



Policies and Procedures Manual

Commission for Academic Accreditation
Ministry of Education
United Arab Emirates

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1. INTRODUCTION AND BACKGROUND

RATIONALE

The purpose of this Manual is the establishment of a reference document containing all the policies and procedures established by the Commission for Academic Accreditation (hereafter CAA or Commission). The CAA has a number of policies and procedures governing the process by which an institution seeks institutional licensure or program accreditation. In addition, there are numerous internal policies and procedures related to processing applications from institutions as well as office administration and operations.

A hallmark of successful quality assurance processes is transparency. It is a fundamental principle of sound management policy that transparency and integrity are inextricably linked. Most national and local Quality Assurance (QA) organizations place integrity high on the list of standards. The institution that certifies US QA agencies, for example, is called the National Advisory Committee on Institutional Quality and Integrity. The Commission places integrity at the top of its list of Core Values and Guiding Principles.

A key to achieving the goal of integrity is to maintain transparency. That is, just as the Commission requires that institutional transparency in their dealings with the Commission and with students, parents, external and internal stakeholders, faculty, and staff, the Commission demands no less of itself.

One important means for achieving transparency is to maintain Commission policies and procedures in the public domain and to allow open access to them. To accomplish this objective, it is necessary to have them formulated in writing, organized, and appropriately indexed.

METHODOLOGY

First, the methodology used to develop the *Manual* is similar to the policy which guides licensed institutions, that is, an institution's *Policies and Procedures Manual* must contain "all the relevant official policies, procedures, and regulations of the institution." For the Commission those policies are a combination of internal administrative policies, policies that define the Commission's interaction with institutions, policies with regard to the Commissioners and policies with regard to the External Review Teams. In this regard, a number of Commission policies previously published—notably accreditation policies and procedures and some procedures providing internal guidance for Commissioners or External Review Teams (ERTs)—are referenced in the Manual and are also available on the CAA website (<http://www.caa.ae>).

Second, as guidance for the process, the Commission has benefited from a review of the policies and procedures of other Quality Assurance (QA) agencies and organizations in the US, South America, UK, Australia, New Zealand, Europe, and the Gulf region. As might be expected, some organizations have more complete listings than others. In many cases, the QA agencies only list on their websites those policies directly related to institutional licensing and accreditation processes. Some have only limited listings of other policies.

The most useful, for the Commission's purposes, were the listings by four of the US regional accrediting agencies— the Middle States Commission on Higher Education (MSCHE), the North Central Commission on Higher Learning (NCCHL), the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), and the New England Association of Schools and Colleges (NEASC). To a considerable extent, the organization and presentation of policies and procedures by these organizations served as a guideline to the organization of this manual.

Third, the *Policies and Procedures Manual* of the Commission is a living document. Policies will be regularly reviewed ensuring changes to one or more of the policies contained in this document will be updated and documented accordingly. All documents will indicate the date of last revision and every effort will be made to keep the *Policies and Procedures Manual* current. After review and approval, a copy of the *Manual* will be made available to all members of the Commission staff in both e-copy and hard copy.

ABOUT THE COMMISSION FOR ACADEMIC ACCREDITATION

The Commission for Academic Accreditation (CAA) is the UAE Federal Government Quality Assurance Agency for Higher Education. Working collaboratively with relevant international and local authorities in the Emirates, the CAA has a key leadership role in securing and developing the quality of higher education in the UAE. As a matter of the highest priority, it sets out to safeguard academic standards, and to assure and enhance the quality of learning opportunities provided for students in UAE's higher education institutions (HEIs). It undertakes licensure of HEIs in the UAE and accreditation of their award-bearing academic programs. In order to be entered in the National Register and receive Federal Recognition any HEIs offering post-secondary education in the UAE must receive institutional licensure and accreditation of their degree, diploma and certificate programs that are of at least one-year study duration. CAA accreditation incorporates recognition of Bachelor Degree, Postgraduate Diploma and Certificate, Master Degree and Doctorate Degree. These Degree ranges from level 5-10 as per National Qualifications Framework (NQF Emirates) of UAE

CAA VISION, MISSION, CORE VALUES, STRATEGIC GOALS

Vision

To provide leadership by upholding quality assurance standards that promote distinction, innovation and academic excellence within higher education.

Mission

To work collaboratively with stakeholders to assure the quality, effectiveness, and continuous improvement of higher education, safeguard its system, embrace its diversity and foster the quality culture.

Core Values – ACCREDITS

A: *Accountability*

We are accountable to the Ministry of Education and to the people of the UAE.

C: *Collaboration*

We work in a spirit of collaboration and partnership with Higher Education institutions.

C: *Communication*

We communicate clearly, accurately, and fully with partners and stakeholder and seek and welcome their feedback.

R: *Responsiveness*

We are responsive to the evolving needs of the higher education sector and its stakeholders

E: *Excellence*

We aim to achieve the highest standards in what we do and to encourage institutions to meet their ambitions at the highest level.

D: *Diversity*

We embrace diversity in the provision of higher education

I: *Integrity*

We adhere to established standards, policies and procedures and to established professional ethics in all that we do.

T: *Transparency*

We are transparent in all our activities while respecting each institution's confidentiality.

S: *Sustainability*

We are committed to sustainable practices.

Strategic Goals

1. Provide institutional licensure and program accreditation services using contemporary and internationally inspired Standards and efficient procedures.
2. Facilitate the reform of Academic Programs to improve their outcomes and graduates' market readiness, and to increase international recognition.
3. Cultivate an organizational culture that is based on a robust internal quality assurance system.
4. Foster capacity building activities and a creative work environment within the Commission to further enhance its efficiency and effectiveness.
5. Adopt collaborative practices with other accreditation and education agencies to promote effective quality assurance processes and advance the role of the Commission as a leader of quality enhancement in higher education.

ORGANIZATION AND GOVERNANCE

Establishment Decree

The CAA was established in August 2000 through a decree from HE the Minister of Higher Education and Scientific Research and as part of MoHESR reporting directly to the minister. Due to transition at the Ministry level, CAA now reports to the Minister of Education (MoE).

Organizational Chart

As depicted in the organization chart, ultimate authority over the CAA rests with the Minister of Education (MoE). A Strategic Advisory Committee provides advisory guidance regarding policies and procedures related to administration and organization of the Commission office, and the licensing and accreditation procedures for the UAE's higher education institutions.

Commissioners and supporting administrative staff of the Commission report to the Director, who is responsible for the day-to-day management of the Commission. The Director reports to the Minister of Education, and coordinates with the Undersecretary of the MoE.

Recommendations to the Minister regarding licensure and accreditation decisions are made by the Commissioners and the Director, acting collectively as the Council of Commissioners (see Annex 7 for more details). A current Organization Chart is provided as Appendix 1.

Section 5 of the Manual presents CAA personnel policies and procedures. A list of the current positions and their descriptions are provided in Appendix 2

STRATEGIC PLANNING

The CAA's first comprehensive *Strategic Plan* was developed in 2008, covering the 5-year planning period 2008—2012, and includes implementation details. It comprised several components:

- The CAA's *Purpose*: its *Mission*, its *Goals* and those *Values and Guiding Principles* that characterize and govern its operation.
- The CAA's *Strategic Goals and Objectives*.

Following a number of internal meetings to consider the CAA's Mission Statement, a retreat was used to develop the detail of the *Strategic Plan*. A comprehensive SWOT analysis was prepared and used to inform the planning process. The draft *Strategic Plan* was refined over subsequent weeks and published for internal use, with a shorter version made accessible to the public on the CAA's website. Please see Appendix 19 for full list of material on the CAA's website. A comprehensive review of progress in implementation of the Strategic Plan was carried out in 2010.

A process was initiated in 2012 to review the CAA's Strategic Plan (2008 – 2012) and provide succession in the planning process and implementation. However, the pending changes in the relationship with the Ministry, and the merger of the two ministries (MoE and MoHESR), along with proposed changes to Financial Regulations and Human Resource policies and practice, indicated that the planning process should be delayed until clarity was obtained on some key operational matters.

The CAA *Mission Statement* and *Strategic Plan* have been reviewed and updated in 2016 then again in 2019 and now incorporate the revisions resulting from that internal review.

CAA Strategic Plan 2020 - 2024

The Commission's *Strategic Plan 2020-2024*, of which a copy is provided in Annex 6, provides a framework and direction for organizational planning and operations. As stated in the *Plan*, there is a central goal to ensure quality and academic standards in higher education in the UAE. To this end, the CAA aims to maintain and further develop its quality framework so that institutions of higher education in the UAE operate in line with international academic, administrative, managerial, and operational standards.

Strategic Advisory Committee

The CAA Strategic Advisory Committee, comprised of accreditation, quality assurance, and higher education experts, is established to review on regular basis CAA's current practices on licensure and accreditation and recommend best practices for CAA to utilize. The main function of the committee is to provide strategic advice to the CAA that is related to the goals and objectives of the CAA. Details of the Strategic Advisory Committee can be found in Appendix 3.

POLICIES AND PROCEDURE

The Commission has developed policies and procedures governing all matters relating to its duties, responsibilities, operations, and licensing and accrediting activities. With recent changes to the organizational structure of the Ministry, the Commission is now more integrated within the Financial Policies and Regulations of the MoE, and to the Ministry's Policies regarding management of Human Resources.

Dating of Policies

With the exception of the first adoption of a body of policies or the subsequent adoption of major revisions, which will carry the date for the complete set of policies or revisions, each policy carries a date of adoption and any revisions. Policies are effective as of the date of adoption, which is the date on which the Minister of Education signs an authorization indicating his approval. See Appendix 20 for the information on the date of revision of policies included in this manual.

Review and Revision

The Commission recognizes that higher education is rapidly changing and that the policies and procedures contained herein need to reflect those changes. Therefore, the Commission commits to regularly review its policies and procedures, particularly those related to institutional dynamics and change, to evaluate their responsiveness to the higher education environment, their effectiveness in providing quality assurance, and their usefulness in enhancing institutional and educational improvement.

POLICY ON MAKING POLICIES

Scope

This policy applies to all employees of the Commission for Academic Accreditation, including commissioners, administrative supporting staff, and the director. It outlines the process for developing, reviewing, and implementing new policies and procedures at the Commission for Academic Accreditation. By following this policy, the CAA can ensure that its policies and procedures are effective, efficient, and consistent with its mission and values.

Purpose

The development of policies and procedures is critical to the CAA's mission of ensuring academic quality and promoting continuous improvement. Policies and procedures provide a framework for decision-making, guide the actions of staff, and ensure consistency and fairness in the CAA's operations. It is essential to have a standardized process for creating and implementing new policies and procedures to ensure that they are effective, efficient, and consistent with the CAA's values and goals.

The Policy

1. Policy and Procedure Proposal:

- a. Any member of the commission can propose a new policy or procedure by submitting a written proposal to the director. The proposal must include the purpose, scope, and expected outcomes of the policy or procedure.
- b. The director will review the proposal and decide whether to proceed with its development. If the proposal is rejected, the proposer will be informed of the reasons for the rejection.

2. Development of Policies and Procedures:

- a. Once a proposal is accepted, a policy or procedure development team will be established, comprising of members with relevant expertise and experience.
- b. The team will develop a draft policy or procedure, including a rationale, objectives, procedures, and guidelines for implementation.
- c. The draft policy or procedure will be shared with the council of commissioners, who will review and provide feedback.
- d. The development team will revise the draft policy or procedure based on the feedback received and submit the final version to the council of commissioners for approval.

3. Approval and Implementation:

- a. The council of commissioners will review the final version of the policy or procedure and approve it.
- b. The approved policy or procedure will be communicated to all relevant stakeholders and implemented.
- c. The policy or procedure will be reviewed periodically to ensure that it remains relevant and effective.

4. Roles and Responsibilities:

- a. The director is responsible for reviewing policy and procedure proposals and deciding whether to proceed with their development.
- b. The policy and procedure development team is responsible for developing a draft policy or procedure and revising it based on feedback.
- c. The council of commissioners is responsible for reviewing and approving the final version of the policy or procedure.
- d. All members of the commission are responsible for implementing the policy or procedure in their respective areas of responsibility.

2. ACCREDITATION POLICIES AND PROCEDURES FOR INSTITUTIONS

STANDARDS FOR LICENSURE AND ACCREDITATION

Scope

The scope of the regulations for licensure and accreditation covers all tertiary institutions in the United Arab Emirates, including all federal and non-federal colleges and universities and branch campuses of foreign entities offering postsecondary regular, theoretical, practical, or applied curricula leading to graduate or undergraduate degrees. Training programs offered by public or private organizations which are not colleges or universities and do not lead to the award of a degree, diploma, or certificate are not covered by these policies. The Standards 2019 provide the threshold requirements that an institution must meet for licensure and accreditation. Institutions located in the free zones of Dubai and RAK are eligible to apply for licensure and subsequent accreditation of their programs but are not required to do so. Credentials earned from UAE institutions not licensed by the CAA are not attested by the MoE and are thus valid only in the Emirate where received.

Purpose

The *Standards 2019* were developed by the Commission to guide institutions in establishing high quality programs and to assure prospective students, their families, employers, and other interested parties that UAE's colleges and universities meet standards of quality consistent with current international practice and professional judgment.

eLEARNING STANDARDS FOR LICENSURE AND ACCREDITATION

Scope

The scope of the regulations for licensure and accreditation of e-learning covers all HEIs in the United Arab Emirates, including all federal and non-federal HIEs including branch campuses of foreign institutions offering postsecondary regular, theoretical, practical, or applied curricula of one academic year or longer leading to graduate or undergraduate degrees, diplomas, or certificates. These regulations govern institutions that offer a significant portion of their educational programs through e-learning methodologies.

The e-Learning Standards were revised through both internal and external review and incorporated as an appendix (Annex 15) into the Standards, 2019. In 2022, the CAA published a separate Procedural Manual for Online and Blended Learning to provide guidelines and assist HEIs in developing their applications for Substantive Change of existing programs or Initial Accreditation of new programs, when these applications involve online or blended mode of program or course delivery. (Annex 8)

Purpose

The e-Learning Standards for Licensure and Accreditation were developed by the Commission to guide institutions in establishing high quality programs and to assure prospective students, their families, employers, and other interested parties that UAE's colleges and universities meet standards of quality consistent with current international practice and professional judgment. The guidelines of the Procedural Manual for Online and Blended Learning are designed to ensure that HEIs have adequate institutional administrative support and resources for delivering online and blended programs and have clear measures for their continuous improvement.

PROCEDURAL MANUALS FOR INITIAL INSTITUTIONAL LICENSURE, RENEWAL OF INSTITUTIONAL LICENSURE, INITIAL PROGRAM ACCREDITATION, AND RENEWAL OF PROGRAM ACCREDITATION.

Scope

The Procedural Manuals (2019) provide guidance to institutions seeking initial licensure, renewal of licensure, initial program accreditation, or renewal of program accreditation. Each type of application has a corresponding Manual. The Manuals include an overview of each process and offer suggestions as to how to respond to each of the Standards. The Manuals are designed for use by the institutions of the UAE as companion documents to the Standards. Institutions using Manuals should note that the Manuals are not a substitute for adhering to the Standards. The Procedural Manuals can be found on the CAA website (<https://www.caa.ac.ae>).

Purpose

To aid institutions in developing applications for initial licensure, renewal of licensure, initial accreditation, and renewal of accreditation.

PROCEDURES FOR INSTITUTIONAL LICENSURE AND PROGRAM ACCREDITATION FOR FOREIGN BRANCH CAMPUSES

Scope

All non-UAE institutions wishing to establish a branch campus in the UAE must comply with the guidelines of both the local Emirate in which they plan to locate and with the procedures of the Commission. Local guidelines can be obtained from the offices of the local education authorities (in Abu Dhabi, the Abu Dhabi Education Council (ADEC); in Dubai, the Knowledge and Human Development Authority (KHDA)). Guidelines for the Commission are incorporated into the *Standards, 2019* edition. There are some circumstances (free zone institutions in Dubai, for example) in which an institution is not required to apply for licensure and accreditation through the MoE. Qualifications issued through non-licensed institutions cannot be attested by the MoE.

Purpose

To guide non-UAE institutions in the development of branch campuses in the UAE.

GRADUATE EDUCATION ADMISSION REGULATIONS FOR LICENSED INSTITUTIONS

Scope

To bring consistency to the graduate program admissions standards for institutions, the Commission has developed separate graduate admissions guidelines. First promulgated as a separate document, the guidelines are now incorporated into the *Standards, 2019*.

Purpose

To provide consistency in the requirements for admitting students to graduate programs at non-federal institutions in the UAE.

CRITERIA FOR TEACHING HOSPITALS AND MEDICAL / CLINICAL FACULTY

Scope

These requirements complement the Commission regulations in the 2019 *Standards for Licensure and Accreditation* and apply to all teaching hospitals/healthcare units and criteria for medical/clinical faculty. The criteria can be found in Appendix 4

Purpose

The purpose of this policy is to provide regulatory guidance regarding the programs, operations, services, clinical services, and patients of teaching hospitals/healthcare units and criteria for medical/clinical faculty.

TEACH OUT POLICY FOR CLOSED INSTITUTIONS OR PROGRAMS

Scope

A decision to close an educational program, branch campus, or the entire institution requires thoughtful planning and careful consultation with all affected constituencies. Every effort should be devoted to informing each constituency as fully as possible about the conditions compelling consideration of a decision of such importance, and all available information should be shared. As much as possible, the determination to close a program, branch campus, or the institution should be made through a consultative process and only after alternatives have been considered, but responsibility for the final decision to close rests with the board of trustees. Since the immediate interests of current students and faculty are most directly affected, their present and future prospects require especially sensitive and timely attention and involvement. For this reason, as part of the initial institutional accreditation process, CAA requires that institutions provide the Commission with an Institutional or Program Closure and Teach out Plan.

Purpose

To guide institutions declaring an intent to close an institution and/or terminate a program in which students are already enrolled but who are not yet finished with the program.

Teach out policy and procedures can be found in Appendix 5.

COMPLAINTS AGAINST INSTITUTIONS

Scope

The Commission recognizes the value of information provided by students, employees, and others in determining whether an institution's performance is consistent with the Commission's standards and expectations for accreditation. The Commission's interest also is in assuring that member institutions maintain appropriate grievance procedures and standards of procedural fairness and that procedures are followed appropriately.

Individuals can submit at any time information regarding an institution's compliance with Commission eligibility requirements, standards, or policies regarding an institution's compliance with its own policies or procedures. Individuals interested in submitting information regarding an institution's accreditation or license to be considered during an upcoming accreditation review should submit that information to the Commission. The Commission reserves the right to review information under either policy it determines to be appropriate under the circumstances.

The Commission's complaint procedures are created to address non-compliance with the Commission's or the institution's standards, policies, or procedures. They are not intended to be used to involve the Commission in disputes between individuals and affiliated institutions, or to cause the Commission to interpose itself as a reviewing authority in individual matters of admissions, grades, granting or transferability of credits, application of academic policies, fees or other financial matters, disciplinary matters, contractual rights and obligations, personnel decisions, or similar matters. Nor does the Commission seek any type of compensation, damages, readmission, or any other redress on an individual's behalf. The Commission does not respond to, or take action on, any complaint or allegation that is defamatory, hostile, or contains profanity.

The Commission expects individuals to attempt to resolve the issue through the institution's own published grievance procedures before submitting a complaint to the Commission. Therefore, the Commission's practice is not to consider a complaint that is currently in administrative proceedings, including institutional proceedings, or in litigation. However, if the Commission determines that the complainant raises issues that are so immediate that delay may put the institution's accreditation in jeopardy, or delay has the potential to cause harm to students or the campus community, the Commission may, at its discretion, choose to proceed with the review.

Because of the need for information to be current, except in extraordinary circumstances, the Commission will not consider complaints if two years or more have passed since the complainant initiated the institution's grievance procedure.

Aggrieved individuals must submit complaints in writing and address them directly to the Director, Commission for Academic Accreditation, Ministry of Education, P.O. Box 45253, Abu Dhabi, UAE. The Commission will not review complaints that are not in writing or are anonymous. Those submitting complaints must provide contact information for the Commission to follow up. The Commission also will not act on complaints that are submitted on behalf of another individual or complaints which are forwarded to the Commission.

Purpose

To ensure accountability of licensed institutions in the UAE and to provide higher education stakeholders with an opportunity to redress their concerns.

Details of Procedures can be found in Appendix 6

APPEALS POLICY

Scope

The policy applies to all institutions licensed by the Commission. Appeals are for matters related to Commission actions regarding institutions or institutional programs. The Appeal process is not applicable to students or other stakeholders wishing to appeal an institutional decision; such appeals should be directed to and resolved through the institution itself.

Purpose

The Procedural Guidelines which were developed as companion documents to the *Standards, 2019* give institutions the right to appeal an action of the Commission. Appeals are to be based on issues of process and not on the substance of the Commission's judgment. An appeal takes the form of a letter submitted to the Director of the Commission.

JOINT REVIEWS WITH OTHER QUALITY ASSURANCE AGENCIES

Scope

The Commission is open to joint reviews with other quality assurance agencies as appropriate. The institution should propose the possibility of a joint review whenever there is overlap between the international quality assurance body and that of the Commission. Such joint reviews might involve an institution applying for re-licensure through the Commission and applying for affirmation of an international accreditation such as that through Middle States or the Southern Association of Colleges and Schools. Joint reviews might also include collaboration between the Commission and a professional accrediting body such as ABET or AACSB when the institution is seeking accreditation of a program and is also seeking accreditation of that program through an international professional accreditor.

The Commission's policy is to :

- Work with recognized international accrediting bodies;
- Encourage MOU's or letters of mutual understanding from such bodies;
- Encourage institutions to have Commission observers on all site teams which involve an international accrediting body;
- Maintain the independence of the Commission such that the findings of an international accrediting body will not substitute for those of the Commission. Collaborative visits will result in two reports, one for the Commission which addresses the Standards and a second for the collaborating agency.

Purpose

To state the CAA's position and support for cooperation with other international accreditation bodies.

Procedures

- An institution seeking international accreditation should notify the Commission and agree to a joint visit.
- The institution seeking an international accreditation should make the initial contact with its international accreditor to inquire as to whether a joint visit is possible.
- The international accreditor can then contact the CAA to indicate whether or not it is willing to engage in a joint visit and acknowledge that it will work with the CAA on the logistics of said visit including the signing of MOU's or letters of mutual understanding as appropriate.
- The CAA, working with both the institution and the accreditor, will develop the logistics of the joint visit to suit the mutual needs of the CAA, the institution and the international accreditor.

POLICY ON CHANGE OF OWNERSHIP OR CONTROL OF AN INSTITUTION

Scope

There is a range of forms of ownership/control among the higher education institutions in the UAE. These range from those which are owned by a single individual, to those owned by a partnership, to those which are part of a larger corporation, to those which are partially or wholly owned by the government, be it an individual Emirate or the federal government. Ownership and/or control of these institutions can change. Any change in ownership of an institution or a significant change in the controlling body (the appointment of a new board of trustees, for example) is considered a Substantive Change by the Commission. An institution considering a change in ownership must submit a request for Substantive Change which adheres to the *Standards for Licensure and Accreditation, 2019*, Stipulation 2 before undertaking the change.

Details of the policy can be found in Appendix 7

Purpose

To guide institutions when a change of ownership or control of an institution may occur.

FINANCIAL MATTERS RELATING TO INSTITUTIONS

Scope

Licensed institutions in the UAE work with the Commission and the MoE. This work involves financial considerations for the processes associated with licensure and accreditation. In general, there are no fees for Commission processes. For Licensure or Program Accreditation, the applicant institution will be charged for the costs of any site visit to the institution including the travel expenses including lodging and honorarium of 2-3 external reviewers. Similarly, the institution bears the costs associated with a site visit for audit or special reviews.

Purpose

To guide licensed institutions in the UAE regarding financial matters between the institutions and the Commission.

SPECIAL VISITS TO INSTITUTIONS

Scope

The Commission for Academic Administration conducts a number of types of special visits to institutions. Such special visits can be (a) at the invitation of the institution to help the institution address an issue of the Standards; (b) at the request of the Minister of Education; (c) to follow-up on issues raised during either licensure or accreditation activities; (d) to follow-up on complaints received by the CAA. Special visits are scheduled in advance. The costs of special visits or audits are borne by the institution. Following each special visit, the lead Commissioner files a summary report on the visit which becomes part of the documentary record of the Commission and which may be used for reporting to other federal offices of the UAE as needed.

Purpose

Special visits are designed to address “ad hoc” circumstances or situations arising at institutions between formal visits for purposes of either licensure and/or accreditation.

3. POLICIES AND PROCEDURES FOR COMMISSION WORK WITH EXTERNAL REVIEW TEAMS

PRE-VISIT ACTIVITIES: RECEIPT OF APPLICATIONS

Scope

The CAA receives a large number of applications which must be reviewed for completeness, recorded, properly stored and information disseminated in an appropriate manner to ensure proper handling.

Procedures for receipt of applications can be found in Appendix 8

Purpose

To outline the process for managing all applications received by the CAA

PRE-VISIT ACTIVITIES: DETERMINING ERT

Scope

The CAA relies very heavily on a large number of Subject Matter Experts (SMEs) (some of whom also serve as institutional reviewers). The SMEs are listed in the “CORE” which is regularly updated and to which Commissioners are expected to contribute the names and credentials of potential experts. Please refer to Appendix 18 for description of CORE. The work with the SMEs (called External Review Teams) involves close collaboration with the Commission staff with regard to travel, visit costs/honoraria and document provision/control or follow-up. Thorough and advance

preparation by the Commissioner and the members of the External Review Team is essential to a successful quality assurance review.

Purpose

This policy is to ensure that External Review Team members are fully briefed and prepared for each program review.

Detailed information can be found in Appendix 9

FORMS ASSOCIATED WITH THE PROCESSES OF REVIEWS

Scope

Throughout the processes, several forms help in documenting each step, ensuring all required information is gathered, financial responsibilities to ERT are met and summary data is available for entry into CORE. These forms are listed below:

Forms for the institution

- Form 09 Application for Initial and Renewal of Institutional Licensure
- Form 10 Application for Initial and Renewal of Program Accreditation

Forms used before a campus visit

- Form 05 ERT Conflict of Interest
- Form 13 Bank Details
- Form 14 Request for Transportation Service
- Form 15 Visit Details

Forms used during a campus visit

- Form 01 Institutional Risk Evaluation
- Form 03 ERT Visit Evaluation
- Form 04 Program Description
- Form 06 ERT Institutional Licensure Recommendation
- Form 07 ERT Program Accreditation Recommendation

It is optional to discuss these forms with input from the ERT

- Form 02 Quality Assurance Evaluation Metric
- Form 11 Program Compliance Indicator

Forms Used after a Campus Visit

- Form 12 Review Completion

Appeal Form

- Form 20 Appeal Form

Copies of all forms can be found in Appendix 10.

HANDBOOK FOR EXTERNAL REVIEW TEAMS

Scope

The Handbook for External Review Teams is designed to provide international visitors with both the broad outline of their work with the CAA and to offer specific guidance for everything from travel to local customs, to report writing.

Purpose

To provide ERT members with “how to do it” guidance for their work with the CAA.

Please see Appendix 11 for this Handbook

CONFLICT OF INTEREST

Scope

Reviewers working with the CAA are asked to determine whether there is any conflict of interest such as a consulting arrangement, a pending or former application of employment or other relationship with an institution which would preclude an independent, unbiased review of the institution or program.

Purpose

The policy is to guide members of external review teams with regard to the considerations that must be addressed with regard to a conflict of interest.

Please find detailed information in Appendix 12.

POLICY REGARDING PAYMENT FOR ERTS

Scope

The Commission arranges travel for ERT members; travel costs are directly billed to the Ministry who bills the Institution. Members of an ERT have full or half board at the hotel where they stay. This is usually buffet breakfast and dinner. Lunch will be served at the institution.

Members of an ERT are paid an honorarium for the actual days of work in the UAE. Preparation time prior to coming to the UAE is not included in the calculation of an honorarium; however, the arrival day is counted. The honorarium will be transferred to the ERT member’s private bank account in home country. Those individuals who are designated as the team chair receive an additional day's honorarium for accepting and undertaking the responsibilities of the chair. The typical honorarium is AED 2,000 per day with the usual site visit counted as 5 days for members, 6 days for Chair. Please refer to Appendix 10 containing Form 12 – Review Completion for further details.

Purpose

To guide the Commission and ERT members on the financial arrangements for service as a member of an ERT.

TRAVEL ARRANGEMENTS FOR ERTS

Scope

The Commission takes responsibility for making travel arrangements - both to/from the UAE and within the UAE - for all members of External Review Teams. Travel is arranged through the CAA Office and the Travel agent. Travel to/from the UAE is arranged by the most direct flight if at all possible. Travel within the home country (from a local airport to an international airport, for example) is economy class; international travel is business class. The CAA Travel Agent will work with the individual traveler on any special arrangements including preferred airlines, extended stays (at personal expense), etc. The CAA tries to meet the ERT members preferred carrier as well route and dates, but this cannot be guaranteed. Extra days will not be reimbursed by the Commission. Preferred travel routing may be accepted as long as it does not increase the cost.

Travel within the UAE is arranged by the CAA Office staff. This includes provision for travel to/from the airport and travel from the hotel to the campus hosting the visit. The Commissioner responsible for the visit will ensure that local travel meets the needs outlined in the agreed upon schedule for a campus visit.

Entitlements of External Review Teams is given in Appendix 13.

Purpose

To guide ERT members regarding the arrangement of travel to/from the UAE and within the UAE.

REPORT WRITING

Scope

ERT members should collaborate on the report using the report template. Secretarial assistance is not provided either by the Commission or by the institutions visited. Reports are generated in Microsoft Word and should follow the template distributed in advance by the Commissioner. All reports are in English unless otherwise specified by the Director or Commissioner at the time that the visit is set up. Reports generated by the ERT should reflect the consensus of the members. The Commissioner and the Director of the CAA have ultimate editorial authority on the reports since all are submitted to the institution in the name of the Commission.

Purpose

To guide members of an ERT as to the accepted Commission practice for report writing.

Sample template for reports and visit schedules are given in Appendix 14 and Appendix 15 respectively.

4. COMMISSION ADMINISTRATIVE PROCEDURES

ETHICAL OBLIGATIONS OF COMMISSIONERS AND COMMISSION STAFF

Scope

Commissioners are professionals and adhere to the highest standards of ethical behavior expected of professionals. In particular, Commissioners are expected to fully and collaboratively undertake the tasks needed to perform their assigned duties, need to maintain confidentiality with regard to the work of the Commission both internally and with the institutions which are served, need to engage in appropriate professional growth and development, are accountable to the Director of the Commission and ultimately to the Federal government of the UAE, are expected to adhere to UAE laws in the work with External Review Teams, the handling of funds, and are to maintain accurate records of financial transactions involving the money entrusted to them in the nature of their day to day activities.

Purpose

To guide Commissioners as to the ethical expectations of their position.

Details concerning ethical obligations can be found in Appendix 16.

COMPLAINTS AGAINST THE COMMISSION

Scope

Complaints against the Commission are taken very seriously by the Ministry. The Commission will not, however, respond to anonymous complaints. All complaints should be initially referred to the Director of the CAA who will then act as appropriate. Complaints against individual Commissioner or Staff will be handled as with other personnel matters and the utmost discretion will be used. Complaints against the Commission as a governmental entity will be addressed through appropriate investigation with follow-up action as needed. The specific procedures to be followed will vary with the nature of the complaint. There will be a documentary record of the response of the Commission regarding such complaints.

Purpose

To describe how complaints against the Commission will be viewed and handled.

INSTITUTIONAL LICENSURE AND PROGRAM ACCREDITATION PROCEDURES

Scope

The institutional licensure and program accreditation procedures of the Commission are outlined in the *Standards for Institutional Licensure and Program Accreditation (2019)* and in the companion volumes, *Procedural Manuals*.

Purpose

Procedures outlined in the Standards are designed to serve as the basis for all Commission actions, including Initial Institutional Licensure, Renewal of institutional Licensure, Initial Program Accreditation, and Renewal of Program Accreditation.

BUDGETING AND FINANCE

Scope

The CAA was established as the division within the MoE responsible for monitoring and regulating all HEIs (federal, governmental, and private) in the UAE. The MoE is responsible for managing all budgetary matters for the CAA.

PROFESSIONAL DEVELOPMENT

Scope

The Commission is committed to and supportive of the professional development of the Commissioners and Staff. Funds are included in the MoE budget to support all professional development activities required for the Commissioners and Commission Staff.

CONSULTING

Scope

Consulting with institutions outside of the UAE is permissible with the prior knowledge and approval of the Director.

Purpose

To guide Commissioners as to the expectations for undertaking consultancies outside the UAE.

DOCUMENT CONTROL, MANAGEMENT, CONFIDENTIALITY, AND DISPOSITION

Scope

The documentation provided to the Commission by institutions and the documentary record of the Commission work with institutions is considered privileged information and should be treated with appropriate confidentiality. Once an institution submits documentation to the Commission, it is considered official and the property of the Commission subject to the scope of this policy. All official documents are entered into the electronic archives of the Commission (known as the CORE) and are accessible to Commissioners both in and out of the office. Documents may be reproduced from the CORE on an “as needed” basis. Commissioners will often work with the paper documents (as well as electronic files) in preparation for and in follow-up to a visit. Once a visit process is complete (including the evaluation of responses), paper documents are turned back to office staff. Paper documents of the Commission are stored in accord with guidelines established by the Documents Coordinator in consultation with the Director. Paper documents

are not retained for more than five years at which time the documents are re-cycled. The electronic file on the CORE is considered the permanent record of the Commission. The correspondence files of the Commissioners (e-mail exchanges to/from evaluators, for example) are not considered official documentation and are not retained other than by the Commissioner at his/her discretion.

Purpose

To guide the Commissioners and Commission staff regarding the official documents of the Commission.

HEALTH AND SAFETY POLICY

Scope

The Health and Safety of the employees of the Commission is of the utmost importance. The Commission makes every effort to maintain a healthy and safe workplace. To that end, the personnel policies affecting health and safety are applicable. The Commission, physically located in the MoE adheres to the health and safety requirements set by the Ministry. Employees are expected to participate in health and safety drills, understand evacuation procedures and adhere to accepted good practice regarding personal health and safety.

Purpose

To guide employees regarding basic health and safety considerations.

RISK MANAGEMENT POLICY

Scope

The CAA has developed specific risk management policies. In case of conflict, the laws, rules and regulations of the UAE take precedence and are followed. Financial risks affecting the CAA occur primarily in transactions related to Commission accreditation activities and CAA operations.

Operational risks usually involve a breakdown in the CAA's internal controls and institutional governance. Other operational risks include major failure of information technology systems or natural disasters. The CAA's internal controls and institutional governance are structured to minimize operational risks. The MoE's Office of Information Technology has implemented policies and procedures intended to prevent the failure of Commission information systems and to mitigate any potential loss that might occur.

Purpose

To describe commonly viewed risk for the CAA.

SIGNING AUTHORITY

Scope

The CAA's official policy is that no document requiring signature of a CAA official shall be signed except by the CAA Director or only after the CAA Director's explicit authorization. The CAA Director is the signing authority for the CAA. No employee shall sign any document on behalf of the CAA without the Director's explicit authorization or by virtue of the CAA Director's explicit delegation of signing authority.

The director has designated a "back up" Commissioner who can be the co-signer of checks on those occasions when the director is absent. Other requirements regarding financial matters and signatory authority are covered under the budgetary policies presented elsewhere in this Manual.

Purpose

To guide Commissioners and Staff as to the appropriate protocols for the signing of official documentation and/or all financial transactions.

5. PERSONNEL POLICIES AND PROCEDURES

VACANT POSITIONS

Scope

The number of Commissioners and the number of staff are not fixed. The current organizational chart is included in Appendix 1 and discussed in Section 1. The Director works closely with the Minister to secure new positions, both Commissioners and staff, for the Commission. When a vacancy occurs or when a new position is authorized, the director takes the lead in calling for applications. The Council of Commissioners serves as a consultative body for the appointment of new Commissioners.

Purpose

To guide the Commission and staff with regard to the filling of new and/vacant positions.

ORIENTATION OF NEW COMMISSIONERS

Scope

The Commission undertakes an orientation for new Commissioners and new staff. The orientation is primarily undertaken by the Director with assistance from the Commissioners and/or from the staff as needed. For new Commissioners, a portion of the orientation will be to "shadow" visits to campuses and thus become better acquainted with the actual operation of a campus visit and become acquainted with campus personnel.

Before leaving home

It would be helpful to the new Commissioner to receive information about important issues prior to

leaving home country. For example, the need to have all education documents (such as diplomas and transcripts) attested by the department of state of the country of the institution and then documented by the UAE Embassy. In addition, verification of dates and titles for professional employment will be requested by the Ministry's HR department as part of the hiring process. New Commissioners would find it helpful to be informed of the requirement in UAE of having to pay rent for one full year before moving into an apartment and the importance of obtaining an UAE ID quickly. Concrete advice on the level of cash needed when arriving in UAE would be helpful.

First Day of Orientation:

Part of new Commissioner's orientation will be to supply the individual with a complete document collection including latest versions of Standards, Procedural Guidelines, *QF Emirates*, Annual Report, Policy and Procedures Manual, Self-Study of the CAA and copies of forms required to be completed by the Commissioner as part of his/her responsibilities. New Commissioners should be supplied with desk supplies on first day.

First Week of Orientation

New Commissioners will work with staff to ensure access to CORE, HR database and other IT functions such as email addresses. Applications for tenant card, MoE identification card, Emirates ID and other necessary documents will be given to new Commissioners along with help in arranging physical exams and fingerprinting. New Commissioners should be given a tour of the CAA Office and the surrounding areas.

First Month of Orientation

New Commissioners will shadow Commissioner(s) as he/she begins the process of recruiting ERT, facilitate travel arrangements, selects chair, compiles agenda, gives instruction to ERT and the Institution and completes all necessary reports and forms. New Commissioners will also "shadow" visits to campuses and thus become better acquainted with the actual operation of a campus visit and become acquainted with campus personnel.

Purpose

To define the orientation program for new Commissioners.

WORKING HOURS/ HOLIDAYS

Scope

The normal working day of the Commission is 8:00am to 3:00pm. During Ramadan, hours are shortened for staff to accommodate religious customs. Those not practicing the Muslim faith are expected to adhere to normal working hours during Ramadan. The Commission honors the public holidays declared by the Cabinet and which apply to all governmental employees. These holidays are typically announced 10 days to two weeks in advance of the holiday. There will be times when, at the discretion of the Director, flexible scheduling is needed to undertake the work of the Commission. Such scheduling is not the norm and must be approved by the Director in advance. As professionals and salaried employees, the Commissioners are expected to be available on some

occasions outside of the normal work hours.

Purpose

To guide Commissioners and staff with regard to Commission specific issues for the work day and holidays.

POSITION DESCRIPTIONS

The following position descriptions can be found in Appendix 2

- Director CAA
- Commissioner
- Logistics Officer
- Research & Documentation Officer
- Archiving & Database Analyst
- Administrative Assistance Positions

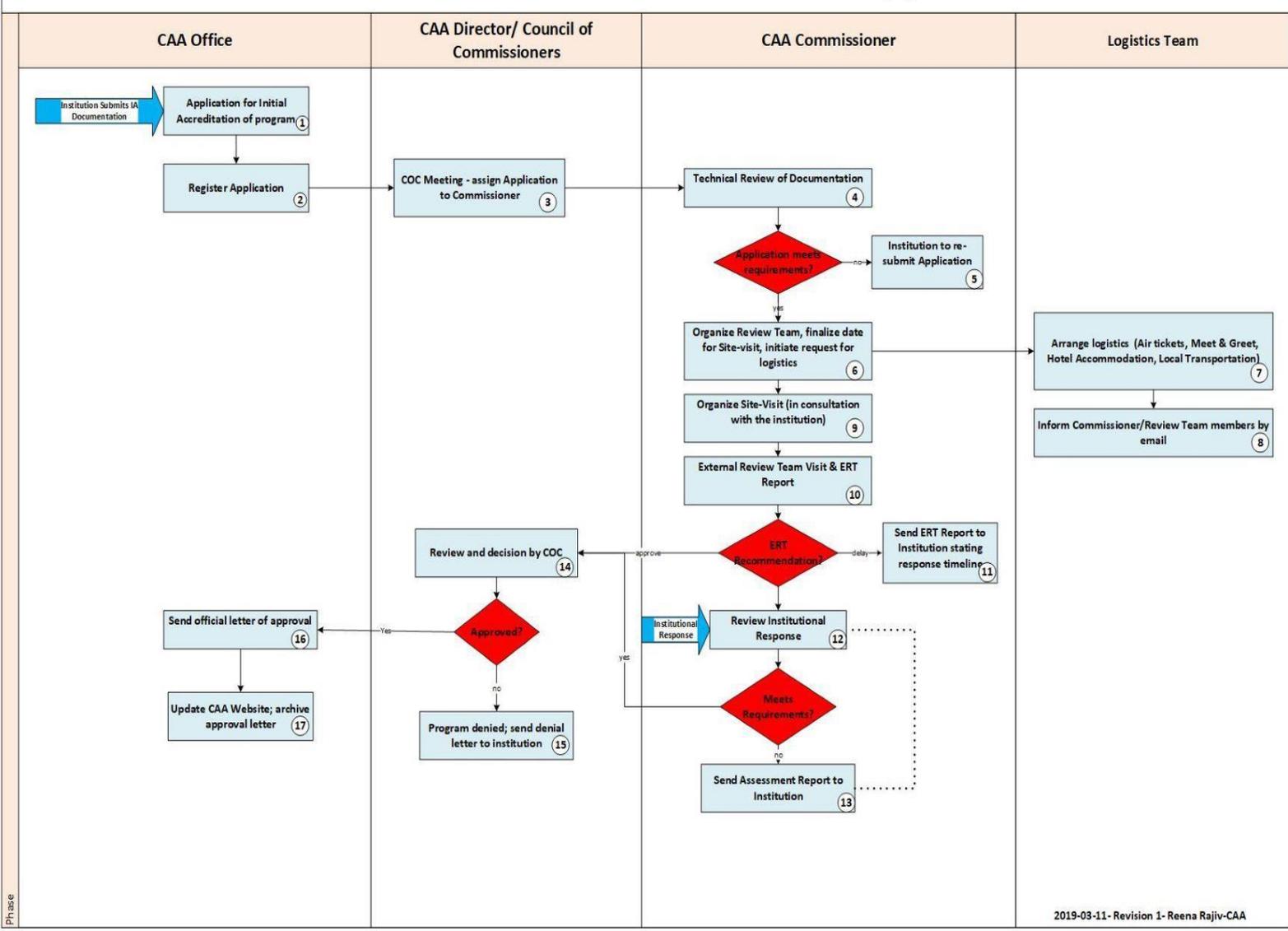
Each position description contains the following information:

- Position Summary
- Educational Requirement
- Experience Required
- Language Requirements
- Required Skills
- Duties and Responsibilities
- Physical Requirements
- Supervisory Responsibilities
- Position Supervisor

ANNEXES

ANNEX 1 Initial Accreditation Process

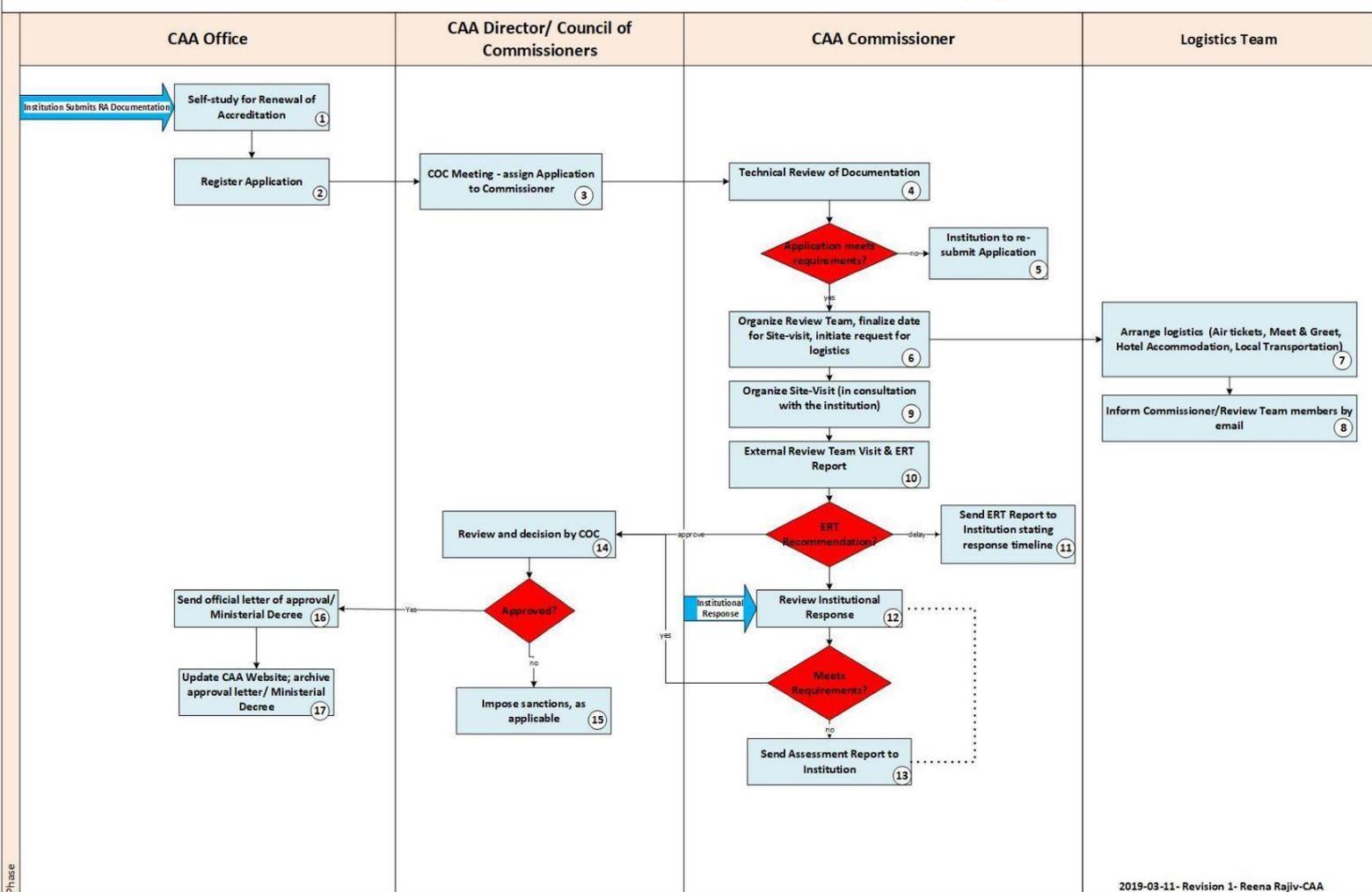
AMS – Business Process Model – Initial Accreditation (IA)



2019-03-11- Revision 1- Reena Rajiv-CAA

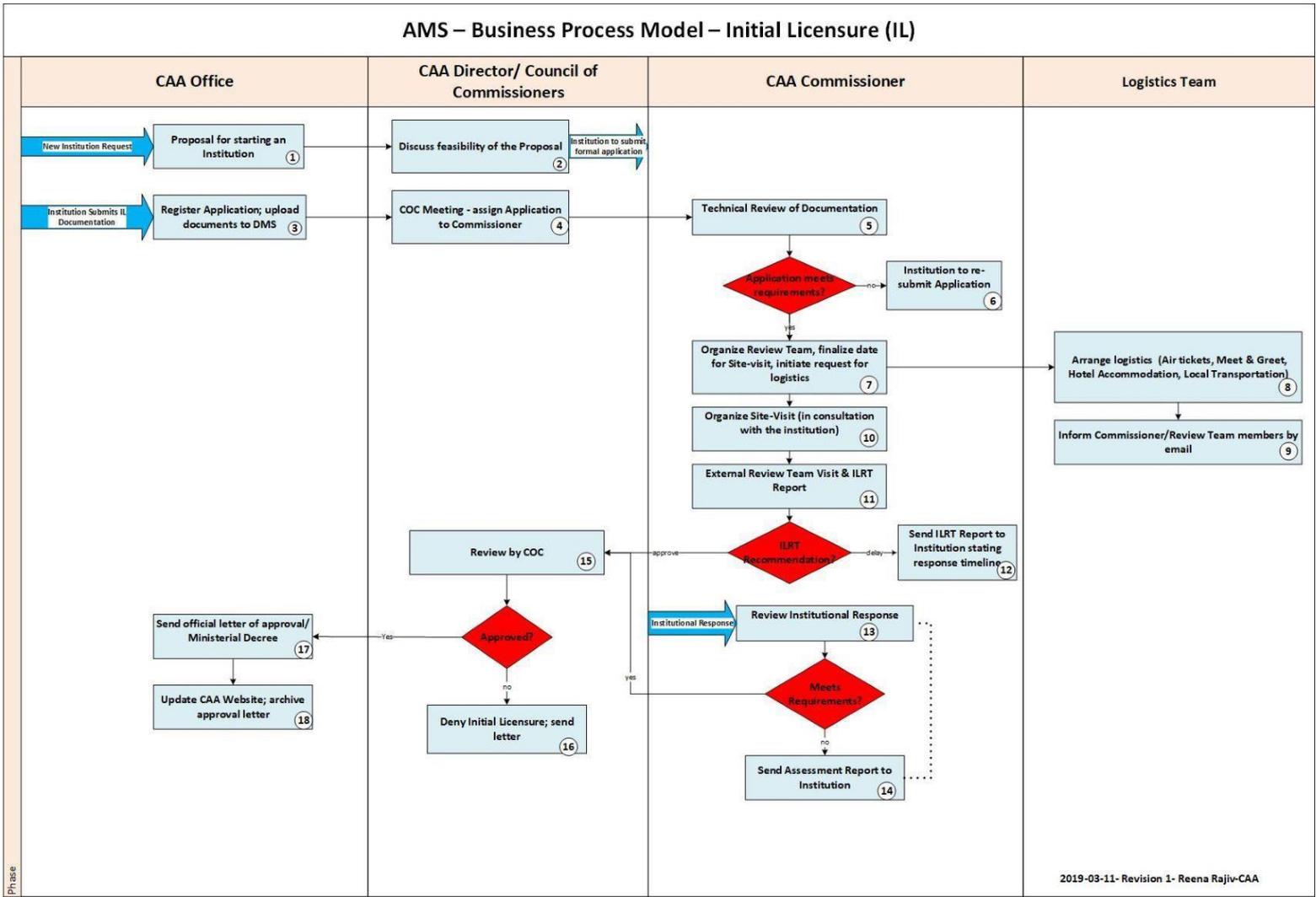
ANNEX 2 Renewal of Accreditation Process

AMS – Business Process Model – Renewal of Accreditation (RA)



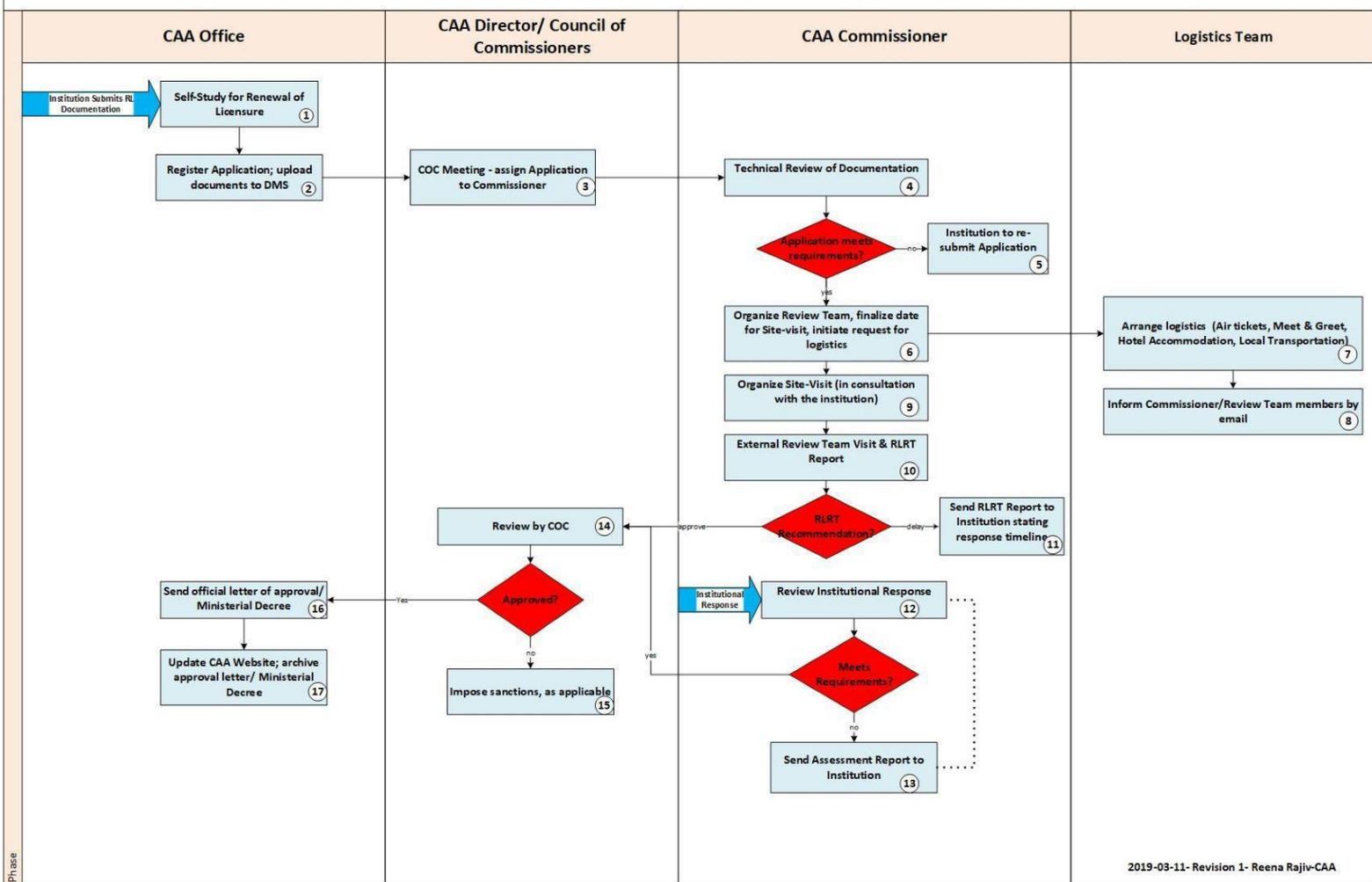
2019-03-11- Revision 1- Reena Rajiv-CAA

ANNEX 3 Initial Licensure Process



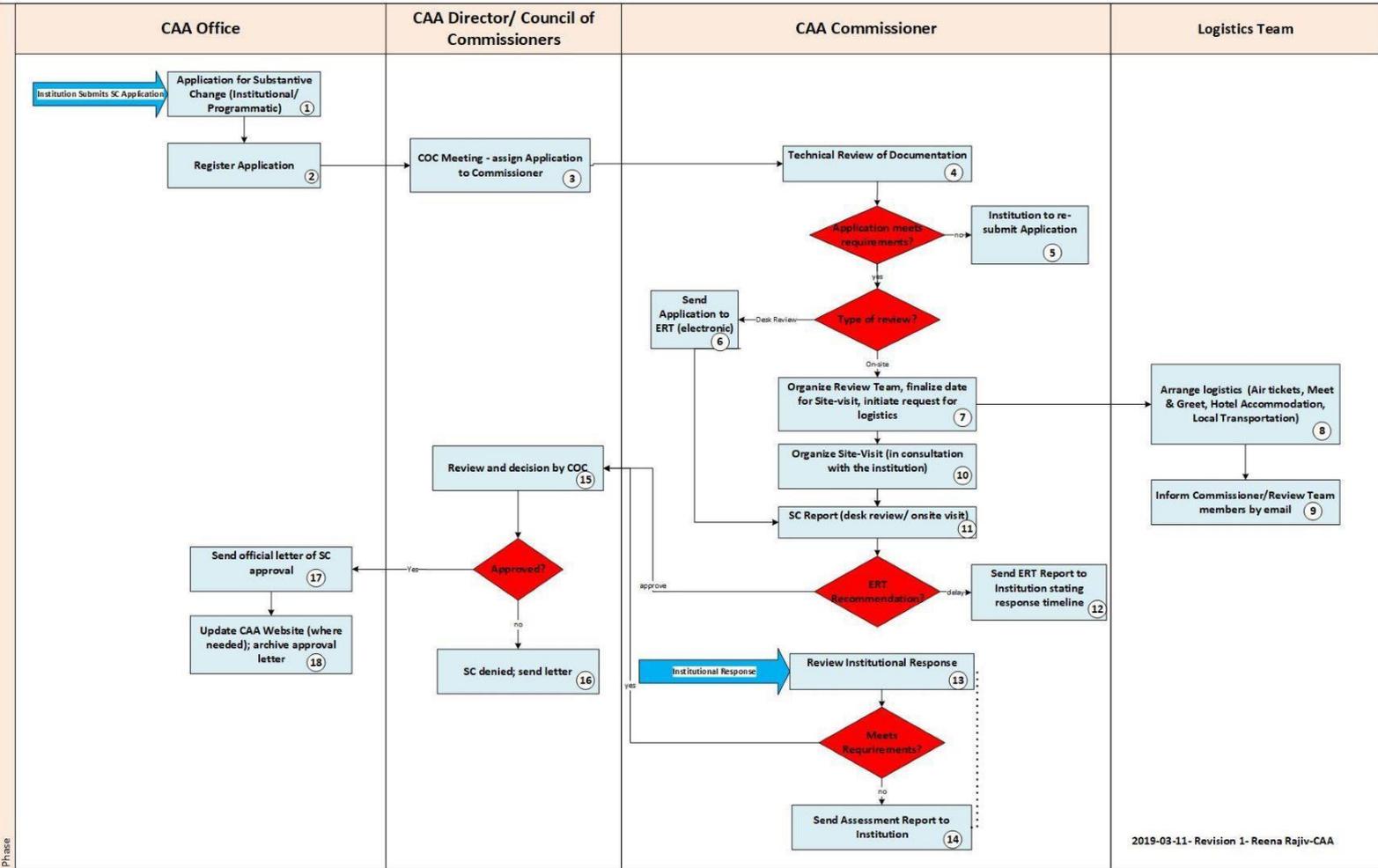
ANNEX 4 Renewal of Licensure Process

AMS – Business Process Model – Renewal of Licensure (RL)



ANNEX 5 Substantive Change Process

AMS – Business Process Model – Substantive Change (SC)



ANNEX 6 CAA Strategic Plan 2020-2024

Mission

To work collaboratively with stakeholders to assure the quality, effectiveness, and continuous improvement of higher education, safeguard its system, embrace its diversity and foster the quality culture.

Vision

To provide leadership by upholding quality assurance standards that promote distinction, innovation, and academic excellence within higher education.

Core Values: ACCREDITS

A: Accountability

We are accountable to the Ministry of Education and to the people of the UAE.

C: Collaboration

We work in a spirit of collaboration and partnership with Higher Education institutions.

C: Communication

We communicate clearly, accurately, and fully with partners and stakeholders and seek and welcome their feedback

R: Responsiveness

We are responsive to the evolving needs of the higher education sector and its stakeholders

E: Excellence

We aim to achieve the highest standards in what we do and to encourage institutions to meet their ambitions at the highest level

D: Diversity

We embrace diversity in the provision of higher education

I: Integrity

We adhere to established standards, policies, and procedures and to established professional ethics in all that we do.

T: Transparency

We are transparent in all our activities while respecting each institution's confidentiality.

S: Sustainability

We are committed to sustainable practices.

MoE Strategic Objective:

Quality Assurance, Efficiency and Governance of Educational and Institutional Performance

Strategic Goals

1. Provide institutional licensure and program accreditation services using contemporary and internationally inspired Standards and efficient procedures

2. Facilitate the reform of Academic Programs to improve their outcomes and graduates market readiness and increase international recognition.
3. Cultivate an organizational culture that is based on a robust internal quality assurance system
4. Foster capacity building activities and a creative work environment within the Commission to further enhance its efficiency and effectiveness.
5. Adopt collaborative practices with other accreditation and education agencies to promote effective quality assurance processes and advance the role of the Commission as a leader of quality enhancement in higher education.

Strategic Objective 1:

Provide institutional licensure and program accreditation services using contemporary and internationally inspired Standards and efficient procedures.

Strategic Initiatives	Activities
<p>a. Ensure that the CAA Standards are aligned with international best practice</p>	<p>1. Renewing INQAAHE accreditation. <i>PI: Application to renew INQAAHE accreditation is submitted by December 2020</i> <i>Renewal of INQAAHE accreditation is secured by December 2021</i></p> <p>2. Maintain WFME Recognition. <i>PI: WFME recognition is confirmed</i></p>
<p>b. Certifying UAE-based external reviewers and Contribute to the development of a culture of academic quality enhancement in the UAE and internationally.</p>	<p>1. Conduct a structured program to certify UAE-based reviewers. <i>PIs:</i></p> <ul style="list-style-type: none"> - <i>Number of Certified Reviewer Programs and workshops offered to stakeholders</i> - <i>Percentage of certified participants by Program from those who attended</i> - <i>Participant satisfaction with the Certified Reviewer Program</i> <p>2. Collaborating with stakeholder to publish quality-related research in international outlets. <i>PIs:</i></p> <ul style="list-style-type: none"> - <i>Number of collaborative quality-related publications per year</i> - <i>Number of all quality-related publications per year</i>

Strategic Objective 2:

Facilitate the reform of Academic Programs to improve their outcomes and graduates market readiness and increase international recognition.

Strategic Initiatives	Activities
a. Facilitate the reform of Academic Programs	<ol style="list-style-type: none"> Organizing of regularly scheduled meetings with Deans and professional stakeholder for Reform of Curricula. <i>PI: Reform documents reflecting Deans conclusions is circulated</i>
b. Negotiate and approve agreements with accreditation bodies and other education agencies.	<ol style="list-style-type: none"> Negotiate and approve agreements with international accreditation bodies. <i>PI: Number of MoUs renewed and/or new MoUs signed</i> Conducting joint accreditation reviews when possible and appropriate. <i>PIs:</i> <ul style="list-style-type: none"> <i>Percentage of conducted joint reviews per year based on the total number of each discipline's reviews.</i> <i>Stakeholder evaluation of effectiveness of the joint visits (Institutions, international bodies, Commissioners)</i>

Strategic Objective 3:

Cultivate an organizational culture that is based on a robust internal quality assurance system

Strategic Initiatives	Activities
a. Maximize the use of strategic planning and performance measurement with an understandable and transparent policies and procedures.	<ol style="list-style-type: none"> Developing a system for: <ul style="list-style-type: none"> Periodic evaluation of policies and procedures for updates and improvement or formulating newly required ones. Communication of policies and procedures to stakeholders. <i>PI:</i> <ul style="list-style-type: none"> <i>Policy evaluation and formulation System is developed</i> <i>Satisfaction of Stakeholder with policies and procedures</i> Maintaining a primary set of processes and outcomes KPIs that are reported and evaluated annually. <i>PI:</i> <ul style="list-style-type: none"> <i>Primary set of KPIs is formulated</i> <i>Percent achievement of KPIs</i> <i>Number of improvements based on KPI analysis</i>

<p>b. Adopt efficient and automated information management systems that improve the efficiency of the Commission</p>	<p>1. Creating an integrated database and workflow system for information management, document control, archiving and process facilitation.</p> <p>PI:</p> <ul style="list-style-type: none"> - <i>Fully functioning automated system that can generate essential forms, obtain signatures, and permit distributive decision making is developed and deployed</i> - <i>DMS is developed and deployed</i>
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Strategic Objective 4:

Foster capacity building activities and a creative work environment within the Commission to further enhance its efficiency and effectiveness.

Strategic Initiatives	Activities
<p>a. Utilize a robust and sustained Professional Development program for the Commissioners.</p>	<p>1. Developing and deploying an annual Professional Development program that cater to the needs of the commission's work environment.</p> <p>PI:</p> <ul style="list-style-type: none"> - <i>Stakeholder satisfaction survey results</i> - <i>Percentage of Commission employees' utilization of activities</i> <p>2. Encouraging commissioners to participate in international professional development events.</p> <p>PI:</p> <ul style="list-style-type: none"> - <i>Percentage of commissioners attending at least one international event per year</i> - <i>Percentage of expenditure on professional development from the Commission's budget</i>
<p>b. Recruit skilled administrative staff to enhance operational efficiency</p>	<p>1. Developing a systemic recruitment and selection process that supports CAA operational efficiency.</p> <p>PI:</p> <ul style="list-style-type: none"> - <i>Number of staff recruited and hired</i> - <i>Retention rate of staff</i>

Strategic Objective 5:

Adopt collaborative practices with other accreditation and education agencies to promote effective quality assurance processes and advance the role of the Commission as a leader of quality enhancement in higher education.

Strategic Initiatives	Activities
<p>a. Seek mutual professional development opportunities</p>	<p>1. Exploring the possibility of inter-agency professional development events (e.g. conferences and webinars)</p> <p>PI: <i>Number of professional development events undertaken</i></p>

<p>and sharing of best practices</p>	<p>2. Organizing workshops, seminars and webinar where best practices are shared. <i>PI: Number workshops, seminars and webinar organized per year</i></p>
<p>b. Construct active feedback loops with stakeholders and collaborators.</p>	<p>1. Developing and deploying annual Stakeholders satisfaction surveys (Institutions and ERT) <i>PI: Survey is developed and deployed per year</i></p> <p>2. Organizing of regularly scheduled meetings with stakeholders to exchange feedback. <i>PIs:</i></p> <ul style="list-style-type: none"> - <i>Number of meeting per discipline per year</i> - <i>Stakeholders' feedback items collected per year</i> - <i>Stakeholders' satisfaction survey results</i>
<p>c. Compile and maintain a comprehensive quality database of guides and collaborate on research for quality improvement and enhancement in higher education</p>	<p>1. Developing an enhanced CAA website. <i>PI: Enhanced CAA website is published by December 2020</i></p> <p>2. Promoting the sharing of tools, dissemination of guidelines and publications of best practices. <i>PI: Number of best practices published annually</i></p> <p>3. Collaborating with stakeholder to publish quality-related research in international outlets. <i>PIS:</i></p> <ul style="list-style-type: none"> - <i>Number of collaborative quality-related publications per year</i> - <i>Number of all quality-related publications per year</i>
<p>d. Recognize exemplary practice by UAE Higher Education Institutions through national CAA Quality Award</p>	<p>1. Defining and implementing criteria for a national quality award for Higher Education Institutions. <i>PI: Launch an annual National CAA Quality Award</i></p>

ANNEX 7 Council of Commissioners (COC)

Authority

The authority of the Council of Commissioners (hereafter Council) is derived from the Minister of State for Higher Education.

Membership

The membership of the Council is comprised of:

- * The Director of the Commission for Academic Accreditation (hereafter CAA), as Chair.
- * The Deputy Director of Academic Affairs;
- * All appointed CAA Commissioners.

A member of the administrative staff of the CAA, designated by the Director, serves as (non-voting) Secretary to the Council.

Responsibilities

The Council has the authority to:

- discuss and approve all recommendations made by External Review Teams (ERTs) concerning Institutional Licensure and Program Accreditation;
- discuss and approve all actions proposed as a result of Stage Two Investigations of concerns, Institutional or Program Audit visits, or other special reviews;
- approve the imposition or removal of sanctions on an institution, or on one or more academic programs within an institution;
- periodically review the *Standards for Institutional Licensure and Program Accreditation*, and make recommendations for their revision or modification;
- periodically review other guidance documents issued by the CAA to institutions;
- determine assignments of licensure and accreditation reviews to Commissioners;
- advise the Director on matters relating to the effective functioning of the CAA;
- develop and adopt plans for workshops, seminars, and other activities that support the continued professional development of institutions;
- consider and approve proposals for cooperation with other accreditation bodies;
- consider any other matters relating to the CAA's activities, or referred to it by the Director.

Procedures

The Council will meet at least once each calendar month. The Director may at any time call for a special meeting of the Council at any time, with a minimum of 24rs notice to all potential voting participants.

The Director normally presides over all Council meetings. The Director may appoint a designee with full discretionary power to preside over a meeting in his absence.

The Director may invite CAA administrative staff or other individuals to attend a meeting of the Council as observers, or to expedite discussion on a particular agenda item. Such individuals will not have voting rights.

The quorum for a meeting of the Council is >50% of all members.

The Secretary will distribute an agenda to all members at least one day before the meeting date. This agenda will include Executive Summaries for all ERT reviews on which the Council must act.

Executive Summaries for ERT reviews normally will be introduced for discussion and approval by the Commissioner in charge of the review. In his/her absence, a nominated Commissioner may introduce the Executive Summary.

Agenda items for action may be approved by unanimous consent. When a vote is taken on an agenda item, approval is by simple majority. Each member of the Council has one vote. In the event of a tie, the Director or his designee will have the casting vote.

Minutes of each meeting will be taken by the Secretary or designee, and circulated to all Council members.

ANNEX 8 Procedural Manual for Online and Blended Learning

The manual hosted on the CAA website can be accessed via the below link –

<https://www.caa.ae/PORTALGUIDELINES/Procedural%20Manual%20-%20Online%20and%20Blended%20Learning.pdf>

ANNEX 9 The Internal Quality Assurance System (IQAS) Framework

Commission for Academic Accreditation

The Internal Quality Assurance System (IQAS) Framework

August 2022

Table of Contents:

1. Introduction
2. Mission of IQAS
3. Objectives of IQAS
4. Benchmarking
5. Quality Management
6. Evidence and Key Performance Indicators
7. The Internal Quality Assurance System (IQAS) Committee
8. IQAS Supporting Systems
 - Quality Assurance Officer
 - Feedback Systems: Surveys and focus groups
9. CAA Policies and Procedures

INTRODUCTION

Quality assurance (QA) requires the collection of evidence, data on performance indicators, and feedback from internal and external benchmarks and uses the results to effect improvement. The internal QA process at the CAA includes inputs and processes with a focus on outcomes to achieve and maintain excellence. To streamline and institutionalize this process, the CAA has developed and implemented an Internal Quality Assurance System (IQAS)

MISSION OF The IQAS

The mission of the IQAS is to create a mechanism by which the CAA sustains high quality services and internal processes.

OBJECTIVES OF IQAS

The CAA IQAS aims to:

1. Nurture an internal quality culture.
2. Automate the quality assessment processes within the CAA.
3. Monitor outcomes, key performance indicators (KPIs), and progress reports to reflect performance gaps and excellence.
4. Provide timely self-reviews and reports to CAA director and Council of Commissioners reflecting satisfactory performance and areas that need enhancement.

BENCHMARKING

The IQAS is benchmarked with the guidelines of international recognition bodies such as the INQAAHE which requires the CAA to:

1. operates with transparency, integrity and professionalism and adheres to ethical and professional standards.
2. have in place mechanisms that enable it to review its own activities in order to respond to the changing nature of higher education, the effectiveness of its operations, and its contribution towards the achievement of its objectives.
3. To conduct a self-review of its own activities, including consideration of its own effectiveness and value. The review includes data collection and analysis, to inform decision-making and trigger improvements.
4. Be subject to external reviews at regular intervals, ideally not exceeding five years. There is evidence that any required actions are implemented and disclosed.

EVIDENCE AND KEY PERFORMANCE INDICATORS

Evidence about the quality assurance processes is collected and assessed by examining trends, progressive improvement in the planning and administration of the CAA, and satisfaction rating by different stakeholders. The evidence can be obtained from surveys, focus groups involving stakeholders, independent reviews, or measuring the performance of CAA using a set of KPIs that are monitored, maintain, and analyzed.

THE INTERNAL QUALITY ASSURANCE SYSTEM (IQAS) COMMITTEE

The Internal Quality Assurance System (IQAS) Committee will be formed by the CAA director.

Charges:

1. Implement the quality assurance system, ensure and monitor quality assurance processes at the CAA.
2. Lead the CAA Strategic Planning process including the development, monitoring and implementation of the Strategic Plans
3. Develop and implement unified reporting system of performance indicators and benchmarks.
4. Oversee the collection of relevant CAA data for the Annual Effectiveness Report
5. Oversee the development of surveys and data collection tools needed to maintain the CAA KPIs and obtain internal and external stakeholders' feedback.
6. Support the CAA Quality Culture and provide internal stakeholders with the necessary support.
7. Support the CAA's effort to secure and maintain recognition by international bodies such as the INQAAHE and WFME by leading the preparation of Self-Studies, applications, and progress reports.

Membership:

The committee is chaired by a CAA Commissioner who reports to the Council of Commissioners. Membership includes at least four other CAA commissioners and one Quality Assurance Officer.

Other terms:

The Committee meets Quarterly unless otherwise called by the Chairperson or one of the members. The Quality Assurance Officer is responsible for the preparation of its agendas, finalization of the minutes and resolutions, and following up on outstanding issues.

Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions taken during and after their terms.

IQAS SUPPORT SYSTEMS**Quality Assurance Officer**

A Quality Assurance (QA) Officer will be appointed by the CAA Director. The officer function is to be responsible to follow up the implementation the quality assurance system and report deviations or variations to the Committees Chair.

The Officer will also be responsible for carrying out quality assurance activities, such as managing surveys deployment and organizing collected data.

The QA Officer will submit reports to the IQAS Committee. The officer should receive proper training on quality assurance processes.

Feedback Systems: Surveys and focus groups:

A unified survey development, deployment, and management in addition of arrangement of periodic focus groups aiming at:

1. Spreading a culture of quality.
2. Involving all stakeholders in the process of quality
3. Providing sustainable assessment leading to improvement.

The CAA's stakeholders include but not limited to:
Members of External Reviewer Teams

Quality Assurance Personnel, faculty, and students at higher education institutions

CAA Commissioners

CAA Administrative Staff

The following surveys will be deployed, and its results will be analyzed regularly.

1. Annual Internal Stakeholder Survey
2. Annual External Stakeholder Survey
3. End of Visit ERT Survey
4. Certified Reviewer Program

Additionally, qualitative feedback will be obtained through stakeholders focus groups and the discussions of the CAA Strategic Advisory Boards.

CAA Key Performance Indicators (KPIs):

Area 1: Stakeholders Satisfaction:

1. Stakeholders' satisfaction
2. Certified Reviewer Programs participants satisfaction rate
3. End of Visit ERT Survey

Area 2: International Accreditation:

1. Percentage of Internationally Accredited Program

Area 3: CAA core services

1. Average completion time for CAA services
2. Percentage of CAA services performed on time.

CAA POLICIES AND PROCEDURES

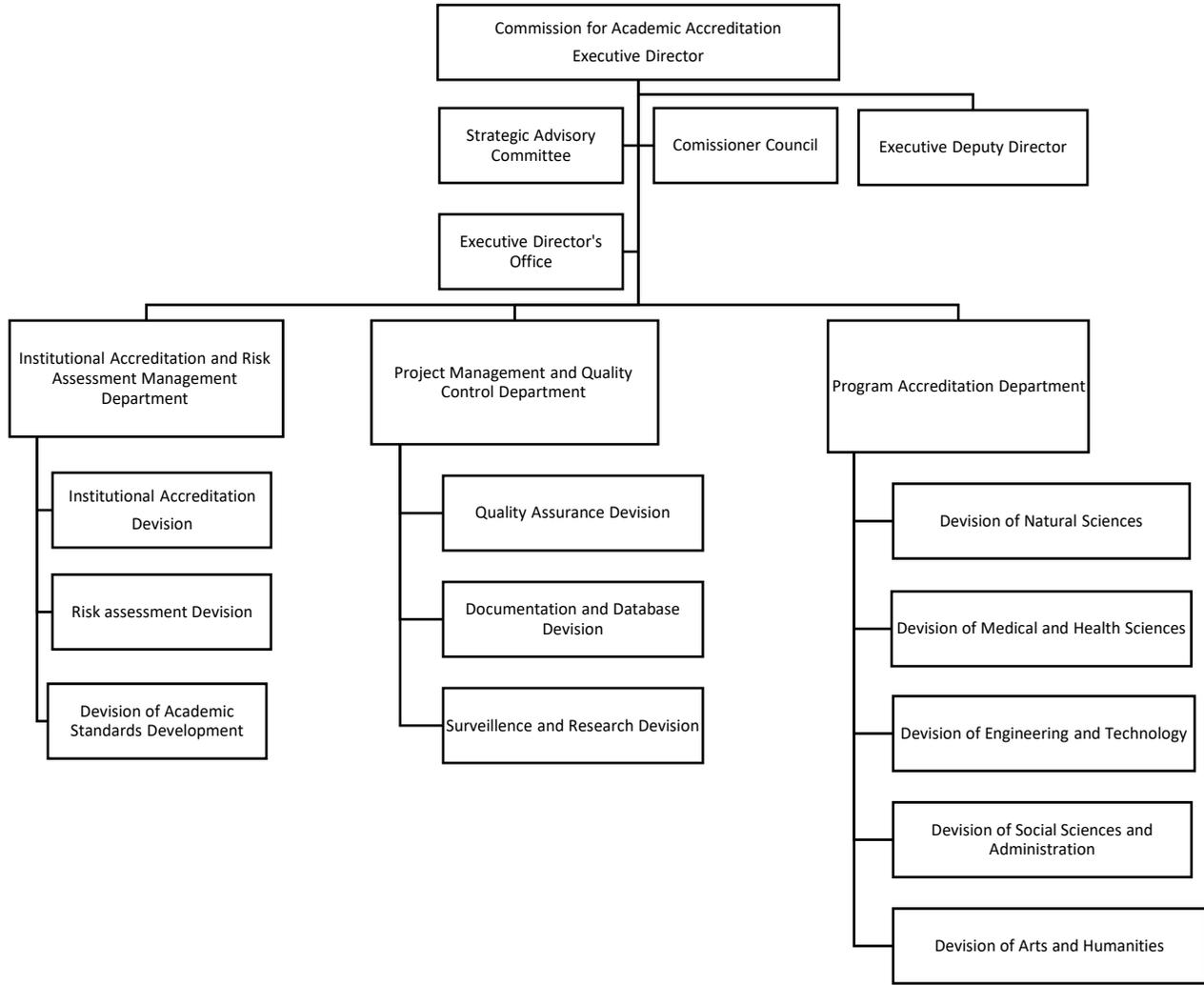
The CAA will maintain a Policy and Procedures manual (latest version is December 2019). The manual includes the following policies:

1. Accreditation Policies and Procedures for Institutions
2. Policies and Procedures for Commission Work with External Review Teams
3. Internal Quality Assurance Framework
4. Commission Administrative Procedures
 - a. Ethical Obligations of Commissioners and Commission Staff
 - b. Complaints Against the Commission
 - c. Institutional Licensure and Program Accreditation Procedures
 - d. Budgeting and Finance
 - e. Professional Development
 - f. Consulting
 - g. Document Control, Management, Confidentiality, and Disposition
 - h. Health and Safety Policy
 - i. Risk Management Policy
 - j. Signing Authority
5. Personnel Policies and Procedures
 - a. Vacant Positions
 - b. Orientation of New Commissioners

- c. Working Hours/Holidays
- d. Position Descriptions

APPENDICES

APPENDIX 1: CAA ORGANIZATIONAL CHART & TASKS



The Commission for Academic Accreditation is responsible for the following tasks:

1. Contribute to achieving coordination and integration between governmental and private higher education institutions in the fields of specializations and academic degrees offered, within the framework of the general plan for higher education and in coordination with the academic affairs sectors in the Ministry.
2. Set criteria, rules, and executive procedures for licensing governmental and private higher education institutions and regularly review them in coordination with the licensing, quality control, inspection departments, and the relevant bodies in the state as based on the best international practices.
3. Establish standards, regulations, and executive procedures for the academic accreditation of programs offered by governmental and private higher education institutions and review them periodically in coordination with the academic, licensing, quality, and control departments, strategic partners, and relevant authorities in the country as based on the best international practices.
4. Institutional licensing of governmental and private higher education institutions to ensure the required levels of quality are achieved and reviewed periodically.
5. Academic accreditation of academic programs offered by governmental and private higher education institutions to ensure the required levels of quality are achieved and reviewed periodically.
6. Formation of external evaluation teams and academic committees relevant to the accreditation of higher education institutions, supervision of their work and preparation of final reports for their approval in accordance with the regulations and competencies.
7. Review and evaluation of applications submitted by governmental and private higher education institutions regarding fundamental changes in the institution or its academic programs and taking the necessary decisions in accordance with academic accreditation criteria.
8. Review, evaluate, and approve requests from public and private higher education institutions regarding fundamental changes to the institution or its educational programs.
9. Study reports submitted by public and private higher education institutions in accordance with applicable laws and regulations and take necessary action in accordance with academic accreditation standards.
10. Study reports submitted by relevant sectors of the Ministry regarding higher education institutions and take the necessary decisions in accordance with academic accreditation standards.
11. Coordinate and cooperate with international academic accreditation bodies to maintain alignment with ongoing global academic and institutional developments.
12. Any other tasks or responsibilities related to the nature of the mandate or assigned to the Minister by the Minister.

APPENDIX 2: CAA POSITION DESCRIPTIONS

Director

Position Summary

The Commission is responsible for recommending institutions for institutional licensure and accreditation of academic programs. The Director is responsible for all managerial and operational matters required for the Commission to perform its duties and responsibilities, including the conduct of reviews of institutions for initial licensure, licensure and re-licensure and the conduct of reviews of academic programs for initial accreditation, accreditation and re-accreditation. The Director is responsible for following-up on reviews and requirements for licensure and accreditation with institutions.

Educational Requirements

An earned doctorate from an accredited institution in any academic area, with preference for background in higher education policy or quality assurance, business, engineering or health professions.

Experience

The Director must provide the following:

- Evidence of having earned the rank of Professor.
- Evidence of at least 5 years of academic administration at a senior level, dean or above.
- Evidence of a strong commitment to the quality assurance processes for building educational excellence.
- Evidence of knowledge of accreditation systems through writings, and/or participation in accreditation visits to institutions, either regional/national or professional bodies, as a team member or chair or experience in a regional/national accrediting body.

Language

Proficiency in English and Arabic is required.

Required Skills

The Director must provide evidence of the following capabilities:

- An ability to work efficiently in a highly complex, sometimes ambiguous, constantly changing, and demanding environment in which original thinking must be employed to arrive at solutions.
- Must be able to deal with simultaneously occurring crises which may compete for time.
- An ability to interact extensively with senior management to educate, influence, and build awareness of key issues and propose solutions.
- An ability to influence and negotiate with external parties for the benefit of the CAA.
- An ability to engage others to work together towards a shared vision and common goals.

- Makes effective decisions.
- Achieves outcomes and results.
- High level computer skills, including word processing and database management.
- Ability to use good judgment in decision-making.
- Strong interpersonal and communication skills.
- Personal initiative and an ability to work independently.
- An ability to work as a team member.
- Organizational skills and an ability to follow up on necessary actions.
- Flexibility, an ability to adapt to change, and an ability to work under pressure.
- Maintenance of a high level of accuracy and attention to detail.
- Responsible and accountable for assigned duties.
- An ability to work in a diverse multicultural environment.
- An ability to analyze situations and to solve problems as they arise.
- An ability to work in a multi-cultural team environment and maintain strong working relations with staff in CAA and with IT staff in the MoE.
- Collaborative and participatory philosophy in working with institutions.
- A proven ability to be firm but fair in applying the Standards for licensure and accreditation.
- An ability to be flexible, creative, responsible, patient and persistent.
- An ability to maintain confidentiality.
- Strong analytical and critical thinking skills.
- Excellent writing skills.
- Strong interpersonal skills.
- An ability to deal with people of diverse cultural backgrounds.
- An ability to prioritize, work under pressure and meet stated deadlines.
- Strong IT skills, including data base management skills.
- A commitment and ability to work in a collaborative team environment.
- Willingness to travel for extended periods of time within the U.A.E. to conduct the work of the CAA.

Duties and Responsibilities

The Director is required to:

- Effectively manage all matters related to the operation of the Commission.
- Review all Commissioner and Visiting Committee analyses of institutional applications for licensure against the Standards for Licensure and Accreditation.
- Review all Commissioner and Visiting Committee analyses of academic programs for accreditation against the Standards for Licensure and Accreditation.
- Ensure that staff support is provided to visiting teams for licensure and accreditation visits.
- Review the Standards for Licensure and Accreditation for revision and updating.
- Work with consultants to develop new documents for licensure and accreditation in areas not yet developed by the CAA.

- Conduct meetings with institutional heads and other senior level staff on various issues related to licensure and accreditation.
- Participate in activities to enhance the public knowledge of the value of licensure and accreditation in the UAE.
- Mentor institutions for ensuring quality processes, procedures and policies for institutional effectiveness.
- Ensure prompt and appropriate response to institutional requests.
- Follow-up on visits to institutions and reports emanating from visiting committees to make recommendations for licensure or accreditation.

Physical Requirements

The job is primarily sedentary in nature with no unusual physical capabilities required.

Supervisory Responsibility

Under the direction of the Minister for Education, the Director is expected to exercise supervisory responsibilities related to office operations.

Supervisor

The Minister of Education.

Commissioner

Position Summary

The Commission is responsible for recommending institutions for institutional licensure and accreditation of academic programs. Commissioners conduct reviews of institutions for initial licensure, licensure and re-licensure and conduct reviews of academic programs for initial accreditation, accreditation and renewal of accreditation. The Commissioners are responsible for following-up on reviews and requirements for licensure and accreditation with institutions.

Educational Requirements

An earned doctorate from an accredited institution in any academic area, with preference for background in higher education policy or quality assurance, business, engineering or health professions.

Experience

A Commissioner must provide the following:

- Evidence of having earned the rank of Professor.
- Evidence of at least 5 years of academic administration at a senior level, dean or above.

- Evidence of a strong commitment to the quality assurance processes for building educational excellence.
- Evidence of knowledge of accreditation systems through writings, and/or participation in accreditation visits to institutions, either regional/national or professional bodies, as a team member or chair or experience in a regional/national accrediting body.

Language

English is required. Proficiency in English and Arabic is preferred.

Required Skills

A Commissioner must provide evidence of the following capabilities:

- An ability to work efficiently in a highly complex, sometimes ambiguous, constantly changing, and demanding environment in which original thinking must be employed to arrive at solutions.
- Must be able to deal with simultaneously occurring crises which may compete for time.
- An ability to interact extensively with senior management to educate, influence, and build awareness of key issues and propose solutions.
- An ability to influence and negotiate with external parties for the benefit of the CAA.
- An ability to engage others to work together towards a shared vision and common goals.
- Makes effective decisions.
- Achieves outcomes and results.
- High level computer skills, including word processing and database management.
- Ability to use good judgment in decision-making.
- Strong interpersonal and communication skills.
- Personal initiative and an ability to work independently.
- An ability to work as a team member.
- Organizational skills and an ability to follow up on necessary actions.
- Flexibility, an ability to adapt to change, and an ability to work under pressure.
- Maintenance of a high level of accuracy and attention to detail.
- Responsible and accountable for assigned duties.
- An ability to work in a diverse multicultural environment.
- An ability to analyze situations and to solve problems as they arise.
- An ability to work in a multi-cultural team environment and maintain strong working relations with staff in CAA and with IT staff in the MoE.
- Collaborative and participatory philosophy in working with institutions.
- A proven ability to be firm but fair in applying the Standards for licensure and accreditation.
- An ability to be flexible, creative, responsible, patient and persistent.
- An ability to maintain confidentiality.
- Strong analytical and critical thinking skills.
- Excellent writing skills.
- Strong interpersonal skills.
- An ability to deal with people of diverse cultural backgrounds.

- An ability to prioritize, work under pressure and meet stated deadlines.
- Strong IT skills, including data base management skills.
- A commitment and ability to work in a collaborative team environment.
- Willingness to travel for extended periods of time within the U.A.E. to conduct the work of the CAA.

Duties and Responsibilities

A Commissioner is required to:

- Establish External Review Teams of professional experts, work with senior university officials, and coordinate logistical details of institutional and program reviews.
- Supervise External Review Teams, representing the Commission a member of the Teams, providing orientation and ensuring that they adhere to the CAA Standards and Procedural Guidelines.
- Write detailed compliance reports and edit for legal sufficiency.
- Monitor institutional compliance with requirements set by the Commission.
- Consult with University Chancellors, Vice Chancellors, Presidents, and Senior Officers regarding compliance issues.
- Monitor institutions for compliance with UAE regulations governing quality assurance and institutional effectiveness.
- Review Applications for Initial Licensure and Program Accreditation for compliance with CAA regulations.
- Mentor institutions for ensuring quality processes, procedures and policies for institutional effectiveness, including making Special Institutional Visits for a range of purposes.
- Prepare, lead, and participate in Workshops and Seminars on special topics relevant to quality enhancement.
- Participate in activities to enhance the public knowledge of the value of licensure and accreditation in the UAE.
- Revise the existing Standards for Licensure and Accreditation as necessary.
- Draft regulations, policies and procedures in new areas, working with consultants as necessary.

Physical Requirements

The job is primarily sedentary in nature with no unusual physical capabilities required.

Supervisory Responsibility

Under the direction of the CAA Executive Director and upon his or her designation, Commissioners occasionally are expected to exercise supervisory responsibilities related to office operations.

Supervisor: Director, Commission for Academic Accreditation

Logistics Officer

Position Description

The Logistics Officer supports office operations by ensuring that all logistical details, finances and travel arrangements for the Director, Commissioners, CAA staff, and external review team members will be executed in a timely and professional manner. The Logistics Officer will work closely with the Director to ensure the operations of the CAA office related to logistics and financial details run efficiently, smoothly and professionally.

Education Requirements

Postsecondary education or certification appropriate for the position..

Experience Required

5 years' experience as an administrative assistant with responsibility for coordinating travel arrangements and financial matters.

Language

Must be bi-lingual: Arabic and English

Required Skills:

The following skills and capabilities are required of the Administrative Officer/Travel Coordinator:

- An ability to work efficiently in a highly complex, sometimes ambiguous, constantly changing, and demanding environment in which original thinking must be employed to arrive at solutions.
- An ability to engage others to work together towards a shared vision and common goals.
- Makes effective decisions.
- Achieves outcomes and results.
- High level computer skills, including word processing and database management.
- Ability to use good judgment in decision-making.
- Strong interpersonal and communication skills.
- Personal initiative and an ability to work both independently and as a team member.
- Organizational skills and an ability to follow up on necessary actions.
- Maintenance of a high level of accuracy and attention to detail.
- An ability to analyze situations and to solve problems as they arise.
- Ability to work in a multi-cultural team environment and maintain strong working relations with staff in CAA and with IT staff in the MoE.

Duties and Responsibilities

The Logistics Officer shall:

- Provide high level administrative support to the CAA.
- Provide flawless translation from English to Arabic and Arabic to English and liaison with Arabic Speaking institutions.
- Coordinate travel arrangements with travel agency for visiting committee members including:
 - Flight requests & booking.
 - Hotel stays.
 - Car rentals.
 - Taxis.
 - Airport meet & greet.
- Ensure that all travel arrangements are done in accordance with CAA policies and procedures.
- Update and monitor changes in flights and arrangements with other travel service providers.
- Prepare cost estimation for site visits
- Preparation of money arrangements, correspondence, and required receipts for honorarium and other expenses for the Committee Members

Physical Requirements

The job is primarily sedentary in nature with no unusual physical capabilities required.

Supervisor

Director of the Commission.

Research and Documentation Officer

Position Description

The Research and Documentation Officer (RDO) coordinates, implements and maintains the CAA's Document Control and established policies and procedures for the smooth functioning of the office. He/she must have effective planning and organizational skills, with the ability to work with a high degree of accuracy and recall. The RDO must have strong verbal and communication skills, good computer skills and must be self-motivated to handle, organize and prioritize multiple tasks, be able to perform under pressure to meet deadlines, and effectively participate on multi-disciplinary teams.

Education Requirements

Master's Degree from an accredited institution.

Experience Required

Minimum 5 years' experience working in an administrative role with senior management, preferably in an educational institution.

Language

Must be bi-lingual in Arabic and English

Required Skills

The following skills and capabilities are required of the RDO:

- An ability to work efficiently in a highly complex, sometimes ambiguous, constantly changing, and demanding environment in which original thinking must be employed to arrive at solutions.
- An ability to deal with simultaneously occurring crises which may compete for time.
- An ability to influence and negotiate with external parties for the benefit of the CAA.
- An ability to engage others to work together towards a shared vision and common goals.
- A demonstrated capability to use good judgment in making effective decisions.
- Proven experience in achieving outcomes and results.
- High level computer skills, including word processing and database management.
- Strong interpersonal and communication skills.
- Personal initiative and an ability to work both independently and as a team member.
- Responsible and accountable for assigned duties.
- An ability to work in a multi-cultural team environment

Duties and Responsibilities

The RDO is responsible for the following:

- Directs quality initiatives in work place by requiring adherence to quality assurance policies and procedures; developing new models and implementing changes.
- Conducts research and drafts policy and procedures, as directed.
- Analyzes data from relational data bases and produces required reports.
- Provides technical and administrative support to update and maintain the CAA website.
- Coordinate, prepare, and submit Reports to the Minister's Office when needed or requested.
- Documenting/Recording Information - Entering, transcribing, recording, storing, or maintaining information in written or electronic form.
- Creates and maintains accurate and updated databases and spreadsheets to track CAA activities.
- Maintains current knowledge of the *Standards for Licensure and Accreditation*.
- Provides organizational and technical support to institutional meetings and technical committees.
- Prepares correspondence and reports, as requested.

- Carries out assigned project work under the guidance of the Director.
- Provides general support to facilitate the work of the CAA, including but not limited to maintaining accurate and complete files; preparing agendas and other documents as needed; coordinating institutional responses to data requests; compiling reports, documents and materials; replying to inquiries and requests.
- Generating comprehensive status reports detailing the various stages of an institution's or program's progress toward licensure or accreditation.
- Ensuring the security of the institutional documents.
- Maintaining, in cooperation with the CAA database analyst, a permanent backup file of electronic copies.

Physical Requirements

The job is primarily sedentary in nature with no unusual physical capabilities required.

Supervisor

Director of the Commission

Archiving and Database Analyst

Position Summary

The Archiving and Database Analyst (ADA) will be responsible for performing data analysis, structure, design modeling, documentation, training and maintenance of new and existing CAA database applications. In addition, the ADA will be responsible for conducting research and preparing statistical and other reports required by the CAA. The Database Analyst will administer and manage relational database management systems used by various administrative applications. The Database Analyst coordinates with the Administrative Facilitator and Finance Officer and reports to the Executive Director

Education Requirements

Bachelor's degree from an accredited college or university in Computer Science, Management Information Systems or related area.

Experience Required

- 5 years' experience as a programmer and database administrator.
- Experience in document imaging and scanning applications.
- Experience in research and report writing.
- Evidence of ability to conceptualize data needs and transform them to databases, and generate reports based on the data.

Supplemental Experience

- Experience working in an institution of higher education is a plus.

Language

Must be bi-lingual: Arabic and English

Required Skills

The following skills and capabilities are required of the Database Analyst:

- An ability to work efficiently in a highly complex, sometimes ambiguous, constantly changing, and demanding environment in which original thinking must be employed to arrive at solutions.
- Must be able to deal with simultaneously occurring crises which may compete for time.
- An ability to engage others to work together towards a shared vision and common goals.
- Makes effective decisions.
- Achieves outcomes and results.
- High level computer skills, including word processing and database management.
- Ability to use good judgment in decision-making.
- Strong interpersonal and communication skills.
- Personal initiative and an ability to work both independently and as a team member.
- Organizational skills and an ability to follow up on necessary actions.
- Flexibility, an ability to adapt to change, and an ability to work under pressure.
- Maintenance of a high level of accuracy and attention to detail.
- Responsible and accountable for assigned duties.
- An ability to work in a diverse multicultural environment.
- An ability to analyze situations and to solve problems as they arise.
- An ability to work in a multi-cultural team environment and maintain strong working relations with staff in CAA and with IT staff in the MoE.
- Ability to work under pressure to produce high quality work according to designated timeframes.

Duties and Responsibilities

The Archiving and Database Analyst shall:

- Provide efficient and reliable administration and maintenance to the relational database management systems to enable users to utilize the databases.
- Undertake relational database management system installation, database configuration and support of new and existing systems to facilitate data sharing among users, environments and applications.
- Analyze CAA systems and database applications, identity data and reporting needs of the CAA and its licensed institutions, design and develop suitable applications.

- Work with IT team at the MoE to ensure consistency with requirements and adherence to development standards for web-based applications.
- Develop and implement database security policies/applications of the CAA.
- Develop and maintain distributed databases across integrated networks to facilitate user query and reporting needs.
- Develop and document standards for use, control, updating and maintenance of databases.
- Provide ongoing consulting and troubleshooting support on all new and exiting systems.
- Provide technical and functional support for administrative applications as well as analyzing, designing and developing new applications.
- Provide training to CAA Commissioners and staff.
- Participates in team project management for maintaining and developing system.
- Analyzes and recommends necessary hardware and software to meet CAA needs.
- Establishes and verifies database backup and disaster recovery plans. Fixes program bugs, applying data fixes and providing user requested changes and enhancements.
- Write policies and procedures and documents all applications.
- Analyzes data and produces reports, as requested.

Specific Responsibilities

- Creating and supporting a master database of all data relating to all institutions in the UAE
- Providing comprehensive web-based and other reports and charts on institutional data
- Creating and maintaining a database-driven CAA website
- Creating systems to automate the various functions of the CAA.

Physical Requirements

The job is primarily sedentary in nature with no unusual physical capabilities required.

Supervisory Responsibility

None

Supervisor

Director of the Commission.

Administrative Officer

Position Description

The CAA Administrative Officer supports office operations by ensuring that correspondence and other communications with external institutions, individuals, and government or non-governmental entities are prepared in a professional form for transmittal. The Administrative Officer acts as the first point of contact in responding to phone calls, e-mails, and incoming customer requests for information and other assistance. The Administrative Officer ensures that incoming documents are properly recorded and forwarded to the appropriate CAA staff for processing.

Education Requirements

Appropriate degree/diploma/or certification of office skills, including, specifically, IT skills required for daily administrative support tasks.

Experience Required

- 5 years' experience in an administrative support position.
- Experience working in a fast-paced, highly demanding, high performance environment.
- Extensive experience in using various forms of office software such as Microsoft Office applications, including Word, Excel, etc.

Language

Must be bi-lingual: Arabic and English

Required Skills

The following skills and capabilities are required of the Administrative Officer:

- An ability to work efficiently in a highly complex, sometimes ambiguous, constantly changing, and demanding environment in which original thinking must be employed to arrive at solutions.
- Must be able to deal with simultaneously occurring crises which may compete for time.
- An ability to engage others to work together towards a shared vision and common goals.
- High level computer skills, including word processing and database management.
- Ability to use good judgment in decision-making.
- Strong interpersonal and communication skills.
- Personal initiative and an ability to work both independently and as a team member.
- Organizational skills and an ability to follow up on necessary actions.
- Flexibility, an ability to adapt to change, and an ability to work under pressure.
- Maintenance of a high level of accuracy and attention to detail.
- Responsible and accountable for assigned duties.
- An ability to analyze situations and to solve problems as they arise.
- An ability to work in a multi-cultural team environment and maintain strong working relations with staff in CAA and with IT staff in the MoE.
- High level professional capabilities in the application of various forms of IT office software including Microsoft Office applications.
- Organizational skills, including the ability to multi-task and to prioritize assignments.

Duties and Responsibilities

The Administrative Officer shall –

- Perform all typing work (English/ Arabic) as requested by the CAA Executive Director.
- Arrange, organize and coordinate meetings and conferences for the Executive Director.
- Provide the Director with a daily report regarding the phone calls, visitors and all events occurring during the day.
- Direct communication with institutions, individuals, and government or non-governmental entities.
- Provide the initial response to incoming phone calls, e-mails, mail and faxes.
- Ensure that inquiries are forwarded to the appropriate Commissioner, Administrative officers or to the Director if necessary.
- Initiate phone calls and e-mails as requested by the Director, Commissioners or Administrative officers.
- Send faxes and letters on behalf of the Director, Commissioners or Administrative officers.
- Receive approved security clearances for new institutions or service providers and forward them to the Undersecretary's office for preparation of the decree.
- Update the institutional contacts on the website.
- Welcome visitors to Commission offices.

Physical Requirements

The job is primarily sedentary in nature with no unusual physical capabilities required.

Supervisor

Director of the Commission.

APPENDIX 3: STRATEGIC ADVISORY COMMITTEE

Strategic Advisory Committee for the CAA

The Commission (CAA) Strategic Advisory Committee, comprised of accreditation, quality assurance, and higher education experts, is established to review on regular basis CAA's current practices on licensure and accreditation and recommend best practices for CAA to utilize.

Functions of the Committee are:

1. To provide strategic advice on licensure, accreditation, and quality assurance issues related to the goals and objectives of the CAA
2. To provide an independent evaluation at a strategic level of CAA activities including accreditation, licensure, and validation of both programmatic and institutional currency and viability.
3. To identify and advise on new developments, international accreditation initiatives, and collaboration opportunities as appropriate to CAA mission.
4. To review current CAA procedures on accreditation and licensure and recommend best practices for CAA.
5. To advise on and assist in developing strategy and procedures for sustaining and strengthening oversight of CAA-accredited higher education institutions.
6. To provide advice on enhancing current CAA operations

Composition:

The Committee comprises of 7 accreditation, quality assurance, higher education, and technical experts not affiliated with the CAA.

Meeting:

The CAA Strategic Advisory Committee meets at least once a year and also communicates on a regular basis through electronic communication means.

APPENDIX 4: CRITERIA FOR TEACHING HOSPITALS

Introduction

It is acknowledged that the clinical experiential learning of health professional students may take place in many types of clinical facilities such as local pharmacies, community clinics, private offices, etc. This document addresses only hospitals/healthcare units (HCUs) and is not meant to apply in its entirety to other types of clinical facilities that may be utilized in health professional education.

Teaching Hospitals/HCUs are a critical and important component to the preparation of healthcare providers. Hospitals are focused on patient care whereas teaching hospitals/HCUs are focused on both education and patient care. Hospitals/HCUs must meet certain criteria that assure that students preparing to be healthcare providers will have adequate supervised learning experiences in the clinical experiential learning of their program of study. This document outlines the general parameters for a teaching hospital/HCU and the standards that must normally be met by a hospital/HCU (public or private) to be considered as a suitable clinical learning site.

General

- a. A teaching hospital for medical students must have at least four (4) qualified departments, two (2) of which must be in the 'core' specialties of (i) medicine, (ii) obstetrics/gynecology, (iii) pediatrics, (iv) surgery, (v) family medicine or (vi) psychiatry and have clinical resources sufficient to ensure breadth and quality of ambulatory and bedside teaching of its medical students and interns. On the other hand, a specialized hospital or HCU may have one qualified department in the core specialties of medicine but is expected to maintain clinical resources sufficient to ensure breadth and quality of ambulatory and bedside teaching of its medical students and interns.
- b. A teaching hospital for other healthcare providers must have departments that offer the breadth of clinical experiences that is essential in the education of the student.
- c. A teaching hospital should be in geographic proximity to the Higher Education Institution (HEI) where the health professional program is housed to facilitate the integration of basic and clinical science in the curriculum.
- d. A teaching hospital will normally have adequate and sufficient facilities and staff to receive health professional students from one or more HEIs. This will encourage and facilitate student-to-student mentorship and collegial learning. The maximum number of students that the hospital/HCU can receive will depend on the capacity of the facilities and dedicated faculty assigned as instructors, mentors or preceptors. Clinical faculty are defined as hospital healthcare professionals who are responsible for both patient care and student education.
- e. A teaching hospital/HCU must have an organizational structure that supports health professional education and patient care, and sufficient resources and commitment to excellence meeting international standards in both. An ethical, professional and educational environment in which curricular requirements, scholarly activity and general competencies can be met must be demonstrated.

- f. A teaching hospital/HCU must demonstrate regular assessment of the quality of the clinical experience, the performance of clinical faculty, and the use of outcome assessment results for program improvement.
- g. To be considered as a suitable clinical learning site, the hospital/HCU must demonstrate the necessary educational, financial and human resources to support its educational mission.

Cooperative Agreement

A written, signed cooperative agreement between each respective HEI and the hospital/HCU must exist and be made available to the MoHP and the MoE. At a minimum, it includes the following:

- a. The educational programs for health professional students, including interns, remain under the control of the HEI.
- b. The evaluation of health professional students is shared between the HEI and clinical faculty, while the evaluation of medical interns is kept under the control of clinical faculty.
- c. The roles, responsibilities of each party related to the educational program must be defined.
- d. There must be an orientation program for clinical faculty to become familiar with the educational objectives of the health professional program including the clinical education objectives and the internship, and how the adjunct clinical faculty will be prepared for their roles in teaching and evaluation of health professional students.
- e. The appointment/assignment of adjunct clinical faculty, their duties and responsibilities in the clinical education program and in curriculum review for the health professional students must be delineated.
- f. There must be commitment to ensure that adjunct medical/clinical faculty have sufficient time in their working schedule to facilitate the education of health professional students and interns.
- g. The agreement must specify the evaluation process for an adjunct clinical faculty to continue to be associated with the health professional education program, to include at a minimum, an annual assessment conducted by both the hospital/HCU administrator assigned to oversee the clinical education program and the responsible administrator at the HEI who oversees the health professional education program. This should be informed by the students' evaluations of the adjunct faculty. A remediation plan for those with inadequate performance must be included.
- h. The financial obligations of each party to the training of health professional students and interns must be delineated, including benefits and payments to adjunct clinical faculty, if appropriate.
- i. The responsibility for treatment and follow-up of health professional students and interns who are exposed to infectious or environmental hazards and other occupational injuries must be stated. This includes a mechanism to ensure the physical (including immunization status) health of health professional students before entering the hospital.
- j. The agreement must specify who is responsible for liability insurance for health professional students and interns.
- k. The rights and responsibilities of the students must be delineated, including policy for addressing student grievances.

1. The rights and responsibilities of adjunct clinical faculty in relationship to the HEI must be delineated, for example, honorary appointments, library and database access, etc.

Additional Hospital/HCU Requirements

- a. The hospital/HCU must maintain a Wide Area Network (WAN) for patient and MoHP administrative purposes with adjunct clinical faculty, health professional students and interns having access on a 'need to know' basis. Policies must be in place to regulate the access of adjunct clinical faculty, concerned staff, health professional students and interns to patients and their records.
- b. The hospital/HCU must develop and maintain a medical library, accessible to the health professional students, interns and adjunct clinical faculty involved in the health professional education programs at the hospital/HCU.
- c. The hospital/HCU must respect the privacy of health professional students and interns and adjunct clinical faculty.
- d. The hospital/HCU must undertake to provide intern positions for all medical graduates of the HEI to allow them to complete their training according to the regulations of the MoHP.

Administration of Teaching Hospitals/HCUs

- a. There must be a designated officer who has authority and responsibility for the oversight and administration of the hospital/HCU program, who works in conjunction with the designated HEI officer in charge of health professional education. This individual must have appropriate qualifications and experience, and responsibility for monitoring and advising on all aspects of the clinical experiences at the hospital/HCU.
- b. The hospital/HCU must have written policies and procedures in place for health professional students and interns to guide their role, responsibility and authority while in the hospital/HCU. These should include, but are not limited to the following: Duty hours that support the physical and emotional well-being of the students, promotes an educational environment that facilitates patient care; disciplinary regulations and grievance processes, substance abuse, sexual, and other forms of harassment, etc.
- c. The hospital/HCU must have in place a quality improvement process to assess the hospital's performance and drive necessary improvement.
- d. The hospital/HCU must have in place a Continuing Professional Education Program, accredited by MOHP that is accessible to adjunct clinical faculty, health professional students and interns as appropriate.
- e. The hospital/HCU must demonstrate access to appropriate and confidential counseling and medical and psychological support services for health professional students and interns.

Physical Facilities

A hospital/HCU that serves as a site for health professional students or interns must have appropriate support space, instructional facilities and information resources.

It must provide documentation on the following:

- a. Sufficient areas for student study based on numbers of health professional students and interns.
- b. Sufficient teaching space (classrooms) for the anticipated numbers of health professional students and interns.
- c. Sufficient lecture, large group discussion and conference facilities for health professional students, interns and clinical faculty.
- d. Sufficient and appropriate space within each department for small group meetings.
- e. A well-maintained medical library of sufficient size and breadth and with sufficient information resources to support the education program and other missions, including access to leading biomedical, clinical and other relevant periodicals, either physical or electronic.
- f. Sufficient numbers of computers equipped with appropriate education software and self-instructional materials are designated for health professional students and interns that allow access to the Internet.
- g. Sufficient communication resources and IT support for the education program and other missions.
- h. Sufficient training equipment for the educational objectives of the health professional education program to be met.
- i. Sufficient numbers of on-call rooms for clinical students and interns.
- j. Sufficient numbers of observation/examination/operator rooms for health professional students and interns.
- k. Secure space e.g. lockers, for health professional students and interns to store personal belongings.
- l. Patient support services, such as pathology and radiology services, intravenous services, phlebotomy services and laboratory services appropriate to and consistent with educational objectives and patient care that support timely and quality patient care.
- m. A medical records system that documents the course of each patient's diagnosed illness and care that is available at all times and adequately supports quality patient care, quality assurance activities and sufficient resources for scholarly activity.
- n. Pagers and uniforms for the health professional students and interns if appropriate.
- o. Available food service available to health professional students and interns.

Patient Data

The hospital/HCU must perform an analysis and summary of patient data that demonstrates that health professional students and interns will get appropriate exposure and experience to patients.

- a. The hospital/HCU must demonstrate a sufficient number of and types of patients in terms of acuity, age, gender, and nationality for the hospital as a whole and for each department.
- b. The hospital/HCU must provide data on admissions, both elective and emergency.
- c. The hospital/HCU must provide data on the average number of admissions to each department on a daily basis.
- d. The hospital/HCU must provide the numbers of beds in the hospital and in each department. This must be accompanied by patient occupancy data.
- e. The hospital/HCU must provide data on the average number of outpatient and emergency visits for the previous six (6) months.

- f. The hospital/HCU must provide data on the average number of surgical cases, both major and minor, for the previous six (6) months, by type of surgery.
- g. The hospital/HCU must provide data on the average number of lab and radiology requests for the previous six (6) months.
- h. The hospital/HCU must ensure security and confidentiality of patient records and that appropriate and adequate provisions are made for back-up of all patient records.

Additional HEI Requirements

- a) The HEI must provide expected outcomes for the clinical experiences of their students.
- b) The HEI must provide and maintain specialized teaching equipment for the health professional education program and intern program.
- c) The HEI must provide and maintain an independent and physically separate IT network as part of the institution's WAN to provide access to its library and on-line resources and learning materials.
- d) The HEI must make available to the hospital/HCU its campus facilities for conferences and exhibitions.
- e) The HEI must cooperate with the clinical faculty to undertake joint research of common interest, providing opportunities for students to also engage in the research process.
- f) The HEI may appoint senior academics who will also be clinicians in relevant disciplines, who also meet the MOHP requirements for appointment, to 'top up' designated health care providers in the hospital/HCU to designate a department as meeting criteria for designation as an approved department to fulfill the needs of health professional students and interns.

Adjunct medical/clinical faculty

The hospital/HCU must appoint and retain a broadly experienced and diverse adjunct medical/clinical faculty who can serve as role models, are well trained and are enthusiastic about teaching.

- a. Medical/Clinical faculty must meet the qualification and experience requirements for their appointment set by the MoE (see Annex 20: Adjunct clinical faculty).
- b. There must be at least one clinical specialist of senior rank and an appropriate number of specialist health care providers with appropriate qualifications and experiences for a department to be designated for clinical education.
- c. A hospital/HCU must indicate the numbers of practicing healthcare providers, by specialty that are qualified to be awarded clinical faculty status and their respective assignable ranks. This must be confirmed by the HEI.
- d. Criteria to be used to judge adjunct medical/clinical faculty should be based on the following:
 - i. Ability to teach, including having participated in a teaching program to understand new methodologies for practice-based education, feedback and evaluation or commit themselves to participate in a teaching methodology program organized by the HEI.
 - ii. An appropriate ongoing level of research/scholarly activity.
 - iii. Lifelong learning through CME/CPD programs.
 - iv. Minimum five (5) years clinical experience that evidences effective patient care

APPENDIX 5: TEACH OUT

Institutional or Program Closure and Teach Out Plan

If an institution decides to close an educational program, branch campus, or the entire institution, it must consider the following options:

- a. The institution teaches out currently enrolled students; no longer admits students to programs; and terminates the program, the operations of a branch campus, or the operations of an institution after students have graduated.
- b. The institution enters into a contract for another institution or organization to teach out the educational programs or program. Such a teach-out agreement requires approval of the Commission.

Teach-Out Agreements between Institutions

A teach-out agreement is defined as a written agreement between accredited institutions that provides for the equitable treatment of students if one of those institutions stops offering an educational program before all students enrolled in that program complete the program. If an institution enters into a teach-out agreement with another institution, it must submit the agreement to the Commission.

For approval by the Commission, the agreement must be between institutions that are accredited by the Commission and provide for the equitable treatment of students by ensuring that:

- a. the teach-out institution has the necessary experience, resources, and support services to provide an educational program that is of acceptable quality and reasonably similar in content, structure, and scheduling to that provided by the closed institution; and
- b. the teach-out institution demonstrates that it can provide students access to the program and services without requiring them to move or travel substantial distances.

Closing a Program

When the decision is made to close an educational program, the institution must make a good faith effort to assist affected students, faculty, administrative and support staff so that they experience a minimal amount of disruption in the pursuit of their course of study or professional careers. In all cases, individuals should be notified of the decision to close a program as soon as possible so that they can make appropriate plans. Students who have not completed their programs should be advised by faculty or professional counselors regarding suitable options including transfer to comparable programs. Arrangements should be made to reassign faculty and staff or assist them in locating other employment.

Closing a Branch Campus

A branch campus is defined as a location of an institution that is geographically apart and independent of the main campus of the institution. A location is independent of the main campus if the location is (1) permanent in nature, (2) offers courses in educational programs leading to a degree,

certificate, or other recognized educational credential, (3) has its own faculty and administrative or supervisory organization, and (4) has its own budgetary and hiring authority.

After the decision has been made to close a branch campus, all affected constituencies should be notified promptly including students, faculty, administrative and support staff. The chief executive officer should notify the Commission in writing as soon as possible. Every effort should be made to assist current students to continue their education without disruption. Faculty and staff either should be reassigned or assisted in locating other employment.

Closing an Institution

A decision to close requires specific plans providing in appropriate ways for the students, the faculty, and the administrative and support staff, and the disposition of the institution's assets. Many considerations bear upon closing an educational institution and each situation will be unique. Nevertheless, general guidelines will be helpful to each institution considering closing.

A. The Students

Students who have not completed their degrees should be provided for according to their needs. Arrangements for transfer to other institutions will require complete academic records and all other related information gathered in dossiers that can be transmitted promptly to receiving institutions.

Agreements made with other institutions to receive transferring students and to accept their records should be in writing. Where financial aid is concerned arrangements should be made to transfer the grants to the receiving institution. Where such arrangements cannot be completed, students should be informed. In cases where students have held institutional scholarships or grants, appropriate agreements should be negotiated if there are available funds that can be legally used to support students while completing degrees at other institutions.

B. Academic Records and Financial Aid Transcripts

Arrangements should be made with the Commission for filing of student records. Notification should be sent to every current and past student indicating where the records are being stored and what the accessibility to those records will be. Where possible, a copy of a student's record should also be forwarded to the individual student. The institution must notify the Commission regarding the final filing of student records.

C. Provision for Faculty and Staff

In every possible case, the institution should arrange for continuation of those faculty and staff who will be necessary for the completion of the institution's work pending the closing date. In those cases where faculty and staff will no longer be needed, the institution should make every effort to assist them in finding other employment. It should be understood that the institution can make no guarantees, but genuinely good faith efforts to assist in relocation and reassignment are essential.

D. Final Determinations

Determinations must be made to allocate whatever financial resources and assets remain after the

institution provides for the basic needs of current students, faculty, and staff. When the financial resources of the institution are inadequate to honor commitments, the board should investigate prior to its decision to close what alternatives and protection are available under applicable UAE laws.

Every effort should be made to develop defensible policies for dividing the resources equitably among those with claims against the institution. One of the best ways of achieving this goal is to involve potential claimants in the process of developing the policies. Time and effort devoted to carrying the process to a judicious conclusion may considerably reduce the likelihood of lawsuits or other forms of confrontation.

It is impossible to anticipate the many claims that might be made against the remaining resources of an institution, but institutions should give attention to the following three concerns:

- a. Students have the right to expect basic minimal services during the final semester not only in the academic division, but also in the business office, financial aid office, registrar's office, counseling, and other essential support services. Staff should be retained long enough to provide these services.
- b. Staff should be willing to accept the possibility of early termination of their contracts, provided that reasonable notice is given to all employees and that the reasons for retaining some personnel longer than others are based on satisfying the minimal needs of students and the legal requirements for closing.
- c. Every effort should be made to honor long-term financial obligations (loans, debentures, etc.) even though the parties holding such claims may choose not to press them.

E. The Closing Date

The final action of the board of trustees should be a formal vote to terminate the institution on a specified date. Another key factor is whether or not all obligations to students will have been satisfactorily discharged.

F. Disposition of Assets

In the case of a not-for-profit institution, the legal requirements of a state must be carefully examined with respect to the disposition of institutional assets. Arrangements for the sale of the physical plant, equipment, the library, special collections, art, or other essential holdings, and for the disposition of any endowments or special funds must be explored. In the case of wills, endowments, or special grants, the institution should discuss with the donors, grantors, executors of estates, and other providers of special funds, arrangements to accommodate their wishes. UAE laws regarding the disposition of funds from a non-profit institution must be meticulously followed.

G. Other Considerations

An institution has the obligation to inform the Commission of its plans for closing and of its final closing date. The institution should establish a clear understanding with its creditors and all other agencies involved with its activities to assure that their claims and interests will be properly processed. Insofar as possible, the institution should assure that its final arrangements will not be subject to later legal proceedings which might jeopardize the records of its students or faculty.

Adapted from Middle States Commission on Higher Education, Southern Association of Colleges and Schools, and Higher Learning Commission teach out policies. 12/09.

APPENDIX 6: COMPLAINTS

Complaints Involving Institutions: Procedures

The following procedures will be followed for all complaints received by the Commission.

- a. Complaints must be in writing and signed by the complainant. They should be submitted to the Executive Director, who may assign the complaint to a staff member for substantive review.
- b. The complaint should identify the specific standards or fundamental elements, policies, or procedures which have been allegedly violated. The Commission's standards for accreditation, *Standards for Licensure and Accreditation*, are available as a publication at the Commission website <http://www.caa.ac.ae>.
- c. The complainant should identify any steps already taken to resolve the complaint within the process provided for by the institution.
- d. The Commission recognizes the importance of timely resolution of complaints as promptly as feasible, consistent with fairness to the complainant and the institution. It will acknowledge receipt of all complaints within 30 days.
- e. The Commission considers all complaints to be confidential between the complainant and the Commission, until such time as written permission for disclosure is received from the complainant or unless otherwise compelled by a court of law. The Commission will not contact the institution concerning the complaint until such permission is received. However, the Commission cannot proceed with its review unless the institution is permitted to see the complaint and to respond to specific charges in the complaint.
- f. If the complaint is not within the purview of the Commission, the Commission will notify the complainant. If it is not clear whether the complaint appears to be within the purview of the Commission, the complainant will be contacted for further information or documentation in order to determine the status of the complaint.
- g. If the complaint appears to be within the purview of the Commission, the assigned staff will contact the complainant regarding the Commission's consideration of the complaint, seeking further clarification or support of the complaint in order to consider the complaint fairly, and/or requesting authorization to forward the complaint to the institution for response.
- h. After obtaining written permission from the complainant, the Commission will ordinarily forward a copy of the complaint to the principal administrative officer of the institution and request an institutional response. The institution is asked to respond to the Commission regarding the complaint within 60 days after the Commission mails a copy of the complaint and related materials to the institution. In consideration of the circumstances of, or issues

raised in the complaint, the Commission may, on occasion, request a response within a shorter period.

- i. If an institutional response is not received by the Commission within the requested time period, or if the Commission does not consider the institutional response to have satisfactorily resolved the issue or issues raised in the complaint, or if the Commission otherwise concludes that a violation of the Commission's standards, eligibility requirements or procedures may have occurred, the Commission may initiate further proceedings as the circumstances warrant, including the initiation of proceedings which may result in an adverse accreditation action.
- j. If a complaint prompts action by the Commission, it is placed in the institution's file in the Commission office and is shared with the next evaluation team. All complaint records are maintained in the Commission office.
- k. If the Commission determines that the institutional response satisfactorily addresses the issue(s) raised in the complaint, or if the Commission is otherwise satisfied upon its own review that no violation of the Commission's accreditation standards or its eligibility requirements has occurred, or that no violation of the Commission's or institution's policies or procedures has occurred, the matter will be considered closed.
- l. The Commission will attempt to notify the complainant of the results of the review in writing within 30 days after the institution has submitted its response.

APPENDIX 7: CHANGE OF OWNERSHIP OR CONTROL OF AN INSTITUTION

Policy

It is the policy of the Commission that requests for Substantive Change must be submitted at least three months in advance of the proposed change in ownership.

The institution must provide documentation of the following:

- a. Security clearance for the new ownership.
- b. Membership roster of the Board of Trustees.

In addition, the institution submitting the request must include in his Substantive Change document, answers to the following:

- a. What is the current mission and vision of the institution and how will it change under the new ownership?
- b. Outline the current academic programs of the institution and explain how these programs will be continued and supported subsequent to the change in ownership.
- c. Explain the current mode of delivery (i.e. face-to-face, on-line, etc.). What plans are there to change the mode of delivery?
- d. Provide the business plan for the next five years after the change in ownership.
- e. Provide an analysis of the impact of the change in ownership on principal support services for the institution including technology and the library and facilities. Include in this analysis

assurances that the complete records of student performance (including transcripts) will become the property of the new ownership.

- f. If the change in ownership or control involves a change in location and a significant change in the facilities available to the institution, the application must provide a rationale for the change and evidence that the new and/or altered facilities will be able to accommodate the programs and services of the institution.
- g. Provide a financial analysis for the next five years after the change in ownership including anticipated revenues and expenditures? Provide a financial guarantee of at least one year should the institution stop admitting students.
- h. Provide audited financial statements for the last two years prior to the application for Substantive Change.
- i. Provide a description of the current governance/management structure of the institution and any anticipated changes that will occur under new ownership.
- j. Provide an assurances from the new owner that they will maintain licensure through the Commission and will maintain the accreditation of existing programs. It is a condition of licensure that the institution seek accreditation for all new programs to be offered before they begin admitting students to those programs.
- k. If the change of ownership will result in the closure of any program, the application must include a detailed “teach out” plan for students currently enrolled in the program.

Procedures

- a. Within 30 days after receipt of an application for Substantive Change involving a change of ownership or control, the Commission will assign a lead Commissioner who will review the application to ensure that all queries are answered and that the application is inclusive of appropriate documentation.
- b. After consultation with the director of the CAA, the lead Commissioner will invite an external reviewer to review the application for Substantive Change; the lead Commissioner will also undertake an independent review of the application.
- c. The Commission may conduct a site review of the institution and may schedule an interview with the prospective new owners to ascertain the commitment of the owners to maintaining the quality standards set by the Commission.
- d. Within 60 days after the lead Commissioner is named and after the review of the application and supporting documents and after the site visit and associated interviews, the review team (the external reviewer and the lead Commissioner) will draft a report for the director with an accompanying recommendation regarding the proposed change. The recommendation may take one of several forms:
 - i. Recommended approval of the change of ownership/control with the maintenance of licensure and the accreditation of currently accredited programs.
 - ii. Recommend approval of the change of ownership/control only after the new ownership submits an application for re-licensure under the new ownership.
 - iii. Recommend approval of the change of ownership/control but with required follow-up reports on selected areas of the institution (i.e., governance, systems of quality assurance or finance).
 - iv. Recommend denial of the change of ownership/control.

- e. The director will consider the proposed change and, assuming that he/she endorses the change, he will forward it to the Minister of Higher Education for final action within 30 days of the receipt of the report from the lead Commissioner and the external reviewer.
- f. The Minister of Education may accept the recommendation, defer the recommendation or deny the recommendation. The decision of the Minister of Education is final.

APPENDIX 8: RECEIPT OF APPLICATIONS

Receipt of Applications

Applications are received and will be accepted by the Commission at any time. The Standards and the Procedural Guidelines include due dates of November 1 for those applications which an institution seeks to have reviewed in the spring semester of the following year and May 1 for those applications which an institution seeks to have reviewed in the fall semester of the year in which the application is received.

The first priority upon receipt of documents from an institution is to determine whether or not all of the required documents are submitted. The Director or his designee will distribute the applications to the Commissioners who then receive an email from the office with an electronic link to the application. The Commissioner downloads the application and reviews it for completeness.

The office is responsible for ensuring that all documents are date stamped upon intake and assigned to a Commissioner for intake document assessment. Commissioners are assigned as lead Commissioners on an application by the Director or his designate; generally, this responsibility is on a rotating basis.

At the discretion of the Director, incomplete submissions will be returned to the institution with a notification listing missing documents and a citation from the *Standards* noting the requirements for document submission.

To enable efficient storing, tracking and retention of documents for future reference documents submitted to the CAA are categorized under three general headings as follows:

1. Accreditation: Initial Program Accreditation (IA) Renewal of Program Accreditation (RA)
2. Licensure: Initial Institutional Licensure (IL), Renewal of Institutional Licensure (RL)
3. Substantive Change (SC) at Institutional or Program Level

Institutions are required to submit their applications via MoE e-Services through their official accounts. For responses, they are communicated via email. The Commissioner begins to gather individuals that may be appropriate for the ERT. Members of the ERT are selected on the basis of prior experience with the CAA, experience with broader accreditation issues, expertise in the field under review, understanding of the institutional mission, and international experience. Visiting ERT members that have demonstrated good performance on earlier CAA reviews are retained in the "Registry of

Reviewers," on CORE and, as appropriate, invited again to get the benefit of their experience in the UAE higher education sphere and in working with the Standards. When practicable, newly formed teams are constituted with a mixture of experienced and new reviewers.

APPENDIX 9: DETAILS OF ERT SELECTION, SITE VISIT ACTIVITIES, COMMISSIONERS AND REPORTS

The objective is to secure a strong team from respected institutions with relevant, up-to-date discipline and program experience, and appropriate gravitas. With widespread US-model education systems in the UAE, priority is given to inclusion of ERT members from US institutions. Reviewers from Canada, the UK, Australia, and other areas with English medium Higher Education Institutions are also used. In searching for new ERT members consideration should be given to:

- Rank (Usually Professor, Dean or Associate Dean, Senior Lecturer – UK).
- Discipline experience as a Program Chair or other significant involvement in an allied program.
- Accreditation/Validation experience.
- International experience.

Commissioners are expected to request a *curriculum vitae/ Bio* from potential ERT members at an early stage. The potential ERT membership should be checked with the Director before confirming their participation.

In considering the precise dates for the visit consideration should be given to:

- Number of days required depends on the type of review visit and the complexity of the program.
- Potential ‘back-to-back’ visits to be arranged in the same visit period to get best value from visiting teams.
- Public holidays.
- University calendar (e.g., avoid exam periods)
- ‘Blackout Dates’ on hotels due to high demand.

Visits normally commence on Monday with members of the ERT arriving in the UAE the previous evening. Weekends (i.e. Saturdays and Sundays) may be used for visits to the institutions where necessary (e.g. where visits run back-to-back). This may constrain the itinerary and Commissioners must be sensitive to the religious requirements of the personnel of the institution. Careful planning is needed along with agreement from the institution. The Commissioner will select a potential Chair for the Committee and normally contact the member in advance of the visit to explain the additional responsibilities and remuneration.

Invitation letters/e-mails to reviewers from the Commission indicate the nature of the work of the Commission, the type of review (level and discipline field), likely dates for the visit, and the terms and conditions (honorarium, per diem and the standard of accommodation and travel class). The Commission’s web site is referenced in the letter so that potential reviewers can access the *Standards* and learn more of the work of the CAA. The ERT’s monetary compensation is transferred directly to

the reviewer's personal bank account in his/her home country. The initial invitation requests that an individual submit his/her passport as a scanned pdf copy of the identification page. The passport page is required for travel arrangements. The individual is also asked to fill out a visit form requesting basic information of home and work address, phone numbers, email address and other items as necessary. The form is divided in three sections. The second section asks for the bank information, and the third about travel preferences.

Commission staff can initiate travel arrangements and forwards the information to the travel agent. The ERT member will be asked to confirm the flight arrangements before they are finalized. The travel agent will email the travel routes and times and needs a response usually within 48 hours since the reservation cannot be held any longer.

Following a positive response to the letter of invitation, the assigned Commissioner will forward to the proposed ERT member:

- The *Handbook for External Review Teams Members* includes detail on the preparation, logistics, reporting and expectations of the review.
- Declaration form regarding conflict of interest, confidentiality and other ethical responsibilities of the reviews.
- A covering letter/e-mail providing more detail on the institution and specific program/s under review.
- It is helpful for the ERT if the Commissioner includes an electronic copy of the *Standards, Procedural Guidelines* for the specific review, and the latest version of Qualifications Framework Extracts (*QFEmirates*).

Following receipt at the CAA of the signed declaration form, the Commissioner will arrange for the program documentation submitted by the institution to be accessible through a password-protected electronic link. If requested by the ERT member, a hard copy of the program documentation will be sent by a delivery service such as Aramex or FedEx.

The Commissioner will make up draft itinerary/schedule for the campus review visit. The Commissioner usually shares the schedule with the ERT Chairperson for comments and suggestions of any changes. The draft schedule should also be shared with the institution at an early stage to ensure that key personnel will be available at the designated times. It is also helpful to ask the institution to supply specific room numbers and the names of the individuals who will be interviewed during the course of the ERT visit. The Commissioner will also inform the Institution about the Commission's request for the Base room which is the ERT's conference room, and for transportation needs. The following, if appropriate, will be forwarded to the Chairperson and the ERT.

- Samples of reports to guide the ERT members on the reporting style and level of detail required in CAA reports should be shared with the ERT. It is often helpful to provide the ERT with the most recent review report(s) for the specific campus. Such reports are available on the CORE and give ERT members both a sense of what a report looks like and a sense of the campus as well as conclusions from a prior external review team.
- Further explanation of the focus of the review and the proposed reporting responsibilities and suggested allocation of the work in relation to Sections and Sub-Sections of the *Standards*.

- A template which helps the reviewers in the writing of the report.

This may be combined with suggestions on how to allocate responsibility for drafting particular sections of the report. An experienced chairperson may suggest the distribution of the work particularly if he/she is familiar with the fellow ERT members.

At the discretion of the Commissioner and the ERT, a Preparation Day in the UAE at the start of the visit may be included in the agenda. This day is used to provide an orientation to the UAE in general and its culture, Higher Education in the region, report formatting, conduct of meetings, and for fine-tuning of the itinerary. It also is an opportunity to share observations on the program and to formulate the areas for questioning and seeking evidence. The meeting is held either on campus or in the hotel and it also serves to allow for some level of adjustment to the change in time zones and climate, particularly for those arriving late the previous evening from the US. An alternative to the Preparation Day is to schedule meetings on the first and second days and reserve the third day of the visit for report writing. The lead Commissioner will develop the agenda according to the preferences of the Commissioner and the ERT.

The Site Visit: Procedures

The Commissioner, working with the CAA office and the travel agent, confirms with ERT members their travel itinerary, and arrangements for transport from the airport to the named hotel. The Commissioner provides the ERT members with his or her cell phone number for emergency contact and reminds them to bring laptops and 'flash drives/memory sticks'. On the day prior to the visit, the Commissioner ensures that he/ she has a full set of the Application documents, a copy of the *Standards* and laptop.

Prior to the Orientation meeting on preparation day, Commissioners should give instruction as to when and where this first meeting will be. An email or a text message can be used for late greetings and information. A hotel meeting room may be the best venue for Orientation unless the Commissioner has a suite with separate meeting area. Alternatively, a meeting room at the institution may be used for the Preparation Day, with no meetings with institutional officials scheduled.

Transport from hotel to Institution and back is handled by the Institution. The commissioner will get the driver's name and mobile number no later than a day before the site visit starts.

The itinerary is followed with a prompt start and finish to all meetings. The first meetings are critical and investigation of issues should start as early as possible. Commissioners may need to adopt a 'hands-on' approach with the questioning, to get to key issues quickly. Any supplementary documentation or meetings required by the ERT are considered early and notice given to the institution (e.g., list of faculty to be interviewed by ERT). ERT members are prepared for meetings with identified issues to address and information/ evidence to be acquired or confirmed. Any changes to the agreed schedule are organized through the Commissioner and not by individual ERT members.

A record is kept of all those attending the meetings and that only those required at the meeting by the ERT are present.

It is often more informative if the ERT selects those faculty to be interviewed on a one-to-one basis, and any student groups are pre-selected by the ERT.

A record (notes) are kept on the evidence base for informing the ERT on various issues.

Issues reviewed by the ERT are constrained to those areas of relevance to the Standards and the specific exercise of accreditation. ERT is provided with suitable refreshments throughout the day and the lunch arrangements are satisfactory. Transport is arranged for a prompt pick up at the end of the day.

An evening dinner may be used to discuss findings and consider key issues to be addressed in the remainder of the visit; some ERT members prefer to have their evenings free to engage in further report writing. A quick executive session at the hotel is sometimes preferable to a more structured evening dinner arrangement. Campuses are discouraged from providing evening activities for the ERT or the Commissioner. The pressures of completing the report are too great to allow for such activities. Drafting of report sections is started early in the visit, coverage is comprehensive and detailed, and the final report (subject to CAA editing) is produced by the final day.

Prior to departure, the ERT has considered the key themes to cover in the exit meeting/s.

Before leaving, the team's transport arrangements to the airport are confirmed and all members are clear on times of check-out, transport to the airport, and flight bookings. Check with hotel concierge if necessary.

The offer or request of a separate Exit Meeting with the CEO/Chancellor should be made to discuss any sensitive institutional matters. This is separate from a standard Exit Meeting with the University and College higher administrators and any invited person(s). A special meeting is usually held with the University's representatives, the Commissioner and the Chair only.

The ERT members are requested to complete CAA feedback forms on the visit. The Commissioner will bring back the forms to the office.

The Report: Commissioner Responsibilities

In developing the final report, the Commissioner must remain cognizant of the fact that the report will serve two principal audiences: the institution and the Commission. The report must be clear with regard to what institutions must do in response to requirements rendered by the ERT. For each requirement or suggestions, there must be clear narrative which tells an institution how the ERT arrived at its conclusion. It must also be very clear to the institution as to what they must do in response to requirements. Thus, there should be information on what is needed for the institution to meet the requirement.

The Commission is using the following language to communicate its finding and decisions. The word Recommendation should not be used. Instead, we use the word Requirement.

Requirement X: ABC is required to (always begin with the institution).

Suggestion X: The ERT suggests that ABC

It should also be remembered that another Commissioner may have to deal with responses in the future. That Commissioner will need the benefit of background and context so as to be able to decipher the strengths, limitations, deficiencies and requirements with ease and clarity.

In order to finalize the report and allow all ERT members to review the report together, some Commissioners find it helpful having a projector available at the institution or at the hotel to review the report text on a larger screen and to discuss and finalize Requirements and Suggestions. Others find that having print copies of the report available on the morning of the last day is the best way to facilitate the final discussion during which time the ERT must achieve consensus on the requirements and conclusions of the report. Most institutions can provide for facilities to display the report and/or have sufficient printing capacity to help with this stage of the report writing/review process. The Commissioner should request that the Base Room is equipped with a printer and has an LCD projector and a screen available. This usually done as a Note to the University attached to the schedule.

Because of the confidential nature of the reports and the working documents, the members of the ERT are urged to "claim" all working materials prior to the end of visit. Typically, ERT members do not want to take such materials home with them. The Commissioner thus gathers the documents. The Commissioner ensures that documents left by ERT members at the end of the visit are taken back to the Commission to be disposed of appropriately.

The Commissioner also turns in required forms from the visit (Recommendation form from the ERT, summary details on the visit form, evaluations of the visit done by the ERT members, evaluation of the quality assurance unit). The Commissioner completes an evaluation regarding the performance of ERT members directly in the CORE. This is to give guidance to other Commissions in recruiting future ERTs.

Any initial editing of the ERT's report should be completed by the Commissioner within three weeks of finishing the visit. The draft report should be circulated to the other Commissioners for their scrutiny and comment. Comments are to be returned within a week. The Commissioner should make every effort to complete the report within 30 days from the review visit. When the report has been completed, the Commissioner will send the report with a cover letter to the highest administrator at the University and with appropriate copies to other members of the University administration. Institutions are given time to respond to a report, normally 60 days.

Responses and Final Action

The Universities normally have 60 days to respond to the Requirements and Suggestions. The response to a requirement must be complete and with supporting documentation. Suggestions must be responded to but do not necessarily have to be accepted.

The written response to the Report is recorded by the office staff and forwarded to the Commissioner to evaluate the compliance with requirements made in the report. When the response includes specialist curriculum and/or learning resource issues, it is likely that the ERT Chair will be required

to comment on the level of satisfaction with the response and any further action required by the institution. The response is sent to the ERT Chair usually by email, who will review and assess the responses for completeness and accuracy. The Chairperson enters a narrative to clarify a decision. If the response is not satisfactory, the Chair will include a note specifying what additional material the institution needs to submit for the Requirement to be cleared. This entry is usually written below the Institution's response in the report. The Chair is also informed about the deadline.

The Commissioner will use comments from the ERT Chair, and his/her own evaluation of satisfaction with institutional issues, to compile a written evaluation of the response. This may be a request to the institution for further work on specified Requirements. The Commissioner ensures that the office staff receives a copy to be maintained with the institution's file.

When all issues are dealt with in accordance with the Standards the Commissioner will finalize an Executive Summary and present the report at the Council of Commissioner's meetings. The Council members will arrive at a decision based on the report, the brief presentation and the response from the Commissioner to any questions the members may ask. Finally, the Council members render a decision on the disposition of the application.

The Director will write and sign a recommendation to the Minister of Education who makes the final decision. Once approved by the Minister, a decree is issued, the institution is informed, and the name of the institution and/or program will be added to the Commissions list of licensed institutions and accredited programs which is available on the CAA website.

Forms associated with the processes of reviews.

Throughout the processes described above, several forms help in documenting each step, ensuring all required information is gathered, financial responsibilities to ERT are met and summary data is available for entry into CORE. These forms are listed below:

APPENDIX 10: CAA FORMS

Form 01

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

INSTITUTIONAL RISK EVALUATION

Institution	
Type of Licensure	
Dates of the Visit	

Note: The determination of risk is undertaken by the External Review Team (ERT) at the conclusion of the Institutional Licensure Review, and is based on two equally weighted elements:

Part A of the Risk Evaluation considers the extent to which the HEI (during the Institutional Licensure review) has provided evidence of meeting the requirements of the *Standards*

Institution-Level Criteria

The institution has provided evidence of the extent to which it has achieved the following:		Fully (score 2)	Partially (score 1)	Limited/ None (score 0)
1	The institution has a vision statement that articulates the long-term aspirations of the institution.			
2	The institution has a mission statement that is periodically re-evaluated to assess its currency.			
3	The organization of the institution reflects and supports its mission, and facilitates its efficient operation.			
4	The governing body is subject to and operates under By-Laws.			
5	The governing body regularly evaluates its own effectiveness.			
6	Faculty members have sufficient opportunity to participate in decision making on matters related to the curriculum, assessment, and academic integrity.			
7	Students have the opportunity to participate in the decision-making processes within the institution.			
8	All administrators and academic officers, including the chief executive officer, are annually evaluated and are provided feedback on those evaluations.			

9	A <i>Policies and Procedures Manual</i> is available that contains all the policies and procedures of the institution.			
10	The institution demonstrates its commitment to continuous quality assurance and enhancement by systematically evaluating the effectiveness of all aspects of its operations and academic programs.			
11	The institution demonstrates how evidence-based planning has led to improvements in programs and services, to new programs and services, and to more effective use of resources.			
12	The academic programs and courses offered by the institution are appropriate to its mission.			
13	International academic norms are reflected in program design and composition, in the delivery of teaching and instruction, and in the assessment of student achievement.			
14	The institution thoroughly assesses the need for any new program, determining the potential employment market, competition in the sector, prospective student interest, resource requirements, and financial implications.			
15	The institution has effective policies and processes for advertising, recruiting, and appointing faculty and professional staff members and maintains records of these processes.			
16	The qualifications and experience of all professional staff members are appropriate to the level of their appointment and the duties to which they are assigned.			
17	The institution employs a sufficient number of faculty members to effectively deliver the programs it offers, both credit and non-credit, in line with its mission and international norms.			
18	The institution conducts annual evaluations of the performance of all full-time, part-time, and visiting faculty members, and professional staff members at all locations, using a variety of measures.			
19	The institution provides an environment that contributes to the cultural, social, moral, intellectual, and physical development of students.			
20	The institution provides learning resources and services for students and faculty members that adequately support teaching and learning and, as applicable, research, in ways that are consistent with the institution's mission and goals.			
21	The physical facilities are designed and maintained to serve the needs of the institution in relation to its mission, and include a sufficient number of classrooms and other specialized physical resources to supports its academic programs.			
22	The institution demonstrates present and future financial stability, with resources adequate to accomplish its mission effectively and to ensure that all enrolled students are able to complete their academic programs.			

23	The institution adheres to the highest ethical standards in its teaching, research, scholarship, and service; in its treatment of its students, faculty, and staff; and in its external interactions and relationships.			
24	In keeping with its mission, the institution supports research and scholarly activities directed towards the creation, integration, and application of knowledge.			
25	The institution accepts its responsibility to serve the needs of the local community in a variety of different ways, according to the characteristics of the institution			
Total points for Part A (out of 50)		()		

Part B of the Risk Evaluation evaluates the risk of strategic, operational, legal and financial, academic and international dimensions as applied to specific risk statements, which take into account the risk analysis area. The ERT will utilize its professional judgement in following this structured approach to evaluate the extent to which risk is determined.

The five dimensions are scored on a confidence level assessment of factors which alleviate risk, ranging between 1 (least confidence) and 5 (greatest confidence).

Risk Dimension	Risk Statement*	Confidence Level Score (1-5)
1. Strategic	The risk that an event or action may adversely affect an institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.	
2. Operational	The risk that inadequate or failed internal processes, people and/or systems, or external events may adversely affect an institution's ability to achieve its operational objectives as a licensed HEI in the UAE.	
3. Legal and Financial	Any risk that will affect the legal status or financial stability of a HEI and its ability to continue as a licensed HEI in the UAE.	
4. Academic	The risk of failing to achieve academic objectives and the maintenance of academic quality and standards, specifically relating to learning, teaching and research, that will adversely affect the institution's ability to achieve its strategic objectives as a licensed HEI in the UAE.	
5. International	The risk of not achieving equitable National Classification, international ranking, or international accreditation as compared to peer institutions within the UAE.	
Total points for Part B (out of 25)		()
Adjusted Total Score for Part B (out of 50)		()

* See the *Supplementary Guidance to the Standards 2019* (pp. 16-18) for the risk evaluation criterion.

Total Score for Part A + Total Score for Part B (out of 100) = () HEI Score

Risk Level Recommendation

We the undersigned members of the External Review Team recommend the following:

a. Low Risk: The institution provides high confidence in its ability to continually meet the requirements of the *Standards for Institutional Licensure and Program Accreditation 2019*.

Total Score: 85-100 Frequency of Review: Licensure and program accreditation up to 7 years

b. Medium Risk: The institution provides confidence in its ability to continually meet the requirements of the *Standards for Institutional Licensure and Program Accreditation 2019*.

Total Score: 70-84 Frequency of Review: Licensure and program accreditation up to 5 years

c. High Risk: The institution provides limited confidence in its ability to continually meet the requirements of the *Standards for Institutional Licensure and Program Accreditation 2019*.

Total Score: < 70 Frequency of Review: Licensure and program accreditation up to 3 years

	Name	Signature	Date
1
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QUALITY ASSURANCE SYSTEM- EVALUATION METRIC

Institution	
Program	
Commissioner	
Dates of the Visit	

Note to Commissioners: The program section of this form is completed at every program accreditation visit with respect to that program / area. The institution section of this form should be completed at the first visit to an institution in a year. If serious deficiencies are detected, this should be recorded in the CAA's 'notes on the institution'. In this case, the form may be addressed again at a subsequent visit. Before visiting an institution, the Commissioner should check the schedule to see if this institution has been visited earlier in the year and, if so, consult the notes on this institution to see if repeated attention to this form is required.

INSTITUTION-LEVEL CRITERIA: Does the Institution have evidence of the following?			
Q 1.	A Quality Assurance Office	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 2.	A full- time qualified and/or experienced Quality Assurance Officer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 3.	The Quality Assurance Officer reports directly to the CEO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 4.	Adequate staffing of the QA Office	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 5.	A Quality Assurance / Institutional Effectiveness Manual	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 6.	The Manual is good (e.g. complete, clear, covers all institutional activities)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Q 7.	A Fact Book	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 8.	An Annual Report	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 9.	Systematic institution-wide data collection and recording	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q10.	Data analyses that inform planning processes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 11.	Systematic monitoring of the implementation of planned improvements	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Q 12.	In summary, are the QA Office and the institutional QA system functional to an acceptable level, having regard to the stage of development of the institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Please add any comments on the efficiency and effectiveness of the QA Office and/or the QA system, including the apparent institution-wide scope.

PROGRAM-LEVEL CRITERIA: Does the Program or Unit (e.g. Department / College) have evidence of the following?

Q 1.	A system that involves all stakeholders, including external bodies, in the quality assurance processes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 2.	Evaluation processes and instruments that are used to inform program reviews	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 3.	A variety of ways of assessing and measuring student performance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 4.	A variety of ways of assessing faculty performance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 5.	Regular assessment of the performance of administrative and support staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 6.	Data gathered is analyzed and interpreted	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 7.	Data gathered is used for the improvement of the program	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Q 8.	(for Renewal of Program Accreditation only) In summary, is the QA system within this program/unit fully functional, with evidence that all relevant loops are closed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Q 8 A	(for Initial Program Accreditation only) In summary, based on Q 1-7, is the proposed QA system within this program/unit appropriate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Please add any comments on the efficiency and effectiveness of the QA Office and/or the QA system, as implemented in this program / unit.

Form 03

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

ERT VISIT EVALUATION

This form is currently hosted online and ERT team members are sent the link upon conclusion of a review.
<https://forms.office.com/r/ZBUU109yJe>



PROGRAM DESCRIPTION

INSTITUTIONAL INFORMATION			
Institution Name			
College/ Department			
Contact details of Department Chair/ Program Coordinator	Name		Title
	Tel No		Email
PROGRAM INFORMATION			
Program reviewed for (Tick as applicable)	<input type="checkbox"/> Initial Accreditation		<input type="checkbox"/> Renewal of Accreditation
Date of the Visit (DD/MM/YYYY)	□□/□□/□□□□ to □□/□□/□□□□		
Program level	<input type="checkbox"/> Associate Degree/Diploma (Level 5) (2) yrs	<input type="checkbox"/> Higher Diploma (Level 6) (3) yrs	<input type="checkbox"/> Bachelor's degree (Level 7) (4) / (5) yrs
	<input type="checkbox"/> Postgraduate Diploma (Level 8) (1) / (2) yrs	<input type="checkbox"/> Master's degree (Level 9) (1) / (2) yrs	<input type="checkbox"/> Doctorates (Level 10) (3) yrs
Program Title in English (as it should appear on student transcripts/ CAA website, and as approved by the Institution)			
Program Title in Arabic (as would appear on student transcripts/ CAA website, and as approved by the Institution)			
List concentrations in the proposed program (in English and for undergraduate programs only/if applicable)	1:		
	2:		
List concentrations in the proposed program	1:		

(in Arabic)	2:
VERIFIED & SIGNED:	
Commissioner	
Additional Comments / Notes	



Commission for Academic Accreditation Policy Statement and Declaration Form - Ethical Obligations of External Review Team Members and Consultants

Rationale

Integrity, essential to the purpose of higher education, functions as the basic contract defining the relationship between the Commission and each of its licensed institutions. It is a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. Without this commitment, no relationship can exist or be sustained between the Commission and its licensed institutions or other institutions in the UAE. Commissioners, Commission staff, External Review Team (ERT) members, consultants, or others associated with the Commission are expected to make a conscientious application of the *Standards for Institutional Licensure and Program Accreditation (2019)*. The Commission's requirements, policies, processes, procedures, and decisions are predicated on integrity.

Institutional licensure and program accreditation in the United Arab Emirates are based upon a review process that requires international experts to review institutions and programs and to make recommendations about their licensure or accreditation. In order to maintain the credibility of those decisions, not only must the Commission hold institutions accountable for integrity governing all aspects of their operations, but it also must ensure that reviewers responsible for making recommendations maintain the highest level of integrity in all matters dealing with the decision-making process of the Commission and in matters dealing with institutions or programs under review. Integrity of the process mandates at least the following ethical obligations and understandings

Confidentiality

All External Review Team (ERT) members and consultants, or others working with the Commission, must maintain complete confidentiality and conduct themselves with professional integrity in all licensing and accreditation activities and decisions. Confidentiality applies to all levels of the review process. Confidentiality applies to all documents, correspondence, and discussions relative to all phases of a review.

Unless the disclosure of such information is appropriate as a part of the Commission's work with a specific institution, ERT members, consultants, or others working with the Commission may not disclose to any person or persons other than Commissioners and Commission staff the following:

- information about an institution or an institution's program scheduled for review, including the analysis of institutional materials; information gained from meetings; committee discussions before and during the review; and the resource material;

- information distributed as part of Commission staff memos and oral comments by staff;
- decisions of the ERT or the Commission; or
- the rationale for a decision of the Commission pertaining to an institution.

Without a commitment to confidentiality by ERT members, consultants, or others working with the Commission, in all aspects of the review process, they will not be able to freely execute their responsibility to conduct themselves with professional integrity in accreditation or licensing activities and decisions.

Conflict of Interest

The Commission for Academic Accreditation seeks to ensure that the personal or professional obligations or interests of ERT members, consultants, or others working with the Commission do not interfere with their ability to conduct their duties in a fair and impartial manner. This policy statement defines those areas that the Commission considers representing an actual or potential conflict of interest. The Commission's purpose in defining these parameters is to:

- maintain credibility in the licensure and accreditation process and confidence in its decisions;
- assure fairness and impartiality in decision making;
- avoid allegations of undue influence in the licensure and accreditation process; or relationships that might bias the actions, deliberations, or decisions of the Commission; conflicts that would impair judgment; and circumstances that could interfere with an individual's capacity to make objective, detached decisions; and
- assure opinions free of self-interest and personal bias.

As examples from the CAA policy, an ERT would have a conflict of interest if he or she:

- is employed in a competing institution within the same Emirate where the parent campus of the institution is located;
- has been a consultant at the institution within the last 10 years;
- has been an employee of the institution;
- has been a candidate for employment at the institution within the last 5 years;
- is a graduate of the institution;
- has an immediate family relationship with persons at the institution; and
- has been a stockholder or board member of the institution.

In addition, the Commission relies on the personal and professional integrity of individuals to refuse any assignment in which an actual or potential conflict of interest exists. If an unanticipated actual conflict of interest develops, the ERT member or consultant should withdraw at that point.

In all cases, it is the responsibility of the ERT member, consultant, or other person associated with the Commission, to determine whether an outside relationship does in fact constitute a conflict of interest.

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

Institution	
Type of the Visit	
Dates of the Visit	

**DECLARATION FORM
CONFLICT OF INTEREST STATEMENT
External Review Team Members and Consultants**

I hereby certify that I have read the policy statement of the *Commission for Academic Accreditation* regarding **Ethical Obligations of External Review Team Members and Consultants**. I further certify that I have no conflict of interest or potential conflict of interest related to my engagement with the Commission or related to any of the institutions licensed by or under the aegis of the Commission that would prevent me from providing a fair, impartial and unbiased opinion in connection with my work.

In the event any conflict of interest or potential conflict of interest may arise during the course of my engagement with the Commission, I will promptly notify the Director of the Commission and will dissociate myself from any Commission work related to that institution.

Name (printed):

Signature:

Date:



INSTITUTIONAL LICENSURE RECOMMENDATION

Institution	
Type of Licensure	
Dates of the Visit	

We, the undersigned members of the External Review Team of the above Institution recommend the following:

- a. Subject to the Council of Commissioners approval of the above-mentioned institution being in compliance with the *Standards for Institutional Licensure and Program Accreditation*, and with all of the requirements contained in the attached report, the External Review Team recommends that the institution be **initially licensed/ licensed**.
- b. Subject to further review by the Council of Commissioners, the External Review Team recommends that the institution be put on **probation**.
- c. Subject to further review by the Council of Commissioners, the External Review Team recommends that the institutional licensure be **denied**.

	Name	Signature	Date
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PROGRAM ACCREDITATION RECOMMENDATION

Institution	
Name of the Program	
Dates of the Visit	

We, the undersigned members of the External Review Team of the above Program recommend the following:

- a. Subject to the Council of Commissioners approval of the above mentioned program being in compliance with the Standards for Institutional Licensure and Program Accreditation, and with all of the requirements contained in the attached report, the External Review Team recommends that the program be initially accredited/re-accredited.
- b. Subject to further review by the Council of Commissioners, the External Review Team recommends that the program be put on **probation**.
- c. Subject to further review by the Council of Commissioners, the External Review Team recommends that the program be **denied**.

	Name	Signature	Date
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INSTITUTIONAL AUDIT RECOMMENDATION

Institution	
Dates of the Visit	

We, the undersigned members of the External Review Team of the above Institution recommend the following:

- a. Subject to the approval by the Council of Commissioners, the above-mentioned institution is regarded as being in compliance with the Standards for Institutional Licensure and Program Accreditation.
- b. Subject to further review by the Council of Commissioners, the External Review Team recommends that the institution be issued a **warning**.
- c. Subject to further review by the Council of Commissioners, the External Review Team recommends that the institution and all of its programs be placed on **probation**.
- d. Subject to further review by the Council of Commissioners, the External Review Team recommends that the institution be **closed**.

	Name	Signature	Date
1
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4
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Form 9

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

APPLICATION FOR INITIAL/ RENEWAL OF INSTITUTIONAL LICENSURE

Institution Name	in English				
	in Arabic				
Location of the Main Campus of the Institution					
Date of submission (DD/MM/YYYY)	□□ / □□ / □□□□				
If applying for Renewal of Institutional Licenture, state the date of expiration of Institutional Licensure (DD/MM/YYYY)	□□ / □□ / □□□□				
Details of Institution Contact Person	Name			Designation	
	Tel No			Email	
Is the Institution affiliated with or does it intend an affiliation with another institution in the UAE or abroad? If so, please name the institution and provide the address and contact information:					
Signed: (CEO) _____					

Form 10

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

APPLICATION FOR INITIAL/ RENEWAL OF PROGRAM ACCREDITATION

Institution Name			
Location of offering the Program- Campus (s)			
Date of submission (DD/MM/YYYY)	/ /		
If applying for Renewal of Program Accreditation state the date of expiration of Program Accreditation (DD/MM/YYYY)	/ /		
Contact details of Program Coordinator	Name		Designation
	Tel No		Email
Contact details of the Chief Executive Officer (CEO)	Name		Email
	Tel No		
Title of the program	in English		
	in Arabic		
Language of instruction			
Length of the program (for regular full-time students)			
Is the program affiliated with or does it intend an affiliation with another institution in the UAE or abroad? If so, please name the institution and provide the address and contact information:			
Signed: (CEO) _____			



**PROGRAM COMPLIANCE INDICATORS
WITH THE STANDARDS FOR Institutional LICENSURE
AND Program ACCREDITATION 2019**

Institution			
Program			
Commissioner			
Dates of the Visit			
QUALITY ASSURANCE (STANDARD 2)			
Q 1.	Does the Institutional Effectiveness Office participate in the regular assessment of program effectiveness?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 2.	Is the program benchmarked against best local and international practices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 3.	Does the program have an active external Advisory Board (with designated membership that represents relevant stakeholders from the community)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EDUCATIONAL PROGRAM (STANDARD 3)			
Q 4.	Is there an ongoing rationale for the program which demonstrates that it continues to fill a need both for students and society?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 5.	Does the Institution maintain course files for the program that include all of the elements required in accordance with <i>Annex 16: Course Files of the Standards</i> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 6.	Do the program outcomes align with the defined level of the degree or award as specified in the <i>QF Emirates</i> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 7.	Is there a matrix relating program and/or any concentration outcomes to the learning outcomes of the courses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 8.	Are there detailed syllabi for all courses, including general education courses that comply with the requirements in <i>Annex 13: Course Syllabi</i> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 9.	Does the mode of delivery enable the achievement of course and program learning outcomes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Q 10.	Does the program utilize appropriate methods to authenticate student work and to record performance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 11.	Is the institutional policy regarding optimal class sizes applied in the context of the proposed program and its constituent courses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
RESEARCH AND SCHOLARLY ACTIVITIES (STANDARD 4)			
Q 12.	Is there evidence of the scholarly and research productivity of the faculty members assigned to the program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 13.	Are there appropriate policies and procedures governing faculty research?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 14.	Is there an appropriate level of support, documented in a budget, for research?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FACULTY AND PROFESSIONAL STAFF (STANDARD 5)			
Q 15.	Does the program have appropriately qualified faculty, who teach within their subject area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 16.	Does the faculty workload meet the requirements of the <i>Standards</i> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 17.	Does the percentage of part-time faculty used in the program meet the requirements of the <i>Standards</i> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
STUDENTS (STANDARD 6)			
Q 18.	Do the requirements for regular admission, as well as those for provisional admission, comply with the requirements of the <i>Standards</i> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Q 19.	Does the institution implement procedures required to monitor and enforce academic integrity, including detection of plagiarism?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any other comments :			

Form 12

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

REVIEW COMPLETION

إنجاز التقييم

Assignment Order No (رقم شهادة التجاز) (to be filled-in by Admin Staff) (بعبأ من قبل الدارة)				
Administrative decree:(رقم القرار الداري)				
Filled by the commissioner				
Institution (المؤسسة):				
Program Name (اسم البرنامج): (Please type full title of program; leave blank if it is licensure review)				
Name of Commissioner (اسم المفوض):				
TYPE OF WORK		نوع العمل		
Type of On-site Visit: (طبيعة الزيارة)	Program Accreditation (اعتماد برنامج) Initial <input type="checkbox"/> Renewal <input type="checkbox"/>	Institutional Licensure (ترخيص مؤسسة) Initial <input type="checkbox"/> Renewal <input type="checkbox"/>	Institutional/ Program Audit (تأقيق مؤسسة/ برنامج) <input type="checkbox"/>	Interim/ Special Visit (زيارة خاصة) <input type="checkbox"/>
Completion of work for: (العمل المنجز)	On-site Visit (زيارة ميدانية) <input type="checkbox"/>	Distance Review (مراجعة عن بعد) <input type="checkbox"/>	Response Review 3rd (مراجعة رد المؤسسة) 1st <input type="checkbox"/> 2nd <input type="checkbox"/>	Substantive Change (تغيير جوهري) <input type="checkbox"/>
Name of Reviewer (اسم المقيّم):				
Role of Reviewer (دور المقيّم):	Chair of ERT (رئيس فريق) <input type="checkbox"/>		ERT Member (مقيّم) <input type="checkbox"/>	
HONORARIUM PAYMENT		المكافأة المالية		
Actual Working Day/ Distance Review (أيام العمل الفعلي/ المراجعة عن بعد) (Total count from ARRIVAL date to END date of visit; add ONE extra day for the Chair) (العدد الجملي من تاريخ الوصول إلى نهاية تاريخ الزيارة بالإضافة إلى يوم واحد لرئيس الفريق)				
APPROVAL DETAILS		تفاصيل الاعتماد		
Approved By (التوقيع المعتمدة):	Commissioner (المفوض)		CAA Director (مدير المفوضية)	
Date of Approval (DD/MM/YYYY): تاريخ الاعتماد (اليوم/الشهر/السنة)				

Form 13

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

EXTERNAL REVIEW TEAM BANK INFORMATION

البيانات البنكية للمقيّم الخارجي

Account Name	(Must be under personal name)
Account No.	
Bank Name	(Only one bank)
Bank Address	
IBAN or Routing No.	
SWIFT Code	

Dubai	الى مدينة	Abu Dhabi	طلب خدمة النقل من مدينة
	To city		Transfer Request From

Register Order Information		تسجيل بيانات الطلب
Application Date		تاريخ الطلب
Employee Name		اسم الموظف
Position Title		الوظيفة
Department		الإدارة
Number of Transferees		عدد المرافقين
Mobile (Service Requester)		الهاتف المتحرك (طالب الخدمة)
Pick Up		نقطة الانطلاق
Access		نقطة الوصول

1- يبدأ دوام السائق من (7:00) وحتى (15:00) و بعد (15:30) وحتى (23:30) يحتسب أجر إضافي للسائق.

م	تاريخ الانطلاق	وقت الإنطلاق	وقت العودة
	Start Date	Start Time	Return Time
1			
2			

اسم و توقيع مدير الإدارة	توقيع الموظف
Managing Director's name and signature	Employee Signature

استلام البريد

اسم المستلم	التاريخ	توقيت الاستلام	:
التوقيع	رقم الهاتف	05	

خاص بقسم المشاريع و الاصول

اسم السائق
الرقم المالي
رقم الهاتف

شروط طلب خدمة النقل

1. يقدم نموذج طلب خدمة النقل من الجهة الطالبة مستوفي كافة البيانات الموضحة ويتم تقديم الطلب للبريد الإلكتروني مع اعتماد الجهة الطالبة إلى قسم النقل والمواصلات قبل الخدمة بـ 24 ساعة على الأقل في أثناء أوقات الدوام الرسمي لجميع أنواع المركبات الخفيفة أو النقل وذلك لخطة اليوم الواحد.
2. يستخدم الموظف النموذج المرفق لتقديم الطلبات.
3. يوفر قسم المشاريع والأصول المركبات مع السائق في الحالات المستعجلة والطارئة وذلك حسب إمكانية القسم من توفر المركبة والسائق في حينه على أن يرسل من قبل مدير الإدارة الطالبة ويعتمد من قسم المشاريع والأصول.
4. يتم توفير خدمة النقل من المناطق التعليمية أو مراكز الخدمات التابعة لوزارة التربية والتعليم وفي حال كانت الخطة عكس خط السير يتم الاتفاق على النقطة المناسبة.
5. عند طلب مركبة بدون سائق لأي إدارة على الجهة الطالبة توجيه كتاب رسمي موجه للوكيل المساعد لقطاع الخدمات المساندة موضح بالكتاب الأسباب من طلب المركبة بدون سائق وذلك للموافقة أو الرفض على الطلب.
6. يلتزم مستخدم السيارة بدون سائق بدفع المخالفات المرورية التي ارتكبها خلال فترة استخدامه للخدمة في حد أقصى أسبوعين من إخطاره من قبل قسم النقل وخلافه تحول إلى إدارة المالية لاستقطاع المبلغ المستحق.
7. على جميع مستخدمي مركبات الوزارة المحافظة على المركبات ونظافتها والتقييد بقانون المرور والسير الصادرة من الجهات المختصة بالدولة.
8. يتم توفير خدمة النقل لموظفي الوزارة لتنفيذ المهام الموكلة لهم بشرط ألا تقل المسافة النقل عن 50 كيلومتر.
9. يتم توفير خدمة النقل من امانة إلى امانة اخرى ولا يتم توفيرها في نفس الامارة.
10. في حالة تأخر طالب خدمة النقل أكثر عن ساعة عن الموعد المحدد للانطلاق بدون إعلام السائق يتم الغاء خطة النقل.

يتم إرسال الطلب على البريد الإلكتروني لأمانة دبي و للإمارات الشمالية Dxbtransportation@moe.gov.ae
يتم إرسال الطلب على البريد الإلكتروني لأمانة ابوظبي adtransportation@moe.gov.ae

Form 15

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

VISIT DETAILS FORM

VF:.....

Institution		Program	
Location		Visit Dates	(including the arrival day)
Contact at the Institution		Email	

ERT Details	1 (Chair)	2	3	5 (Commissioner)
Name & Designation				
Nationality (Specify if visa required)				
Physical Address:				
Telephone (Work & Mobil)				
Email				
Specify if Letter of Invitation required				
Nearest Airport (at Origin)				
Travel Date (at Origin)				
Date of Arrival (Specify Arrival Airport)				

Date of Departure (Departure Airport)					
Specify if Meet & Greet service required					
Accommodation					
City					
Check-in Date					
Check-out Date					
Room Type					
Meeting Room Requirements	None. All meetings will be held in the institution				
Logistics	Date	From	To	Time	Comments
Day 0 (Arrival Day)					
Day 1 (Preparation)					
Day 2					
Day 3					
Day 4 (Exit)					
Any other special arrangements (please specify):					
Name of Commissioner:			Director of CAA: Dr. Mohamed Yousif Baniyas		
Signature:			Signature:		

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

Visit Schedule

Purpose of the visit

Name of the institution

Period of the visit

External Review Team

Prof.....(Chair)

Position

Institution

Country

Prof.

.....

Commissioner

Prof.

Commission for Academic Accreditation

Ministry of Education

Saturday - Day 0: Arrival Day

No ERT activities planned.

Sunday - Day 1: Preparation Day/ Meeting with Senior Leadership

8:30 AM

ERT departs hotel for institution campus

9:00 AM – 11:00 AM

Preparation meeting for ERT at the campus

This day will be preparation, including orientation, review of documents, and writing. All appropriate institutional and program documentation should be available.

Note to institution Staff: The base room on the campus should include internet access and a computer workstation with printer capability. Should also include the institutional documentation on this program including course files (including textbooks) for all courses offered in the program (including general education, electives, and any courses offered by other departments/colleges), the Self-Study, Faculty Handbook, Staff Handbook, Student Handbook, Catalog, Quality Assurance Manual, Policies and Procedures Manual, Fact Book, Strategic and Action Plan(s) – institution level, Strategic and Action Plan – college/department level, Organizational Chart (with names of current appointees and vacant positions) for both institution and college/department level, assessment reports, assessment information, course schedule for the last two semesters, current study plan for the program and related programs, faculty roster for full-time and part-time for the college/department categorized by program (detailing name, rank, highest degree earned, specialty, joining date), detailed faculty working/teaching assignment for the college/department categorized by program (specified courses, number of sections, credit hours, admin responsibilities, and total load) for the last two semesters, list of faculty publications in the program for the past two academic years, actual expenditures on research for the program in the past two academic years, complete faculty files, complete staff files (who are related to the program), list of books and current journals (related to the program), list of current students in the program (detailing name, student number, admission date, TOEFL score, TOEFL score date, number of credits enrolled, number of credits passed, and GPA), institutional student population for the current academic year categorized by program/college, student appeals for the

last two semesters, minutes of college/department committees, advisory board, etc. All required documents should be available in the base room.

Provision for coffee, tea, and light snacks is appreciated throughout the visit.

11:00 AM - 11:30 AM

ERT meets with the President

Note to institution: This is an introductory meeting; the ERT expects a brief presentation about the institution.

11:30 AM - 1:00 PM

ERT interviews with the Chair of the program and Dean of the college.

Note to institution: The specific of the presentations by the Chair and/or Dean are the responsibility of the institution. Given that this will be a tight schedule, the team urges the institution to keep overview presentations brief. The majority of the time should be for discussions and question. The institution shall decide on the personnel to be in the meeting.

1:00 PM

ERT working lunch; no campus personnel

2:00 PM - 4:00 PM

Continue preparation meeting for ERT

4:00 PM

ERT returns to hotel

Monday - Day 2: Campus Workday

8:30 AM

ERT departs hotel for institution campus

9:00 AM - 12:00 PM

Executive session for ERT

12:00 PM - 1:00 PM

Tour of campus facilities that are relevant to the program

Note to institution: This tour should include the library, laboratory facilities, and other facilities associated with the program. Need not to be a comprehensive tour of the whole campus.

1:00 PM - 2:00 PM

ERT lunch with representative faculty/staff

Note to institution: This lunch is designed as, in part, a social event and, in part, as an opportunity for the ERT to interact with individuals whom they might not otherwise have the chance to interview but have an important role for the program.

2:00 PM - 4:00 PM

ERT interviews faculty

Note to institution: This interview time is for faculty interviews. Also, provide faculty files and a list of current faculty in the department/college along with their credentials and

teaching/administrative loads. The ERT will conduct interviews in parallel.

4:00 PM ERT returns to hotel

Tuesday - Day 3: Campus Workday

8:30 AM ERT departs hotel for institution campus

9:15 AM - 10:30 AM Executive session for ERT

10:30 AM - 12:00 PM ERT interviews admin staff

Note to institution: This interview time is for staff interviews. The ERT will need interview time with: (1) Head of Quality Assurance; (2) Head of Student Services; (3) Head of Research; (4) Head of IT Services; (5) Head of Library; (6) Head of Finance; (7) Head of Human Resource; and (8) Head of Admission and Registration.

The ERT will conduct interviews in parallel. This might also include follow-up interviews as requested through the Commissioner.

12:00 PM - 1:00 PM Executive session for ERT

1:00 PM - 2:00 PM Working lunch for ERT; no campus personnel

2:00 PM - 4:00 PM Students, alumni, Advisory Board, and employers interviews

Note to institution: These are particularly important sessions for an accreditation visit. The institution should arrange for a representative sample of students and alumni of the program (one session) and members of the external advisory board and employers of the program (a second session). Sessions should be no more than 45 minutes.

4:00 PM ERT leaves for hotel

Wednesday - Day 4: Exit Day

8:30 AM ERT departs hotel for institution campus

9:00 AM - 12:30 PM Working executive session for ERT

12:30 PM - 1:30 PM Working lunch for ERT; no campus personnel

1:30 PM - 2:00 PM Exit meeting

Note to institution: This meeting includes President, Dean, Chair, and others as invited by the institution.

This exit meeting will be an overview of the findings of the ERT; there will not be time for discussion other than for purposes of clarification. During this exit meeting, the Commissioner will present an overview of “next steps” for the institution as part of the accreditation process.

The format for the meeting will begin with opening remarks by the Commissioner, the presentation by the ERT Chair and a brief closing by the Commissioner. The President may wish to make very brief final remarks, but the exit meeting is not the time for questions or begins responding to the report. The institution shall decide on the personnel to be in the meeting.

2:00 PM

ERT departs for hotel

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

Report of the External Review Team

Purpose of the visit

Name of the institution

Period of the visit

**Prepared for the
Commission for Academic Accreditation
Ministry of Education
United Arab Emirates**

External Review Team

Prof.....(Chair)

Position

Institution

Country

Prof.

.....

Commissioner

Prof.

*Commission for Academic Accreditation
Ministry of Education*

Introduction

[Note to ERT: The introduction will be expanded “on site” and tied to the specific institution. I will plan on drafting this on behalf of the ERT]

An External Review Team (hereafter ERT) visited the (**Institution Name and its acronym**) from **xx** to **xx**, to evaluate the Application (hereafter the *Self-Study/Application*) for **Initial/Renewal** of Licensure of the (**the institution name**). The exit interview was held on (**date**). This report presents the observations and recommendations of the ERT.

...
.....

This report contains the observations of the ERT based on the information submitted to it in the *Self-Study / Application* and associated materials, other documentation conveyed to the ERT during the visit, oral presentations, and information resulting from in-depth discussions. The report also includes Requirements, which are actions (**the institution acronym**) must take in order for the institution to receive Licensure, as well as Suggestions that, although not binding, must be considered by (**the institution acronym**).

Institution Report

[Note for ERT: There are aspects of the *Standards* which are more applicable to Licensure or the Renewal of Licensure (both of which consider the entire institution) than to Initial Accreditation or of Renewal of Accreditation. That has meant that in the template below, I have eliminated some of the sections as not needing your attention during this visit. For initial licensure we are looking at promises; for renewal of licensure we are looking at results.

Some division of labor seems appropriate for the review. What has worked in the past is to assign the broad institutional sections (support areas) to one of you and divide the institution areas by specific expertise. If each of you will write on the designated sections, and give

particular attention to those, the report should come together nicely. As Chair, **(Name of the Chair)** will have responsibility for bringing the narratives together (including what I will do on the introduction; I will be happy to assist on all of this if it will help).

In terms of using this template, it has worked well if you simply do your writing on this. It is a Word document. It is advisable that you do most of the initial writing before the visit based on your reading of the submitted material and comparing compliance with the *Standards*, and then raise some questions that will need to be answered on site during the visit. Later on, you will be able to polish your write-up and finalize your assigned sections. Given that, this is an institution in which each of you has expertise in it, some division of labor seemed appropriate. I'd ask **(Name of the Chair)**, as Chair, to review the assignments and determine whether or not any changes are appropriate. The design of the assignments is to focus your attention on particular areas and facilitate the writing process.

As to using the template, there is no need to worry about the extras at this point. There is no need, for example, to bold face certain sections italicize, etc. If you are quoting a text, obviously put it in quotation marks and give a citation. I will work through the document during the editing phases to insert bold face, italics, underlines, bullets, etc. where they are needed.

As to assignments, please take the lead on those sections with your name attached to them. **(Name of the Chair)**, as Chair, may want to make changes in assignments, just let me know. Unless otherwise indicated, you would have responsibility to write the narrative for the entire section as noted.

As a committee goal, we should plan on having our report fully merged by late afternoon on **Day 3** so that we can spend the morning of **Day 4** (Last Day) fine tuning, going over what it is that we want to say at the exit meeting, completing required CAA forms, etc. If you are able to get the initial merged document to me by the **third** day, I can begin the editorial process and begin attempting to make the document sound like "one voice." Some of that occurs in the initial edit; most will take place after you return to your respective homes and after I get back to the office. From the draft schedule/itinerary for the visit, you will know that we will be busy; the more writing that you can do in advance of your arrival (writing that would be based on the documents which already sent to you), the better.

Please also note the following:

- Your narrative is a statement of compliance and/or noncompliance with the issue. Include a statement of the evidence for your conclusion (i.e. interviews, the *Application*, *Self-Study*, one or more of the appendices, international norms, etc.) For examples and ideas on writing the narrative, please consult the *Handbook for External Review Teams* which would have been sent to you along with the institutional documents.

- The “*Standards*” for compliance and/or noncompliance are those outlined on pages 18-23 of the *Standards for Institutional Licensure and Program Accreditation, 2019*. The document is available on the CAA website. Be sure to use the appropriate procedural manual, for initial licensure use the *Procedural Manual for Institutional Initial Licensure (PMIIL)* and for Renewal of Licensure use the *Procedural Manual for Renewal of Institutional Licensure (PMRIL)* which are also available on the CAA website.
- On the template I’ve listed the broad headings from the *Standards* to organize your writing. Your analysis and judgment should be inclusive of all subsections of the *Standards* as appropriate to the institution.
- Although you may offer constructive commentary on each area of the template, you must offer a summary of the documentation reviewed and the context for all requirements and suggestions.
- Your comments may be inserted on the template and then conveyed to the Chair of the ERT during the visit as requested.

[We will remove all of this instructional language before completing the final report]

Section 1: Governance and Management (Standard 1)

- 1.1 Vision and Mission
- 1.2 Organization
- 1.3 Governance
- 1.4 Policies and Procedures
- 1.5 Institutional Planning
- 1.6 Risk Management
- 1.7 Institutional Management and Administration
- 1.8 Multiple Campus Institutions within the UAE
- 1.9 Campuses of UAE Institutions in Other Countries
- 1.10 Branch Campuses of Foreign Institutions

Section 2: Quality Assurance (Standard 2)

- 2.1 Quality Assurance System**
- 2.2 Continuous Quality Enhancement**
- 2.3 Quality Assurance Unit**

Section 3: Research and Scholarly Activities (Standard 4)

- 3.1 Strategy and Policies**
- 3.2 Support for Research and Scholarly Activity**
- 3.3 Collaborative Research and Scholarly Activity**
- 3.4 Expectations for Research and Scholarly Activity**
- 3.5 Research and Scholarly Activity Outputs**

Section 4: Health, Safety and Environment (Standard 7)

- 4.1 Occupational Health and Safety**
- 4.2 Facilities**
- 4.3 Residence Halls**
- 4.4 Technology Infrastructure**

Section 5: Fiscal Resources, Financial Management and Budgeting (Standard 9)

- 5.1 Fiscal Resources**
- 5.2 Student Protection Plan/Teach-out Reserve**
- 5.3 Organization and Administration**
- 5.4 Budgeting**

- 5.5 Expenditures**
- 5.6 Financial Management**
- 5.7 Accounting and Auditing**
- 5.8 Financial Reporting to the MoE**
- 5.9 Insurance**

Section 6: Legal Compliance and Public Disclosure (Standard 10)

- 6.1 Institution Name and Program Titles**
- 6.2 Legal Compliance and Contracts**
- 6.3 Public Information**
- 6.4 Integrity and Transparency**
- 6.5 Relationship with the MoE**

Section 7: Community Engagement (Standard 11)

- 7.1 Community Engagement Strategy**
- 7.2 Relationships with Employers**
- 7.3 Relationships with other Education Providers**
- 7.4 Relationships with Alumni**
- 7.5 Continuous Education**
- 7.6 Evaluation**

Conclusions

[Note to ERT: This will be a summary statement written by the Chair of the ERT. It is often the case that the initial draft of the conclusion is the written text for the remarks to be made at the exit meeting. It should generally point toward whether or not you are recommending approval of licensure, approval only if the requirements are met, or disapproval of licensure. You should not, however, actually make a requirement in the conclusion.]

[Note to ERT: This statement is boilerplate and is the last section of every concluding statement:]

The ERT makes its requirements in a spirit of constructive engagement, with the aim of ensuring that the Standards are met, and to aid the (the institution acronym) in its desired objective to license the institution.

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

SUBSTANTIVE CHANGE/ DISTANCE PLAN

Institution:		Program	
Location:		Date Assigned to Reviewer(s)	
Contact at the Institution:		Email:	

ERT Details	1	2
Name & Designation		
Physical Address:		
Telephone		
Email ID		
Remarks:		
Name of Commissioner:	Director of CAA: Dr. Mohamed Yousif Baniyas	
Signature:	Signature:	

UNITED ARAB EMIRATES
MINISTRY OF EDUCATION



الإمارات العربية المتحدة
وزارة التربية والتعليم

INSTITUTIONAL APPEAL

Institution	
Type of Appeal	
Date	

Rational for the Appeal:

Ground for the Appeal:

Evidence for the Appeal:

APPENDIX 11: GUIDE FOR ERT MEMBERS

Introduction

Invitation to Participate

The review calendar is drawn up by the CAA depending on the plan of submissions of applications from higher education institutions for licensure or accreditation. Commissioners are assigned to specific reviews and they commence a search of the ERT Register for potential members of ERTs.

Your initial contact with the CAA has been through the Commissioner assigned by the CAA to the particular review. The nature of the review and the timing will have been explained by the Commissioner in e-mail or telephone communication. Tentative dates will be proposed for the visit but confirmation will follow when all ERT members and the institution are comfortable with the proposed dates.

Typically, the duration of the onsite review is four days. This might be a day less or more based on the nature of the institution or longer if visits to multiple sites need to be accommodated. When feasible, the Commission will propose more than one review in a visit to the UAE. The duration of the complete exercise will be explained in the invitation.

Team Selection

Members of ERTs are selected from a combination of sources including a “registry” maintained by the CAA. Every effort is made to select reviewers who have considerable expertise, prior accreditation and international experience, and are usually of professorial rank.

If you have been approached to participate as a reviewer and you are not currently on the CAA Register of Reviewers, you will be asked to submit a brief curriculum vitae outlining your experience and qualifications, particularly in relation to quality assurance activities. Your curriculum vitae will be considered by the CAA’s Council of Commissioners for approval and you will receive notification from the proposing Commissioner after this process.

Teams for accreditation reviews tend to be small, often just two external members plus the Commissioner assigned to work with the team. They include ERT members who have been selected for their expertise in the specific field under review.

For licensure reviews, the team may comprise several Commissioners working with two or more external members, depending on the nature of the institution. The external members generally have a broad institutional experience and experience of previous accreditation reviews with the CAA or other quality assurance agencies.

Contact Information

When the Commissioner has completed the team membership and the dates have been finalized, an email communication will provide details of the full ERT membership and contact information for the CAA Commissioner, including his/her mobile phone number in the UAE.

If the CAA does not already have the information in its Register of Reviewers, you will be asked to complete and return an ERT Visit Details Form to confirm your contact and other information. This will be entered into the Register. You may also be asked to provide copy of the data page from your passport and (for future payment) your bank account details, and you will be asked to sign and return a conflict of interest declaration. Once the conflict of interest declaration is received, the Commission will provide the ERT electronic access to the documentation of the institution and any other documents needed for the review.

The details of the confirmed flights and hotel will be sent to you in advance of the visit.

For most communication, the best approach is to use the e-mail address of the assigned Commissioner. Information such as links to copies of key documents e.g. the Standards and Supplementary Guidance, Procedural Manuals, etc. are available from the CAA website <https://www.caa.ae/caa/>

Travel Information

The travel bookings and accommodation will be handled by one of the Commission's administrative staff. Upon confirmation of the review visit the staff member will be in contact with you. The travel process is outlined below:

Ticketing and Process Prior to Arrival

- a) As soon as possible after confirmation of your participation, please send your passport data page as a scanned document. Send as an e-mail attachment. The entire data page must be clearly visible. It is important to note that you need to have six months remaining on your passport in order to gain entry to the UAE.
If there is a problem with your passport, please contact the Commissioner immediately.
- b) Please confirm the name of the airport and city closest to your institution/home for starting the journey. If you have flight preferences, please send those to the CAA travel officer along with your e-mail contact and telephone number. It cannot be guaranteed that your preferences will be met as the CAA will normally seek the most economic business-class airline ticket with due consideration for the route, timing, and quality of the carrier.
- c) A draft of the flight itinerary will be sent to you. Please confirm that this is suitable. You need to respond to the confirmation request promptly as the requested flights are usually 'held' for a very limited period.
- d) All bookings must be done by the Commission. There are no arrangements for reimbursement of ticket costs if booked by reviewers.

- e) Where available, the CAA covers the cost of Business Class air travel. The CAA does not reimburse Business Class rates for Economy Class tickets.
- f) A copy of your e-ticket will be sent to you by the CAA travel officer.

Other Travel Issues

- a) Transportation to and from the higher education institution within the UAE is provided by the CAA.
- b) Information on UAE entry visa requirements can be found at
 - a. <https://www.mofa.gov.ae/EN/ConsularServices/Pages/Visa-Information.aspx>
 - b. Where necessary, the CAA makes application for reviewers' entry visas. It is important that reviewers who need to have an entry visa issued provide passport and travel information to the CAA in good time as visa applications place delays in the process and are occasionally denied.
- c) It is possible for a member of an ERT to either arrive one or two days early or to delay a day or two in departure. Team members do this on occasion to see more of the UAE. Costs for extra nights of lodging and/or meals are borne by the reviewer; the CAA can make adjustments to the flight schedule to accommodate these additional travel needs but must be informed of any special requirements well in advance.
- d) The CAA does not provide insurance cover for your travel or your stay in the UAE. Reviewers are advised to determine what cover they may already have and to make their own arrangements if necessary.

On Arrival

- a) If there is a delay in your arrival, please call or e-mail the Commissioner and the CAA travel officer assigned to the visit.
- b) The ground transportation, pre-arranged through the airline or the CAA travel agent, will take you to the hotel. Most of the hotels used by the CAA are within a short taxi ride of Dubai or Abu Dhabi airports. If any problems arise, please call the Travel Agent. Contact details are to be found on the flight itinerary.

Departure

- a) Information on your flight departure will have been communicated to you earlier through your e-ticket. Changes in your transportation to the airport should be made through the travel officer at the CAA.
- b) On the last day of the visit, you should review the scheduled time for transportation to the airport to ensure adequate time for check-in and security clearance.
- c) If necessary, have the hotel concierge confirm your transportation pickup time with the transportation company or airline.
- d) When checking out of the hotel, be certain to pay for all incidental expenses not chargeable to the CAA.

Hotel

- a) Hotels used by the CAA are normally five-star rated and have a good range of facilities and services. The CAA attempts to book hotels that are in close proximity to the institution/s being visited.
- b) Room bookings will be in your name and will include the night of departure, if required for a late checkout.
- c) You will be sent a copy of the hotel bookings. Please check that the dates tally with other information that you have received regarding duration of the visit.
- d) You will need to present identification (your passport) and a credit card for any excess charges when checking in to the hotel.
- e) The CAA will cover accommodation, Internet access, tourist fees and taxes, and three items of laundry per day. Breakfast and evening meals (excluding alcoholic drinks) are included but lunch is not, as this is provided by the higher education institution during the visit. On arrival at the hotel, please check with reception what is and is not covered (including any limitation on the cost of evening meals) to ensure that there are no misunderstandings leading to unanticipated expenses charged to you. You will need to settle your own bill for the additional expenses before leaving the hotel.
- f) The electric voltage is 240 Volts. Modern laptops do not require voltage adapters but a plug socket adapter may be needed (the three-pin MK system used in most hotels). Most hotel rooms provide irons, hair dryers, etc.

Monetary Matters

- a) Team members will receive an honorarium payment for each day of the visit plus the arrival day. The honorarium is currently set at 2,000 Dirhams (approximately 543\$ US) per day. An additional one-day payment is made to the ERT Chair. This is paid by electronic bank transfer after the visit and agreement of the review report.
- b) Additional honorarium payments may be made to ERT members if follow-up work is required on the report such as an evaluation of an institutional response to the report.
- c) Following the invitation to participate in the review, the Commission staff will request your bank details so that the honorarium can be transferred to your specified bank account after the visit. This method of payment is necessary under the UAE's Ministry of Finance regulations.

The following information must be provided to the Commission:

Bank Name:

Bank Address:

Account Name:

Account No:

IBAN or Routing No:

SWIFT Code:

- d) The UAE currency is the Dirham (AED). The Dirham is pegged to the dollar. One US dollar is equivalent to 3.68 Dirham. Money exchange centers are available throughout the major cities and at all hotels. The latter typically provide a less favorable rate than money exchange centers. There

are also numerous ATM machines that will take most international credit cards. There are often fees associated with the use of credit cards outside of the country in which they were issued.

- e) If you are planning to use your credit card in the UAE, it is advisable to contact your credit card company prior to the visit to inform them of your anticipated visit to the UAE.
- f) Tipping is not obligatory in the UAE but is customary. Please do so at your own expense. Any amount in the range of 10 Dirham or more is acceptable.
- g) The CAA discourages institutions from giving gifts. Some institutions will, however, given a token bag or a souvenir of the visit. It is appropriate to accept the gift with thanks. If you do not want to take the gift with you on your return flight, please give it to the Commissioner.

Dress

- a) You are encouraged to check the internet for local weather. Everything is air- conditioned, so a jacket/sweater is advisable, even though you are not likely to use it on the street. Light clothing is appropriate. Although there are no stringent rules for women's casual apparel, it is recommended that blouses have sleeves and skirts fall below the knees.
- b) During the on-site visit, more formal business attire is appropriate as meetings will be held with college/university officials, faculty, students and employers. Suits or sport coats and slacks, shirts and ties are the order of the day for men. Business suits or suitable business attire are suggested for women.
- c) The hotel will normally have a gym and pool so consideration might be given to clothing for exercising and/or swimming.

Onsite Activities

- a) The CAA discourages institutions from hosting evening activities or special activities which make it more difficult for the ERT to accomplish its primary purposes. Individual team members should not agree to social functions other than those arranged through the Commissioner.
- b) Most team members find that a portion of their evenings will be spent in consultation with other team members and/or in writing portions of the report. The nature of the onsite work is such that writing time can sometimes be limited.

Some Protocol

- a) Greetings at first meeting may or may not involve handshaking. Typically, the National women will not shake hands. If the woman initiates a handshake, you can follow through.
- b) Sitting with crossed legs is usually one of our most comfortable positions. However, to some individuals having the sole of the foot facing toward them is an insult.
- c) Photography is allowed except for certain restricted places, so long as you do not photograph females before asking their permission. There is generally no problem with taking pictures of men.

The Visit

Summary Roles of the ERT

Accreditation Reviews

In the case of initial accreditation reviews, the ERTs are expected to provide a thorough review of the proposed program which is being accredited and the associated resources and support services.

In cases of renewal of accreditation reviews, the ERT will verify the evidence presented in the application and supporting materials, that the program and supporting services are routinely evaluated and the results of evaluation are used in the continuous improvement of the program. The ERT will make judgements as to whether the program is delivered in full compliance with the Standards. The review will be undertaken in the context of the 2019 Edition of the Standards and the ERT report writing will be in relation to those Standards.

Licensure Reviews

In the case of initial licensure reviews, the ERTs are expected to verify that the submitted documentation meets the requirements of the Standards and that the institution has policies and procedures in place that are appropriate to keep the institution operating within the criteria of the Standards once it is approved for establishment and operation.

In renewal of licensure reviews, the ERT will verify the evidence presented in the application and supporting materials, that the institution is operating within its own approved policies and procedures and that these have been maintained in full compliance with the Standards.

In reviewing the program or the institution as a whole, ERT members are expected to use their best professional judgment with regard to whether or not an institution complies with the Standards. The judgment should not be based on a comparison to their own institution, but rather placed in the context of international best practice. In the writing of the narrative it is expected that the team will offer examples and evidence to support the judgments.

Team Chair

Each ERT will have a designated Chair. The role of the Chair is to ensure that writing assignments are appropriate and are completed in a timely manner, guide the interview process, serve as spokesperson for the team during the exit conference, and to work closely with the Commissioner to ensure that the logistics of the visit are smooth. Team Chairs tend to be selected from individuals who have served the CAA during prior visits.

Pre-visit Documents

- a) An itinerary for the visit will be provided by the Commissioner as early as possible after confirmation of the membership of the team.
- b) All review materials will be sent to the ERT members electronically. The documentation will normally be delivered at least two weeks prior to the visit.
- c) Documentation to be forwarded to you will include the application documents submitted by the institution, a set of the CAA Standards (also available on-line in the Commission's website <http://www.caa.ae>), and, where appropriate, examples of reports to give some idea of the level of detail required.
- d) A template for the report will be provided by the Commissioner and distributed to the ERT members in advance of the arrival in the UAE.
- e) ERT members must be sure to bring all documents for the visit in electronic form. Hard copy is provided by the institution onsite.

Pre-Visit Preparation

- a) The ERT Chair, in consultation with the Commissioner, will coordinate the partitioning of responsibility across ERT members for document reviewing and report writing. This usually include email communications and other exchanges of information prior to the visit. It is very important for team members to participate in these activities as they are an important contributor of the overall success of the visit.
- b) Advance preparation for a visit is essential. Time is limited during the visit, and the more writing and preparation that can be done in advance, the better. It is often the case that substantial sections of the report can be written on the basis of documentation sent in advance. The onsite visit becomes an affirmation (or not) of the previously written materials. If you identify missing information or additional documentation that is necessary, or wish to propose additional meetings in the schedule, you should discuss this with the Commissioner in advance of the onsite visit.
- c) It is expected that ERT members will familiarize themselves with the CAA Standards and the documentation provided by the institution in relation to those sections assigned by the Chair. It is good practice to share preliminary drafts with the Chair and with the Commissioner prior to your arrival.
- d) It is an expectation that ERT members will identify major issues within their areas of responsibility and will present these on the first meeting of the ERT onsite.

Orientation and General Information

- a) There will be an onsite orientation (day 1 on campus) for both new and returning members of ERTs. In some instances, the orientation will be on the day of arrival; in most instances the orientation will be held in conjunction with Preparation Day.
- b) During the preparation day, the Commissioner will respond to any questions, clarify details about the itinerary and report, provide a brief overview of the local culture and higher education context, and give background information on the institution. While most ERT members have extensive experience of accreditation in their home countries, in the UAE the Standards are used to judge the quality of the documents presented and respond to the onsite observations.
- c) Meetings on the preparation day will sometimes be held in the hotel; more often the preparation day is on the campus, and typically includes a general orientation to the visit. There are times when the institution will want to formally greet the ERT at the beginning of the preparation day.

- d) Be certain to check your itinerary or schedule to confirm departure times on the first morning of the campus visit. Teams operate on a tight schedule and you should make every effort to be a few minutes early for departure from the hotel.
- e) On accepting the role of serving as a member of an ERT, all matters pertaining to the institution, the deliberations during the review and the contents of the report must be considered as confidential. Any conflicts of interest should be declared to the Commission in advance of the visit, immediately, as they become evident to the ERT member
- f) ERT members are encouraged to bring their own laptops. If you are unable to bring your own laptop, please notify the Commissioner in advance so that arrangements can be made to have a computer at your disposal during the visit.
- g) The Commission does not provide secretarial support to the ERTs for report writing, and members are expected to type the report sections themselves.

Visit Process

- a) Once onsite at the institution, adherence to the itinerary is the responsibility of the ERT members and the Commissioner. Due to the limited time on campus and the issues to be covered, every attempt should be made to adhere to the timings in the itinerary.
- b) If an ERT member feels that there should be modifications to the itinerary, the ERT and Commissioner should discuss the suggested change. If a decision is made to change the itinerary, implementation of the change is the responsibility of the Commissioner in consultation with the institution.
- c) During the visit, the Commissioner will take an active part in all meetings and other discussions to ensure that the ERT and the institution are kept informed about the Commission Standards and the Ministry protocols. It is the Commissioner's responsibility to ensure that the Standards are enforced consistently.
- d) During the visit, the ERT members are expected to respect the culture and tradition of the UAE. They are also expected not to base their evaluation solely on systems or practices applied at their own institution and should refrain from reference to their own institutions. The broad standard for ERT reviews is that of "best international practice". There are many Standards which require ERT members to exercise their reasoned professional judgment.
- e) The ERT is expected to produce a final report before departure. It is important that the report covers all those areas in the Standards of relevance to the review. For example, program reviews normally involve a thorough and close examination of course syllabi and course files. The Commissioner will guide the team members on the necessary coverage and the level of detail required.
- f) The Commissioner is with the ERT to support the team, and to assist where necessary to ensure a complete and comprehensive report, but the report itself is the work of the ERT.
- g) The ERT must agree on the final report and specifically the requirements and suggestions prior to the exit interview and their departure from the UAE.
- h) It is extremely important to note that the ERT does not indicate to the institution whether they would accredit or not accredit the program under consideration and that the report is strictly confidential.
- i) An exit interview is held with the institution's CEO, academic administrators, and program coordinator/director, providing the highlights of the report. The institution is not provided with any hard copy at this stage and the meeting cannot be recorded.
- j) At the exit interview, the Commissioner will generally thank the institution for their cooperation, hospitality, etc. Following the Commissioner, the Chair of the ERT normally will present the

summary of the key findings of the ERT. The Chair may ask other members of the committee to cover specific areas of the report. The exit interview does not quote the requirements verbatim.

- k) The exit interview is not an opportunity for debate. The institution may ask for points of clarification but there should be no debate of the issues.
- l) All communication between the institution and the ERT is to take place only through the Commissioner, whether it is prior to the visit or after the visit. No member of the ERT should engage with the institution on a consultant basis for at least a year following the assignment.
- m) At the end of the visit, ERT members who wish to leave behind any of the documents should refer to the Commissioner to arrange for appropriate disposal of such material.
- n) As part of the final activities on campus, ERT members will be required to: (1) Agree to and sign a form which recommends an action on the part of the Commission; and (2) Complete an evaluation of the visit which will be left with the Commissioner.

The Report

- a) The report must cover all those areas in the Standards of relevance to institutional licensure or program accreditation. The areas of Standards coverage to be used in the review process are delineated in the report template. Be sure to use the appropriate Procedural Manual that relates to the current review. The Commissioner will guide the team members on the necessary coverage and the level of detail required
- b) The report must indicate where the institution/program meets the Standards and where it does not. Further action on the part of the institution, to fulfill the requirements of the Standards, is made clear through stated Requirements in the report, based on observations noted in the report and supported by evidence acquired during the onsite visit.
- c) The expertise of team members in the discipline field can be used to make helpful Suggestions in the report for improvements that can be made to the institution/program. These beneficial Suggestions can include changes that are outside of the Standards.
- d) The narrative of the report can be a place in which the ERT offers constructive advice that falls short of a suggestion.
- e) See Annex 1: Some Guidelines for CAA Accreditation Reports. These guidelines provide directions for the development of Requirements, and Suggestions.

Follow-Up to the Visit

- a) Minor editing of the report will be done by the Commission prior to sending the final report to the institution. If major editing is considered necessary, the Chair and relevant ERT members will be consulted. Once the report is finalized, it becomes the property of the CAA and is under the control of the CAA for distribution. ERT members should not independently send the report or portions of it to the institution.
- b) Upon receiving the report, the institution reviews it and provides a written response to the CAA explaining how it will meet the Requirements noted by the ERT. The institution must also document its consideration of the ERT's Suggestions. The institution is normally requested to respond to the report within two months of receipt. The institution will respond to the report in keeping with the Procedural Manuals provided to all institutions.
- c) If major changes required to the curriculum or other technical issues are addressed in the response, it is likely that the Commission will contact the ERT Chair to review the response from the

institution, for which an additional honorarium will be paid. If the Chair is not available, another ERT member will be asked to perform this role. It is the judgment of the Commissioner as to whether the ERT is consulted as part of the review of the response.

- d) The assessment of the institution's response is sent to the institution for a further response. The response and assessment procedure continues until all the ERT's Requirements have been met. It is normal practice to issue a decision of Deny in the event of Requirements not having been met after three rounds of institutional responses.
- e) Once all of the ERT's Requirements are met, the request for Institutional Licensure or Program Accreditation is forwarded to the CAA Council of Commissioners for endorsement (or not).
- f) Upon approval, the institution is licensed or the program is accredited for up to maximum of seven years and its status is posted to the CAA website.

Annex 1: Some Guidelines for CAA Accreditation Reports

The report will follow relevant sections from the Standards. The text within each section essentially follows one of two patterns.

In what follows, "ERT" is shorthand for "External Review Team". "EITS" is short for the name of the institution (Emirates Institute of Technology and Science; a UAE higher education institution).

Narrative + Requirement

A Requirement is an obligation on the institution to address a failure to meet the Standards in some way. Requirements always begin:

"Requirement ##: EITS is required to ..."

Each requirement must be preceded by a narrative which explains and justifies its appearance.

Although the word used is "Requirement", it is important to note that these are in fact obligations, and the institution will have to present evidence to the CAA (most usually in its response to the ERT report) that it is now in compliance with the Standards.

In some cases, the Standards are very prescriptive – so that the facts of the matter make it clear that the institution is not in compliance. The example below illustrates that pattern.

8.3 Operations

The ERT finds no reference to an orientation program for new users of the library.

Requirement ##: EITS is required to develop an orientation program for new users of the library in line with Stipulation 8.3.1 of the Standards.

Sometimes the issues are more complex and several are related. The ERT may try to combine a family of requirements into a single unit. Here is a more complex example:

6.3 Graduate Admission

EITS has specified the requirements for admission to the proposed program. The application states that the “*minimum requirement is a baccalaureate degree with at least 50% of the credits from a recognized institution of higher learning in IT or related discipline.*” The ERT finds this statement confusing and needs clarification. During discussions, EITS staff clarified that “related discipline(s)” are: Computer science, management information systems, computer information systems, mathematics, physics, and any field of engineering. This clarification creates additional issues, given the program objectives and structure, as discussed earlier in Section 3.5.1. The ERT feels strongly that it is in the best interest of EITS to either (a) restrict admission to those who hold a bachelors degree in IT, Computer Science, or MIS or (b) require completion of a prescribed set of remedial IT courses for those who do not have any formal education in IT, computer science or management information systems. EITS staff informed the ERT that “50%” refers to the level of achievement in the applicant’s undergraduate studies, and roughly translates to a CGPA of 2.0 on a 4.0 scale. This is in clear violation of the Standards.

Requirement ##: EITS is required to:

- i. revise its admission standards to increase the level of achievement in the applicant’s undergraduate corresponding to a CGPA of at least 2.5 on a 4.0 scale, as required by the Stipulation 6.3.4; and***
- ii. either restrict admission to the MITM program only to those applicants who have obtained a bachelor’s degree in IT, management information systems or computer science, or require completion of a prescribed set of remedial IT courses for those who do not have a formal education in IT.***

In some cases it is clear that, while the institution is not in compliance, it is evident that there is credible progress towards compliance. In such cases, the Commission insists that this progress continues, sometimes asking for an additional time-phased plan for completion of the task by a specified date. Here is an example:

8.1 Learning Resource Center Facilities and Infrastructure

A library facility is currently under construction at EITS’s temporary campus. Significant progress has been made since the accreditation of an earlier program in March 2019. In particular, the building is expected to be completed by mid-May 2019, the furniture available by the end of May 2019 and the holdings, computers and automated systems in place by the beginning of July 2019. EITS is in the process of appointing a Head Librarian and two assistants in the next few weeks.

The Committee commends EITS for addressing the requirements of the ERT of the previous accreditation committee so swiftly and has confidence that those requirements will be met.

Requirement ##: EITS is required to complete the physical and human resourcing for its library by the beginning of July 2019.

Most often, and particularly in the sections concerning the content or delivery of the curriculum, the Standards require experts to interpret what is good practice, appropriate, credible, sound, and so on. In these cases the ERT has more scope, and therefore power, so must bear in mind that it should not (a) impose its personal preferences, (b) insist on “best” practice (but it must, of course, be “adequate”; and it can encourage better practice through suggestions, and (c) impose someone else’s formal standards. It is even more important, in this case, to explain, in the narrative, in what respects the proposal fails to meet the Standards.

Some examples:

MAT 101: College Algebra

It is not clear that this course provides knowledge and skills which are either necessary for further study on the program, nor for the kind of employment opportunities of which successful students will take advantage. In addition, the material will be inaccessible to many applicants without remedial training. It is, therefore, very important to determine whether or not this material is relevant for the program. The ERT feels, after discussions during the visit, that it is not.

Requirement ##: EITS is required to remove course MAT 101 from the curriculum.

Another:

ICT 251: Database Management and Design

After detailed discussion during the visit, the ERT was persuaded that:

- This is a central topic of the program and is currently placed too late in the program; it is needed as a pre-requisite, for example, for ICT 291.
- If the course is concerned with the design of databases, then material on normalization, which is currently missing, must be added.
- If the course is about relational databases, then material on object-orientation is probably irrelevant and can be removed.

Requirement ##: EITS is required to:

- i. revise the Learning Outcomes, Syllabus and Assessment Schedules for course ICT 251 to include material on database normalization; and***
- ii. move course ICT 251 from the fourth to the third semester.***

Another:

The ERT did not understand why ITCS 303 is a prerequisite for ITCS 307, nor why the prerequisite for ITCS 401 is ITCS 303 (in the Application), ITCS 302 (in the University Catalog) and yet another course (in a paper tabled during the onsite meetings). The ERT did not understand why ITCS 402 has two prerequisites, one of which is already a prerequisite of the other.

This suggests that the whole issue of prerequisites should be revisited.

Requirement ##: EITS is required to revise the course prerequisites for the Computer Science courses proposed for the Program.

Narrative + Suggestion

Sometimes the ERT may have good ideas, or advice on best practice for the institution which it cannot impose because the issue or advice does not involve a failure to meet the Standards. This leads to “Suggestions”.

A Suggestion is advice given by the ERT to the institution. It takes the format:

“Suggestion ##: The ERT suggests that EITS ...”

The institution is obliged to consider the Suggestion in its response but is not obliged to implement it. Normally, unless it is self-explanatory, a Suggestion is also preceded by a narrative.

Here is an example:

ISL 201: Islamic Studies

The ERT engaged in an interesting discussion concerning this course, in particular the possibility of its being taught (additionally or instead) in English. The ERT learned that there may well be students on the program whose first language may not be Arabic and whose cultural background may be varied. In order to promote values of understanding and tolerance (many of the values, in fact, which are promoted by the course itself) the accessibility of the material to those with a non- Islamic background would be highly desirable.

Suggestion ##: The ERT suggests that EITS consider giving the course ISL 201 in English, in addition to Arabic, in order to ensure that the values it promotes are accessible to all students.

Another:

2. Quality Assurance

The College has developed a Vision and a Mission, which are focused and appropriate.

The ERT fully approves of the emphasis on active learning but feels that the explicit contrast with traditional teaching is unnecessary in this context.

Suggestion ##: The ERT suggests that EITS delete “... rather than traditional teaching ...” from the Mission Statement.

Finally:

Although the Program Learning Outcomes are felt to be appropriate, the College may wish to consider expanding them and organizing them according to type (possibly into groups of knowledge, cognitive, practical and transferable skills), as has been done for the Bachelor of Business Administration in Information Systems program. This suggestion is partly motivated by the presentation given to the ERT during the visit, when systems analysis and design, distributed systems and information management tools were identified as key foci of the program. These are not reflected currently in the Program Learning Outcomes.

Suggestion ##: The ERT suggests that EITS consider revising its Program Learning Outcomes and to group them by type into Knowledge, Cognitive, Practical and Transferable skills.

Narrative + Commendation

In rare instances, the ERT will want to recognize an institution for a practice or a curricular element which is truly an example of “best practice.” The CAA recognizes the use of a “Commendation” in those instances although such commendations should not be given lightly.

An example:

3.3 Program Structure and Completion Requirements

After a thorough review of the curricula of the program in biology and after a review of the laboratories associated with that curriculum, the ERT commends EITS for the integration of the laboratories with the larger curriculum and the degree to which there is a close articulation between the learning outcomes of the laboratory instruction and the overall program goals. The ERT commends this integration as an exceptional example of international best practice.

Another example:

3.8 Internship or Practicum

The ERT was most impressed by the clarity of the Internship Handbook which is applicable to the program in biology. What is most impressive is the follow through to ensure that the

site supervisors have worked closely with faculty coordinators to ensure that the internship meets the learning outcomes and that there is appropriate documentation that all learning outcomes are met. The ERT commends the thoroughness of the EITS internship program as an example of international best practice.

APPENDIX 12: PROCEDURES

Conflict of Interest for ERT

The purpose of the attached “Conflict of Interest Disclosure Statement” is to maintain the integrity, credibility, and codes of good conduct in accreditation and policy making processes and to avoid actual conflicts, potential conflicts, or even the appearance of conflicts of interest in the Commission’s decisions. Individuals covered by this policy may serve in the capacity of Commissioner, Commissioner *Pro Tempore*, Team Chair, Team Member, Substantive Change Committee Member, Periodic Review Report Reviewer, Candidate Consultant, and/or Finance Associate.

The Commission relies on the personal and professional integrity of individuals to refuse any assignment where the potential for an actual or perceived conflict of interest exists. The Commission expects any committee member, team chair, evaluator, PRR reviewer, or other individual acting on behalf of the Commission to recuse him or herself from any discussion or accreditation decision if any of the following conditions exist. The Commission will not assign an individual as a chair, team member, reader, or reviewer if:

- the individual’s home institution is part of the same system;
- the individual has been a candidate for employment in the evaluated institution within the past year;
- the individual has been employed by the institution within the past five years;
- the individual belongs to the governing body of the institution;
- the individual has a personal, business, consultative, or other interest in or relationship to the institution under review and consideration that could affect his or her objectivity;
- the individual’s institution has a material interest in a positive accreditation outcome based on a significant business or other fiduciary agreement (excluding routine articulation or similar inter-institutional agreements);
- the individual has a family member who is an employee, board member, candidate for employment, or student at the institution;
- the individual has expressed personal opinions bearing upon the accreditability of the institution;
- the individual is an alumnus or alumna of the institution;
- the individual or his or her immediate family members hold shares of stock (excluding shares held indirectly through mutual funds, insurance policies or blind trusts) in an applicant, candidate or accredited institution, or their respective parent company or affiliated entity. An “immediate family member” would ordinarily include all persons in the same household, such as a roommate, spouse, minor child, or other dependent; or
- in the individual’s judgment, there is any other circumstance that could be perceived as a conflict of interest.

In addition, Chairs, team members, PRR readers, substantive change committee members, finance reviewers and others usually may not serve in any capacity if the individual’s home institution is in

the same state in which the institution being reviewed is located.

In some cases, exceptions may be made to these policies after consultation with the institution to be visited.

Consulting by Evaluators/Commissioners

To avoid the appearance of possible conflict of interest, no member of a visiting team may serve as a paid consultant in any area related to accreditation to the institution being visited for a period of one year following the official accrediting action. The institution is expected to respect the process by not engaging any team member as a consultant for one year following evaluation or considering any team member for permanent employment within one year of the evaluation.

Commissioners may not receive consulting fees or any other form of remuneration for any accreditation-related consulting from any Commission member or candidate institution.

Seminars or workshops for faculty or administrators to share institutional or discipline-related information or expertise are not considered to be accreditation-related.

Conflict of Interest Disclosure Statement

In accord with the Commission's policy statement, "Conflict of Interest," please read carefully the disclosure statement below and, to the best of your judgment, disclose any conflicts or potential conflicts of interest at the bottom, and sign and return the form to the Commission office as soon as possible. The Commission will use the information provided to help control the compilation and distribution of information for participants in the accreditation process, to monitor the participation of readers and representatives on visits, and to determine who participates in discussions or decisions concerning institutions. If, in your opinion, you are not involved in any situations or circumstances which would be considered conflicts or potential conflicts of interest, simply write "None" on the form.

Rationale

Integrity, essential to the purpose of higher education, functions as the basic contract defining the relationship between the Commission and each of its licensed institutions. It is a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. Without this commitment, no relationship can exist or be sustained between the Commission and its licensed institutions or other institutions in the UAE. Commissioners, Commission staff, External Review Team (ERT) members, consultants, or others associated with the Commission are expected to make a conscientious application of the *Standards for Institutional Licensure and Program Accreditation (2019)*. The Commission's requirements, policies, processes, procedures, and decisions are predicated on integrity.

Institutional licensure and program accreditation in the United Arab Emirates are based upon a review process that requires international experts to review institutions and programs and to make recommendations about their licensure or accreditation. In order to maintain the credibility of those

decisions, not only must the Commission hold institutions accountable for integrity governing all aspects of their operations, but it also must ensure that reviewers responsible for making recommendations maintain the highest level of integrity in all matters dealing with the decision-making process of the Commission and in matters dealing with institutions or programs under review. Integrity of the process mandates at least the following ethical obligations and understandings.

Confidentiality

All External Review Team (ERT) members and consultants, or others working with the Commission, must maintain complete confidentiality and conduct themselves with professional integrity in all licensing and accreditation activities and decisions. Confidentiality applies to all levels of the review process. Confidentiality applies to all documents, correspondence, and discussions relative to all phases of a review.

Unless the disclosure of such information is appropriate as a part of the Commission's work with a specific institution, ERT members, consultants, or others working with the Commission may not disclose to any person or persons other than Commissioners and Commission staff the following:

1. information about an institution or an institution's program scheduled for review, including the analysis of institutional materials; information gained from meetings; committee discussions before and during the review; and the resource material;
2. information distributed as part of Commission staff memos and oral comments by staff ;
3. decisions of the ERT or the Commission; or
4. the rationale for a decision of the Commission pertaining to an institution.

Without a commitment to confidentiality by ERT members, consultants, or others working with the Commission, in all aspects of the review process, they will not be able to freely execute their responsibility to conduct themselves with professional integrity in accreditation or licensing activities and decisions.

Conflict of Interest

The Commission for Academic Accreditation seeks to ensure that the personal or professional obligations or interests of ERT members, consultants, or others working with the Commission do not interfere with their ability to conduct their duties in a fair and impartial manner. This policy statement defines those areas that the Commission considers to represent an actual or potential conflict of interest. The Commission's purpose in defining these parameters is to:

- a. maintain credibility in the licensure and accreditation process and confidence in its decisions;
- b. assure fairness and impartiality in decision-making;
- c. avoid allegations of undue influence in the licensure and accreditation process; or relationships that might bias the actions, deliberations, or decisions of the Commission; conflicts that would

impair judgment; and circumstances that could interfere with an individual's capacity to make objective, detached decisions; and

- d. assure opinions free of self-interest and personal bias.

If an ERT member or consultant is a candidate for a position with an institution, he or she must immediately notify the Commission and must not be involved in any Commission activity related to that institution.

Any professional consulting arrangement or other employment arrangements between ERT members or consultants and institutions may be made only with the approval of the Director of the Commission.

In addition, the Commission relies on the personal and professional integrity of individuals to refuse any assignment in which an actual or potential conflict of interest exists. If an unanticipated actual conflict of interest develops, the ERT member or consultant should withdraw at that point.

In all cases, it is the responsibility of the ERT member, consultant, or other person associated with the Commission, to determine whether or not an outside relationship does in fact constitute a conflict of interest.

This policy was based on the Middle States Commission for Higher Education Conflict of Interest for Employees and the Commission on Colleges of the Southern Association of Schools and Colleges Ethical Obligations of Commissioners statements: 7/7/2009.

Conflict of Interest Statement for ERTs and Consultants

I hereby certify that I have read the policy statement of the *Commission for Academic Accreditation* regarding Ethical Obligations of External Review Team Members and Consultants. I further certify that I have no conflict of interest or potential conflict of interest related to my engagement with the Commission or related to any of the institutions licensed by or under the aegis of the Commission that would prevent me from providing a fair, impartial and unbiased opinion in connection with my work.

In the event any conflict of interest or potential conflict of interest may arise during the course of my engagement with the Commission, I will promptly notify the Director of the Commission and will dissociate myself from any Commission work related to that institution.

APPENDIX 13: ENTITLEMENTS OF ERTS

a) Airplane flights/transport

- Round-trip, business class return air tickets between the airport of origin and the United Arab Emirates.
 - Travel itineraries may begin in one city and end in another, if so requested by the ERT member
 - Arrival and departure dates in the UAE are flexible if so requested by the ERT member. Additional costs (hotel nights, etc.) associated with an early arrival or a late departure are at the reviewer's expense.
- Round-trip transport between the UAE airport of arrival/departure and the hotel used by the ERT.
- Transport for ERT members between the hotel and the campus of the higher education institution (HEI) being reviewed is normally provided by the HEI.

b) Hotel accommodation

- Accommodation in a five-star hotel convenient to the HEI being reviewed, with all taxes and tourism fees paid.

c) Honorarium payment

- An honorarium payment of AED 2000 per working day of the review visit, plus one additional day's honorarium covering travel and preparation.
- A Chair of an ERT is entitled to one additional day's honorarium.

After its approval by the Minister, the provisions of this policy are binding on MoE staff responsible for air ticket bookings and other logistics arrangements.

APPENDIX 14: ERT REPORT TEMPLATE

Cover Page

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Introduction

[Note to ERT: The introduction will be expanded “on site” and tied to the specific institution. I will plan on drafting this on behalf of the ERT]

An External Review Team (hereafter ERT) visited the (Institution Name and its acronym) from xx to xx, to evaluate the Application (hereafter the *Self-Study/Application*) for Initial/Renewal of Licensure of the (the institution name). The exit interview was held on (date). This report presents the observations and recommendations of the ERT.

.....

.....

This report contains the observations of the ERT based on the information submitted to it in the *Self-Study / Application* and associated materials, other documentation conveyed to the ERT during the visit, oral presentations, and information resulting from in-depth discussions. The report also includes Requirements, which are actions (the institution acronym) must take in order for the institution to receive Licensure, as well as Suggestions that, although not binding, must be considered by (the institution acronym).

Institution Report

[Note for ERT: There are aspects of the *Standards* which are more applicable to Licensure or the Renewal of Licensure (both of which consider the entire institution) than to Initial Accreditation or of Renewal of Accreditation. That has meant that in the template below, I have eliminated some of the sections as not needing your attention during this visit. For initial licensure we are looking at promises; for renewal of licensure we are looking at results.

Some division of labor seems appropriate for the review. What has worked in the past is to assign the broad institutional sections (support areas) to one of you and divide the institution areas by specific expertise. If each of you will write on the designated sections, and give particular attention

to those, the report should come together nicely. As a Chair, (Name of the Chair) will have responsibility for bringing the narratives together (including what I will do on the introduction; I will be happy to assist on all of this if it will help).

In terms of using this template, it has worked well if you simply do your writing on this. It is a Word document. As a first stage, you are writing (the more done ahead of time the better) some and raising questions which will need to be answered on site. Later stages of writing allow you to polish and then it is a “cut and paste” task from there. Given that, this is an institution in which each of you has expertise in it, some division of labor seemed appropriate. I’d ask (Name of the Chair), as a Chair, to review the assignments and determine whether or not any changes are appropriate. The design of the assignments is to focus your attention on particular areas and facilitate the writing process.

As to using the template, there is no need to worry about the extras at this point. There is no need, for example, to bold face certain sections italicize, etc. If you are quoting a text, obviously put it in quotation marks and give a citation. I will work through the document during the editing phases to insert bold face, italics, underlines, bullets, etc. where they are needed.

As to assignments, please take the lead on those sections with your name attached to them.

(Name of the Chair), as a Chair, may want to make changes in assignments, just let me know. Unless otherwise indicated, you would have responsibility to write the narrative for the entire section as noted.

As a committee goal, we should plan on having our report fully merged by late afternoon on Day 3 so that we can spend the morning of Day 4 (Last Day) fine tuning, going over what it is that we want to say at the exit meeting, completing required CAA forms, etc. If you are able to get the initial merged document to me by the third day, I can begin the editorial process and begin attempting to make the document sound like “one voice.” Some of that occurs in the initial edit; most will take place after you return to your respective homes and after I get back to the office. From the draft schedule/itinerary for the visit, you will know that we will be busy; the more writing that you can do in advance of your arrival (writing that would be based on the documents which already sent to you), the better.

Please also note the following:

- Your narrative is a statement of compliance and/or noncompliance with the issue. Include a statement of the evidence for your conclusion (i.e. interviews, the *Application*, *Self-Study*, one or more of the appendices, international norms, etc.)

For examples and ideas on writing the narrative, please consult the *Handbook for External Review Teams* which would have been sent to you along with the institutional documents.

The “*Standards*” for compliance and/or noncompliance are those outlined on pages 18-23 of the *Standards for Institutional Licensure and Program Accreditation, 2019*. The document is available on the CAA website. Be sure to use the appropriate procedural manual, for initial

licensure use the *Procedural Manual for Institutional Initial Licensure (PMIIL)* and for Renewal of Licensure use the *Procedural Manual for Renewal of Institutional Licensure (PMRIL)* which are also available on the CAA website.

- On the template I've listed the broad headings from the *Standards* to organize your writing. Your analysis and judgment should be inclusive of all subsections of the *Standards* as appropriate to the institution.
- Although you may offer constructive commentary on each area of the template, you *must* offer a summary of the documentation reviewed and the context for all requirements and suggestions.
- Your comments may be inserted on the template and then conveyed to the Chair of the ERT during the visit as requested.

[We will remove all of this instructional language before completing the final report]

Standard 1: Governance and Management

- 1.1 Vision and Mission
- 1.2 Organization
- 1.3 Governance
- 1.4 Policies and Procedures
- 1.5 Institutional Planning
- 1.6 Risk Management
- 1.7 Institutional Management and Administration
- 1.8 Multiple Campus Institutions within the UAE
- 1.9 Campuses of UAE Institutions in Other Countries
- 1.10 Branch Campuses of Foreign Institutions

Standard 2: Quality Assurance

- 2.1 Quality Assurance System
- 2.2 Continuous Quality Enhancement
- 2.3 Quality Assurance Unit

Standard 4: Research and Scholarly Activities

- 4.1 Strategy and Policies
- 4.2 Support for Research and Scholarly Activity
- 4.3 Collaborative Research and Scholarly Activity
- 4.4 Expectations for Research and Scholarly Activity
- 4.5 Research and Scholarly Activity Outputs

Standard 7: Health, Safety and Environment

- 7.1 Occupational Health and Safety
- 7.2 Facilities
- 7.3 Residence Halls
- 7.4 Technology Infrastructure

Standard 9: Fiscal Resources, Financial Management and Budgeting

- 9.1 Fiscal Resources
- 9.2 Student Protection Plan/Teach-out Reserve
- 9.3 Organization and Administration
- 9.4 Budgeting
- 9.5 Expenditures
- 9.6 Financial Management
- 9.7 Accounting and Auditing
- 9.8 Financial Reporting to the MoE
- 9.9 Insurance

Standard 10: Legal Compliance and Public Disclosure

- 10.1 Institution Name and Program Titles
- 10.2 Legal Compliance and Contracts
- 10.3 Public Information
- 10.4 Integrity and Transparency
- 10.5 Relationship with the MoE

Standard 11: Community Engagement

- 11.1 Community Engagement Strategy
- 11.2 Relationships with Employers
- 11.3 Relationships with other Education Providers
- 11.4 Relationships with Alumni
- 11.5 Continuous Education
- 11.6 Evaluation

Conclusions

[Note to ERT: This will be a summary statement written by the Chair of the ERT. It is often the case that the initial draft of the conclusion is the written text for the remarks to be made at the exit meeting. It should generally point toward whether or not you are recommending approval of licensure, approval only if the requirements are met, or disapproval of licensure. You should not, however, actually make a requirement in the conclusion.]

[Note to ERT: This statement is boilerplate and is the last section of every concluding statement:]

The ERT makes its requirements in a spirit of constructive engagement, with the aim of ensuring that the *Standards* are met, and to aid the (the institution acronym) in its desired objective to license the institution.

APPENDIX 15: AGENDA TEMPLATE

Cover Page

Day 0: Arrival Day

No ERT activities planned.

Day 1: Preparation Day

8:30 AM

ERT departs hotel for institution campus

9:00 AM – 11:00 AM

Preparation meeting for ERT at the campus

This day will be preparation, including orientation, review of documents, and writing. All appropriate institutional and program documentation should be available.

Note to institution Staff: The base room on the campus should include internet access and a computer workstation with printer capability. Should also include the institutional documentation on this program including course files (including textbooks) for all courses offered in the program (including general education, electives, and any courses offered by other departments/colleges), the Self-Study, Faculty Handbook, Staff Handbook, Student Handbook, Catalog, Quality Assurance Manual, Policies and Procedures Manual, Fact Book, Strategic and Action Plan(s) – institution level, Strategic and Action Plan – college/department level, Organizational Chart (with names of current appointees and vacant positions) for both institution and college/department level, assessment reports, assessment information, course schedule for the last two semesters, current study plan for the program and related programs, faculty roster for full-time and part-time for the college/department categorized by program (detailing name, rank, highest degree earned, specialty, joining date), detailed faculty working/teaching assignment for the college/department categorized by program (specified courses, number of sections, credit hours, admin responsibilities, and total load) for the last two semesters, list of faculty publications in the program for the past two academic years, actual expenditures on research for the program in the past two academic years, complete faculty files, complete staff files (who are related to the program), list of books and current

journals (related to the program), list of current students in the program (detailing name, student number, admission date, TOEFL score, TOEFL score date, number of credits enrolled, number of credits passed, and GPA), institutional student population for the current academic year categorized by program/college, student appeals for the last two semesters, minutes of college/department committees, advisory board, etc. All required documents should be available in the base room.

Provision for coffee, tea, and light snacks is appreciated throughout the visit.

11:00 AM - 11:30 AM

ERT meets with the President

Note to institution: This is an introductory meeting; the ERT expects a brief presentation about the institution.

11:30 AM - 1:00 PM

ERT interviews with the Chair of the program and Dean of the college.

Note to institution: The specific of the presentations by the Chair and/or Dean are the responsibility of the institution. Given that this will be a tight schedule, the team urges the institution to keep overview presentations brief. The majority of the time should be for discussions and question. The institution shall decide on the personnel to be in the meeting.

1:00 PM

ERT working lunch; no campus personnel

2:00 PM - 4:00 PM

Continue preparation meeting for ERT

4:00 PM

ERT returns to hotel

Day 2: Campus Workday

8:30 AM

ERT departs hotel for institution campus

9:00 AM - 12:00 PM

Executive session for ERT

12:00 PM - 1:00 PM

Tour of campus facilities that are relevant to the program

Note to institution: This tour should include the library, laboratory facilities, and other facilities associated with the

program. Need not to be a comprehensive tour of the whole campus.

1:00 PM - 2:00 PM

ERT lunch with representative faculty/staff

Note to institution: This lunch is designed as, in part, a social event and, in part, as an opportunity for the ERT to interact with individuals whom they might not otherwise have the chance to interview but have an important role for the program.

2:00 PM - 4:00 PM

ERT interviews faculty

Note to institution: This interview time is for faculty interviews. Also, provide faculty files and a list of current faculty in the department/college along with their credentials and teaching/administrative loads. The ERT will conduct interviews in parallel.

4:00 PM

ERT returns to hotel

Day 3: Campus Workday

8:30 AM

ERT departs hotel for institution campus

9:15 AM - 10:30 AM

Executive session for ERT

10:30 AM - 12:00 PM

ERT interviews admin staff

Note to institution: This interview time is for staff interviews. The ERT will need interview time with: (1) Head of Quality Assurance; (2) Head of Student Services; (3) Head of Research; (4) Head of IT Services;

(5) Head of Library; (6) Head of Finance; (7) Head of Human Resource; and (8) Head of Admission and

Registration.

The ERT will conduct interviews in parallel. This might also include follow-up interviews as requested through the Commissioner.

12:00 PM - 1:00 PM

Executive session for ERT

1:00 PM - 2:00 PM

Working lunch for ERT; no campus personnel

2:00 PM - 4:00 PM

Students, alumni, Advisory Board, and employers interviews

Note to institution: These are particularly important sessions for an accreditation visit. The institution should arrange for a representative sample of students and alumni of the program (one session) and members of the external advisory board and employers of the program (a second session). Sessions should be no more than 45 minutes.

4:00 PM

ERT leaves for hotel

Day 4: Exit Day

8:30 AM

ERT departs hotel for institution campus

9:00 AM - 12:30 PM

Working executive session for ERT

12:30 PM - 1:30 PM

Working lunch for ERT; no campus personnel

1:30 PM - 2:00 PM

Exit meeting

Note to institution: This meeting includes President, Dean, Chair, and others as invited by the institution.

This exit meeting will be an overview of the findings of the ERT; there will not be time for discussion other than for purposes of clarification. During this exit meeting, the Commissioner will present an overview of “next steps” for the institution as part of the accreditation process.

The format for the meeting will begin with opening remarks by the Commissioner, the presentation by the ERT Chair and a brief closing by the Commissioner. The President may wish to make very brief final remarks, but the exit meeting is not the time for questions or begins responding to the report. The institution shall decide on the personnel to be in the meeting.

2:00 PM

ERT departs for hotel

APPENDIX 16: ETHICAL OBLIGATIONS OF COMMISSIONERS AND COMMISSION STAFF

Rationale

Integrity, essential to the purpose of higher education, functions as the basic contract defining the relationship between the Commission and each of its licensed and candidate institutions. It is a relationship in which all parties agree to deal honestly and openly with their constituencies and with one another. Without this commitment, no relationship can exist or be sustained between the Commission and its licensed and candidate institutions. The Commission relies on Commissioners, Commission Staff, Consultants, or others associated with the Commission to make a conscientious application of the *Standards for Institutional Licensure and Program Accreditation*. The Commission's requirements, policies, processes, procedures, and decisions are predicated on integrity.

Institutional licensure and program accreditation in the United Arab Emirates are based upon a review process that requires institutional representatives from all degree levels to review institutions and to make recommendations about their licensure or accreditation status. In order to maintain the credibility of those decisions, not only must the Commission hold institutions accountable for integrity governing all aspects of their operations, but also must insure that reviewers responsible for making recommendations maintain the highest level of integrity in all matters dealing with the decision-making process of the Commission and in matters dealing with institutions or programs under review. Integrity of the process mandates at least the following ethical obligations and understandings.

Obligations of Commissioners, Commission staff, consultants, or others working with the Commission

Reviewers have an obligation to represent all recommendations as those of the total committee and not those of particular individuals or groups. When making this collective decision, it is paramount that reviewers provide for each other an environment that supports a candid exchange of ideas, an opportunity for all opinions to be considered, a respect for individual differences and honest dissent, and a commitment to hold in confidence all such exchanges.

Confidentiality

All Commissioners, Commission Staff, Consultants, or others working with the Commission must maintain complete confidentiality and conduct themselves with professional integrity in all licensing and accreditation activities and decisions. Confidentiality applies to all levels of the review process. Confidentiality applies to all documents, correspondence, and discussions relative to all phases of a review. Commissioners, Commission Staff, Consultants, or others working with the Commission are expected to maintain confidentiality regarding input from Reviewers, Commissioners and Commission Staff just as they do regarding all other discussions conducted during the review process.

As examples, Commissioners, Commission Staff, Consultants, or others working with the Commission may not disclose to any person or persons other than Commissioners and Commission Staff the following:

1. information about an institution or an institution's program scheduled for review, including the analysis of institutional materials; information gained from meetings; committee discussions before and during the review; and the resource material;
2. information distributed as part of Commission Staff memos and oral comments by staff;
3. decisions of the External Review Team or the Commission; or
4. the rationale for a decision of the Commission pertaining to an institution

Without a commitment to confidentiality by all Commissioners, Commission Staff, Consultants, or others working with the Commission and in all aspects of the review process, they will not be able to freely execute their responsibility to conduct themselves with professional integrity in accreditation or licensing activities and decisions.

Conflict of Interest

The CAA seeks to ensure that the personal or professional obligations or interests of all Commissioners, Commission Staff, Consultants, or others working with the Commission do not interfere with their ability to conduct their duties in a fair and impartial manner. This policy statement defines those areas that the Commission considers representing an actual or potential conflict of interest. The Commission's purpose in defining these parameters is to:

1. maintain credibility in the accreditation process and confidence in its decisions;
2. assure fairness and impartiality in decision-making;
3. avoid allegations of undue influence in the accreditation process; relationships that might bias the actions, deliberations, or decisions of the Commission; conflicts that would impair judgment; and circumstances that could interfere with an individual's capacity to make objective, detached decisions; and
4. assure opinions free of self-interest and personal bias.

Commissioners, Commission Staff, Consultants, or others working with the Commission will not be assigned to work with an institution at which they have previously been employed. If an employee is a candidate for a position with an institution for which he or she is the designated liaison, the employee must immediately notify the Director and relinquish responsibility for that institution to another employee. No employee may serve as a liaison to an institution at which he or she has been a candidate for employment.

Any professional consulting arrangement, private consulting, or other employment arrangements between employees and outside organizations or institutions may be made only with the approval of the Director of the Commission. Employees may not serve as consultants to member or candidate institutions.

In addition, the Commission relies on the personal and professional integrity of individuals to refuse

any assignment in which an actual or potential conflict of interest exists. If an unanticipated actual conflict of interest develops, the Commissioner or Commission employee should withdraw at that point.

It is the responsibility of the Commissioner, Commission Staff, Consultants, or others associated with the Commission in all cases to determine whether or not an outside relationship does in fact constitute a conflict of interest.

APPENDIX 17: DOCUMENT CONTROL, MANAGEMENT, CONFIDENTIALITY AND DISPOSITION

CAA Records Management Policy

Principles

1. Records created or received by staff in the process of conducting CAA business are vital assets of the CAA, providing evidence of its current practice (decisions, actions, reporting, setting certain quality standards, business activities and transactions) and for future research while fully adhering to and complying with the program accreditation and institution licensure Standards. They support CAA daily functions and operations.
2. The CAA primary technologies used for recordkeeping are the:
 - CORE, the electronic archiving system
 - CAA website
 - CAA portal
 - Excel database
 - Email
3. This policy applies to records in all formats (paper and digital) whether registered files, working papers, electronic documents, emails, online transactions, data held in databases or on USB, maps, plans, photographs, sound and video recordings.
4. This CAA policy and its within described practice are based on its legislative responsibilities.
5. All areas of CAA operations must keep records in accordance with this policy on matters such as documentation, processing HEIs applications, and any other administrative operations.

Creation and Maintenance of Records

1. The CAA ensures that full, detailed and accurate records are created and maintained to document its business and activities, including outsourced, contracted or cloud-based activities, and are captured in recordkeeping systems/technologies to:
 - Reinforce efficient and effective operations.
 - Ensure business continuity: so that staff undertaking CAA business can access past decisions, communications and activities. Records must be organized and managed to maintain their context and ease of retrieval. The records and information to meet both long and short term needs. They are ready for re-use, and remain accessible for as long as needed.
 - Protect rights: the CAA owns legal, financial and other rights and its obligations to Ministry of Education, Higher Education Institutions and their students, its staff, and others affected by its actions.
 - Support accountability, regulatory compliance and management of risk. Governance mechanisms ensure that records management practices support appropriate decision

making and promote accountability and transparency to achieve desired business outcomes.

2. Records must accurately reflect the activities they document and include sufficient contextual information or metadata for them to be meaningful, such as the identity of staff who are undertaking CAA business on its behalf, the date the business is undertaken, source of information and a description of data provided in statistical and analytical reports and tracking HEIs applications processing and status. Records provide evidence of what was said and done, purpose, where, when, and by whom in the conduct of the CAA work.
3. Records should be captured into a recordkeeping system as soon as possible after creation so that evidence is readily available, valid up to date and in consistence across all recordkeeping systems and database to support CAA business.
4. CAA records created or received by email or electronic documents held on personal computers must be incorporated into a recordkeeping system and shared files.
5. Oral decisions, actions, agreements and commitments should be recorded and incorporated into a recordkeeping system, e.g. documented in a 'note for file' incorporated into the relevant file. Formal meetings should be documented by an agenda, minutes and any supporting documentation and meeting material.
6. The CAA uses a subject classification structure to classify records in the CORE, the Electronic Archiving System so that information can be easily located.
7. Records are made available in accordance with the constraints of security, confidentiality, and archival access conditions
8. A future recordkeeping system must be assessed for compliance with records standards and functions and operations carried out while processing Higher Education Institutions applications, before it is implemented or before records are migrated to or from the system. A major change to an existing system must also be assessed for such compliance.
9. CAA monitors and reviews its recordkeeping for enhancements on regular basis.
10. CAA staff understand and appreciate the value of information as an asset for the Commission and the Ministry of Education.
11. CAA staff and External Reviewers have an obligation to make and keep full and accurate records of their activities at all times. The CAA provides an induction process and ongoing refresher sessions to ensure all staff are aware of the requirements and how to meet them.

Access to Records

1. The CAA provides access to its records to staff that are authorized by the appropriate delegates. Access may be restricted to particular staff positions or responsibilities or business areas as deemed required for a particular reason.
2. The CAA's records must not be provided to a third party without following the appropriate guidelines in consultation with CAA Senior Management.

Record Titling Guideline

1. For records to be accessible and retrievable, and to support CAA decision-making, they should have a title that accurately describes the content.
2. An accurate and meaningful title is essential at all records levels (whether a file, a folder or an individual document) as it supports better recordkeeping, reduces duplication and improves relevance of search results and identification of right information.
3. A record title may be free-text and or follow a set of defined terms as part of a Classification Scheme. It may include:
 - Dates or date ranges: YYYY-MM-DD
 - Codes of Higher Education Institutions: UAEU, ZU, HCT
 - Type of document: Agenda, Response, Assessment Report, ERT Report, etc.
 - Type of Application code: Initial Program Accreditation (IPA), Initial Institutional Licensure (IIL), Renewal of Program Accreditation (RPA), Renewal of Institutional Licensure (RIL),
 - A version number
 - Title elements to be separated with a space
 - Keywords for Business Classification

APPENDIX 18: DESCRIPTION OF THE CORE

The CORE is a database used by the Commission for Academic Accreditation for a variety of purposes including the ones listed below:

1. Date of Decree of Institutions
2. List of Licensed Institutions within the UAE with date of initial licensure and expiration, renewal of licensure dates, due dates for next renewal of licensure.
3. List of accredited programs, type of program, language of instruction, initial accreditation date, renewal of accreditation dates and due dates for next renewal of licensure and program accreditations.
4. Searchable list of all members of previous ERTs since 2010, including qualifications, specialties, contact details, passport information, visit dates and comments from Commissioners.
5. Schedule of all previous and currently planned site visits listing Institution, program(s), dates of site visit, Commissioner assigned, and members of the ERT.
6. *Applications, Self-Studies* and *Substantive Changes* that have been submitted to the CAA for review, ERT reports, Institution responses to reports and ERT reviews of institutions' responses.
7. All documentation related to the final outcome of site visits in response to *Applications, Self-Studies* and *Substantive Changes*.
8. Mechanism to search for reviewers with needed qualifications (specialty areas) for review of *Applications, Self-Studies* and *Substantive Changes*.
9. Completed Quality Assessment forms, Conflict of Interest forms and other forms associated with CAA reviews.
10. Service providers for CAA
11. Conference data
12. Data collected from closed, on probation, and phasing-out HEIs.
13. Other information archived, used or collected by the CAA.

APPENDIX 19: PUBLIC INFORMATION AVAILABLE ON THE CAA WEBPAGE

The Website of the Commission for Academic Accreditation can be found at www.caa.ae. The following information is publicly available on the website:

1. Mission, Goals (4), Core Values, and Guiding Principles of the CAA
2. List of Licensed Institutions, accredited programs, and accredited programs given in Arabic
3. Personnel information for the Director, Commissioners, and Staff
4. List of Activities (workshops, information sharing events, etc.)
5. Documents including:
 - a. Standards for Institutional Licensure and Program Accreditation 2019
 - b. Supplementary Guidance to the Standards 2019
 - c. Procedural Manual for Initial Institutional Licensure 2019
 - d. Procedural Manual for Renewal of Institutional Licensure 2019
 - e. Procedural Manual for Initial Program Accreditation 2019
 - f. Procedural Manual for Renewal Program Accreditation 2019
 - g. Extracts from *QF Emirates: A Guide for External Review Teams* 2019
 - h. Guide to Writing Learning Outcomes 2019
 - i. Guide for External Review Teams 2019
6. License Process and Timeline: Overview
7. Accreditation Process and Timeline: Overview
8. Frequently Asked Questions
9. Enquiries including address of the CAA office and method of email contact with CAA.
10. Good Practice Database
11. CAA Annual Report and CAA Fact Book

The CAA website is maintained and updated as necessary by CAA staff supported by the Department of IT of MoE.

APPENDIX 20: DOCUMENT CONTROL AND MANAGEMENT

DOCUMENT CONTROL AND MANAGEMENT		
RESPONSIBLE OFFICE	DOCUMENT	DATE OF REVISION
CAA	POLICIES AND PROCEDURES MANUAL	July 2023