improvement plan kind of disappeared, they became</p>	<p>templates, all our documentation, communication documentation that goes out, all our discussions are absolutely based on the improvement P412</p>	<p>necessarily know that this is part of the improvement plan um, because we also try not to differentiate, (P5I3)</p> <p>So, we actually also acted on the recommendations in our operational plan which is part of our quality management system and our quality process. So, operationally it assisted us to keep a track of the recommendations, to put it as items on our agenda, but on the other...on a more strategic level, we incorporated and we embedded into our own quality cycle and our planning processes.(P5I3)</p>	<p>And I, I, I think if there was anything to, to dispute they would have done it. P6I3</p>
--	--	----------------------------------	--	--	---	---

			<p>part of everyday life P3I2) five years ago, what do we do? There's no process. Now, this happens and we say- oh no, there's precedent, there's process, there's something, (P3I2).</p>			
--	--	--	---	--	--	--

The theme development process is from the responses and the research questions

Code: Colour

P1I1 – Yellow P2I1 – Bright green P3I2 – Turquoise P4I2 – Pink P5I3 – Grey P6I3 – Teal

--	--	--	--	--	--

Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
Change at the institution post the audit	Impact of audit report	Impact of the Audit process	Improvement at the institution post QIP development	Value of the improvement plan	QIP strategy in planning at the institution
<p>P4I2: change in staff profile since the audit, institutions was different since the audit, more students and more sites,</p> <p>Yes, because we went through a cycle once we started, we started in 2000, so, a lot of change for us and a lot of change in terms of the regulatory environment. So, in terms of that, (P4I2)</p>	<p>P3I2: audit report contributed in a indirectly in a total restructure of the organisation and its decision making processes and quality assurance processes , Whole idea of the audit wasn't to cut them back but to support them, to give some ideas on how to do better</p>	<p>P3I2: impact positively all the way, P3I2: P3I2: initially there was element of fear for the audit , became part and parcel of the everyday activities of the institution, P3I2:</p>	<p>Role players P3I2: Those staff who are still left gained experience, administrative capacity have improved, P3I2: P3I2: Improvement came when the audit report came, it's a gradual, it's a process, ja it's a process that evolved, there's much more awareness of quality,</p>	<p>P3I2: Was a positive but gradual change towards providing a better teaching and learning environment for our learners with all the components that go with it, inside the organisation the notion of continuous improvement, P3I2:</p>	<p>P3I2: that's one thing that improved tremendously is our reporting capacity, P3I2:</p>
<p>P4I2 Audit had an impact, streamlined some processes</p> <p>P1I1: But already during the audit process there were things that were already changing. I recall that the academic board process and the</p>	<p>Yes, I would say so because of those discussions that we had. Um, if it was not for the audit, I don't know if we would have managed to get academics around a table to talk about assessment. P5I3</p>	<p>P1I1: it gave us more direction and it gave us a stronger sense of being part of what has been established,</p> <p>P1I1: the audit process provide a framework for the business to operate in.</p> <p>P1I1: place but because we were audited I know</p>	<p>P3I2: that's one thing that improved tremendously is our reporting capacity, P3I2:</p> <p>P1I1: in my mind, is that the outcome must be of a better quality and experience by those who are the beneficiaries of whatever service you provide so improvement</p>	<p>P3I2: Those staff who are still left gained experience, administrative capacity have improved, this process that went with the development of the improvement plan, it's more important thing for us that the plan itself, the values lies in the writing of the plan and the development of the plan and the</p>	<p>I think it has become more inclusive. I think the frame made us aware- do we know our stakeholders, do we really know who they all are?/// P6I3</p>

<p>examination committee process was so new that...during the audit process already, P111:So the audit process allowed us to generate, people would say, more paper work, but I think it did provide more frames to operate with them without stifling the process but only...So now the lecturers know what is my expectations, supervisor exactly knows what is expected, the student knows exactly what is expected um, and that was not that clear when we started.</p>		<p>where I'm going. P111:So the audit process allowed us to generate, people would say, more paper work, but I think it did provide more frames to operate with them without stifling the process but only...So now the lecturers know what is my expectations, supervisor exactly knows what is expected, the student knows exactly what is expected um, and that was not that clear when we started.</p>	<p>sits to me at an experience level but it must improve, it must become better than what it was. An example of the improvement: The mode was very ill defined at the beginning. Today the notion of what is the mode of learning we provide is well defined or it's better defined. P111: "So it really gave us that opportunity to show them the benefit of sharing and of, of, of, where, for instance, implemented learning and teaching forums post audit,"(P513).</p>	<p>implementation of the plan, P312: P111: I think it also allowed, you know, on an external level...we're a business- to-business university. Yes, and it still is. It's after four years and we still have a monthly learning and teaching forum.(P513) It was sort of ad-hoc based it started and when we wrote the, the improvement plan we, we kind of put all these ad-hoc activities and to see what happens and to put them in a structure, a way together, P312</p>	
<p>P312: policies became</p>		<p>I believe that it</p>	<p>P312: Was a positive</p>	<p>P111: I think it also</p>	

<p>much more embedded and applied, revised policies post the audit, current practice is to revise policies annually, P3I2:</p>		<p>impacted us positively all the way. I believe that if there, there wasn't that intervention from the outside that there are certain practices which were not probably all uh, as it was supposed to be that would still have been in place. P3I2:</p>	<p>but gradual change towards providing a better teaching and learning environment for our learners with all the components that go with it, inside the organisation the notion of continuous improvement, P3I2:</p>	<p>allowed, you know, on an external level...we're a business- to-business university.</p>	
<p>P3I2: my involvement was to structure it and formalise the plan, things were kind of ad-hoc before, the institution as it is at the moment is not the institution that was audited,</p>		<p>Yes and no. Definitely the audit had an impact because it streamlined some of the processes; it explained and gave an understanding to the staff as well as to students why we have quality assurance but also because we're private we're exposed to the market. (P4I2)</p>	<p>It was actually in the, in the process of preparing for the audit because we actually identified some of the shortcomings which we also highlighted in the portfolio. (P5I3)</p>	<p>but it gave the institution the opportunity to look at the bigger picture.P4I2 I think it gave us a bird's eye view on the institution, where the institution is going and what the processes are. .P4I2</p>	
<p>P3I2: technically every time that we make a submission for accreditation we audit ourselves, we are forced to reflect, We've become a multi-campus institution, uh, which is a different institution. It comes with, there are new</p>	<p>A young institution, but definitely there's been maturity rich, not maturity rich but it was, it's, it's in the process of getting more mature.P6I3</p>	<p>It taught us how to deal with the campus which we probably would not have known how to do in 2005.</p>	<p>I think for us, looking at improvement, is make it easier for everybody involved. So if it improves what do you improve? Do you improve your delivery of your teaching and learning? Do you improve your quality assurance systems in</p>	<p>the process that, that went with the, with the development of the improvement plan and everything around that, it's a more important thing for us than the</p>	

<p>quality assurance challenges coming with that which wasn't even in the improvement plan.</p>			<p>terms of management information systems? Do you really have a system that is operational? So, improvement means, for us, making it easier and making sure that we are actually having fun being here and enjoying the process and having quality programmes.P412</p>	<p>plan itself..</p>	
<p>A young institution, but definitely there's been maturity rich, not maturity rich but it was, it's, it's in the process of getting more mature. P613</p>		<p>A young institution, but definitely there's been maturity rich, not maturity rich but it was, it's, it's in the process of getting more mature.P613</p>	<p>So, improving means communication levels, meeting on all the levels, making sure that everybody is exactly sure what is the impact of improving and quality assurance in their environment. P412</p>	<p>The value lies in the, in the writing of the plan and the development of the plan and the implementation of the plan rather than the plan itself.</p>	
		<p>it provided an impetus of the whole quality assurance process.P613</p>	<p>No, I, I think that, that the whole notion inside the organisation is the notion of continuous improvement, it's the, it's the total quality management to one percent annually improvement always,P312</p>		
<p>Additional areas to consider</p>					

At which point did improvement take place in the institution?	Recommendation example from institution 1	Long term progress at institution 1 suggests that post the improvement plan they were only beginning to understand the progress made,	Concern located in the methodology. Patton and evaluation	Private Higher Education theme emerged later	
<p>P111: in preparation for the audit some improvements were already starting to happen. It was, was like a, like a work in progress.</p>	<p>P111: the recommendation on RPL : I liaised with representatives from the council of Added Experiential Learning externally in the US. ; We would then sit together, the registrar, myself as well as the design manager and we would then review that internally and look at what we have and in terms of what the recommendation requires and then realize to what extent the gaps were filled with</p>	<p>from the audit interviews somebody making a comment somewhere- to what extend do we moderate our assessments, our personal assignments prior to providing it to the student and I must say we're only now diving deeply into that.</p> <p>P111</p>	<p>any intervention will bring about, but I think the conclusion and the report itself was non-threatening and, and actually was, was given to the institution in such a way that they could see that the whole idea of the audit wasn't to cut them back or to...but to, to support them, to give some ideas on how to do better. P312</p>	<p>Ja, and I think we can now sit around the table and look at private higher education from a view of, you know, we're actually providing good quality teaching and learning. In the beginning, I think, because of ignorance or not capacity it was a little bit ad-hoc at some places. (P412)</p> <p>At the point of audit, I think, private institutions like this one were still busy designing their policies and writing their policies but you must remember also that policy gets in form by,</p>	

	<p>that and then formalize our internal uh, documentation; that then was then taken to the council for approval and that then was included in the report. P111:</p>			<p>by practice.P3I2</p> <p>the institution as it is at the moment is not the institution that was audited. That's a, that's an interesting phenomenon but that is something that one can expect in the private sector.P3I2</p> <p>we are into a phase where we grow and we can only grow- private institutions make it through one thing only and that's quality.(P3I2).</p> <p>We can't undercut the public in terms of costs or anything.P3I2</p> <p>We are more expensive and to be more expensive we've got to</p>	
--	---	--	--	--	--

				<p>offer better quality of and I think that's the, the notion of everybody. P3I2</p> <p>A young institution, but definitely there's been maturity rich, not maturity rich but it was, it's, it's in the process of getting more mature. P6I3</p>	
--	--	--	--	--	--

Appendix 4

Interviewer: Researcher

Interviewee: Participant 1

Institution: No. 1

Designation: CEO

Date of interview: 30 June 2010

Time: 09:00

Duration: approximately 30 minutes

Code: P111

I: Ok, thank you Dr for giving me the opportunity to interview you for this process. I have a few questions that I would like to ask you uh, but I have some background because in my criteria for selection of participants I indicated that the people should have at least some knowledge of the HEQC. So, I wanted uh, just to check with you if you were trained as an auditor?

P: Yes I was.

I: Ok, tell me when that happened?

P: That happened in 2000 and uh, 2007.

I: Ok, and have you participated in any of the other um, HEQC um, quality assurance activities in any capacity?

P: Um, not in a formal capacity. I think um, where the HEQC provided opportunities to have workshops or briefing sessions, I was part of that, I was part of those processes.

I: Ok, uh, were you ever trained as an evaluator also?

P: No.

I: Ok and uh, you have not participated in any audit of the HEQC?

P: No.

I: ok, so would you say you have knowledge of the HEQC audit system?

P: I think I understand the, the, the framework. I believe I understand the framework within which the HEQC operates, and having uh, experienced a

institutional audit, at least understanding at an application level, uh, the implications of the, the audit framework.

I: Ok, thank you. Um, then another background question: uh, you we at the institution at the time of the audit, I just want to check with you how did you experience the audit process uh, at that time? I know it was a long time ago.

P: Look, I, I want to be honest. To me it was a very empowering experience, I come from the traditional academic background and I'm very aware of the um, intricate processes that universities...and the cumbersomeness of processes at universities. What I, when I joined the Da Vinci Institute um, in my first 6 months of being at the Institute we were identified as participating in the institutional audit, very aware as a young institution. Interestingly enough, at that point only provisionally equivalent that this will be a very challenging experience. The opportunity that it however allowed us to do is to actually make things happen in preparation uh, for the audit. That I'm not sure we would have done otherwise, so, and the support that time from I think was it Mark? Dr Mark?

I: Dr Hay.

P: Dr Mark Hay. I just think it was just amazing. We, both me and the chairman, we found it so comforting with the support that we obtained in, in the build up towards the audit and the during the audit process.

I: Thank you. And um, how do you think have things changed since the audit for the institution?

P: How's things changed since the audit for the institution? I think the audit process gave us a framework of which we had to work on to align our processes and procedures and delivery mechanisms- our total business. So, I think, what it allowed us, it gave us a template, if you wish to, a pilot plate against which we could, um, sound whatever we decided on. we didn't felt lost, we felt...we understood the beacons and the frames and how we need, where it was needed to align ourselves to good practice and to serve a purpose of becoming an education provider from a regulatory point of view. So how's it changed? It, it made us...it gave us more direction and it gave us a stronger sense of being part of what has been established, because I'm still of the believe, and I've said this probably more than once, I feel extremely fortunate to be part of a sector in society where I believe, and have experienced, that we really want to make it work for people and that's the sense that we have that regulated that, that, that government wants to make education work for the community. That we have

challenges and struggles, that's a fact, but there is a sense that we, that we can relate to something that is meaningful.

I: Thank you, thanks. That's just the background area. I'm now going to go...I have a whole range of questions and I think you've touched on some of them I'll just go back to some of them again. I'm going to focus on quality improvement plan process now and um, I want you to please tell me in what way you were involved in the quality improvement plan development at the institution?

P: I was intimately involved, as a small institution with multiple tasks. So, as the executive of the business um, I also take on to a large extent the role of the executive of the academic process at the institution. Although we've got a rich proposition at the institution, the registrar and I work in a very close relationship so with regards to the improvement plan, I've been intimately involved in working with the registrar and some of the team members to, well, to respond to the development plan and to develop um, remedial reactions and development processes and policies were required for the improvement.

I: Ok and a follow up in that, I'd like you to describe to me in detail uh, the process that was followed in your institution to develop the uh, improvement plan from the time the audit report came.

P: Um, looking at the um, is it now the commendations or recommendations, the commendations. No, recommendations.

I: The recommendations.

P: On the recommendations uh, what we did is um, myself, the registrar, the learning design manager, the key uh, liaison representative at that time, um, some of our um, facilitators, lecturers and some of our supervisors. Those were, we identify these individuals in playing a role in working out the, the, the uh, remedial activities or development initiatives that were related to each of those recommendations and in some of them, all of them was involved. In some of them some of them were involved and then we also took that process through a external critical reader...

I: Mhmmm.

P: I called it critical reader process, where I could work with people um, from other academic institutions, especially also from the current public universities

because of respecting, very often that their processes are more matured and it's more...very often I will think it's more defined. So we did work with representatives from those to serve as critical readers to what we will then uh, compile and what we would then forward to the colleagues at the CHE, HEQC to look at. We also involved our council because when we completed that work, the council, we would have, we shared it with the council at a council meeting in saying with regards to the recommendations this is what we've developed and what we forwarding back as response.

I: Ok, I have a question that deals...and you've mentioned the role players. I wanted to know how they were involved in the development of the plan and you said at different uh, levels so maybe if you could describe the process you took one of the recommendations and what did you do?

P: I think there was the recommendation on RPL, if I can recall it correctly, for us. Uh, I looked at it as follows, I looked at, and looking at the wider system, looked at what has been done as far as my knowledge was on RPL and I liaised with representatives from the council of Added Experiential Learning externally in the US.

I: Mhmm.

P: Pam, Pamela Tate [inaudible 09:20] and I also engaged with representatives from SADE- being a distance education institution ourselves, and knowing of the work that some of them have done in this regard and I engaged with colleagues at the University of the Free State, where I, where I know they've developed good policy around RPL and have a longer and more imbedded process on RPL.

I: Ok.

P: Um, I also, no, that came only later. Those were the people that I involved externally and had discussions with them on which they would have uh, provided some advice, some comment and some documentation on work that they have done as to serve in a way as examples and references for us. We would then sit together, the registrar, myself as well as the design manager and we would then review that internally and look at what we have and in terms of what the recommendation requires and then realize to what extent the gaps were filled with that and then formalize our internal uh, documentation, if I wish to, and how we want to deal with RPL um, and that then was then taken to the council for approval and that then was included in the report.

I: Ok.

P: So that's an example.

I: Ok, thanks. And then I just wanted to understand, because we are talking about the improvement process at the institution, at which point did the improvement start at the institution? Did it start with the development and the self evaluation report? Did it start with the audit report coming?

P: I'll be honest, um, being a young institution...I always say we only become DA Vinci in April the year of 2006 of which the audit was done in June of 2006 so having said that in preparation for the audit some improvements was already starting to happen. It was, was like a, like a work in progress. I recall at the audit, you know, we were reminded that certain things were not yet happening since in terms of the audit report.

I: Mhmm.

P: Or the audit presentation that. But already during the audit process there were things that were already changing. I recall that the academic board process and the examination committee process was so new that....during the audit process already, what was happening in those, in those...in the academic board and the examination committee wasn't even captured in the audit proposal in the audit documentation.

I: Yes

P: So, I think, other than that, it started on the day when I, when I walked into this business which was November of 2005, realizing I was appointed as the executive of an entity that was not accredited...

I: Mhmmm.

P: But only provisional accreditation of which SAQA wasn't even, couldn't give me enough information even because we still recorded our programmes through SAQA at that stage.

I: Yes.

P: And I recall myself sitting in April of that year at SAQA for a whole week just to get our programmes, identity cards.

I: Mhmm.

P: Because here I was having students and I didn't have ID numbers for my qualifications (laughter).

I: Ok.

P: So I think the process started in November 2005, prior to the audit and I think ever since the audit gave us a frame, if I could, it gave us a [inaudible 13:05] that we can anchor ourselves to and since then I think it's a continuous process.

I: Thank you.

P: I'll be honest, if I may, we're currently only diving deep into our uh, assessment process. Yes, we got policies, it's, it's happening but I still recall from the audit interviews somebody making a comment somewhere- to what extent do we moderate our assessments, our personal assignments prior to providing it to the student and I must say we're only now diving deeply into that.

I: Mmmm.

P: We're only now getting there.

I: And you would think the way you are operating is because of the audit process for your institution.

P: Yes, I can be honest with you, the audit process provide a framework for the business to operate in.

I: Ok, thanks. We're just going to go uh, onto one thing that I found.

P: I want to say something on that...

I: Ok.

P: So we were, we do get now, in the last year, a number of private institutions who are provisionally accredited and are phoning me and saying Ben, we want to

pay a visit to you because we understand that you're accredited and you had an audit, but we're struggling. I feel very fortunate in, in being in those discussions because, if I could make a recommendation to, to, to a regulator, I wish we could audit people right at the beginning.

I: Mhmm.

P: Because I can see the benefit that I have had at this institution having been audited, not because everything was in place but because we were audited I know where I'm going. Some of these colleagues are sitting for four or five years provisionally accredited but they're stuck.

I: Ok.

P: Just stuck and I believe the audit process can actually be...I think there should be an audit right up front. So let's get the bottom now, where are you?

I: Mhmm.

P: And yes, we will give you provisional accreditation because you've got this and this not in place but now we've got a frame.

I: Ok.

P: It's as if it doesn't become real until, I think, you're audited.

I: Ok, thanks for that. I just want to go onto a more complex, complex concept I found in the literatures about what does improvement mean, you know, what does it mean? And it's not a...there's no definition for that. So I wanted your understanding in terms of the quality improvement plan or the audit process as such.

P: I would say improvement, in my mind, is that the outcome must be of a better quality and experience by those who are the beneficiaries of whatever service you provide so improvement sits to me at an experience level but it must improve, it must become better than what it was. So, if I look at the student experience and they are looking there also, for my purposes, when I look at the level 1, the student experience; the next level the administrative experience of the staff at the institution, the next level will be at an academic and a supervisory level of the people who facilitate the learning and ultimately at a council level

where it's and where more at a governance and quality assurance levels and each of these levels, four levels, I have experienced improvement. If I look at my first minutes of my council meeting in 2005 and I look at them today, it's quite...I put that as improvement and there is an experience that is documented that's improved. You will get council members saying how we appreciate that, um, how does that, how do you see it? Otherwise at that level you see more involvement of council members because I think the, the, the processes are more clear, the roles are more clear, but it's improved over time. If I look at the academic process, if I was a facilitator five years ago here, it was a bit haphazard. I was a professor at a neighboring university and therefore I could be a facilitator at Da Vinci and I did not have very rigorous process of engaging that academic in the mode to learning of what is the institution about. You know what, why? The mode was very ill defined at the beginning. Today the notion of what is the mode of learning we provide is well defined or it's better defined.

I: Mhmmm.

P: And it's captured and when a person becomes an academic facilitator they actually go through Da Vinci way process before they enter to the delivery side. I remember when we started here with the, um, the learning management system. There was a system, but it was so, so, so narrowly defined and if I see our students and administrators have added components to that since then. I see the improvement of what that does to our system, a student can today log onto a student portal.

I: Mmmm.

P: No, it's not a gimmick; it's a learning experience then. The students want to be in touch with the institution, we're a distance institution, so how could we use that component for them to have a link with us they can link onto the website every day and say here I am, what's my results, how am I doing?

I: Mhmmm.

P: It didn't exist five years ago. So, on those four levels I've seen both an output and an experience improvement.

I: Thank you, that's very interesting. A follow-up on that, is that what value did the quality improvement plan development have for the institution? I think you've covered uh...

P: I think it also allowed, you know, on an external level...we're a business- to-business university.

I: Mmmm.

P: So we go to a business. What has happened, and I still want to say that it's part of this process that we've gone through, is we are getting more and more that people come to us.

I: Ok.

P: I've done almost, I've done almost nothing that is wrong where I've done very little marketing of the institute in the last 18 months purely because people have approached us and my capacity can't allow for much more than that and part of that, that they would say is they're hearing students talking about Da Vinci. So that tells me there is an experience of a client that has improved that people want to say- I'm now ready to touch this.

I: Ok, thank you.

P: It was very indirect, but I think it's informed by what happened inside.

I: And also the nature of private higher education institutions is the word of mouth, a sense to be a strong message.

P: It's not an advertisement or a conference appearance.

I: And then, uh, and you've alluded to this question also, was the any value in this process for the individuals in the institution involved in the process? You mentioned the insurance...

P: Well for me there was a great value. I uh, and I think that's why I'm comfortable when people come visit us to talk about it, not because I understand all the technical detail, but I think it was an empowering process for me and, I mean, the other people can talk for themselves but I think for the registrar in particular, I think for the two roles the CEO and the registrar at some very intimate levels, this has been a very empowering experience.

I: Ok, could you comment on, perhaps um, you mentioned your uh, lecturers how the qualitative change in um, because of the audit how things have changed. So would you say, in terms of your...you've mentioned the levels, that it has, because of the process it has improved for them also.

P: I think, because what the audit made us aware is, you need to have clear guidelines, policies. You need to have some frames to guide people, to get everyone providing a service that will be similar and preferably the same every time we do it, that did not exist to that level five years ago. So the audit process allowed us to generate, people would say, more paper work, but I think it did provide more frames to operate with them without stifling the process but only...So now the lecturers know what is my expectations, supervisor exactly knows what is expected, the student knows exactly what is expected um, and that was not that clear when we started.

I: Ok, thanks. Um, I've another question and I think you partly spoke about it is that, how did the quality improvement plan development process fit into the comprehensive quality management system of the institution? I want to understand, did it...when you did the plan did it become part of the way you do things or did it become I don't know, that is what I think...?

P: I think it's one process. I don't think people that are involved with it, that's the design manager, lecture or council member, I didn't think we see an improvement plan process and a planning process.

I: Mhmm.

P: I think we tried maybe sometimes unconsciously, sometimes more consciously to just say we need to run a system that aligns to the requirements and what are we going to do about that and take what is being suggested by the uh, audit to actually direct us more specifically.

I: Ok and these planning processes, would you say your way of planning has changed since this uh, since the...?

P: I think it has become more inclusive. I think the frame made us aware- do we know our stakeholders, do we really know who they all are? Yes, we know who are the people that are involved, but I don't think it...we became more clear who are the different levels or the different stakeholders. That we need to involve an external academic if we really want to uh, provide assessment that is meaningful,

that we need to involve our alumni if we really want the voice of that part of our business.

I: Ok, just something that I thought about that you mentioned earlier: you said uh, you were digging deeper into your assessment uh, processes and that was as result of um, the improvement plan development process in the institution. Could you just explain that to me?

P: I think assessment...what the audit, you know, in some... I remember I was a bit embarrassed in some of these discussions because when they asked the questions how, I mean, as an educator how do you allow multiple...as more, as many perspectives as possible to ensure that you are assessing what is meaningful.

I: Mhmm.

P: And I realize, so obvious because the lecturer could think it's the right question to ask this, but that may not be the only way to ask it and it may not be the only question to ask. So I think it just made us aware, made me aware, but if you want make assessments a meaningful part of learning try to look at it from a multiple perspective not just an internal perspective and even more so, not just from the lecturer's perspective.

I: Mhmmm.

P: So I became aware, since then, that I literally went and instill in that process that we were busy with looking at PMA (post modern assignment) and I realised, but my lecturer, my facilitator is not asking what will excite me and is probably not even asking what is appropriate.

I: Mhmmm.

P: And therefore the realisation that the importance that we must have multiple perspectives, the moment we put an assessment out, people must not be able from any angle to say this is not meaningful.

I: Ok.

P: And have we finalized it yet? No, but at least we are allowing more perspectives and getting more buying from that. It's also a matter when you come

as a private education provider and you want to talk a colleague at a university, it's, I'll admit initially I experienced some resistance as if they say but we don't do that, we don't work like that. We've got exams and I could give you a copy of that but there wasn't a real sense of engaging.

I: Mhmm.

P: So we, we also still struggle in some of our modules to really get colleagues at established institutions to say- let's have a debate around this. It's as if...I think they say-we do exams and you do post modern assignments and you're in alignment with work and therefore we don't really understand that. So the discussion is not an easy one. We get great input from people from SADIE and still input from people from Kale because they know that we'll, with valor and that's still a challenge to us.

I: Ok. So my understanding is, because of um, your shift in thinking around improvement, because of improvement is possibly about continuous improvement that you adopt these processes but it's an ongoing process for the institution (Agrees). Ok, thanks. I'm just going to shift a little bit over here and talk about um, the evaluation of, of, of this entire process. I want to understand whether the institution evaluated the improvement plan development process at any point and if you di...and if you evaluated against anything else, you know, out of the improvement that came out of this process.

P: Therefore whether we evaluated our improvements against other benchmarks...

I: Mmmm.

P: Maybe I want to say not, not as a formal process except saying that the individual components of the improvement plan, we did it in as referred to the RPL one to benchmark it with good practice and at least make sure what we propose is what, is what could be acceptable in the market place from a regulator point of view. I think there was another commendation that was related, was it to research? There was some...we had to do work on our research because remember that time we only started with the research process.

I: Mhmm, yes.

P: And a lot of time went into benchmarking such things with other education providers. In that sense we benchmark the individual components but whether we benchmarked the plan as a whole? I don't think we had that sophistication.

I: Ok, that's strange...as the process goes on. I have a last question uh, that I wanted to ask you. That's now that the audit process has been concluded for the institution um, you've submitted you're um, improvement plan that was analysed and I think you've also submitted your mid-cycle report. I mean, um, you know, I want to understand where to now for the institution now that the audit is concluded and the kinds of lessons learnt uh, from this process? I think you've alluded to it in the beginning.

P: Let me just reflect. I think we can't recall correct um, I think there is still some feedback that we need on some component, my brain just doesn't want to go there now. It's not RPL, self-accreditation, there is a component that we still had to some work and wait for feedback.

I: If we talk about the process, the processes now that you have submitted to your mid-cycle report. Your mid-cycle report has been um, would be discussed at an institutional audits committee meeting.

P: So we are still going to get some update, for lack of a better word.

I: Um, yes. If I talk as an HEQC person, then uh, you should get a final feedback.

P: So I think maybe still...so it's not concluded in that sense. I'm aware that we, we, we will still get feedback whether it's ok or whether something's not ok.

I: Mhmmm.

P: And you said that. Um, I don't know what to respond on this really.

I: I think I want to get an understanding of that, whether the, you know now that you've concluded, whether....

P: Ok, I'll try.

I: Ok.

P: I, personally, I still feel some insecurities.

I: Mhmm.

P: Because we're young and we're at a macro level and this is just a debate in our minds currently that there are changes happening on education and, and private education. We, we are sensitive to the fact that this is not a space that's, that's been um, clearly defined and agreed upon.

I: Mhmmm.

P: By all stakeholders in the community. So although we've made improvements and although we work towards bettering ourselves and our services, we are very sensitive to the fact that this is an insecure space.

I: Mhmmm.

P: And, and I'll be honest in saying, it does put, it does put a challenge because it is as if you're working, as if you're working in a space that you know where you going but it's as if you also think maybe someone can come and cut something off it at some point.

I: Mhmm.

P: It does create within the inner circle- me, the registrar, the chairperson, we do have these sessions and say- I wonder if we will continue as we are and whether we will be allowed, it's still very much whether we will be allowed.

I: Ok.

P: Even although we're in the process um, I sometimes feel a sensitivity and part of that, Belinda, may be because we get requests from people who want to study with us and they may be executives of companies and then they will ask the question- are you sure that private providers will continue to exist?

I: Ok.

P: So it's maybe the voice that comes from outside.

I: Mhmmm.

P: But it keeps us, you could say on our toes, but it also keeps you a bit weary in saying, like this right thing, you know, but, but if that's if how I would respond to that.

I: Ok.

P: So, though we know that we're doing hopefully, our best...

I: Mhmmm.

P: We are also sensitive to the fact that we don't have that much control over the bigger system.

I: Mhmmm.

P: And that the system is not clearly defined. Uh, because questions arise- will we still be here as private providers?

I: Mmm.

P: And what if they move you? What...and we don't always, you know, why do we hear these things?

I: Ok, I hear what you say. Maybe post the interview.

P: Just want to make that...that's what I want to say.

I: And then uh, is there anything um, you've indicated some advice uh, to the QA agency, the, the HEQC. Is there anything you'd like to part in terms of the audit process, advice you'd like to give to the QA agency?

P: I could, you know. You don't need to record that, let's say it scared people much (laughter). No, you know what? I will be unnecessarily critical if I want to say that um, that, that we must really change something because we benefitted from all of it.

I: Mhmmm.

P: Um, we benefitted from all of it, we benefitted from the follow up process and I think especially the follow up process we benefitted from that. So I feel it would be unnecessary to say they must really change something.

I: Mhmmm.

P: I can be critical but that's not the committee as such in saying we struggled as a young entity to work through all those 19 criteria, you know, we just went, cause it was a bit of a...it was a bit too much.

I: Mhmmm.

P: And I can understand that that could demotivate people.

I: OK.

P: Um, but I don't have an alternative to it. I don't have an alternative.

I: Ok, um, do you think there's anything around the improvement plan process that I could have asked you and perhaps didn't ask you?

P: Let me just thing a bit about that. No

I: Ok.

P: No, I don't think so, no. The registrar may have more because he is more closer, you know.

I: Mmmm.

P: Than to what I have..... at least in a way he would have, you know, tabled it to me when we worked on these things. I feel comfortable with it, he knows where everything fits in and how it relates.

I: Ok, thank you. Thank you very much for very your time, thank you.

P: Ok, thank you very much for....

That was interview 1ahh for this institution and the next interview will follow in the next two minutes, thanks.

Appendix 4

Interviewer: Researcher

Interviewee: Participant 2

Institution: No. 1

Designation: Registrar

Date of interview: 30 June 2010

Time: 09:00

Duration: approximately 20 minutes

Code: P211

I: And just our your name under the interviewee ok, ja, uh, and to note that it is confidential and the research will only be used for and the... don't worry about I can I can ask when I ask what you in terms of what you do

Ok

It covers that aspect uhm of the work

I: There she goes on, it's working it's so small right into

Start of interview

I: I just want to once again say thank you for uh giving me the opportunity to interview you on the improvement plan process. I do have a bit of background questions. I'm aware that you were not here during the time of the audit at the institution, but I wanted to know from you were you trained as an auditor, um, you know, uh, during any HEQC quality assurance processes?

P: No

I: So you've not undergone any auditor training, evaluator training?

P: Evaluator training? Not uh...with you guys but on my own, yes, I did an um, evaluation training.

I: Ok, um do you have...have you participated in any of the HEQC's um processes at all? Any of the quality assurance processes like they've got QA forums and things like that.

P: Well, I've...there's, there's QA forums every year I think, annually that I go to and um, I'm responsible for the annual reports and whatever reports are going out. So yes, um, I think the person before me um, I can't remember her name

now, *Haupt* ? Haupt, she was trained and um, I had a lot of talks with her before my first actual uh, submission...

I: Mmm.

P: And went through her documentation and used that as an example so...and now I have finished two annual reports, um, and I think three, three um improvement plan audits which I did myself, uh I think that I did through, through doing and through learning, so no formal training specifically in that.

I: Ok, but you would say that you're quite familiar with the HEQC's um, processes- audit process also?

P: Yes, yes.

I: ok um, then I...because you came later I wanted to get a sense from you did you get a sense that there was any change at the institution post um, the audit or at any point?

P: Well yes, when I looked at the, the improvement plan as such, I think that was my priority to, to actually take that as, as the point of departure because I think one of the most important things is that we had to get our process and procedures together and, um from the improvement plan and that's what I started but I, I went through...I think there was about eight um recommendations...

I: Hmm.

P: And those were the things that we really worked on and also must tell you that, that helped us immensely in, in actually getting our complete processes in order and also specifically with regard to the results and um the keeping of the results and um, how we, how we actually did that before and how we do it now, it's completely different because I think we know now that any student can come in here now and get his information on the date that he wants it up to wherever he wants it. So it's very secure; it's very, um, done very professionally and it just makes us, um more sure of that what we are giving is actually the right thing and is valid. So yes, there's a lot of things that we actually changed according to that, which we put into our processes which, which made a big difference.

I: Ok, that takes us right into the first, um, question that I have, is that in what way were you involved in the quality improvement uh, plan process at, at the institution?

P: I think I was involved from the start because the improvement plan came just when Jackie went...

I: Mmhmm.

P: And we started with uh, monthly meetings with regard to everybody that's involved and say- this is what the process and the procedure is now, how should we change it because this is what we got from, from the CHE from, from, from the audit and how can you actually implement it into your department.

I: Mmhmm.

P: um, and we changed the processes towards that we changed the processes and procedures so that we actually have a manual now that has gone to an outside person to uh, put it into a format...

I: Mmhmm.

P: Um, that we can give to, to every student as a process and procedure manual. We also had, I also had quite a bit of conversations with um, a person from Rhodes University which is also involved with the CHE, um, professor ... Boughey ... Boughey (laughter) and um, I sent some of the policies and procedures to her. Um, she changed a lot of it and she gave me a information document...

I: Mmm.

P: Saying what I must have a look at and we changed it according to that, so, yes. And, and then we had a review that we were called to, to Pretoria where we had to talk about um, the process um, of auditing and when we opened the door there she was, we didn't know she was part of the whole (laughter) um, we were so glad that we actually got to the right person and she helped us on the way.

I: So you would say that, based on the, on the improvement plan process, you have done very concrete things to improve things for the institution and for the student?

P: Absolutely. It's, it's, it's basic things that you can see, that you can touch and um, that has a very big, big influence on the...the quality of things that the students get and the feeling of the students that this is worth something.

I: Mhmm, ok, thanks. Um you, you've uh alluded to this, I just wanted you to describe the process and you've now mentioned the um, I think it was about the student um, access uh...a process. I wanted you to take maybe a recommendation and just tell me who the stakeholders were, how did you go about in addressing that recommendation in the audit report?

P: That's with regard to, to the um the, the recording of...of well, firstly we got somebody from...a few people from outside to show us what their learning management systems are.

I: Mhmm.

P: Uh, that's contractors. Then we went to, I went to um, a few uh, external institutions like Centurion Academy, like Lyceum, like uh, Milpark to see what they did. We even went to Unisa.

I: Mmmm.

P: Because although we're not completely distanced, we, we do have contact. We went to look at their specific um modules um in, in, in looking at their modules we came to a conclusion that ICASS was actually the system that we wanted.

I: Mhmm.

P: And then we, we sat for days and hours actually um, it's is a continuous process to work out exactly what we want and how we want it because they also do this for quite a few other institutions but we want it the way that we actually want it according to what we saw at the other places. We went through that, um, we went through a process of getting students involved, looking at what they are going to get and saying what else would you want? What is missing in this specific um, uh, process- your SOR, your statement of results or whatever and then we came to a, a, a specific method of...but I must tell you from then, and that was about two years ago already, three years ago. Since then we changed um a lot of times because as developments comes up and as new things come up we have to change and we adapt that. So, the staff was involved...ok firstly, uh, the outside um providers...

I: Mhmm.

P: Then specific institutions, then the staff members themselves, then the IT people specifically because we have to see if they could actually work that and that was, that was a very, very contentious thing because you can decide on things and how what you want it, but it's not always executable.

I: Yes.

P: So you had to get to those people and then we got the students and then we took it to the board and they approved it um, and now we've got a still evolving process.

I: So you'd say you got the improvement as continuous?

P: Absolutely, absolutely.

I: Ok, and then I wanted to understand: when do you think did the improvement process start um, at the institution at the point with the development of the self-evaluation report? When the audit report came with recommendations or a combination?

P: Of course when I started, no (laughter). No, not really. I think we had a lot of processes in, in, in, in the way that we do things but the improvement plan showed us the way and I must really tell you, I, I think if we did not have that we would have suffered.

I: Ok.

P: Because that gave us direction, it showed us where we could've done a lot uh, a lot of work that wasn't actually required or we could've done less. But I think that gave us the direction where to go and it saved us a lot of time and a lot of grief, I tell you. So at least you...sorry, is it still working?

I: No, it's fine. It works ok.

P: So the fact that we did that and I must also tell you, the fact that that report was very, very comprehensive and that I appreciated that he knew exactly where to go and what to do.

I: You, I want to make sure that you're specifically talking about the audit report and the revisionment of your...?

P: Yes, ok, we've got the report and then we had to set the improvement plan, but if we did not have that report, the plan wouldn't have been the way it is.

I: Ok.

P: Um, it's so much easier for me to...if people...now the same way as we phone other people they call us and say- listen, how do you do this, how do you do this. We say- listen, we've done this. You try this, and this is what, actually what we worked in, out in our improvement plan. Then I must also tell you, the fact that we had two follow-ups on the improvement plan helped tremendously because the first one there was still things that really we, we had improvements on, that we could really that we could make improvement on and that was shown to us. The second one when you were here I think, we overcome most of it and I think we covered it, but the fact that you guys were here and were not here to do inspection...

I: Mhmm.

P: But to give uh, help and assistance made a hell of a difference.

I: So change the focus from the, from the actual audit visit...

P: That's right.

I: To a post audit?

P: Yes, I would say the one was the, the actual visit and what was right and what was wrong. The other one was actually leading you towards doing it the right way or focusing you on or funneling you to, to the right process.

I: Funneling you to, you would say improvement?

P: Improvement and the, the method of improvement.

I: Ok, thanks for that. I'm going to go on to a conversation and, and the term improvement is very complex I found in the literature and perhaps I wanted to ask you, from your perspective, what does improvement mean for the institution in the context of the quality improvement plan?

P: I think maybe, when I first saw this I, I felt good grief, you know, um, we've done so much, but now we have to improve on what we've done and then I

actually, to rephrase a term as guiding us forwards. So I, I think maybe um I understood it better as a guiding towards.

I: Mmm.

P: Because we all improving but we not doing it on our own we are guided towards that and um, the quality management of Da Vinci really now is, is above the rest, is a cut above.

I: Mhmm.

P: That meant a hell of a lot to us going through this process. I think if we did not have that first audit so quickly...

I: Mmm.

P: It would have taken us so much longer to actually be where we, we are now.

I: Ok, thanks.

P: Some people would actually say- goodness but that's unfair, having it so quickly. I think it was absolutely necessary.

I: So you...are you saying that your audit at the time uh, at the time when it was, was good for the institution?

P: Yes, yes, because remember, we didn't know where we going. We had in our minds, we had what we wanted to do but the processes, it was a haphazard. Well it was loaned and, and lended from people around us who which know, but we didn't know if it was the correct way.

I: Ok, thanks, thanks for that. I'm going to move over to, and I've got another question I'd like to ask you is that, what value did the improvement plan process have for the institution? What value was there?

P: I think it set our standards up, it, it lifted our standards. It, it also lifted us...our integrity uh, because we know that we comply to what is necessary. I would be very, very unsure and very, very um, scared to actually give something out if I don't know whether it's compliant and that really lifted our standard, our image, our status...

I: Mhmmm.

P: And um, we feel that what we, what we, that what we hand out is really valued by the student and why whoever they're giving it to, to evaluate.

I: Ok, a follow up on that, um, do you think there was any value in this improvement plan process for the individuals in the institution? I mean, you've given your perspective, in your interaction with other individuals in the institution.

P: In the institution?

I: Ja.

P: Yes, because they also have to adapt to changes and improve their process and procedures.

I: Mmm.

P: And the fact that they're working towards something that our regulatory body requires, makes them know that this is the right way. It doesn't matter how we did it before, but this way is the correct way of doing.

I: And where would those levels be? Would it be at the level of the student, the student's understandings, the academic's understanding, the administrator's understanding?

P: Everybody, from the students, because I remember the students get, actually get the, the certification at the end, but working towards that it is very important for him to know where he is what, um, what he sure to actually get, how's his process going. For the employee or the employer the same thing, but for the also now for the individual because you must remember there are people working with marks, there are people working with uh, post module assignments.

I: Yes.

P: And they know exactly how these people are progressing through the process and know that what, what help and assistance they can actually give them. So, it took them away from a silo or an isolated person working as an individual statistics on the marks. He now knows the person, where the person is going because now he can say after the end of the month, we have a process agh a

progress report for every client and he says- look but this guy is getting behind and I have to do something about it and I have to report to the client.

I: Mmm.

P: Um, the same...even the financial guys, they are doing the stuff so that we can actually um, progress on our work. I think every individual working as part of the institute, um, admin process um, actually benefited from that. It was not always the way they wanted it...

I: Mhmm.

P: But the fact that they're doing it the way it should be done now put them in a safer mode, but that mode should never be so safe that they get complacent. That's why it is a continues process, you cannot think you've changed and you're now on the level you want to be. You always have to improve.

I: Thank you. I want to go onto the next one, that is: how did the quality improvement plan development process fit into the comprehensive quality management system of the institution?

P: Um, we build it around that. The quality management system was built around that, that was the core that we took.

I: Ok.

P: And built it out.

I: Mhmm. And how did you do that? I mean um, sometimes you'd find that the quality improvement plan would come parallel to the actual institution's planning.

P: In the fact that we worked from, from the center outputs from the, those monthly meetings...the weekly meetings, sorry, we had to say that we have say, this is the process we're doing now, how can we improve it to fit this and then they carried it over to their departments, to the people there. So we, we use that as the, the, the sector and um, took it outside and where there were problems that we had to realign, we aligned it according to what's best for them but also fall into what we need to do. So, um, that spread to the students, to the facilitators because the facilitators also had now to change their ways to be able to do it our way. That gave us the opportunity to quality manage them, to quality manage the

student, to quality manage their, their marking. That also um, spilled over to the supervisors, the academic supervisors, to the research department. So, it had a ripple effect and now the research department has got a manual on their process and procedures, linking to ours.

I: Ok.

P: Um, so.

I: So you say that the development, because you were a young institution...

P: Yes.

I: at the time of the audit. So the recommendations in the audit report gave you the opportunity to take that and to put it into how you want your management systems.

P: Yes.

I: Your entire quality management system?

P: Yes, you see, I think it would have been much more difficult for a, a traditional college or institution who have all these things for years and years.

I: Yes.

P: Now that they have to change and that's, that's a lot of work...

I: Yes.

P: We were young we could change and also, I think, the fact that we did change showed the people that we that we're young, that we're willing to change, that we do it innovatively, that we really try and address their needs.

I: Ok, thanks. Uh, another one is that I want to understand whether the institution evaluated improvement plan uh, development process at any point, if you've done an evaluation is: I want to understand is how do you know what works and what doesn't work?

P: Ok, when we have to report to, to the annual reports, we look at where we were and where we are now and usually that is indicated, it's indicated by the policies and procedures that's been updated, that's been rewritten to, to actually guide us. Um, the fact that we now have a manual for research, everything is measured against- what did we have, what did we have after the first evaluation and where are we now.

I: Mhmmm.

P: So when, the last time when you guys were here I actually thought- good grief! Now we've done whatever we had to do, except that we cannot stop there.

I: Mhmmm.

P: We have to know now we've done what you said but now step up and do further improvements and we've already started on that.

I: And that rea...realization came because of the audit process?

P: Absolutely, because we knew where we were, looked at where we were, looked what we didn't have.

I: Mhmmm.

P: Now we've got this, it wasn't...everything wasn't exactly what we were...look, where are we now.

I: Mhmmm.

P: And that's, if you saw that file, it's such a thick file and that's all evidence of what has been improved.

I: And you would say that the improvements that you've done, which is continuous as you said earlier, it's because of the audit uh, process only or would you write down this improvement irrespective of an audit?

P: No, I think we're, we're doing it irrespective but within the boundaries of. No, we're doing...there's no way that we can stop uh, because I'm sure you also progress and you also want changes from, from your institutions. If we stopped there, what is, what's the need because then you've done what they say, ok for

how long are you going to be satisfied? How long are your learners going to be satisfied? You have to just go forward and do what you know, what the progress is.

I: So, are you saying to me that the improvement is now...it doesn't matter whether there's an HEQC or not, the improvement is because you want to improve as an institution.

P: Yes, ja.

I: You want to keep students; you want to keep on attracting students.

P: Yes, of course it's true we want to keep the students, but we would also like to show the regulatory uh, authorities that actually we, we, we, we're doing something, but I still say, if we didn't have that, that, that, that start so that we know where we're going, it would've been very, very difficult. It's easy for us now to improve on what we have.

I: Ok.

P: Because we've got the basics, but the basics is not good enough. You never, you know, never satisfied with the basics.

I: Ok, and then I just have one last one. Is there anything that you think I should've asked you around improvement that I uh, perhaps didn't ask or that you know?

P: Yes, yes. I would like you to ask me, how did the people that came here for the audit and for the follow-ups of improvement, how did they guide you and how...were they of any help to you?

I: Yes.

P: And I must tell you, I've never, ever had a problem with phoning every...anybody and asking- listen, this is what I'm battling with, please can you help me with it.

I: Mhmmm.

P: Um, the fact that you're here, the fact that you're visible makes us very, very confident in what we're doing.

I: And uh, for record purposes I have to ask you to say you're talking about the CHE as the regulator. You're talking about the CHE and the different units within the HEQC that you are working with.

P: Yes, yes, yes, yes.

I: Ok, thank you. And is there any advise you'd like to give the uh, the um, quality assurance agency?

P: I just think to do as you've done. I think it's, it's, it's very necessary for the, the current as well as new institutions and um, no, I've just, I just thank you guys for the fact that we can use you as assistance...for assistance.

I: Ok, thank you. I think we've managed that already with the short frame of time...

P: Yes.

I: Gone through all the questions. I just want to thank you for your time, I know you people are very busy, to coming and for seeing me and it worked- no backups.

P: Wonderful and ja, you drive safely.

I: Thank you.

P: And off the record, thank you very, very much for the service you rendered to us.

Appendix 4

Interviewer: Researcher

Interviewee: Participant 3

Institution: No. 2

Designation: Registrar

Date of interview: 9 July 2010

Time: 09:00

Duration: approximately 32 minutes

Code: P312

I: I'm putting it very close to you. I'm transcribing from this.

P: I'm now getting captured in stereo (laughter).

I: It's Sony, the old one seems to work better. Ok, well here we are again. So I uh suppose that you had an opportunity to reflect, uh as the researcher had the opportunity to reflect.

P: It's not bad. I think reflection is also always a good thing so...

I: Ok, so I'm going to start with just...in my research I've identified criteria to interview individuals and the individuals are identified with...for their experience um, in, in the HEQC and also in the sector and therefore uh I'm interviewing you. So I'd like you to just give me a bit of background in terms of your um, training as an auditor, your participation as an auditor and your participation in the HEQC work.

P: Um, I think when the auditing process started I uh, tend to always be in the position where I volunteer for stuff and I volunteered to be trained as an auditor but because we were the first batch of, of trainees, so to speak, I think we also participated in the formulation of the criteria which was a huge uh advantage in terms of gaining experience. So, um, I believe that the first auditors that went into the auditing process had a bit of an advantage in the sense that they, they were not trained to uh a particular criteria but they designed the criteria so they were probably much better informed as to exactly what they were doing and I think that was a valuable experience for me. Uh, I participated in an audit to also...I chaired an audit also gaining valuable experience but part of that, prior to the audits, um, the accreditation process started uh before the audits started and I was involved in the accreditation process almost also from the beginning and also participated in the initial workshops where the accreditation criteria were designed. And uh, at this point, I think I'm the longest serving member on the HEQC accreditation board. Uh, they, for some reason they have waived the, the, the cycle of, of only a term...

I: And the terms of reference.

P: And the terms of reference. I'm, I've been sitting there since 2001, I think. I'm not certain, but early dates. It's probably close to eight, nine years now...

I: Ok.

P: That I've been on the committee and that was valuable because I think um, the, the, the audit issues and the accreditation issues are, are kind of interwoven.

I: Yes.

P: And so, um, the experience of sitting there and that, and I've been involved in private higher education since 2001.

I: Mhmmm.

P: Coming after a spell of twenty-two years at a public institution, uh, which is also very interesting. I mentioned to the um...you know, it's a different world.

I: Ja, it is. Um, now we're going to go back to the institution and um, you said you weren't here at the time um of the audit.

P: No, this institution is, last year was ten years old. Uh, it started in 2000, um, I was involved with the institution from the beginning but as a, as a, as an ad-hoc consultant because I knew all the people and uh they were audited, I believe, in 2005.

I: Mmmm.

P: Um, I wasn't involved in the preparation for the audit, just in an advisory capacity. They phoned me a couple of times, they said- how do we do this? How do we do that? I wasn't involved in the physical audit as the audit part of the panel uh, and then I joined this organisation in the beginning of 2008.

I: Ok.

P: At which point we were, we were, uh, both myself and the quality assurance manager were tasked with the responsibility of, of, of writing the follow-up report on the audit.

I: Ok.

P: So...which makes it an interesting exercise, as we were completely objective at that point.

I: So you were not involved, you were involved in the institution in a advisory capacity.

P: Yes.

I: So, um, in...you know, your experience, what do you think has changed at the institution since the audit? The audit took place, you came uh three years later.

P: I think what changed is that the policies that were in place were actually much more embedded and applied and became part of the day-to-day running of the um, of the institution. At the point of audit, I think, private institutions like this one were still busy designing their policies and writing their policies but you must remember also that policy gets in form by, by practice.

I: Mmmm.

P: And I think subsequent to that the policies were adapted and practice were in, in...part of our involvement with this institution when we came here was a revisiting of all policies.

I: Mhmmm.

P: So we, we went back to practice and to see what happened after the audit and we started working those issues back into the policies and as a result of that the policies are revised annually now.

I: So, so what was your base, um, when you came in? Did you um, revise the policies based on the recommendations in the audit report or did you revise the policies...in both instances?

P: In both instances we looked at the recommendations, we also then looked at how the policies were implemented...

I: Mhmmm.

P: What were the short comings of the policies and then revise the policies to adapt them to meet the recommendations but also to adapt them to reflect uh the practice.

I: Mhmmm. Sir, now I'm going to go over to ask you in what way uh, were you involved in the development of the quality improvement plan at the institution. Or was the quality improvement plan in place already when you got to the institution?

PS: I think there was a quality improvement uh, process in place, not a plan.

I: Mmmm.

P: There was a process in place not a plan, and our involvement, my involvement in the quality improvement plan was just to, basically, to structure it and to formalise the plan.

I: Mhmmm.

P: Uh, I think many things were, were kind of done ad-hoc.

I: Yes.

P: As a result of the, of the audit report. We just put them all together and reformulated it into a plan so that we, we have a plan according to which we could do certain things and see that certain things are implemented.

I: And this uh, plan then became part of the institution's normal operations?

P: Yes, the plan became part of it. As it stands at the moment, and I must, I must also inform you that- uh, and I did it the last time as well, the institution as it is at the moment is not the institution that was audited. That's a, that's an interesting phenomenon but that is something that one can expect in the private sector.

I: Mhmmm.

P: Uh, so, yes, we, we looked at the uh, recommendations uh, from the audit report but as the institution have undergone a complete change...

I: Mhmmm.

P: Some of those recommendations were not relevant anymore.

I: Yes.

P: But the, the notion of the recommendation or the idea of the recommendation, the meaning of or the uh, implications of the recommendations were implemented anyway in setting up new policies and new structures for the institution. Uh, I, I believe it, you know, uh, it's a hindsight statement, but I believe that, that the, the audit report contributed in a...indirectly in, in a total restructure of the organisation and its decision making processes and its quality assurance processes. So it, it wasn't sort of used directly.

I: Yes.

P: But as a document it uh, it contributed to rethink certain things when we remade the college, so to speak.

I: Ok, so would you say that it was um, because the quality assurance agency came and they had to conduct um, audits and one can look at it as an intervention and this intervention came from the outside.

P: Yes.

I: And what was the impact then on this in the....?

P: I believe that it impacted us positively all the way. I believe that if there, there wasn't that intervention from the outside that there are certain practices which were not probably all uh, as it was supposed to be that would still have been in place.

I: Ok.

P: Because of the lack of outside intervention uh, but it also, what I think contributed also was a change in, in staff. So, at that point where the audit took place, the institution had very inexperienced staff.

I: Mhmmm.

P: Those staff who are still left here have gained experience but we also have more than doubled the staff.

I: Mmmm.

P: And we brought in new staff with existing experience.

I: Mmmm.

P: Which added also value to this and it also assisted...the whole audit issue assisted us in actually selecting our, our staff which we appoint in a much better way. And I think indirectly it's uh, you know, it's, it's almost like the audit being there contributed rather than the audit being a tool, a direct tool...

I: Yes.

P: implemented in auditing in order to bring about change.

I: And this intervention, you, you um, mentioned that this audit intervention, the actual audit was um, a positive spin-off for the institution.

P: Yes, it, it went...I think it went initially with the, when there was an element of fear. It's a, it's a...any intervention will bring about, but I think the conclusion and the report itself was non-threatening and, and actually was, was given to the institution in such a way that they could see that the whole idea of the audit wasn't to cut them back or to...but to, to support them, to give some ideas on how to do better.

I: So, would, would people have thought about the audit as, as an improvement...

P: Yes.

I: Uh, strategy?

P: Yes, I, the impression that we got, that I got when I came here was that the uh, that the...actually at that point, 2008, the audit was forgotten.

I: Mhmmm.

P: Uh, which to me is not a bad sign because it, it means that it, it became so much part and parcel of the everyday activities of the institution, it wasn't seen any more as a document somewhere that is sitting there looking at us. They were right, it became part and parcel...

I: Like part and parcel of your operations, about your planning.

P: And I also think that if you should tell us to have an audit now, preparing for the audit would probably take us less than a week.

I: Mmmm.

P: Uh, but what contributed to that is the change, the changes in the process of applying for accreditation which means that because we have annual, almost annual new programmes,

I: Mmmm.

P: We go through an annual process of revisiting certain things in order to be able to meet the criteria for accreditation. Which means that that spin-off...that means that we are...technically every time that we make a submission for accreditation, we audit ourselves.

I: Ja, because you're basically forced to reflect and to look at a plan.

P: We are forced to reflect and to say, oh, we can't make the submission- that's not in place, that's not in place.

I: Yes.

P: Then we put it in place and then we make the submission. We get back, we get conditions.

I: Mmmm.

P: Very often those conditions reflect on the lack of certain components.

I: Yes.

P: And then we, we, we see that we address those conditions and report back. So, with the, with the candidacies way of, of, of uh accreditation, I mean it's a process that takes about a year.

I: Mhmmm.

P: Because we've got to report back on the conditions and things like that and that is continuous reflection.

I: Yes.

P: So, technically, the process means we are continuously forced to do internal audits ourselves.

I: And to improve, to think about how you do your things.

P: To think about it, ja.

I: So, and you said this could be as a result of maybe a legislated uh, quality assurance agency that has different um, activities. You spoke about programme accreditation, you spoke about all that.

P: Ja, I think that, that, that, that's with something, you know, I would very much like to get to the point where we could say this institution has now got the status of self-accreditation.

I: Mhmmm.

P: But I don't really know if, if that's a good thing (laughter). It's probably a good thing for an institution like this that continuously reflects on its own activities, but I believe that there are still private institutions that would regard getting self-accreditation as a licence to, to revert back to a low quality of service delivery.

I: Ok.

P: If it's not continuously forced to submit in, that's why I said, accreditation for me is a continuous reflection and the continuous auditing of the institution.

I: Ok, I want to just go back when you came and um, you now um, had to...you do the improvement, the improvement plan, the development of the improvement plan because you said it was ad-hoc. Could you describe the process um, that you and the QA manager combined?

P: It was, it was a consultative process with, with basically with the academics and the heads of academics and with the existing management, the management at that point in time where we'd say now- what happened about this, what is now happening. And then we went to the academic staff and said- you didn't do this, are you now doing this? Why and how, and that's basically what we did. Because it's a private institution, we, we do not have the very formalised structures that you find in the...things doesn't have to go to senate.

I: Mmmm.

P: Or to council or to faculty committees and things like that.

I: Ja.

P: If we need to have a meeting about quality we call it together- whomsoever is involved and the meeting takes place and the minutes are kept and...

I: And the stakeholders are there...

P: Stakeholders are there, it's one thing about small institutions like that- there are, we don't even talk about stakeholders because they are always there.

I: Mmmm. And then uh, you, what I wanted to know, could you think of a recommendation that uh, that you uh, implemented that runs through because you

say the institution is now ten years, uh, the institution has grown also, uh, you know, something that was in the audit report that your uh, people systematically um, implemented?

P: I don't, I can't put my finger on something specific.

I: Yes.

P: But it's, I think it's a general, it's a general improvement of quality at all levels- quality, quality of tuition, quality of programme design, quality of facilities has improved tremendously.

I: Mmmm.

P: Uh, administrative capacity have improved. It's uh, the only one thing that, that I, I think have not improved, uh, that will never improve.

I: Mhmmm.

P: It's, it's a funny thing and, but I'm being frank about it, and that's the library. Students in this environment does not....students do not use libraries.

I: Mmmm.

P: They don't. Every single student in this organisation has got a laptop, has got access to the internet.

I: Yes.

P: A library is, is, is an outdated, archaic collection of books that is gathering dust and it's something that we don't understand. Every time that we get accreditation there's some person from a public institution with fifteen million books in the library that nobody uses but the staff then makes a comment and says to you, the library is inadequate and until now we can't find a statement of... what is an adequate library?

I: Have you thought about that because it, of course then...because then post an audit, I wondered whether you have to then think more creatively in terms of...?

P: Ja, we thought about it and then...and we thought, you know, increase the library budget with five hundred thousand rand a year to buy books that's not going to be used. So what we did is we, we put new books in the library...

I: Mmmm.

P: And it doesn't...it's not used even if the library is open and available to the students.

I: But that's a compliance issue. Is it an issue, is it something that the institution would then say uh, because we're thinking around improvement, there's a change in the mindset. How would we address this if all our students have luck jobs, uh...?

P: Well we address it by, well, we have addressed it by giving students access to certain journals and things on their laptops.

I: Yes.

P: Even if it's not on their own private laptops but on the computers in the library uh, and, and, and I...we found that those are being used to the sense that they use up our cap, the, the, the, the uh, cap for the thing and, and, and we've blocked pornographic sites and things like that and Facebook and that which eats up and they still use up the...and it's also part because the lecturers refer them to, to online journals and things. So they have to do that in order that brought a new wave of, of problems, which is interesting but we have beginning to address, and that's plagiarism.

I: Ja.

P: Internet plagiarism because students come in, learners coming from schools do not understand the concept, they have not been taught what plagiarism...so I'm giving lectures to, to lecturers and to students in the institution, I've got a presentation on plagiarism and uh, it's just the rising...raising of awareness that they must understand cutting and pasting from the web piece is plagiarism.

I: I want to go back, just to the improvement plan um, and to ask you: where did you think, at which point did the improvement, start taking place within the institution? Was it at the development of the self-evaluation report? When the audit report came?

P: I think when the audit report came. Yes, I think it's kind of almost immediately things uh, started. But what I said in the beginning, it wasn't structured.

I: Yes.

P: It was sort of ad-hoc based it started and when we wrote the, the improvement plan we, we kind of put all these ad-hoc activities and to see what happens and to put them in a structure, a way together, that's about...but I think, yes, immediately but again there, there...I don't think there was a moment in time.

I: Mmmm.

P: It's not that we called everybody together and said- now let's start improving.

I: Ja, it's a, it's a process that evolves.

P: It's a gradual...it's a process, ja, it's a process that evolved and it, it...there's much of that awareness of quality.

I: Yes, and I wanted to know...understand, you know, um, the term uh, improvement is, is, is quite complex, it's not something that you can just give a definition of. So I

wanted to understand uh, your perspective, uh, an explanation of the term uh, improvement in the context of the quality improvement plan.

P: I, I think that in the context of the quality improvement plan, improvement is a...for us was a, was a positive but gradual change towards providing a better teaching and learning environment for our learners with all the components that go with it. Uh, there are certain things that I think that are very far removed but very important.

I: Mmmm.

P: Uh, from subject process, but I think we started to address certain issues immediately- uh, lecturer preparedness, uh, things like that. Uh, but it's not an improvement and it's also not a...it's not something that can be over.

I: Ja.

P: We can't say to you now, we have improved, thank you very much and leave us alone.

I: Leave us alone.

P: No, I, I think that, that the whole notion inside the organisation is the notion of continuous improvement, it's the, it's the total quality management to one percent annually improvement always, that kind of notion.

I: And the levels, uh, the levels you would say the level in terms of student support, the level in terms of...you mentioned earlier administration.

P: Staff support, that sort of thing, ja. What we're looking at at this point in time is improving administrative uh, systems and the management information systems which is a very difficult thing to do because there aren't affordable systems. Most universities, the MIS that they use are, are the result of many millions of rand over many years.

I: Yes, um...

P: And, and we are looking, there aren't off the shelves. So we are looking at developing our own system that gives us a way of reporting, that's one thing that's improved tremendously is our reporting capacity.

I: Yes.

P: To be able to generate a report on a student...

I: Mmmm.

P: Uh, it's much more easier now; it's not very much a sort of a manual job anymore. You don't have to run around [inaudible 21:33] has he paid all his dues, where are his marks and that. We can get it from one...

I: From one system.

P: From one system now. It's not perfect yet but it's beginning to show value.

I: Ja, I noticed it's, it...the MIS system is always an issue everywhere whenever you conduct an audit. It's just how you use your resources I think sometimes, ja. And then I wanted to come into- and I'm, and I'm not sure if you've mentioned it already, you know, the value of the quality improvement plan for the institution. What value did that have um, with the development of the improvement plan, be it the improvement processes you've...?

PS: I, I, I think the value for the improvement plan, as such, is a um, is a document.

I: Mmmm.

P: Uh, but the process that, that went with the, with the development of the improvement plan and everything around that, it's a more important thing for us than the plan itself.

I: Yes.

P: Then once the plan, once the plan was drawn up we actually didn't look at it again.

I: Mmmm.

P: Because it was already embedded and it was already done. It's almost...many years ago I, I gave my students a self-assessment uh, assignment to do and said that I'm not interested in that comment, you've got to assess it yourself, I'm interested in the process.

I: Mmmm.

P: It's the same, once the process has been completed, the plan itself, the piece of paper, the planning is a useless piece of paper, that's all.

I: Ja, so you say the value lies...

P: The value lies in the, in the writing of the plan and the development of the plan and the implementation of the plan rather than the plan itself.

I: And the involvement of...

P: And the involvement of everybody. So, uh, we might sit down now and write you a completely different improvement plan because things have changed.

I: Ja, nothing stays the same.

P: We are, we are looking at different issues. We've become a multi-campus institution, uh, which is a different institution. It comes with, there are new quality assurance challenges coming with that which wasn't even in the improvement plan.

I: Ja.

P: Which wasn't even addressed. You probably, had you audited at that point when we were a multi-campus you would've said- now what about the other campus? How do you deal with that?

I: Yes.

P: But subsequent to that we are dealing with those campuses in the same way that we are dealing with the quality on this campus.

I: Yes.

P: To the extent even that if a class test is written on a Friday nine o'clock, the same class in Klerksdorp writes the same test at nine o'clock in order to be able...it's, it's a bit superficial uh, but once we have built a data base of assessment instruments then we could move away from the...assessment can take place a-centralistic.

I: Yes.

P: But until that we have to synchronise assessment. That, but it's part of and it comes out of the, probably of the thoughts around the improvement plan.

I: And around...

P: It taught us how to deal with the campus which we probably would not have known how to do in 2005.

I: And then, I think you mentioned it earlier, I just want to confirm...you, uh, the quality improvement plan you said became part of your quality management systems within the institution.

P: I think we, we, we, quite frankly, we don't even look at the quality improvement plan anymore.

I: Ja.

P: So I don't think the staff looks at it anymore because it's there, it's been done and we've gone on beyond that.

I: Yes and it becomes part of um, improvement strategies become part of how you plan for the institution.

P: The improvement plan currently is probably a historical document.

I: Yes, yes.

P: But the, the, the, the processes has gone on from there so...

I: That flew, that flow from...

P: Out of that came- we do a risk analysis.

I: Yes.

P: For example, we do an internal audit, for example and it's not only a financial audit, it's a quality audit.

I: Mmmm.

P: That's going to be done annually.

I: Yes.

P: And I do the risk analysis and Maralise does the quality audit. That the two instruments are linked...

I: Yes.

P: Together and in that we highlight certain things, we make red and green and amber.

I: Mmmm.

P: And we look at the red and we say what and then on the, on the, on the risk analysis we say what needs to be done.

I: Mmmm, and it allows you to plan better?

P: It allows us to plan much better because we, we, we, we'd say, we can say- this is red but the red isn't for now, the red is for next year.

I: Yes.

P: If we don't do something now that will be red next year.

I: Ok.

P: Uh, so...and it's the kind of thing that never, was never done before. Uh, I think also that contrary to the past, prior to 2005, there's more of a co-operative, collaborative management style...

I: Mmmm.

P: That there wasn't before. There was the management and the staff.

I: Ja.

P: We now have a different way of dealing much more with, with staff directly and take their input on certain things so...

I: And is it because you think you want to create a better kind of institution that a management style uh, changes because you, you, you...

P: Yes, I think so. Uh, I think for 2000, 2001 it was a fine style, it was a developmental phase, things needed to be established, they needed to be...but now we are into a post developmental phase, we are into a phase where we grow and we can only grow- private institutions make it through one thing only and that's quality.

I: Mmmm.

P: That's all.

I: Yes.

P: That's all; they can't make it in any other way. We can't undercut the public in terms of costs or anything.

I: Yes.

P: We are more expensive and to be more expensive we've got to offer better quality of and I think that's the, the notion of everybody.

I: Ja.

P: It's to say that, you know survival is not dependant on directly only on income, it's dependant on quality.

I: And uh, when you think about...if you, how do you know if you have evaluated your processes against anything else, uh, but how do you know that you, you provide uh, a better product? Since, uh, I mean we spoke about improvement, but how do you know?

P: I think through, through student feedback on...I mean, they have many co-ords that have gone through since 2005.

I: Yes.

P: We co-ord almost every year and the feedback that we get from new students is that they are here because they were told by old students this is the place to be.

I: Ja.

P: I think that's that kind of feedback that we have and...

I: A kind of word of mouth.

P: It's a kind of word of mouth feedback. There are no...we don't use formal instruments to track the Alumni, it's very difficult.

I: Yes.

P: I know everybody says you must do that but no, even universities doesn't even do it, it's, it's a difficult process.

I: Mmmm.

P: Uh, but we, we, we...the word of mouth and also employers that phone us and say that- I have appointed to, last year I have appointed one of your students, you know, and he's a terrific worker. It's a kind of feedback that we deal with. Uh, there are no other mechanisms, we don't have a process whereby we check certain issues against an improvement plan or check against something, we don't do that.

I: Ja, mmm.

P: It's also, experience tells you, I mean you, the managing...the managers here and Maralise, myself and the other manager, I have experienced people.

I: Mmmm.

P: So, through experience we very often pick up possible problems long in advance.

I: Yes.

P: Before it's actually there and then we can deal with it. So, uh, there's not a lot of crisis management going on here, it's very interesting.

I: That's nice.

P: We, we have a crisis at the moment, we have, we have a, a, a, an IT lecturer that's resigned.

I: Mmmm.

P: And classes start on Monday and that's a, that's a crisis. We're now phoning around to find somebody that can do Microsoft software engineering.

I: Yes, yes.

P: The subject there. That's...but we, we, other than that we really don't have...

I: So can you say that the institution has stabilised because you have improved maturity, you've improved your processes...

P: Yes.

I: And uh, you can see when problems are coming, you know what your risks are...

P: Yes, and I think also that if there was something that would've constituted a crisis five years ago, it's not anymore because there's now "Oh no!", there's a process by which we deal with this.

I: Yes.

P: five years ago, what do we do? There's no process. Now, this happens and we say- oh no, there's precedent, there's process, there's something.

I: Mmmm, and we can go back to...

P: We had two kids that were caught by the police smoking dagga.

I: Mmmm.

P: We expelled them, full stop. Because our processes and our policy says, that's one of the uh, they were caught, they were found guilty of possession.

I: Yes.

P: They were fined, they've now got a criminal record, our code of conduct...

I: Says...

P: Which evolved says- No! So we expelled them.

I: So you're kind of over the uh, since the audit have built your quality management systems.

P: Ja, to the extent that it's documented.

I: Mmmm.

P: It's there, we know how to deal with issues of quality. So we know how to deal with this, there's one student, he's only needing one thing in order to graduate.

I: Yes.

P: We've got policies that say that if that is the case then the student qualifies for a special exam.

I: Yes.

P: So the decision making is not escalated to the top management.

I: Yes.

P: The head of the department says- ok, there he is, policy says this, ok, I'm giving him the special exam.

I: Ja, and that sort of thing but, but uh, which means the facilitation of that is the fact that we have a legislated uh quality assurance agency that does programme accreditation.

P: Ja, that's correct, yes.

I: With very clear guidelines, very clear mandates in terms of...

P: We know that, I mean we could tell the staff this, you know, when we don't do it this way we are jeopardising our accreditation and our registrations. So, yes, legislation continuously informs us.

I: Ok.

P: And I think that is important for...

I: We're coming to the end now. I just want to check with you, is there anything around the improvement process and the discussions we've had that I perhaps didn't ask you, that you thought I would um, ask?

P: No, I don't so. I, you know, I think we covered everything. Uh, I think what is perhaps the most important thing for us that what was an improvement plan, what was an audit resulting in a report, resulting in us having to submit an improvement plan, actually became process.

I: Mmmm.

P: The whole thing became embedded to the extent that the uh, that the initial significance of the audit report and the improvement plan kind of disappeared.

I: Ja.

P: Not because they were not important.

I: Mmmm.

P: But they became part of everyday life.

I: Yes.

P: And it, it, it, it's not an issue anymore, it's there. People don't see it as...actually they don't see that as being externally enforced.

I: Because it's...it's because it's...

P: It's the way things are.

I: It's evolved and that's the way things are done.

P: The way things are done, ja. So it's not a rule anymore, it's part of us.

I: Ok, thank you for that. Thanks for giving me the opportunity again.

P: Alright, ok.

Appendix 4

Interviewer: Researcher

Interviewee: Participant 4

Institution: No. 2

Designation: Quality Assurance Manager

Date of interview: 09 July 2010

Time: 09:30

Duration: approximately 30 minutes

Code: P412

P: It's very nice.

I: I think it doesn't come from the CHE [inaudible 00:07].

P: No, I can't see branding on it.

P: No, we don't do branding very well, thanks. I just wanted to say thanks again for, you know, taking a little bit of time out. I believe you guys have a small crisis here so...

I: Ja.

P: It's part of running an institution.

P: That is, you know, if there isn't a crisis then, I mean, what on earth are you going to do on a Friday morning? You know, it's almost weekend so we need something, you know, just to keep on going before you think it's maybe weekend, ja-no, keeps us together.

Start of actual interview

I: Ok, we're just going to go to the brief background, if you can just tell me whether you've been trained as an auditor, as an evaluator and if you've been involved in any of the HEQC's audit or quality assurance processes?

P: I've been trained as a programme accreditor as well as a...or evaluator, as well as the audit training. I've conducted both of them but they've never used me. So in general, as quality assurance fits underneath my profile, I've just implemented all that training and all that knowledge into my systems but I haven't, in general, been part of any evaluation process for the CHE.

I: Ok and you think that process sensitised to you or served a purpose that...because part of the HEQC's mandate is also to build capacity within the sector. So you think that purpose was served in your case? Then they didn't use you specifically as an evaluator or as an auditor.

P: Yes, absolutely. I've learnt a lot from both training sessions and especially when you start using the information as well as what you have been trained, to implement it. When you start using and applying that information you actually learn more because every institution is unique and even your case studies that you have done in the audit training sessions, I mean, everything changed and as you change from institutions as well. So for me, that was definitely a capacity building session. I've learnt a lot and how to implement it, changed things that I thought was very easy to just implement.

I: Ok, thanks. And then I just want to establish that you were not at the institution during the audit. When did you come to the institution?

P: The institution's audit was in 2005 and I joined the institution in 2007. So I wasn't part of the original...getting the evidence together, going through the self-evaluation process of the institution. I wasn't part of that original process.

I: Yes.

P: I was part of the feedback, the following up- feedback from the CHE. So, in terms of giving feedback of the recommendations- that I was part of and afterwards we had a CHE site visit on feedback of the recommendations that we submitted. So I was a part of that, but not the original submission and getting the evidence together and being prepared for the visit.

I: So, what was your sense...do you think that when you came and there was an audit, do you think the institution has changed since the audit?

P: Oh, absolutely. Their institution was much smaller, we had different staff, the staff background was different to what it was now- a lot of the staff comes from the public sector. So as the private sector, I think, was exposed to the CHE accreditation as well as to audit processes mainly first, I think we had different ideas of how it should work. So we definitely changed, we have now more students, we have more sites. So it's much more different from the original, 2005 institution profile.

I: And do you think those changes that came about was because there was an audit at the institution?

P: Yes and no. Definitely the audit had an impact because it streamlined some of the processes; it explained and gave an understanding to the staff as well as to students why we have quality assurance but also because we're private we're exposed to the market. So you need to have good service delivery, good quality product- which in our case is our programmes. So as an institution, as a business you need to provide good service, good products and from that side you need to have a good programme, you need to make sure your teaching and learning is up to scratch. So we're actually exposed to both sides, we need to, you know, match them somewhere and streamline them.

I: Ok, thanks. I'm just going to go directly again to the improvement plan. I wanted to know in what way, when you came, did you become involved in the development of the quality improvement plan process within the institution?

P: Some of the recommendations was a little bit on our policies and the overall teaching and learning of the institution. So what we immediately did or when I joined, is where we started at a recommendation, look at our policies, look at how we could map if and where necessary the recommendations and in terms of the profile of the then institution and a profile of the institution now, how all of these actually are linked with each other. And then we had meetings with the staff to see how they reflect on the recommendations and some of the staff were new so they also didn't have the experience of the audit and some of the staff were here since the begin...since, you know, the establishment of the institution. So all of their experience and expectations and how the criteria were explained and implemented, all of them were mapped and discussed and from there on we draw a drafted documentation on how we go from here, a project plan.

I: And that improvement, I wanted you to maybe just mention to me when you took- if you can remember, when you took a recommendation what process... describe the process that you followed as the QA manager.

P: Because I was not here with the audit, what I did is I looked at what was submitted and I looked at the recommendation and then from there I tried to understand the process that happened during the audit and from there, what I did is I put them together, I looked if I could map them and I drew from the people who were part of the audit process, their feedback, and then from there I've put the project plan together. So I basically used information from the past evidence that I could gather and information from right now and together I combined them.

I: And the involvement of, let's say it was about the MIS system, who would have been involved in that process with you?

P: In every aspect of the recommendations or any point that has been issued as a concern or a recommendation, the people directly involved, first of all, and then the people part of the audit if there were any and then together we were sitting and discuss how they see we should address this. And then from there we've summarised it and agreed and went from there. So the people on the ground as well as the management and staff were all together discussing this and seeing how we could address it.

I: Ok, and do you think this process has changed things for the way the institution operates?

P: I think initially, yes, because also remember the audit criteria make provision for self-accreditation. So it's something that all of us strive to eventually. So we want to comply because we want to have self-accreditation, but except for that, it's just good

practice...best practice if you can have something implemented and it makes life eventually easier because if you have a good quality system, you don't have a lot of come backs of issues. If you're...say for instance let's take the management system again; if your management system is working then you can capture the data correctly, it's not coming back, so your students have the correct information. If you use it for learning purposes then the documentation and the studying material is available. So it just makes everything easier, then always this crisis management concept is just not working.

I: And then, I wanted to understand from you, when do you think did the improvement process start at the institution? Was it...maybe you can't comment on the development of the self-evaluation report, but did it start when the audit report came or at which point did the process start for the institution, do you think?

P: I think with the self-evaluation, definitely some concepts already because as the institution went through the self-evaluation and the criteria against which they did that, they definitely identified areas that needed improvement immediately. So they could address that, I think there already it started and as they go along in the submission and preparing for the site visit I think it continued and eventually they got to a place that they could say, ok, we're kind of there now. We can operate without thinking, ok, we're not meeting the criteria; and I think from there it just built on and it just formed part of everybody's day-to-day business, making sure that what they've learnt, what they have identified are now implemented on a day-to-day basis.

I: So you would say that the improvement processes became continuous within the institution?

P: Yes, absolutely. It's just part of our thinking process at the moment, if we're planning a new programme, we're immediately thinking along the lines of quality and how to implement it. Making sure that the staff that we are going to appoint have the right qualifications, making sure that the programme, meeting the criteria of the programme accreditation criteria. Do we have the resources in terms of facility? So everything immediately kicks in, it's not like [gasp] we quickly need a programme, let's just quickly put it together and off we go. It's a process.

I: But it becomes an improved way of doing things based on your experience of the audit and the development of the improvement plan.

P: Yes, because we went through a cycle once we started, we started in 2000, so, a lot of change for us and a lot of change in terms of the regulatory environment. So, in terms of that, I think both sides had a growing phase and both sides, I think, are now at a place that we are agreeing that we are on the same page.

I: Like stable, mature.

P: Ja, and I think we can now sit around the table and look at private higher education from a view of, you know, we're actually providing good quality teaching

and learning. In the beginning, I think, because of ignorance or not capacity it was a little bit ad-hoc at some places.

I: Ok, and then I wanted to check with you that.... I'll just go into another phase around the discussion, the issue of improvement, what does it mean for the institution in the context of the quality improvement plan process? You know, the term improvement is quite complex I saw in the literature. You can't like pin it down and say... so the improvement and I think you've mentioned some of them, how...?

P: I think for us, looking at improvement, is make it easier for everybody involved. So if it improves what do you improve? Do you improve your delivery of your teaching and learning? Do you improve your quality assurance systems in terms of management information systems? Do you really have a system that is operational? So, improvement means, for us, making it easier and making sure that we are actually having fun being here and enjoying the process and having quality programmes.

I: And improvement, if you talk about levels within the institutions, within your institution, is it at the level for the student, the level for the administrative staff and...?

P: It's on all the levels. We have constantly, well, on an annual basis, we have capacity building workshops and training processes that we have with the staff and all of the staff are involved. So if we discuss, for instance, the change, for example, from the previous dated programme structures to the new HEQF, then everybody is going to be at a session explaining to them what this is and what we're going to do. And then if we roll out a new programme which is based on the new HEQF, we will have the information session with the students as well, explaining to them that their qualification is not all of a sudden not applicable anymore. I'm just quickly thinking of a two year diploma and a three year diploma, so what is the difference and what did it change? Because everybody needs to know what's going on. So, improving means communication levels, meeting on all the levels, making sure that everybody is exactly sure what is the impact of improving and quality assurance in their environment.

I: Ok, thanks. And then I wanted to check with you, I mean, what value, you know this improvement process that you've now experienced since you started in 2007 here, you know, what value did this have for the institution? Did you think it had any value for the institution?

P: I think so, yes. I think it was important to go through the process, doing a self-evaluation and I don't think it was done on that level before, but it gave the institution the opportunity to look at the bigger picture. So starting off there, all of a sudden all the aspects...because sometimes you look at one aspect, let's say for instance, academics and then students and then quality assurance on the side. So we have all these little cylinders running, maybe not together with each other and doing a self-evaluation, to start off with, gives you the idea that maybe we're not talking to each

other. So, I think from that side it definitely exposes us to discussing more of the concepts with each other and all of a sudden you can think of, ok, but maybe not everybody understands. You know, my world is my world but does everybody understand why we do this and why we implement this and what is the impact and I think from that level, definitely. I think it gave us a bird's eye view on the institution, where the institution is going and what the processes are.

I: Ok, so you say that there was definitely value for the institution. Do you think there was value for any of the other levels within the institution? Perhaps other individuals...?

P: Absolutely, because...I think, yes, I do believe that because all of them were involved, all of the staff have been explained the processes and how they fit into the quality assurance process, what is the value they add to the quality assurance process from the support staff to the service staff to the admin staff- all of them were involved. And I think from that side because all of a sudden they understand where they fit into the process and they started asking questions. So all of them, they have started to understand and build capacity and even moving on in certain areas, you know, maybe be a...just be an administrator and then all of a sudden wants to be a little bit more, maybe more into quality assurance or maybe wants to be a lecturer. So all of them really gave them a different perspective on thinking of stuff they never thought of to deal with.

I: Ok, so you'd say that the way things were being done became a different way because there was more reflection, perhaps, on new activities?

P: I think so, because we could've discussed it. Previously, I don't think all of...everybody was that involved in the process and everybody didn't understand the process that well and now everybody knows and you can have a good conversation around the table with all the staff because they will tell you, ja, but remember if we do this then this is the implication. So it's not like, ok, ja, we will do that but we don't understand later on when we've revised it and then say ok, but it's not going to work, they immediately stand up and say, but that's not quality assurance or that's not going to work in terms of the processes.

I: Because there are planning processes, there are consultative processes and everyone is on board and everyone knows there what they want.

P: Especially because we have every year a strategic meeting of all the staff and with all the sites. So you have immediately that impact on if you want to have a new campus what would be the process and then everybody is involved and will say, ok, but remember now we need this or we need that. So I really think...

I: So the thinking is like from a regulatory point of view, let's consider the quality implications, let's consider the risks and then we plan.

P: Yes, yes.

I: Ok.

P: And everybody has an input. So it sometimes becomes a very long session but it's good. I think if people are involved and understand the processes, they actually commit easier to a process.

I: Ok, thanks. And would you then say that with the development of the quality improvement plan when you put those processes together, that improvement became part of your planning processes within the institution at the different levels?

P: Absolutely. All our templates, all our documentation, communication documentation that goes out, all our discussions are absolutely based on the improvement, the quality and reflecting on the external criteria and our internal criteria.

I: Ok, and then bringing the two together to see how best it fits the institution.

P: Ja.

I: Ok, and do you think that the way you were doing things it's because we have a regulatory body, a body like the quality assurance agency who does programme accreditation, who does capacity building and who does audits. Do you think if you just had the audit, then the institution found its frame and then just continued on that road?

P: I think for us, for the institution, I think we are doing things at the moment, because we're already in a mode of doing it in terms of quality assurance- making sure we adhere to the regulatory requirements. I don't think, if there were...I think in the beginning, if there was just an audit, I don't think everybody would fit in underneath very easily. I think we all needed the guidelines in terms of programme criteria and to map it. If you don't have the external criteria to map against, you're not quite sure if all the...everything that you submit are actually on par with them, if they meet. So I think we actually need both, I think for us, the institution, we think along the lines immediately but still I think, overall, I think we all need some goal to work towards, where to look at what we should do.

I: Ja, and having understanding where you fit into the bigger higher education sector.

S: Yes.

I: Ok, then, is there anything that you thought about, you know, when I was going to conduct this interview around improvement and quality improvement plans, that I perhaps didn't ask you about or that you thought about?

P: Not really...I think, no. We have the steps that we follow; it's not that we have developed a new system or other system. We're really working very close to the

criteria of the CHE above for the programme or the audit criteria and mapping and making sure that we're doing the best practice. I think the only thing that I can maybe add is that teaching and learning...what is the best practice document that the CHE also developed? That was also a very good guideline for us. When we look at our audit criteria and our quality assurance documentation, because remember it's a benchmark that the CHE gives us, it's not the best practice one and if you look at the best practice documentation, you actually move a little bit further into the quality assurance, so, for us, I think that is the only thing I can add is that we also make use of the best practice.

I: Guides, basic teaching and learning best practice guides from a few years ago.

P: Yes.

I: Then I wanted to ask you, how do you know, you've been here since 2007 and the institution is now ten years old. How do you know that you provide a quality product at the end of the day? How do you know that?

P: The students and the fact that the students are getting actually...we have a roundabout, I would say, 90% placement of students after they've studied, even before they've studied, completed their studies. So, in terms of that I believe if the market reacts that positively to our students and the interaction that we have with the students as well. We have a student council, we have the sport activities that we deal with the students and if you discuss with them and see how they react and stuff like that, they are happy students and the market wants them. So I think from that side, just from the market side if you just don't look at the students immediately, the market wants the product, the programme, the students that we produce. So I believe that is a good quality product if you want to call it a product, because otherwise the students would have...wouldn't have had work. And eventually, in the bigger national framework of South Africa, at least what we should do, we should provide students the opportunity to walk out of their studies into the work environment and that is actually what we're trying to do and I think we've met it.

I: Ok, thanks. Ja, that's it, thanks very much for giving me the time again, I really appreciate it.

Appendix 4

Interviewer: Researcher

Interviewee: Participant 5

Institution: No. 3

Designation: Quality Assurance manager

Date of interview: 14 July 2010

Time: 09:00

Duration: approximately 30 minutes

Code: P5I3

I: Put this on, thank you. Thanks, uh, again for the opportunity to, uh, conduct this.

P: It's my pleasure.

I: And uh, I just have some background uh, questions because, you know my...the criteria for selection of the sample was that um, the individuals must have had some experience in, with the HEQC's work. So I'll start right off, I want to know if you were trained as an auditor? Have you participated in an audit? Were you trained as an evaluator?

P: Yes, I was trained as both an auditor and an evaluator. I've actually assisted the CHE with offering the training or providing the training to others and I've been um, on an audit panel and also involved in report writing, I did the report writing training, um, I think it's the second day of the auditor training.

I: Mhmmm.

P: And um, then also on programme accreditation, site visit panels and doing accreditation reports as well.

I: So you would say you're quite familiar with the HEQC's um...

P: Yes.

I: Quality assurance processes...

P: Processes and criteria, yes.

I: Ok, and um, you were here at the institution during, during the audit?

P: Yes.

I: And I'd like to know from you, um, if there's any change or difference in the institution post uh, the audit process?

P: I think it had um, it had some effect in terms of changing um, the perceptions and it increased the awareness of people. Um, to me, the most beneficial thing of the audit was that it, it forced us to get people together and to sit around a table and to

talk about things which we would not have done, you know, if it was just business as normal. So, I was delighted by the fact that post audit, you know, people would refer to criteria or they would refer to audit conversations or they would they would refer to audit interviews. So there was definitely an effect in the institution. It did lose momentum after a while, like all of these processes and, you know, it wears off when new processes come and other priorities for the institution, but, but still even today, um, we're now four years past the audit and our second cycle audit um, from Australia's side is coming up in 2012. So, at least people are aware of audit speak and terminology and processes- those who were there then, um, and that assists us in preparation for other processes coming up.

I: And I just want to go back to the previous question: do you think that the fact that you were an...on an audit panel and trained as an auditor assisted you in any way in doing your work differently at the institution?

P: Yes, I definitely think so. It um, it assisted me a great deal to have been on both sides of the table. So I could be more objective as um, the person facilitating and coordinating the audit internally by having been on the training, by, by engaging with the criteria in a different setting because it's different when you do it for your own institution. You write your own portfolio or you read another portfolio, so I learnt a lot from examples of portfolios and my exposure on the panels and the training. So, it definitely, definitely made a difference.

I: Ok, thanks. I'll go right into the improvement plan process because that's the focus of the study and I wanted to know, in what way were you involved in the quality uh, improvement plan development at the institution?

P: Um, I was fully involved with that that was one of my primary tasks after the audit, after we had received the report. Uh, it was my primary task to develop the audit improvement plan, so I had to consult with the various divisions, work through the recommendations, um and even broader than the recommendations through the report, to see where we need to follow up. Um, so I developed the improvement plan and we circulated and consulted but it was um, primarily my responsibility.

I: Ok, thanks. Um, then I'd like to know: if you can describe the process that was followed, perhaps by way of recommendation within the institution to address the recommendations in the report?

P: Ok, for instance, uh, we got a recommendation about advisory bodies for our programmes that, um, that, um, we had the advisory bodies but they were not formalised, we didn't have sufficient evidence, you know, of the meetings. Um, so I would, um, consult with the heads of schools and the course coordinators of the different programmes um, to establish, you know, how we can move forward in terms of constructing the advisory board. Uh, we identified the steps that we needed to take for that specific recommendation got their input as to how we can realise that. And then, to me, a big part of that process of actually doing something or acting on

the recommendations was to include it in our goal and structure and as standing items on agendas.

I: Mmmm.

P: So we actually took the recommendations and we work them into our governance to make sure that we keep on monitoring the, the implementation and actually improving on the recommendations.

I: Ok and then um, the role players -did you select role players per recommendation? Or did you have a group of people that sat with the improvement plan and, and say this is how we'll address it?

P: We actually selected people according to the recommendations. So if the recommendation dealt with specific departments, support units or academic units, we worked with them specifically to construct the improvement plan for that specific recommendation.

I: Ok, and um, we talk about um, improvement and, you know, developing and improvement plans. At which point, because you were at the institution, at which point did that improvement uh, process start at the institution? At the, you know, with the development of the SER? You know, in the process of the audit? When the audit report came?

P: It was actually in the, in the process of preparing for the audit because we actually identified some of the shortcomings which we also highlighted in the portfolio, which I think is good practice. Um, you know, to be honest about the shortcomings, so we actually started to address it uh, prior to the audit and during the audit process so that we can already um, give feedback and a, and a progress report that we have identified that. So none of the recommendation came as a surprise to us um, and we actually started to address that. If, if it was not one of the priorities that we, ourselves identified during our self-review, it was soon after the audit um, in preparing the improvement plan that we started to attend to those recommendations.

I: Ok and then um, you know when I went through the literature, um, defining uh, the concept uh, you know, improvement and what does it mean. It's a bit of a complex uh, thing. So, I wanted to get your point of view, you know, what did improvement mean in terms of the development of the quality improvement plan?

P: Um, to me, improvement in that sense um, to make something better. So it's not necessarily to arrive at the final state of "this is the best it can be", but improvement to me, means a process and that it is a process and that it will be maybe next year will be a bit better, but that we still need to improve on that. So, I see my work and my work around the audit and in the institution following up on the recommendations as that cyclical, that quality cycle of improvement and how the improvement actually leads into another cycle and, and showing you other things that need to improve. So,

definitely, to me improvement means a cyclical process wise but an upwards cycle and not just going round and round but definitely moving forward.

I: Ok, and um, in this process um, would you say you've taken the different stakeholders along in this improvement process?

P: Um, I think so. As I mentioned, I do think you lose momentum. I think initially, soon after the audit they were more involved and now it is as if it has become part of our daily business.

I: Mhmmm.

P: So, whereas I, you know, would still have the focus on, you know, this is one of the recommendations. They would see it as a standing agenda on the board of studies or the senate agenda. So, I think um, which is good because they shouldn't differentiate audit from normal business. Um, so I think um, the, the audit, specific references to the audit might have um, decreased.

I: Mhmm.

P: But, I would not say that the focus on the elements that was identified, you know, was watered down in any way.

I: Ok, I'm going to follow up on the um, you said that some of the recommendations became standing items on the agendas and in that way, I wanted to know how did the quality improvement plan development fit into your comprehensive quality management uh, system and strategy within the institution?

P: Ja, we um, as I mentioned about the governance structure, that was one way of embedding it in the, the, the operational aspects of the institution. Um, the other way was to make it part of our quality assurance cycle and our planning cycle um, in the institution. So, we actually also acted on the recommendations in our operational plan which is part of our quality management system and our quality process. So, operationally it assisted us to keep a track of the recommendations, to put it as items on our agenda, but on the other...on a more strategic level, we incorporated and we embedded into our own quality cycle and our planning processes.

I: And would you say that that uh, process would have happened uh, eventually within the institution? Or was it the intervention of an audit uh, process from the side of the HEQC within the South African higher education system?

P: I think the, the processes would have happened um, because we function within this infrastructure and there's certain processes that is in place. What the audit contributed, I would definitely say that it provided us with focus areas and areas of priority and the recommendations um, provided us with some evidence that these are the things that we need to focus on. So, even though the processes would have happened, you know, there would've been an operational plan, there would've been

aspects included in that, but the audit provided us with some focus on the aspects that needed improvement.

I: Ok, thanks. Then I wanted to know um, what value did the, you know, the process, the quality...the development of the quality improvement plan have for the institution? Do you think there was any value in that process?

P: I think there was definitely value in it, more value for us as the coordinating or the facilitating unit, um, to get our heads around these are the things that we need to address and that we need to attend to. I think the improvement plan process is more on the background than the actual portfolio development process.

I: Mmmm.

P: So, as I say...whereas the staff would be engaging with it, they would not necessarily know that this is part of the improvement plan um, because we also try not to differentiate, you know, and now say but this is now audit stuff, this is now usual operational stuff. So the improvement plan is, is definitely a more useful tool for those coordinating and facilitating the process than for the, the actual stakeholders, but it's the tool, it's the, it's the mechanism that, that brings...and it forces you to bring together and to act on the recommendations.

I: Ja, and um, do you think there was any value for those who were involved? You mentioned earlier when you draw people together to do that, was there any value for those who were involved in the processes to develop, you know, the recommendations?

P: Um, yes, I think so. I'm, they, you know, you...we constantly also try and get feedback from the staff and, and do staff surveys and we did a survey after the audit about the feedback from the staff and they indicated that the whole audit was a valuable process for them. As I say, they were less involved in the actual compilation of the improvement plan, but more involved on an operational level in terms of implementation, but I, I, I would be of the opinion that it assisted them also within their divisions, to structure what they are doing and to provide them with focus areas and areas that they need to improve. Um, and because it's a cyclical process, they know, you know, at some stage someone is going to come back and, and, and, you know, ask me how I'm doing and, you know, whether we have progressed and whether we have improved.

I: Mhmmm. And um, do you think that this entire audit process has um, allowed the institution to do things differently from the way they would've done it uh, before?

P: Yes, I would say so because of those discussions that we had. Um, if it was not for the audit, I don't know if we would have managed to get academics around a table to talk about assessment.

I: Mmmm.

P: Um, because they, you know how they operate and they often operate in isolation.

I: Mmmm.

P: Um, and we have the benefit of being small but it did create those opportunities for discussion and I do not see...and, and as a result of that, we could continue on those um, discussion events which we then continued post audit and not stopped that, you know, that we did it for the audit and now it's done. So it really gave us that opportunity to show them the benefit of sharing and of discussing and of, of, of, where, for instance, implemented learning and teaching forums post audit.

I: Yes.

P: Because they indicated that, but I, I actually learnt something from my colleagues when we talk about this.

I: Mmmm.

P: Which was initiated from an audit perspective, but could then follow through after the audit.

I: And would you say that these teaching and learning uh, forums were tangible things for, for academics to then think about how to improve their own uh, their own uh, their own uh...

P: Practice.

I: Practices?

P: Yes, and it still is. It's after four years and we still have a monthly learning and teaching forum.

I: Ok.

P: And um, and we get the input from them as to what the theme should be and who the speaker should be and who's going to come and share best practice.

I: Ok.

P: And every year we improve the attendance and we improve the programme and we arrange more of those, of those forums. So, it was a, it was a definite tangible thing that they could provide input to as to this is what we want to talk about. So, from an institutional side we've created the opportunity for them and we facilitate and we organise it for them, but the input comes from their side and they decide on, on the programmes. So that would be, typically one of the tangible results of, of...and uh, that was based on that criteria that specifies that there must be discussions around teaching and learning in the institutional evidence of discussions.

I: Mmmmm.

P: So that was one of the initiatives that we put in place subsequent to that criteria.

I: And you say the momentum is just going so it's become...

P: Yes, it's picking up, yes, it becomes part of our...it's part of our calendar now and it's...we actually have people signing up and we have booked six, seven speakers in advance because there's a waiting list of people who wants to share and if we have awards we will get the person who won the award to come and present, you know, the best practice as to why did they win the teaching award for this and why did they win the research award for this. So we also, we also use it as an opportunity to share best practice amongst the colleagues and then we get uh, speakers from outside to address issues and problems. And the other source of information for that is the results of our evaluations.

I: Mmmm.

P: So if we see that there's a trend or a consistent issue, like assessment in large classes, we address those in the teaching and learning forums.

I: Ok, sounds interesting. So would you say, because you're also a smaller institution um, we won't necessarily say private, but I found people in private higher education would say they can put a programme together quickly, they can do those things quickly.

P: Yes.

I: Because they are small.

P: Yes and in our case that was the, definitely also the case um, coming from a large public to a smaller property or a smaller campus. I can definitely um, say that things are progressing much easier and that you can arrange things much quicker and you can get decisions taken quite easily and the governance are simpler than in the larger institutions. So it's definitely to our benefit.

I: Ok.

P: To be a smaller, a smaller campus but also um, that is an institutional culture. I think you can also take a long time to make decisions in a small institution.

I: Yes.

P: It's not just necessarily based on size but it's definitely easier to get those things uh, moving.

I: Ok, well this is going much quicker than I thought it would. Um, then I wanted to know from you, did you at any point evaluate um, you know, the processes post the audit against anything else? Um, or, because you're talking about the cyclical

processes, the cyclical process. How is it done? Do you have outside reviews who comes in and tells you, you know, what you're doing is ok or...?

P: Yes, we have a series of mechanisms, um, you know, there's more um, mechanisms that's focused on individuals and to monitor their progress and improvement.

I: Mmmm.

P: Um, and one of our recommendations was also to draw, to pull all of these sources together, you know, you have the unit evaluation and the satisfaction survey, so that was one of our recommendations to integrate and consolidate that more.

I: Yes.

P: And then we have more institutional, or programme based uh initiatives and initiatives to monitor, uh, that's the programme or course reviews uh, where we also get panels from outside and uh, we have the benefit of, of, of having, of offering the programmes on the different campuses internationally. So the review would then incorporate and evaluate the consistency of provision across the campuses and the resources allocated. So we have a system of course review um, and then um, so there's the more individual mechanisms of, of monitoring progress and then the more institutional mechanisms. And, and we're also in the position of where we have the Australian audit agency also auditing us and they are already moving into the second cycle. So that's also an external measure for us to, to...and it was interesting to, to compare the findings of the two audit agencies and, and what their focus was and the South African focus.

I: Ok and then um, this is one of the last questions: I wanted to know, now that the audit process is um, I think it's nearly concluded for you because you have submitted your um, um, mid-cycle report.

P: Yes.

I: Already to the HEQC, you know, did you gain anything um, as an institution but also from the South African quality assurance agency, would you say?

P: Um, yes. I think we definitely gained um, from that. I think we could've gained more uh, we could've gained more if we did not lose the momentum...

I: Ja.

P: And that was due to timing issues with the report coming out. So from an institutional perspective, I think we did gain.

I: Mmmm.

P: Um, but we could've gained more. I think as the processes mature and they are refined um, the, the momentum can be...and the input and the contribution that the national process can have, can be greater than what it currently is.

I: Ok, and uh, ja, I think you've indicated um, you know, how things have progressed at the institution. So, just uh, lastly, what do you think...I mean when I called you I said I wanted to talk about the improvement plan process. Do you think there's anything that I've left out um about the questions that I've asked you...that I could've asked around that process? Um...

P: Um, I think if it's about the improvement process then I would just, I would just say that um, I don't think the HEQC's as involved in the post audit processes as they are in the pre audit processes, and...which is not necessarily needed or necessary. Um, it, it, it is an institutional process, you know, the improvement plan is an institutional process but the engagement from the HEQC's side came quite late...

I: Mmmm.

P: In the cycles. So, my main concern would be around timing um, and keeping the momentum and, and getting the optimal benefit from these processes by keeping the momentum. So I, I think we were more or less, besides the one conversation that we had about the improvement plan, institutions are very much left to their own devices when it comes to writing an improvement plan. So, whereas there's...the criteria actually guides you so well through putting the portfolio together irrespective of which way you decide to go as an institution.

I: Mmmm.

P: It's, it's quite clear, you know, this is what you're supposed to do and there's examples and, you know, institutions share and you can do some research on what a good portfolio...but when it comes to improvement plans, it's a bit more...ok, how are we going to do this? You know, we decided on this format, another institution can use another format. So I would've wanted a bit more guidance.

I: Mmmm.

P: Um, and a bit more affirmation of – yes, you're on the right track or no, you know, you haven't made sufficient progress with this aspect. So, so I would've wanted a bit more engagement from the agency or the national body.

I: Mmmm.

P: In terms of the post audit processes because also for the perceptions of the stakeholders internally. Um, you know, they see the audit as very much driven by the external body coming in.

I: Yes.

P: Whereas the improvement process is more internal but it's also accountability.

I: Ja.

P: So, so the involvement from the external body in those processes and continuously leading up to the second cycle or the third cycle.

I: Mmmm.

P: Wherever we might go, would assist the institution. I think, you know, we can get more benefit from that.

I: Ok, thank you for that. I think I've also learnt from that (laughter), that response.

P: Good.

I: But thanks again uh, for giving me your time for this and I'll transcribe and then I'll send you the transcription, uh and then when you send it back to me, then I'm finished with the member checking part of the work.

P: ...work.

I: But uh, thank you, thanks very much.

Appendix 4

Interviewer: Researcher

Interviewee: Participant 6

Institution: No. 3

Designation: member of quality assurance unit

Date of interview: 14 July 2010

Duration: approximately 32 minutes

Code: P6I3

P: I wasn't part of the audit; maybe it will go quicker (laughter).

I: You think so? You know, you were selected for the possibility that you have an opinion and you have experience in this sector.

P: Oh, uh, ok.

I: Ja, I'll start with the background. I'm aware that you were not part of the audit uh, process at the institution.

P: Yes.

I: But I wanted to know, were you at any point trained as an auditor or as an evaluator by the HEQC, at any point?

P: Oh, yes. No, definitely. In, um, I think the main frame was that now...I started in the quality field in October 2002.

I: Mmmm.

P: And I think, I can't even remember how many training sessions that I've attended and I did, I, I was trained as an...

I: Auditor.

P: Auditor, yes and also I did the report writer training as well, yes.

I: Ok, which means you uh...one can say you're a bit familiar with the HEQC's processes?

P: Yes, I think so.

I: I just want to check, did I...? I think my battery just gave in. It's fine, this one...

P: Is the other one working? Ok. That's good, that's why you have two (laughter).

I: Um, the other thing I wanted to check with you is that um, you were not at the institution at the time of the audit? When you joined the institution did you notice any change in the way um, the institution has operated since the audit? Or, you know...

P: Well, unfortunately I didn't have this, this opportunity of a preview and a view past. Um,and I are friends and from that, from that perspective yes, I did get some information about the um, the audit but it was superficial because I was not involved um, at the institution.

I: Mmmm.

P: So, um, unfortunately I, I, I, I can't answer that.

I: Ok, so I'm going to go on to the improvement plan process with you.

P: Yes.

I: And, uh, just check at um, maybe you should just tell me at which point you joined the university.

P: Ok, I, I came only here in first of June 2009.

I: Mhmmmm.

P: Um, so I'm here now for a bit more than a year.

I: Mhmmmm.

P: And it was well past the audit and it was past um, the improvement plan, but I did attend a session. We, I think...it's, it's, it's the new director of, of audits.

I: Ja.

P: Wall? What is it?

I: Mr uh, Doctor...Dr

P: Yes, that guy was very friendly. Um, he came to discuss the progress of the...in the improvement plan and I attended that session and you know, I was just amazed at that time at everything that's already been done.

I: Mmmm.

P: And subsequently I was requested to write the um, progress report.

I: Mmmm.

P: And there, maybe I did get a before and after view because of the recommendation made at that stage and then I had to write up where we are now.

I: Mmmm.

P: And um, I was very surprised of the um, the knowledge that I have gained in a year's time to be able to write that. And also, you know um, I think this, this institution is at a very good um, position.

I: Mmmm.

P: It was...we were able to, to answer all those questions and to give honest answers and um, I think the HEQC will approve our, our, our um, progress report because it, I think the quality assurance um, is in very good hands here with Nicolene.

I: Ok, so you said you had a view of how things were before when you had to write the progress report. What was your sense uh, in terms of improvement from the...to the point where you, you, you had to write the progress report?

P: Yes, I think um, I think the, the, the recommendations that were made.

I: Mhmm.

P: It was not basic or fundamental stuff that was wrong. It was, it was kind of um, I don't want to use the word superficial but it's, it's fine tuning more than um, you know, being totally off the station.

I: Ja.

P: If, if, if that is a possibility to say that (laughter). And um, it um, you think...you know, it's about, one, one example of the recommendations was um, benchmarking.

I: Yes.

S: Um, but that is, that is quite difficult for an institution like us um, because we haven't got counterparts in the private education because of our unique position.

I: Mmmm.

P: But, um, then we just had to find out alternate ways to do it and I think, I think we've succeeded in that.

I: Ok.

P: Ja.

I: And um, I mean, you spoke about benchmarking. Would you...do you, did you get a sense of how uh, they address the uh, before you, before you came here? Because you did the uh, uh, uh, uh...

P: Progress report.

I: Progress report.

P: Yes, it was definitely um, taken up very seriously.

I: Mmm.

P: The, the, the DVC which we had at that stage web cam in Australia, he was involved in, in, in um, the process of writing the improvement plan. So it was...it got

high level attention and um, definitely they, they, they took note of the recommendations made. Um, we have at the uh, institution, we have a policy for the um, development of programmes.

I: Mmmm.

P: And specifically programmes offered at, at more than one campus in the sense that you must make provision for the context um, of, of where the students are studying.

I: Mmmm.

P: And um, that was one of the recommendations and definitely it was, it was um, implement more, that policy. The policy was there but I don't think it was well implemented.

I: Ja.

P: At the audit time, now it is. There's definitely a, a change in, in the content.

I: Mmmm.

P: A, a, an example...the most content stays the same but examples and context...

I: Ja.

P: Contextualising of uh, of, of the, the programme.

I: And did you get a sense that there were, in that, you know, you spoke about the benchmarking exercise uh, did you get the sense that there were other stakeholders involved within the institution in, in, in responding to that recommendation?

P: Um, uh, yes I uh, the way that it works here, it's because we are quite small.

I: Mmm.

P: Every, I, I, I think we have lots of discussions, a lot more discussions um, than at other universities. Um, you know now that I came from UJ where it's a very big institution. Here, if you write a report or a progress report it goes to the heads of school, it goes to the um, heads of admin, the support services.

I: Mmmm, yes.

P: And everybody has a chance to make um, recommendations and comment on, on what you have written and um, it is discussed, you know, at the, at the...we have this to board of study which is the academic side governing body and the other one and it's definitely discussed at that level and because I know that they treat other documents, and the progress report was treated in that way.

I: Ok.

P: I'm sure that that is also the way that they wrote up the, the improvement plan.

I: So you'd say, when you got here, you got a sense that there's a sense of um, consultation with staff uh, on different issues?

P: Definitely.

I: And there's a uh, uh, uh a system or a culture of working together to address issues?

P: Definitely and the involvement of the PVC is, is, is notable because he knows what's going on and he definitely, he was involved in writing up the, the improvement plan and he did read, read the progress report as well.

I: Ok, so tell me about your experience when you now, you came, you got a sense of what happened before and then you did the progress report which was a follow on, follow on the improvement plan.

P: Yes, yes.

I: Ok, so how was that for you?

P: Um, it was, it was easy to write because we have, we have lots...that happened um, from, because the audit was in 2006, so we had quite a few times, quite a few years to, to, to get in order and there's, you know, there was significant change for the better in, in, in those years.

I: Mhmm.

P: In 2006 we were still very small and very um, I think, ja, small is the word.

I: Or young, in a sense.

P: But, ja...young. A young institution, but definitely there's been maturity rich, not maturity rich but it was, it's, it's in the process of getting more mature.

I: And do you say that that level of maturity could be in the fact that they've post the audit, built their systems, you know, built the systems. Let's say, if you want to take let's say assessment uh...

P: Yes.

I: Um, if assessment was an issue, there would've been discussions on, on issues of- this is....

P: Yes, I don't think the audit was the only reason that it happened.

I: Mhmmm.

P: But it certainly uh, it attributed...ja, it attributed to the, to the processes happening and, but I think there...especially under Graham Webb, he had a picture of what he wanted to...and I think that was his intention from the start, the audit was just something that helped it along.

I: Ok.

P: But I think without the audit it would maybe also have happened.

I: But perhaps not, not at the pace that it happened?

P: Yes, no, no, definitely because they had, I know they, they had sessions, they had the retreat, an audit retreat. Everybody on campus was aware of the audit and knew what it was about and, and definitely it, it provided an impetus of the whole quality assurance process.

I: Ok, then to shift just a little bit of gear, because of your experience in the sector, I wanted to understand from you- when I went through the literature uh, that improvement is uh, you know, very complex, it's a complex term.

P: Yes.

I: And uh, what would you think uh, what does improvement mean for you in the institution in the context of the quality improvement plan for the institution?

P: Ja, um, I think the, the, the basic philosophy of uh, improvement being continuous uh, a continuous process. It's, it's very important um, and then you must also...it's important to take the staff along.

I: Mmmm.

P: And, and, and not force it on them but to convince them that it is for the better...to the institution and not just, not just something to please the HEQC.

I: Yes.

P: That we do it for our own reasons, I think that is important.

I: Ok and um, can you think of um, tangible things that you can say, you know we've moved from this point and now we're at this point. That reflects that in the institution.

P: Um, it is difficult, once again difficult for me because I wasn't part of the institution at that time.

I: Ok.

P: Ja, unfortunately.

I: That's fine. And then I wanted to check with you uh, did you think that um, there was any value in the development of an improvement plan for the institution? Did that process have any value for the institution post the audit?

P: Um, I'm of the opinion that um, you should structure whatever you...needs to be done and plan what needs to be done. So I think in that sense it made...it forced us to think about what we want to um, what we want the institution to be like and then what steps need to be taken to do that.

I: Mmmm.

P: Yes, so after that I do think an improvement plan was a good idea. Um, I think planning's always a good idea.

I: Mmmm. And in your experience you've now written the um, the progress report.

P: Yes.

I: Do you think there was value for other stakeholders, like for the lecturers, for the students uh, for the admin staff in, in, in the way the institution has changed its processes since the audit?

P: Um, yes, I think so, I think so, yes. I think they, they um, the staff, because of the introduction...but I don't know when they introduced the assessment training. Whether it was now post audit or pre audit, but the assessor training and the whole question of um, a research into training methods in your specific field.

I: Yes.

P: I think um, that whole philosophy has, has, has um, a lot of ground in the past few years.

I: Ja.

P: Ja, and therefore yes, it must be to the benefit of the students and, and the staff.

I: Nicolene was talking about the learning and teaching forums.

P: Yes. Um, the teaching and learning forums...the ones that um, since I came was...we have various evaluation processes at the institution but that was pre audit, that was also the case, but we get some trends from what, what was, what's going right and what's going wrong

I: Yes.

P: And so the, the teaching and learning forums used to share um, good practice.

I: Mmmm.

P: And then also to, to touch on areas of improvement and it is done, and it is done very regularly.

I: Mmmmm.

P: I, um, it's not attended that well depending on, you know, the date and so forth.

I: Ja, that's always...

P: you look at the programmes. But I think only, if you can only reach one person it's also worth it (laughter).

I: Ja, because it's also about, it's a process.

P: And, and then they start talking about it and ja, it's a whole process and, and, and just to get the awareness and the...ja, understand the goal.

I: What is your sense that now that the institution has undergone the audit, and they've developed the improvement plan and they've developed the progress report. Do you think that all of these recommendations uh, fit into the overall strategy of the institutions uh, quality management systems?

P: Yes. No, definitely. And I, I, I think if there was anything to, to dispute they would have done it.

I: Mmmm.

P: Um, you know, because they take, they take everything very seriously. From Australia's side as well uh, about what's going on um, on our um, quality field.

I: Mmmm.

P: And, and, yes. No, they will not do something that they're not convinced is worth doing.

I: Mmmm. And so, so there's no like um, you know, these are the recommendations, they're in a plan and this is our normal strategic planning and this isn't a plan. So you'd say it's an overall plan uh, that the university has, an overall strategic plan, an overall plan for the management of....?

P: Ja, no, definitely. It is, ja. And the um, we have this overall strategic plan then we have the operational plans and, and all of them make, at one stage they make um, mention of, of um, quality assurance in some or other way. May...maybe they don't even know that they are talking about quality assurance, but the noises are there, ja.

I: Ok, it's like it's saying we're here and we need to improve and this is where we need to improve because the recommendations kind of guided the institution. So, then it becomes part of everyone's planning, the, the faculty's planning, the schools planning and things like that.

P: Some...sometimes if we're at a meeting and we have to make a point we say- but the HEQC said... (laughter). We do that but it's not, it's not normal practice, it's normally, in the flow of things we do it in any case in that way.

I: So you'd say that uh, improvement has become part of the planning processes of the institution.

P: Yes, and it's...ja, definitely and it's also now um, being extended to the support services which I'm very glad for.

I: Mmmm.

P: Um, we are, we are busy at the moment with the self-evaluation and the review...the panel review process of one of them and when you get the first one, the others will follow. So, I'm very glad about that, I think the support services and not only that, can be in development services. The truly support and services um, also need attention and um, I think it's a positive uh, development and it's um, supported by the PVC. He's actually the one who said that it needs to be done.

I: Ok, so then improvement becomes a way of doing things at the institution.

P: Yes.

I: If you've now taken it to the support services any other sphere of the institution becomes part...

P: Ja, of course I know that, you know, my opinion is coloured because of uh, coloured with um, my views of quality assurance and, you know, I'm totally convinced that this is the way to go. So, so maybe I, I put a bit of a rosy touch on it (laughter) but um, compared to...but there was other problems at UJ, but compared to the, the um, attitude of staff at UJ, it's definitely a more positive attitude that we have here towards quality assurance.

I: So what would you, so what's your views around quality assurance?

P: I think it's a very positive um, development and I, I, I think it's to the good of everybody. Um, I don't think that uh, there's some gaps...

I: Yes.

P: For example, the, the students' quality literacy that, that needs attention and I'm not exactly sure that anybody actually knows what we are trying to achieve.

I: Mmmm.

P: Um, but I think that should be linked to the responsibilities of the, of the students and once you've done that they will know what to look for...

I: Yes.

P: And therefore be better evaluators because we have all the systems in place um, and, and it is addressed but, but um, I think, you know, they should, they should be um, better aware of what to be on the lookout for in evaluating a course or a module or whatever.

I: So you'd say that um, the students should also have an understanding of quality assurance?

P: Yes.

I: Because it's about them then knowing what to ask for...

P: Yes.

I: And to know where the gaps are for themselves.

P: What, what they are allowed to expect, you know, what, what reasonable expectation.

I: In terms of the learning experience at the institution.

P: Yes.

I: Ok, anything else around your views on, on, on improvement and on quality assurance?

P: No, I just...well, for me it's been a, a new career so (laughter) as I say, I'm maybe a bit too positive about it but, but, but I think it's a very good development and I really enjoy working in this field.

I: Ok, then I'm going to just go back to um, to your views and this is really your views on, on, on it. You know, now that the audit process is concluded for the institution, and you've now done the improvement plan, you've done the mid-cycle reports, where to...where to from here? Any lessons learnt uh, from your perspective uh, for the institution out of this? Because the HEQC's an outside uh...

P: Body.

I: It's an outside body.

P: Ja, um, I, I think um, we still need a bit of, of, of change maybe in, you know, to, to, to get change going, cultural change, it's a very long process and it's...should be, and I think this audit and the other one is just, it steps in it. I think we still have uh, uh, a way to go.

I: Mhmm.

P: In...to get a, a, a total change because um, here at this institution we spare the academics the uh, detail of, you know, but as soon as...and it will not be able to continue because of in it, because of the size that we're now able to help the

academics to this. At some stage it will get a part of their responsibilities and I think then, we need a bit of uh, um, uh, um, more convinced that it needs to be done.

I: You're talking about issues of accountability? They're accountable for what they do and how do they take responsibility.

P: Ja, and even, you know, the whole thing about that being a paper, a paper exercise, the attitude of, of being a paper exercise it isn't here because they don't know about the paper work (laughter), but I don't know. We know once, once it gets on their table um I think there will...there will need to be some more, more work.

I: What is more work and more responsibility in that area. Then um, I wanted to know if you think, I mean we were talking about improvement plans and recommendations. Is there anything that you can think of that you've now experience? Not just here, at any...at your previous institution because you've been in this sector for a long time that I could've asked you that I didn't ask around improvement, around development of recommendations, around audits?

P: Um, Belinda, no, I don't think so. I think um I think your questions were open enough for, for a person to say what he wanted to say. Even maybe if it wasn't directly asked and I think I had the opportunity to say what I wanted to.

I: Is there anything that you wanted to say that uh, quality- South African quality assurance agencies should improve in terms of its processes? Post the audit?

P: Um, I don't know whether we're just not invited to...because this is now a private institution, whether we're just not invited, but is the capacity building still going on? Because there's a new um, generation...

I: Mmmm.

S: Of, of, of staff getting into the field.

I: Mhmmm.

P: And, and who really needs help.

I: Um, ok.

P: Especially from um, from, from the...this advantage, I don't know how to call it, but the uni, the uni, the Universities such as the University of Venda or whatever, who had other problems to keep them busy with and now only can attend to quality after a quality assurance...I think there needs to be capacity building there. We had a...

I: Are you suggesting a continuous, from the side of, of the HEQC continuous capacity building?

P: Yes.

I: I thought there were these QA forums that uh, all institutions are invited to irrespective of whether you're private or public.

P: Um, ja, but I mean, I mean at the lower level actually.

I: Ok.

P: The, the capacity...you know, actually start at what is quality where we started in, in 2002.

I: 2002.

P: Ja um, because I think there's a real need. Why I say that, we had a quality institute here of, of SEH (?) in the beginning of March, let me just see...

I: Ja.

P: And then um, from the University of Venda we had seven people coming...

I: Ja.

P: And that is just an indication that there's a uh, there's a need for information on the quality field and, and they are all new to the field. They're not our old colleagues that started the quality thing...

I: The whole, the whole uh, process.

P: Ja and um, I think it's, it's the case with, with quite a few of the universities.

I: Ok, thank you. Thanks now for that.

P: Pleasure, we didn't even offer you some cool drink, I just remembered.

I: Don't worry about that. I don't know if you're supposed to sign any of this?

P: I can.

I: Yes, thanks.

Appendix 5

RESEARCH JOURNAL

Research Question:

What is the response of higher education institutions to the recommendations in the Higher Education Quality Committee audit reports?

Introduction

The purpose of this document is to allow the researcher to reflect on the research process and will also serve as an audit trail for the data collection process in the research process. The researcher has been employed by the Council on Higher Education (CHE) for 9 years and has been closely involved and managed the audit activities related to this study. The researcher is new to the research process and this study focusses on an aspect of the audit process, which will only come to the fore with the conclusion of the first cycle of audits. Separating the research process and the daily duties of work in the institutional audit directorate became important during the research process to protect the integrity of the research. Many aspects that would be raised here are activities that I have been involved in over the years in the directorate and I would have developed an opinion based on the work I have done in the audit process over the last nine years.

I had to often remind myself that the research was not for the Higher Education Quality Committee (HEQC) and did not belong to the HEQC. You will notice that often it was what the HEQC states and presents that came through, but I was curious to see if there was any value in the process so far as the HEQC is already in the process of preparing for the second cycle of quality assurance. The lesson so far has been for me the researcher to become much more critical of the work of the HEQC. The review of the literature created a better understanding of the work of the HEQC in the context of South Africa and the international developments in QA.

What was of great importance for me during this process was that I sometimes find myself immersed in the research and I am beginning to advocate what I have found in my research when I interact with higher education institutions preparing for an audit and when I interact with individuals that I approach to serve on audit panels. I have found the research process rewarding in providing a better

understanding of QA locally and internationally and the benefit of providing a better service to stakeholders.

The entries in the journal are not dated but occurred during the research process between 2009 and 2011 and chose to raise issues as they concerned me during the research process. I also wanted to use this document to keep on reflecting in a critical manner on the research and the work of the South African QA agency.

Pilot Audit Process

This process started in 2003 and through my studies I began to understand the importance of conducting a pilot on new system and the purposes of a pilot when you want to introduce something new that was the audit system. The research process clarified the importance of a pilot process for me as I go forward with my responsibilities in the HEQC. The HEQC piloted the institutional audit criteria with three higher education institutions. It is through the pilot process that I learnt how to think about putting audit panels together for an audit and the importance of mixing a panel to get the maximum out of an institution with the purpose to want to improve.

The pilot audit process assisted the HEQC to refine its institutional audit criteria to move it from 36 criteria to 19 criteria which helped with the operationalisation of the audit process in the Institutional Audits Directorate (IAD) so when I read Brits 2005 it confirms that the pilot audit process served its purpose to refine the policy documents. It also provided some insight for this particular institution that Brits 2005 is referring to. The success of the pilot audit laid the basis for the implementation of the first cycle of audit in 2004. Operationally the pilot audit also assisted in the peer review process and the selection of auditors for audit panels. But what I found later in this institution when it submitted its improvement plan that more support from the QA agency would have assisted this institution in the process. Part of my work is to read the improvement plans in preparation for Institutional Audits Committee meetings. The conclusion that I came to reflecting on the pilot audit process within the HEQC was that it assisted the Directorate immensely to think about its work and to implement the subsequent audits.

South African external quality assurance agency

With regard to the legislative frame of the work of the HEQC I have discovered when reading Brennan and Shah (2000) how the HEQC was conceptualized as a QA agency in the South African context and it was enlightening to see how much thought and planning has gone in setting up the HEQC as a QA agency. All the processes followed in the audits were based on the model presented in their

research. Some followed quite meticulously like the aspect of peers and the importance of peers in the work of the HEQC. The only unique aspect added to the HEQC is the section that deals with quality promotion and capacity development, other than that the South African external quality assurance agency, the HEQC's model is based on any other international QA agency.

The other aspect discovered in the literature was the importance of accountability and improvement in the conceptualization of the QA agency. The way in which the South African QA agency was conceptualized incorporated Audits and Accreditation as part of its functions as a QA agency. I firmly believe and based on my interactions at various levels with institutions over the last 9 years that the HEQC has made an impact on the South African higher education landscape. The concern however is that it has not been documented and in my case it is based on my experience in the Institutional Audits directorate. The research process allowed me to think further and find the evidence to support this claim. Like many other EQA's the HEQC was set up through government intervention as in the case of other international QA agencies governments drove the accountability and efficiency agenda in higher education. From the literature it appears there has been some impact on the higher education sector through their interaction with EQA's in many countries. Quality assurance has evolved and developed over the last twenty years in many countries.

My experience of all the audits conducted there was no reason for the HEQC to use the legislative frame to conduct its quality assurance activities in the higher education sector. No institution contested to be audited by the HEQC since the start of the first cycle of audits in 2004. The contest in the case of the University of KwaZulu-Natal has been on the outcome of the audit process and not the audit process.

Experience of the audit process

When I express an opinion that institutions use the audit criteria to develop their self-evaluation reports for the audit it is based on my involvement on different levels in the IAD with all the audits conducted in the first cycle of audits. There is no formal evidence at this stage for this kind of experiences and I do not always know how to reflect this in the research process. This kind of observations would find its way into training workshops and formal and informal interactions with institutions but it has not been documented in any form within the IAD. This view is also not reflected in any documentation as it forms part of the audit preparation process when an institution is visited by HEQC staff, it also form part of the way

the HEQC interacts with institutions. I have found that work processes are not always well documented with the IAD.

The use of the *Institutional Audits Manual* as a guide for audit preparation is emphasized during support sessions with institutions, this I think is also to ensure that the institution is familiar with the policies of the QA agency but it is not expressed in a way for the institution to understand that this is a policy document. It is assumed that the auditors on audit panels and the people at the institution use the institutional audits manual as a guide when they participate and prepare for audit respectively. I have found over the years that institutions or individuals in institution do not always use the Institutional Audits Manual as effectively as they could when preparing for an audit.

There seems not to be a process enforced from the side of the HEQC for institutions to use the guide there is a gentle approach in the name of development, improvement, accountability and building the HE sector. In my experience I found that the IAD staff would refer to the institutional audits manual but would not insist that institutions use it. I have also found in instances that institutions did not consult the institutional audits manual based on the questions they ask when they prepare for an audit.

Improvement Dimension

Reference to how workshops facilitated by the Institutional Audits Directorate shaped my understanding of the improvement plan process. Post improvement plan visits convinced me that the work that the HEQC does adds value to the higher education sector and audited institutions. I have visited institutions mostly private higher education institutions to provide feedback on the improvement plan process. I realized that the experience of the post improvement plan visit is not captured in the way it is reported back to the Institutional Audits Committee because the feeling and the way in which institutions respond is not reflected when a report is prepared. The only persons capturing the experience are the HEQC staff that visits the institution.

It was during these meetings that tangible improvement was reflected upon by the institutions but there was also a difference in the level of engagement from the institutions during the post improvement plan feedback visits. My experience during these visits was that institutions were keen to report on the progress on each recommendation with plans and processes in place. The nature of the feedback during these engagements has been qualitatively different and indicated the level of maturity of the relationship between the QA agency and the audited institution.

Institutional Audits improvement plan workshop

As part of the staff there is staff capacity development in the Directorate this workshop was part of it and it was to assist staff to develop the skills to do this as part of the directorate's work. The first session dealt with the thought processes of the consultant in the development of the analysis of the quality improvement plan and the University of the Western Cape was used as an example. The consultant lead discussion on the process that she follows when she analyses the improvement plan and in the process took the Directorate's staff through her thought processes. This session assisted in my thought processes for this research and I wondered if it is known how much effort is put into the process before an IAC meeting is constituted. All these activities are not captured as a way of process in the IAD.

The second part of the workshop was presentations from three audited public higher education institutions about their experiences of the improvement plan processes at their respective institutions. This is also not captured in the form of meeting procedures in the IAD. The interaction with the individuals from these institutions on improvement plans in the meeting made me realize the importance of this part of the audit process that is the vehicle of improvement in QA.

This part of the workshop was more revealing the institutions presentations gave the HEQC feedback on the improvement plan process. They indicated that in each institution's case they used the recommendations in the audit report and translated them into institutional strategic plans. In the case of two institutions the improvement plan reflected a change in the structure of the institution and also the change in the institutions were attributed to a change in leadership at the two institutions. So it appears that the improvement plan gives the institutions the opportunity to change more than what was perhaps suggested in the recommendations in the audit report. I got the sense that institutions could determine how they wanted to deal with the improvement plan process and that this part was not dependent on the HEQC, the institutions' context determined the pace of improvement. They all incorporated the recommendations in their audit reports into their institutional strategic plans.

I felt that I had to focus on this area for my research because for a long period within the Institutional Audits Directorate the improvement plans were submitted by institutions with no feedback because of the ambitious audit implementation process and the Directorate did not have enough staff to focus on the post audit activities. I also realized that when reading most of the improvement plans that

there was no specification of how the institution developed the plan apart from what was set out as a guide in the *Institutional Audits Manual*. The plan would be sent to the Executive Director of the HEQC and then forwarded to the Institutional Audits Directorate to engage with the plans.

The process for improvement plans in the Directorate was to send it to the consultant to analyze and the analysis would form part of the discussion of the Institutional Audit Committee that meets twice a year. The Institutional Audit Committee would comment on the plans approve them and it is then the responsibility of the IAD to give the institutions feedback of the process. The feedback occurred in the form of a meeting with the Head of the institution or individuals identified in the institution to meet with the HEQC staff. This seems to be the most valuable process for the HEQC it was here that institutions expressed their appreciation for the audit process and the value it added. This appreciation has thus not been captured anywhere but in the experience of HEQC staff.

Institutional Audit Committee (IAC) Meetings

The IAC was formed to provide some consistency in the HE sector about the audits conducted and to think about the improvement dimension of the HEQC's QA activities.

The first IAC meeting was in held 2007 because at some stage there was no interaction in the Directorate with the improvement plans when they were submitted by institutions. No feedback was provided to institutions and this part of the audit process was in flux for a long period. The IAD was so busy conducting audits in the beginning that the improvement plans were put on hold for a long time. It was only when the IAC was formed through a set of terms of reference that the audit process began to move full circle. The first IAC meeting was quite interesting with this broad panel of experts in the sector finding a way to provide feedback to institutions. For the period of 2008 no IAC meetings were convened and this caused a backlog in the audit process. This backlog was only normalized at the 2010 IAC meeting.

The IAC looked at the audit report, improvement plan and the analysis of the improvement plan before commenting on the process in the meeting. These documents were sent to committee member at least 4-6 weeks before the meeting. The meeting discussed the improvement plans of all institutions audited in 2006 and 2007 and in the process cleared the backlog of work in this area for the institutional audits directorate. There was critical engagement on the audit

reports submitted by committee members and after each institution was presented the committee came to a decision and the institutional audits directorate is required to follow up and report to the next meeting. The committee would engage with each institution's documentation and decide if the plan is approved or what actions should be taken for that an institution. The level of discussion was more about how to assist an institution to improve and make a contribution to the higher education sector.

I have found that the IAC members engaged with the audited institutions in the context of the broad higher education sector. The IAC would raise concerns about an institution's ability to implement the activities in their QIP and link it to the broader South African context.

Data Collection Concerns

In chapter one of my dissertation I refer to reflexivity and I do not think that I have any power to influence the participants in the data collection process. I have interacted with each participant in my capacity as an employee of the CHE at some point during the audit process and I was aware of this when I approached each interview. I felt intimidated to interview people who run major parts of their institutions and wondered if I would do justice to the research. I was nervous about the questions and whether the participant would be able to respond adequately to the questions. I think that I have gained more on a personal level in the data collection process from the three participating institutions than them learning from me. The questions allowed them to reflect on the audit process and their personal experience thereof within the institution. As the researcher I felt that engagement with the participants were relaxed and honest in the way they responded to the questions. Their responses and reflections appeared genuine and I thought that the questions made them think about the audit process and their institutions' progress post the audit. The post interview debriefing took the form of an informal discussion about the work of the HEQC and the role of private higher education in the higher education sector. The debriefing sessions were informal and moved from the formal interview to broader sector concerns. The individual responses during the de-briefing discussion provided me with a better understanding of the contribution private higher education institutions could make to the higher education sector. I have taken great care with the manner in which I interacted with the participants both as a researcher and as a manager in the institutional audits directorate. The interaction was formal and professional to ensure the integrity of the research process. The data has been collected under according to a schedule of pre-arranged interviews which is reflected in the

interview transcripts. The researcher made sure the questions were covered and followed up with participants in a comfortable atmosphere.

Process with participants

The process started off with a telephonic conversation about my intentions and the research topic. This part of the research went off very well because in one afternoon I managed to get hold of the institutional representatives and they all agreed to participate in the study. This was a good feeling. I was not sure if this was because I worked at the HEQC or because they have interacted with me on various occasions in the course of my work duties or those academics in higher education institutions are generally excited about research.

All the institutions through the initial contact person indicated that they would provide the second interviewee based on the criteria to participate in the study. I found the second participant at each institution not having enough experience in the audit process but in all three cases coming with knowledge in the HE sector and their role as QA managers or taking responsibility for QA at their respective institutions. I am not sure of the power dynamics but I was sure that they were all willing to assist in this research process and all had something to offer during the data collection process. The interviews were very professional and the researcher kept the required professional distance from the participants to ensure the integrity of the research process.

Consent process

This was followed with the consent process within the CHE and then a formal invitation letter to the individuals in the institutions. CHE consent document is part of the ethics submission. The consent processes with individuals were concluded with a letter that forms part of the ethic document pack. The focus was more on the individuals in the institutions contribution to the research than the institutions itself. The criteria for the selection of the sample was implemented by the researcher and it seemed to have worked with the three participants of each institution and somewhat was only partly fulfilled by the second set of participants at each institution.

Participants

The concern is that the institution indicated who else apart from the initial contact person would participate in the process. The researcher had to trust the judgment of the initial participants, this impacted on the researcher's control of the second interviewee at each institution. It has however worked out well but was definitely a concern for the researcher during the data collection process. The responses of

the participants not known personally by the researcher somehow did not live up to the expectation and the known participants provided what the researcher intended by selecting them for the study.

There is a level of uncertainty of what to expect in this process and it was quite tense until the questions really served as a guide and were in some cases not fitting and had to be adjusted and no matter how much you prepare the questions it does not always work the way you plan. The equipment were charged and tested on a few occasions in preparation for the semi-structured interviews and seemed to have worked.

Schedule of interviews for the collection of data

Date and Time	Institutions	Participants
30 June 2010 11:00 – 12:00	Institution one	One Two
9 July 2010 09:00 – 10:00	Institution two	Three Four
14 July 2010 11:00 – 12:00	Institution three	Five Six

Pilot Process of the Instrument

The pilot process of the guiding questions for the semi-structured interviews were piloted with two individuals who were asked because of who they are and not necessarily the institutions they come from. The same has to be said about the institutions participating in this study. It is the individuals in the institutions that would add value to the research with the institutions providing a context to their understanding and experiences.

I have consulted with an individual of the University of Pretoria to comment on the suitability of the questions to collect data. This process was started with a telephonic conversation of the research and requesting an outsider view. She was selected because she managed the audit process at her institution during the audit visit and presented her institutions improvement plan at the Directorate workshop. I worked with her during the institutions audit process and the pilot audit and I felt she would be best placed to provide an objective view and she has knowledge and experience of the audit process in her institution. She provided feedback and I have adjusted the logic of the questions and incorporated her feedback into the questionnaire.

The second person I approached to also provide feedback on the questions was an individual of the University of the Western Cape I have worked with him on the

audit of the Polytechnic of Namibia in his capacity as an auditor on this panel. He was also selected because of his experience as the person who managed the audit process at his institution. . I had a telephonic conversation with the individual on the research question and briefly explained the research to him. He sent his feedback electronically. The feedback received from him, also provided some suggestions on the logic and flow of the questions and was incorporated into the final instrument.

The problem I found in hindsight, by consulting the two individuals from public higher education institutions was that the focus of my research was in private higher education institutions. My experience with private higher education institutions made me aware that they operate differently they were in some instances very small with one person having multiple responsibilities and able to address their issues within shorter timeframes. Private higher education institutions did not have many formal decision making structures to get an activity implemented. That was the gap in the pilot process of the questions but the questions were relevant for the research process.

Data Collection process

It was during this process that I had to make sure that I observe the integrity of the research process. The introduction process during the interviews was awkward I had to indicate that I was there in my personal capacity but the research focused on the work of the HEQC. I experienced with some of the participants that they considered me an HEQC person firstly then as a researcher. They kept on referring to the work of the HEQC as if I was there in that capacity. I did not respond to this but was aware of it during the interview process.

De-briefing informal process and asking them if I have left out anything of the interview process, the process in three cases has been about the HE sector and the role of private providers in the current HE environment. Whilst this was not a formal way of de-briefing the participants it served this purpose to close the session and I found during this process that I gained a better understanding of their experience in the sector whilst we speak of one system there was a feeling and view expressed that they were not sure where they fit in with the new developments in the higher education sector. This part was the most relaxing part of the interview process because it was perhaps the end of the interview but also for closure of the process for both researcher and participant I think. Following the script and using the guiding questions with the participants ensured the integrity of the process I think.

Experience of the interview Process

I asked each participant to introduce themselves briefly and that provided some context for the research. It also tied in with the criteria for the selection of the participants. This was an infinitely difficult and uncomfortable process to get off the ground and the ethical aspects of the interview process. It was difficult to start the interview process and to ask the questions in the first interview and the formal interview setting. The second interview became easier and I became more comfortable to follow up on responses and allow the interview to flow.

The second set of interviews worked much better and the questions flowed better but I found myself realizing that I depended on the questions and did not listen as carefully as I should have for more effective follow up. The third set of interviews worked so much better I was more confident about the process and the questions and to follow up logically on responses.

Transcriptions were completed and this was also a long drawn out process for the researcher. The transcription process is time-consuming and very painful for a new researcher and it took forever to develop a rhythm to transcribe the data. This process I also found the most rewarding, I was able to develop my themes and confirm some of my initial thoughts of the research question.

Working with the evidence

Being confronted with notes of data collected from the participants and initially feeling completely overwhelmed with the data. I left the data for more than two weeks before I started the transcription process. I found myself consulting the research text books a few times just to get a sense of how to go about dealing with the data. The transcription process is an enriching process for the researcher because you can pick up your themes and trends immediately. I also found the research sub-questions matched the interview questions and made the exploratory process of the data easier. Nevertheless it was quite valuable in thinking and developing themes and sub-themes. I also realized how different participants responded to the questions. This initial exploration of the data was a useful experience and provide for all the themes for discussion of the research questions.

Observations of individuals during the interview process

I found all the participants fit the criteria but I have not had contact with participants; two, four and six during any HEQC quality assurance activities apart from the time I visited the institutions during the post improvement plan visits. In the case of participants one, three and five I have worked with them during

workshops and the conduct of audits. In terms of reflexivity; I did not think that I was able to influence their response during the interview process. I felt a bit intimidated by them, given their experience in their institutions and their personal experience in the South African higher education sector.

I have realized that working at the national QA agency might give individuals the perception that they have the power to direct institutions in terms of the HEQC's criteria but I think that is where it stops. I have found the participants to be accommodating during the interview process and that they look at the HEQC for direction with regard to the assurance of quality and deepening the quality agenda in the higher education sector.

The researcher's observations of the participants post the interview

Participant (P); Number (1); Institution number (I) PI11

Participant	Researcher comment after each interview
P1I1	Possibly an indication that he understands where the HEQC comes from. He has knowledge of the systems having been responsible for the audit process at the institution was a good participant, CEO, Soft spoken, confident and knowledgeable participant. He made me feel comfortable during the introductions of the study.
P2I1	Indicating that this participant was not exposed to any formal HEQC training processes, was exposed to the HEQC's quality assurance forums and was inducted by his predecessor. He might not have been formally trained but seems to have been involved in the QIP process from the beginning at the institution. He seemed a bit unsure of himself during the introductory part of the interview but relaxed later. He reminded me of other HEQC activities.
P3I2	Indicating that he fits the criteria and that he has been trained as an HEQC auditor and was the chair of an audit panel, which could imply that he had a greater understanding of the audit process and how the improvement plan process was managed at his institution. Knowledgeable participant involved in many HEQC processes and often referred to the accreditation processes because that is his frame. He was a confident and knowledgeable participant but a bit over bearing. He made me feel comfortable with the research process.
P4I2	Indicating that she fits the criteria and that he has been trained as an HEQC auditor and evaluator. She alludes to the value of the training provided by the HEQC and how this assisted her in her portfolio which could provide a view of the impact of the training process the HEQC provides as it prepares individuals in the HE sector. Get the sense that she used the experience to her advantage and for the benefit of the institution. She was a Confident and knowledgeable participant, seemed a bit nervous in the beginning but relaxed later in the interview.
P5I3	Indicating that she fits the criteria and that he has been trained as an HEQC auditor and evaluator, was an audit panel member, which could imply that she had a greater understanding of the audit process and how

	<p>the improvement plan process was managed at her institution; she was also a report writer.</p> <p>She was a confident and knowledgeable participant, very sure of herself and I got the sense provided an honest reflection during the interview. I also got the sense that she wanted me to take note of her opinions.</p>
P6I3	<p>The response is an indication that she fits the criteria and that she has been involved in QA activities at her previous institution. She has an understanding of the HEQC's work but seems not able to articulate her views; she seemed a bit nervous and intimidated by the process. I did not think it was me I got the sense that she was new and was wondering why she was asked to participate in the process.</p>

I have found that due to working with the QA processes of the HEQC daily I was able to observe the participants and develop an opinion about them based on how they responded to the interview questions.

Conclusion

The research question was confirmed through the responses of the six participants. The primary and secondary research questions were confirmed. This has been a rewarding process and the value of the qualification has assisted me to approach the IAD quality assurance activities with circumspect. The research process refines your thinking and allows for critical thinking and analytical skills. The skills acquired in this research process allowed me to think differently about the HEQC second cycle of quality assurance. I have learnt that the QA agency should allow the institutions enough time to measure the improvement processes before the next cycle of audits are implemented. I have learned that there has to be acknowledgment of the institution's first audit process before we embark on the second audit process. Through my experience of the audit process I think the second cycle of audits should have a light touch to allow institutions to make the recommendations in the audit reports a reality.

Appendix 6

The Head of the institution:

March 2010

Permission to conduct research on the quality improvement plan development at your institution

I am currently registered for a Master's in Education at the University of Pretoria with the Centre for Evaluation and Assessment which is based at the education faculty of the University. I have now reached the final stage of my qualification and have to complete a dissertation of limited scope.

My research question: What is the response of higher education institutions to the recommendations in the Higher Education Quality Committee quality audit reports?

The focus of the study is in the area of quality improvement plan development from the perspective of individuals in institutions who participated in the process in their institutions. The sample that I intend to select is purposive sampling from audited institutions that submitted quality improvement plans to the Institutional Audits Directorate.

The purpose of the study is to gain an understanding of the quality improvement plan development process from the perspective of individuals in audited higher education institutions. I intend to conduct a case study of three audit institutions.

The research design is qualitative and I would conduct a set of semi-structured interviews with at least two individuals per institution. The criteria for sample selection are individuals in the institution who:

- A. participated or managed the audit process at the institution,
- B. managed or participated in the quality improvement process at the institution,
- C. is located in the quality assurance unit or who are responsible for quality assurance,
- D. who has knowledge of the HEQC audit process.

100
1908 - 2008



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

The data of the study will be kept confidential and the only individual who will have access to the data is the supervisor. The participant in the study will be afforded the opportunity to read through the transcripts of the recorded interview and correct any inaccuracies in the transcript. The identity of the institution will not be revealed in the analysis of the data.

The Universities ethics policy will be applied in the conduct of the study.

I have received permission from the Executive Director in the HEQC to conduct the research.

I believe the results of the study will add some value to how the institutional audits directorate would approach the second cycle of audits.

I would appreciate it you could get back to me as soon as possible.

Yours sincerely

Ms B Wort

Manager: Institutional Audits

Appendix 6

March 2010

The Acting Executive Director

Dr Lumkile Lalendle

Higher education Quality Committee

Dear Dr Lalendle

Permission to conduct research on the quality improvement plan development process in the Institutional Audits Directorate

As you are aware I am currently registered for a Master's in Education at the University of Pretoria with the Centre for Evaluation and Assessment which is based at the education faculty of the University. I have now reached the final stage of my qualification and have to complete a dissertation of limited scope.

My research question: How higher education institutions develop the recommendations in the Higher Education Quality Committee quality audit reports for the development of quality improvement plans.

The focus of the study is in the area of quality improvement plan development from the perspective of individuals in institutions who participated in the process in their institutions. The sample that I intend to select would be purposive sampling from audited higher education institutions that submitted quality improvement plans to the Institutional Audits Directorate.

Part of the methodology of the study is to analyse the documentation, that would include the audit reports of the institutions, their quality improvement plans and the minutes of the IAC meetings and other internal documentation of the Institutional Audits Directorate.

The sampling strategy is purposive and is dependent on which individuals from audited institutions visit the CHE. The intention is to select institutions in Gauteng for economic reasons. I have identified the following institutions as possible candidates; Da Vinci Institute, Monash South Africa, Centurion

100
1908 - 2008



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Akademie. I intend to conduct a set of semi-structured interviews with at least six individuals from the different institution.

I would firstly seek permission to conduct research on the work of the institutional audit directorate and secondly permission to contact possible participants to request their participation in this study. All aspects of research protocol and confidentiality would be observed by the researcher during the study.

I believe the results of the study will add some value to how the institutional audits directorate would approach the second cycle of audits.

I would appreciate it you could get back to me as soon as possible.

Yours sincerely

Ms B Wort

Manager: Institutional Audits

Appendix 7

ACKNOWLEDGMENT OF LANGUAGE EDITING

Date: Tuesday, 30 August 2011

This is to certify that Language Editing has been carried out on the following
Master's Dissertation:

The response of higher education institutions to the recommendations in the
Higher Education Quality Committee audit reports

by

Belinda Evelyn Wort

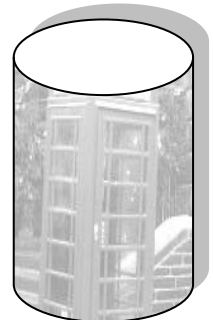
Language Editing was carried out to appropriate academic standards, including
syntax, grammar and style.

Andrew Graham (BA, MA dist., PhD, University of Keele, UK)*

011 475 6724

073 469 5014

happy4andrew@hotmail.com



*Former Tutor in Postgraduate Writing Centre and Managing Editor of ISI Accredited Journal