



This review was conducted in compliance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)

International Quality Review

Gulf University,
Kingdom of Bahrain

Review Report

July 2024

Contents

| | |
|--|-----------|
| About this review | 1 |
| Key findings | 2 |
| Executive summary | 2 |
| QAA's conclusions about Gulf University, Bahrain | 4 |
| European Standards and Guidelines | 4 |
| Conditions | 4 |
| Good practice | 4 |
| Recommendations | 4 |
| Explanation of the findings about Gulf University, Bahrain | 6 |
| Standard 1.1 Policy for quality assurance | 7 |
| Standard 1.2 Design and approval of programmes | 10 |
| Standard 1.3 Student-centred learning, teaching and assessment | 12 |
| Standard 1.4 Student admission, progression, recognition and certification | 15 |
| Standard 1.5 Teaching staff | 18 |
| Standard 1.6 Learning resources and student support | 20 |
| Standard 1.7 Information management | 23 |
| Standard 1.8 Public information | 25 |
| Standard 1.9 Ongoing monitoring and periodic review of programmes | 27 |
| Standard 1.10 Cyclical external quality assurance | 29 |
| Glossary | 31 |

About this review

This is a report of an International Quality Review conducted by the Quality Assurance Agency for Higher Education (QAA) at Gulf University, Kingdom of Bahrain. The review took place from 9 to 11 July 2024 and was conducted by a team of three reviewers, as follows:

- Professor Mark Davies
- Professor Anca Greere
- Chrystalle Margallo (student reviewer)

The QAA Officer for this review was Kevin Kendall.

International Quality Review (IQR) offers institutions outside the UK the opportunity to have a review by the UK's Quality Assurance Agency for Higher Education (QAA). The review benchmarks the institutions' quality assurance processes against international quality assurance standards set out in Part 1 of the [Standards and Guidelines for Quality Assurance in the European Higher Education Area \(ESG\)](#).

In International Quality Review, the QAA review team:

- makes conclusions against each of the 10 standards set out in Part 1 of the ESG
- makes conditions (if relevant)
- makes recommendations
- identifies features of good practice
- comes to an overall conclusion as to whether the institution meets the standards for International Quality Review.

A summary of the findings can be found in the section: [Key findings](#). The section [Explanations of the findings](#) provides the detailed commentary.

The QAA website gives more information [about QAA](#) and its mission. A dedicated section explains the method for [International Quality Review](#) and has links to other informative documents. For an explanation of terms see the [Glossary](#) at the end of this report.

Key findings

Executive summary

Gulf University, Bahrain is a private university on one campus located in Manama, Kingdom of Bahrain. The University was established in 2001, licensed by the Bahraini Ministry of Education, and is one of 14 universities in the country. The University has approximately 1,150 students who study across four colleges, namely the College of Engineering, the College of Administrative and Financial Science, the College of Communication and Media Technologies and the College of Law. There are 40 full-time academic staff and 32 administrative staff employed at the University.

Gulf University has a vision and mission stated below:

Vision

'Gulf University aspires to be a distinguished higher education institution in Bahrain and the region, for its competitive graduates, cutting edge learning environment, impactful/impressive research, and contribution to communities' growth through constructive partnership.'

Mission

'Gulf University provides quality education, fostering creativity and innovation to generate professional workforce and intellectual capital in a stimulating multicultural environment. We pledge to contribute significantly towards research activities with a sound impact both in academia and industry in an ethical environment. We support our highly competent staff [and] graduates to achieve personal and professional goals amidst socio economic challenges and engage in the sustainable development of Bahraini and regional community.'

The University states that it achieves the above through seven strategic themes as below:

- Proactive Education for futuristic career in demand
- Relevant research with reflection on industry and society
- Effective community engagement for outreach and social impact
- Market repositioning through innovation and internationalisation
- Commitment towards Sustainable Development Goals through people and processes
- Championing Alumni empowerment and lifelong engagement
- Digital transformation through leveraging technical and human capabilities.

Gulf University offers Bachelor's degree programmes in Human Resource Management, Accounting and Finance, Mass Communication, Interior Design Engineering, Law, and a Master's Degree in Mass Communication. All programmes are licensed by the Higher Education Council, Ministry of Education, Bahrain, and the University has formal arrangements to adhere to the National Qualification Framework's qualification design requirements.

The University also has a partnership agreement with the University of Northampton, UK to offer franchised degree programmes. These are the BEng Mechanical Engineering, BEng Electrical and Electronics Engineering and BA Advertising and Digital Marketing. From the academic year 2024-25 there will be two more franchised programmes: Master's in Business Administration and MA Human Resource Management.

Bahrain is a small island with a limited but increasing student population of around 10,000 high school graduates annually. The limited number of students and high number of higher

education institutions makes the higher education sector extremely competitive. The University states that another challenge faced is the limited collaboration with industry as the private higher education sector in Bahrain is relatively young and has yet to develop a culture that supports constructive relationships. This also poses another challenge as the University tries to respond to the rapid changes in the market to prepare high quality graduates fit for the labour market.

In reaching conclusions about the extent to which Gulf University, Bahrain meets the 10 ESG Standards, the QAA review team followed the evidence-based review procedure as outlined in the handbook for International Quality Review (June 2021). The University provided the review team with a self-evaluation and supporting evidence. During the review visit, which took place from 9 to 11 July 2024, the review team held a total of seven meetings with the University President, the senior management team, a representative group of students, graduates, academic staff involved in teaching, staff from academic support teams, employers and senior staff responsible for quality. The review team also had the opportunity to observe the University's facilities and learning resources on site at the Gulf University, Manama, Bahrain.

In summary, the team found two examples of good practice and was able to make some recommendations for improvement/enhancement. The recommendations are of a desirable rather than essential nature and are proposed to enable the University to build on existing practice which is operating satisfactorily but which could be improved or enhanced. The team did not set any conditions.

Overall, the team concluded that Gulf University, Bahrain **meets** all standards for International Quality Review.

QAA's conclusions about Gulf University, Bahrain

The QAA review team reached the following conclusions about the higher education provision at Gulf University, Bahrain.

European Standards and Guidelines

The Gulf University, Bahrain meets all of the 10 ESG Standards and Guidelines.

Conditions

The team did not set any conditions.

Good practice

The QAA review team identified the following features of **good practice** at Gulf University, Bahrain:

- the practice of conducting advisory interviews, intervening early in supporting students through their University experience (ESG Standard 1.4)
- the engagement with industry representatives for programme review and curriculum updates, specifically via the Advisory Boards (ESG Standard 1.9).

Recommendations

The QAA review team makes the following **recommendations** to Gulf University, Bahrain:

- ensure processes relevant for quality assurance are all formalised and more fully evidenced to allow for University-wide dissemination and strategic deliberations (ESG Standard 1.1)
- develop formal opportunities for the identification and sharing of good practice to allow for institutional growth (ESG Standard 1.1)
- strengthen the engagement with students and alumni for quality assurance and governance purposes (ESG Standard 1.1)
- establish formal procedures for student leaders to be involved in governance frameworks and feedback mechanisms, ensuring an effective system of student partnership in design and approval as well as development of programmes (ESG Standard 1.2)
- develop and implement a framework of reasonable adjustments to ensure a consistently equitable allocation of resources to meet each student's needs (ESG Standard 1.3)
- re-evaluate the plagiarism monitoring mechanisms to ensure a robust process that reinforces academic integrity among both students and staff, creating a preventive environment (ESG Standard 1.3)
- develop and implement an assessment feedback monitoring policy to ensure ongoing review and maintenance of the quality of assessment feedback provided to students (ESG Standard 1.3)
- ensure that for all programmes that are open for recruitment, comprehensive and detailed programme information is made publicly available (ESG Standard 1.4)

- establish and implement a scheme to ensure that student admissions, performance, progression and completion data are discussed fully, and subsequent action taken as appropriate at both local and University levels (ESG Standard 1.4)
- implement training for all teaching staff to ensure consistent quality and effectiveness in their learning, teaching, and assessment practices (ESG Standard 1.5)
- establish a transparent system to oversee and monitor learning resources at the University level with the involvement of all internal stakeholders (ESG Standard 1.6)
- make more explicit use of data collected and formally include deliberations on data analysis reports with opportunity for effective escalation and systematic consideration (ESG Standard 1.7)
- ensure that all policies and procedures relating to quality processes are publicly available (ESG Standard 1.8)
- ensure that all programme specifications are available on the University website and that the programme specifications are those of the programmes it delivers (ESG Standard 1.8)
- ensure that all students referred to in publicly available documents are fully anonymised (ESG Standard 1.8)
- promote mechanisms to integrate action and improvement plans from quality assurance activities across the University so as to ensure appropriate oversight and timely implementation progress (ESG Standard 1.10)
- develop improved reflective/self-evaluation capacity to respond more effectively to the requirements of external quality assurance bodies (ESG Standard 1.10).

Explanation of the findings about Gulf University, Bahrain

This section explains the review findings in more detail.

Terms that may be unfamiliar to some readers have been included in a [brief glossary](#) at the end of this report. A fuller [glossary of terms](#) is available on the QAA website, and formal definitions of certain terms may be found in the operational description and handbook for the [review method](#), also on the QAA website.

Standard 1.1 Policy for quality assurance

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

Findings

1.1 The University has a Quality Assurance and Enhancement Policy that was issued in 2023 and contains clarifications on key quality assurance terminology, expectations for quality assurance alignment within the national context, the responsibilities of key actors and refers to the Quality Assurance Framework for details of quality assurance specific activities. The self-evaluation document (SED) offers a list of areas which are identified to build up the Framework. These include: Governance; Strategic directions; Quality assurance and enhancement; Quality audit; Access, transfer, Progression; Programme design and development; Programme review and development; Teaching and learning; Assessment design, verification and moderation; Research; Community engagement; and Certification and authentication. The team was also presented with a Policy Register and a List of Procedures. It was clarified by the University that the Framework supports the interaction and interdependencies across the multiple policies, but the Framework has been replaced with a Quality Assurance (QA) Manual, which was not presented to the team. The team consulted the Framework document, which was now out of date, but did have procedural detail on extensive quality assurance arrangements, shaping the internal quality assurance system at the University. The confusion around the Framework/Manual was evident from responses in meetings and this raises questions about the efficiency of communication in relation to relevant updates, which has also not yet occurred in the Quality Assurance and Enhancement Policy which still refers to the QA Framework.

1.2 The University uses a Policy for Policies with a clear schedule for policy review on a four-yearly cycle. It is advocated that the periodic review can be supplemented by updates as and when necessary; however, it was not clear how these updates may be triggered given that the Quality Assurance Manual was introduced after the last update of the Quality and Development Framework in 2020-21, but the Quality Assurance and Enhancement Policy has not yet been revised accordingly.

1.3 The policies listed in the register are also offered as a list on the website, but access is not universally achievable and may depend on user location. Standard 1.8 identifies policies under user protection and recommends that they be made fully accessible. It would be helpful if the Quality Assurance Manual could also become publicly accessible.

1.4 The evidence collected in support of quality assurance processes is variable, with staff and students presenting confidence in the procedures they were describing without there always being a formal policy to point to or evidence in support of consistent implementation of these procedures. The Quality Assurance and Development Center (QADC) was reported to hold the definitive answers. The University community is small with informal communication being relied upon to address imminent issues. However, this may pose a risk, especially given the projected ambitions for growth, as decision-making may not form part of formal communication or auditable processes, negatively impacting the potential for continuity and consistency. The team therefore **recommends** that the University should ensure processes relevant for quality assurance are all formalised and more fully evidenced to allow for University-wide dissemination and strategic deliberations.

1.5 There is an intense action planning activity being undertaken under QADC coordination. This includes quality assurance actions stemming from internal and external

processes. However, the team sought to understand how progress is monitored and where/if integration of action points may be achieved. Different plans which contained progress reports show slow or insufficient progress, with little clarity on who has responsibility to progress the various actions and if such roles also have authority to deal with the difficulties which need to be overcome. QADC staff confirm that the University does not adopt the approach of having all accreditation improvement and action plans under one umbrella as they are usually considered as one-off projects with programme or college relevance and that it would fall to the QADC to identify any cross-University themes that could be presented in the annual reports and at Council level. The team found these arrangements to offer reduced opportunity for sharing and deliberations of cross-cutting recommendations and saw this as a major limitation for University growth into the future. The team has formulated a recommendation as part of Standard 1.10. The team also explicitly sought to understand where programme and college good practice would be disseminated to benefit University-wide practices, but found that, in the main, discussions were siloed, and sharing was informal. The team therefore **recommends** that the University should develop formal opportunities for the identification and sharing of good practice to allow for institutional growth.

1.6 The Quality Assurance and Development Center (QADC) is responsible for the coordination and implementation of quality assurance initiatives, and it maintains oversight of all action planning that derives from internal review and external accreditation procedures. As per the SED, QADC leads development activities and provides appropriate plans, policies, procedures and guidelines to achieve the alignment with the standards of the national regulatory authorities while considering the regional and international standards of accreditation and professional bodies. This is systematised as part of the QADC Operational Plan. QADC also acts as a main contact between the University and external communities with regard to quality assurance and accreditation issues.

1.7 There are multiple committees that support the implementation of the quality assurance agenda. As such, the QADC collaborates with both the University Quality Assurance Committee and College Quality Assurance Committees. The University Quality Assurance Committee is responsible for monitoring the continuous development of the University and college academic and administrative activities. Within this context, the Committee provides recommendations to the University Council on required decisions and actions that are relevant to quality assurance and improvement. The College Quality Assurance Committee oversees and monitors the proper implementation of the University policies and procedures and advises college and academic department leadership and staff on quality enhancements plans and actions. The team concluded that the use of data to inform decision-making is insufficiently considered at committee level and has formulated a recommendation in Standard 1.7.

1.8 The University understands the value of external participation in quality assurance processes and strives to develop relevant levels of engagement with different stakeholder groups. Individual programmes will nominate students to serve as the student voice in discussions with senior management. However, the students do not receive training for these roles and are appointed to some committees and not others. Overall, the students whom the team met confirm their voice is listened to and action taken in response to their requirements and they did not find themselves disadvantaged by the nomination system rather than an election system for representation, although this does raise questions of equitability. Alumni, although willing and open to collaborations, are less engaged in quality assurance processes. There are activities which are conducted with alumni but appear as one-off invitations rather than consistent input into the quality assurance system and the underpinning committee structure. The team therefore **recommends** that the University should strengthen the engagement with students and alumni for quality assurance and

governance purposes. Employers are involved at programme level and their involvement is found to be relevant and timely (see Standard 1.9).

1.9 As part of its internal quality assurance system, the University organises audits of academic and administrative units, and performance reports of committees, units and centres. The University also contracts external review of its internal quality assurance arrangements, which is done by external auditors every two years, the results of which then contribute to decisions for revisions and improvements.

1.10 The University should give additional attention to the formalisation of all quality assurance activities, to its action planning approaches and its arrangements for the sharing of good practice identified through internal and external review processes, as well as options for strengthening the involvement of students and alumni in the quality assurance and governance structure. Most of the policies relevant to quality assurance are publicly available and the involvement of various stakeholder groups gives adequate perspective to the University. Overall the review team concludes that Standard 1.1 Policy for quality assurance is **met**.

Standard 1.2 Design and approval of programmes

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications' framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

Findings

2.1 The University is accredited by the Higher Education Council (HEC) in Bahrain and meets the standards of the Bahrain Quality Assurance and Training Authority (BQA). Its mission is to provide quality education, promote creativity and innovation, and develop a professional workforce in a multicultural setting.

2.2 The University has clear policies for designing and approving new programmes, ensuring compliance with regulatory standards and alignment with the University's vision and mission. The Programme Design, Development, and Approval Policy and Procedures include steps such as market research, feasibility studies, regulatory compliance, programme justification, and benchmarking. This ensures that programmes equip graduates with the necessary knowledge, skills, and competencies for professional success.

2.3 The programme validation process encompasses several key stages: preparing a rationale based on market research, assessing labour market needs, evaluating career opportunities, determining the appropriate National Qualifications Framework (NQF) level and credit value, and benchmarking findings. The programme design also considers planned enrolment and the necessary resources and staffing. During benchmarking, feedback is gathered from both internal and external stakeholders to identify the resources required for programme delivery, including staffing and physical resources. However, students are not directly consulted, instead survey results are taken into consideration.

2.4 The University conducts market research and feasibility studies to evaluate staffing requirements, learning resources, and physical facilities, including laboratories, workshops, computer labs, and software needs. The programme team engages in benchmarking, market research, and stakeholder consultations to refine the course design. The process defines programme graduate attributes, curriculum specifics, teaching methodologies, assessment strategies, and admission criteria.

2.5 All master's programmes are designed to meet Bahrain NQF Level 9 standards. The course mappings align with Level 9 National Qualifications Descriptors, and intended learning outcomes follow NQF guidelines. The MBA programme adheres to both HEC and NQF requirements.

2.6 The University's Policy and Procedures for Mapping Programme Courses to the NQF detail the systematic mapping process for both existing and new academic programmes. The mapping panel conducts the process to determine NQF credits for each MBA programme. The programme team also conducts benchmarking for programmes at a local, regional, and international level, based on the Benchmarking Policy and Procedures. The University also uses external validators for course validation processes, leveraging specialist experience and knowledge.

2.7 The programmes have aims, learning outcomes, admission criteria, teaching strategies, assessment methods, progression routes, and career paths for prospective

students (www.gulfuniversity.edu.bh/). The programme specifications clearly state the programme aims, programme intended learning outcomes (PILOs), admission criteria, study plans, career opportunities, and progression routes. The PILOs are derived from and aligned with the programme aims, ensuring they match the programme level and subject. Each course is mapped to these PILOs shown in the Course to PILO Mapping. The course intended learning outcomes (CILOs) are developed through benchmarking with similar programmes at local, regional, and international universities. During the visit, students confirmed that it is clear where they can find their course learning outcomes and they refer back to the course learning outcomes throughout their study life-cycle. The University has a pragmatized approach to mapping learning outcomes to level of study and benchmarking for courses, the learning outcomes have been integrated into the process of mapping the course learning outcomes.

2.8 The programme teams take into account feedback from employers, industry professionals and to some extent graduates during programme development. However, during the visit the review team found that students are not involved in the creation and development of programmes. Students reported that there is no formal process for providing feedback on their programmes; they are expected to approach staff individually to offer their input. While there is student representation on college committees, no training is provided to these student representatives. Without proper support, there is a risk of receiving poor quality feedback from students. To mitigate this risk, the review team **recommends** that the University establishes formal procedures for student leaders to be involved in governance frameworks and feedback mechanisms, ensuring an effective system of student partnership in design and approval, as well as development of programmes.

2.9 The University's academic programmes promote progressive learning, starting from foundational to advanced levels. A prerequisite system requires students to complete specific courses before moving on to more advanced ones, ensuring continuous development and the practical application of knowledge and skills. Students are provided an academic adviser to provide guidance to support them in their academic progression in accordance with the Academic Advising Procedures.

2.10 In summary, the team confirms that Gulf University has appropriate procedures for the design and approval of its programmes. These programmes are crafted to achieve their set objectives, including the intended learning outcomes. The qualifications awarded upon completion of a programme are clearly specified and communicated, corresponding correctly to the appropriate level of the national qualifications framework. Therefore, the team concludes that Standard 1.2 Design and approval of programmes is **met**.

Standard 1.3 Student-centred learning, teaching and assessment

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

Findings

3.1 The University upholds a Teaching and Learning Policy that outlines its educational approach, ensuring consistent implementation through the learning and teaching procedure. At Gulf University learning is considered a holistic process that incorporates work-based practice and involves cognitive, emotional, and social dimensions of human functioning. During the visit, the teaching team and students explained that advisers play a central role in supporting and reinforcing this holistic approach to learning.

3.2 During its shift to distance education, the University adhered to its Distance Education Policy and E-Learning & Distance Education Procedures. These documents underscore the University's dedication to delivering high-quality learning experiences via digital platforms for both academic and administrative functions. The E-Learning and Distance Education Procedures outline guidelines for systematically planning, designing, and implementing online teaching, learning, and assessment practices across all academic programmes. This ensures a consistent approach aimed at achieving the intended learning outcomes.

3.3 The University utilises Moodle as its Learning Management System (LMS), where course materials such as specifications, resources, slides, assignments, and other content are uploaded for student access. Attendance is also recorded via Moodle, which generates individual reports for students. During the visit, students confirmed the accessibility of Moodle and the ease of use for navigating their studies.

3.4 During the visit, students confirmed that their assessment criteria are published and made available before assessments are conducted. They also noted that teaching staff provide constructive feedback and critiques, acknowledging students' efforts and motivating them to further refine and develop their projects and tasks.

3.5 Students with special needs are supported by advisers who direct them to the relevant team. For assessments, these students are provided with extra time or a separate room to complete their work. However, it was found upon the identification of a specific student's needs that there is a lack of equity in the framework for the allocation of resources for students with special needs. Therefore, the review team **recommends** that the University develop and implement a framework of reasonable adjustments to ensure a consistently equitable allocation of resources to meet each student's needs.

3.6 Students stated that they receive advance notice of any changes to assessment schemes, submission dates, or learning resources. The University upholds an Assessment Policy and Procedure that provides comprehensive guidelines for the design and development of assessments, ensuring consistency and transparency.

3.7 Peer reviews are carried out to oversee class management and course delivery, providing feedback for improvement. Teaching staff confirmed that the peer-review process is subject-specific. Although it is still in its initial phases, staff emphasised that it has been beneficial for sharing effective practices.

3.8 The University provides several methods for enhancing assessments, with the College Teaching, Learning and Assessment Committee (CTLAC) exploring additional improvements. Students express satisfaction with the assessment methods, noting that they

are relevant to their subject discipline and enable them to demonstrate the achievement of the intended learning outcomes.

3.9 The University follows an internship procedure, requiring students to complete two internship courses. These procedures outline the roles of students, academic supervisors, and field supervisors, who meet with students before training begins to develop the internship plan. The academic supervisor has the responsibility to assign tasks aligned with the internship plan, focusing on real-world projects in the relevant practice. Feedback on student performance and attitude is obtained from the employers and staff, as shown in the sample feedback from academic and field supervisors. Students and stakeholders highlighted positive feedback on the skills students obtain to contribute to their employability.

3.10 The Staff Development Office at Gulf University provides training sessions for academic and support staff. Training and workshops, conducted both internally and externally, are organised for academic staff shown in the professional development plan. These include workshops on Moodle use, digital tools, teaching methods, assessment mapping, NQF course alignment, programme leadership, and classroom management.

3.11 The University ensures that assessment design and mapping are integral to programme creation and review, starting with early planning. This involves aligning assessment and teaching strategies with PILOs, structuring the curriculum to link courses to PILOs, and matching CILOs with PILOs. Various assessment methods are set from the beginning. In the next phase, the University maps CILOs to PILOs and aligns assessments with CILOs, ensuring comprehensive outcome measurement and integrating formative feedback before summative assessments.

3.12 During the visit, staff and students discussed the submission of assessments and confirmed that student work is electronically checked for plagiarism. The software generates a 'similarity score', with any score of 20% or higher indicating plagiarism. This practice may lead to the University assigning pass grades to work with compromised academic integrity and falsely accusing students of academic misconduct. Using similarity scores in this manner may not effectively detect plagiarism or uphold the University's values. Therefore, the review team **recommends** that the University re-evaluate its plagiarism monitoring mechanisms to ensure a robust process that reinforces academic integrity among both students and staff, creating a preventive environment.

3.13 The University uses the Student Information System (SIS) to monitor and enhance individual student performance across courses, facilitating detailed progress tracking. During the visit, students confirmed that the SIS is useful for monitoring grades and assessment feedback. However, the review team found that feedback is inconsistent and there is no policy to ensure a consistent monitoring system or procedure for the feedback provided to students. Therefore, the review team **recommends** that the University develop and implement an assessment feedback monitoring policy to ensure ongoing review and maintenance of the quality of assessment feedback provided to students.

3.14 Assessment Verification and Moderation Procedures guide both internal and external assessment moderation. At the start of the academic year, the programme leader proposes external verifiers and moderators. They ensure alignment with learning outcomes and improved assessment methods, overseen by the College Teaching, Learning, and Assessment Committee (CTLAC) for process enhancement. The University chooses external jurors based on expertise in the programme's specialisation, preferably from industry, to participate in panels for student project presentations. Their selection, responsibilities, and reporting are guided by External Juror Terms of Reference. External examiners assess final projects, providing valuable feedback on layout and presentations.

3.15 The University's appeal process is transparent - students appeal in-semester assessments to instructors and major assessments to the Admission and Registration Unit. Second-level appeals are reviewed by the College Teaching, Learning, and Assessment Committee, managed within the Campus System since Spring 2022-23. The University maintains policies for handling student grievances fairly and transparently. Students can appeal decisions, managed by the Student Complaints and Grievance Committee. Cases involving faculty, staff, or students undergo investigation, including appeals on disciplinary matters such as academic misconduct.

3.16 In summary, the team concludes that Gulf University has adopted a student-centred approach to learning and teaching. The University's approach to assessment is consistent, and a formal procedure for student appeals is in place, therefore the team concludes that Standard 1.3 Student-centred learning, teaching, and assessment is **met**.

Standard 1.4 Student admission, progression, recognition and certification

Institutions should consistently apply pre-defined and published regulations covering all phases of the student 'life cycle', for example student admission, progression, recognition and certification.

Findings

4.1 Admissions at the University are regulated by the Admission Policy, which indicates that academic ability and potential, and equal opportunity underpin the University's approach to admissions. The policy lists eight sound principles to be followed, which together set a firm tone for the claimed transparency, fairness and consistency in procedures.

4.2 Accompanying the Admission Policy, the Admission Procedures document specifies responsibilities within the procedures for admission, and details the admission requirements for each programme, including admissions directly into the second year of those programmes where this is possible, and includes the rules concerning credit transfer. Also detailed are the procedures to be followed when a student appeals an admission decision. However, the Admission Procedures document stops short of indicating which body or officeholder makes the decision to admit students, referring to the Admission Committee as making 'recommendations', although to what body or officeholder is not clear. Nonetheless, it is clear from the Admission Committee's terms of reference and from committee practice as described by its members that it takes the decisions, and the University will wish to remove this anomaly and make it clear in the Admission Policy and Procedure. The Admission Committee comprises a chair, a coordinator, and a faculty member representing each academic programme. Admissions criteria are reviewed as part of programme periodic review (see Standard 1.9) but may be revised more quickly in response to external or internal factors.

4.3 Prospective students who do not fully meet the admission criteria set for a particular programme, but who believe they meet these criteria by virtue of life and work experience can submit an application for admission under the Recognition of Prior Learning scheme, which is governed by a specific policy dated July 2023 and a specific procedures document dated November 2023. The process is administered by the Admission Committee. However, given the recent introduction of the policy and that it has yet to be formally endorsed by the Bahrain Higher Education Council, at the time of the review there have been no applications for admission via this route. Nonetheless, there is opportunity for students to be admitted on the basis of previous study at other higher education providers and decisions are made on a case-by-case basis, and take into account the match between the curriculum and learning outcomes of the previous study and the programme at the University.

4.4 For some programmes students must pass a proficiency test, termed a 'placement test', for example in mathematics or English. Should students fail the proficiency test, they may still enrol, but on condition of passing one or more preparatory courses first.

4.5 All applicants who meet the criteria for admission are interviewed by members of the Admission Committee, with, for most programmes, faculty members from the relevant programme present. During the interviews recommendations may be made to the applicant on her/his suitability for the programme applied for and suggestions made as to other programmes that might better suit the applicant. Effectively the interview acts as the first element of academic and pastoral support for students at the University, advising students of what they can expect once enrolled. The team viewed the practice of conducting advisory interviews, intervening early in supporting students through their University experience, as a feature of **good practice**.

4.6 Students on the programmes awarded by Northampton University, UK, follow the same admissions process to the first year of study at the University, and completion of that year qualifies students for admission to the three-year Northampton University programme.

4.7 Students, including international students, met by the team reported no issues with how their admission to the University was organised and staff confirmed that the admissions procedure as detailed in the SED was followed.

4.8 The SED reports that prospective students have access to the electronic Student Information System (SIS) and can check the progression of their application. However, students met by the team reported that access is granted only on registration.

4.9 The admission requirements for each study programme that currently operates are publicly available on the University's website in downloadable programme brochures. Summary admissions requirements are also contained in the Student Handbook. To some extent the requirements are benchmarked to local, regional and international providers such that the University remains competitive. However, in early May 2024 the website did not yet contain either the programme brochures or admissions requirements for the two programmes that the University plans to recruit to in the academic year 2024-25, even though those programmes were open for applications. The team concluded that the University was thereby not only missing a recruitment opportunity but could be recruiting students who do not have adequate knowledge of the programme. The team therefore **recommends** that the University ensures that for all programmes that are open for recruitment, comprehensive and detailed programme information is made publicly available.

4.10 The University has a student Induction Policy that commits to inducting all students to all academic and support services and general campus life. The policy is supported by a procedures document that specifies a comprehensive range of items to be included, in particular in supporting international students. Activities introduce students to the University, College, Department and programme, and the SIS. Faculty members take students to the library to introduce them to hard copy and e-resources. The University supplied examples of presentation materials used in departmental and in admissions, registrations and student services inductions, which the team viewed as comprehensive and informative. Students met by the team and via the student submission expressed satisfaction with the various levels of induction.

4.11 Students' marks are inputted into the SIS by course instructors, who, at the end of the course generate overall grades for the course from the system and send them for approval by the Head of Department and the Dean. Once approved by the Dean, the Head of the Admission and Registration unit verifies any attendance requirement and the grades are published to the students via the system. However, grades may change before or after publication owing to Appeal Procedures or Deferred and Late Assessment Procedures. Between December 2022 and May 2024, 1,318 grades were changed owing to these procedures, and it was explained to the team that the majority of these cases arose from deferred assessments owing to mitigating circumstances. As an administrative check that changed grades arise for legitimate reasons and with the approval of the relevant Dean, the Chair of the University Teaching, Learning and Assessment Committee reports to the Committee the members' examination of a 10% sample of the changed grades. The team asked for information on how many errors had been detected in the last three years, but the University did not supply this information.

4.12 Prior to graduation, the Admission and Registration unit provides a list of eligible graduates, and those who might graduate but have further non-academic requirements, such as overdue library books or fee payments, to the relevant Deans. At the same time, the unit notifies the students about their eligibility and further requirements. The Deans

check the lists and provide confirmation to the Admission and Registration unit about the eligibility and further requirements for graduation. The unit then submits the list of eligible graduates that are cleared by both the library and the finance department to the University Council for formal approval of award.

4.13 The team viewed a sample of graduation certificates, letters and transcripts and confirmed that they contained details of the qualification gained, its level, and grades awarded for each course, along with an explanation of the grading system.

4.14 Individual student admission, progression, completion (or otherwise) is recorded on the SIS, which additionally records the results of all student assessments. The system is able to analyse student performance by cohort, including admissions statistics, progression and graduation rates, period of study and average GPA (see Standard 1.7). For example, student cohort data is sent to the Institutional Performance Office for analysis, and the data and findings are shared with the relevant programme leaders and Deans for use in planning. Some of the data contributes to course reports (see Standard 1.1), programme annual reports and ultimately the University Annual Report. However, the team was unable to identify any discussion of the data within the University. Students are able to monitor their own performance using the SIS and expressed satisfaction with the system.

4.15 The team concludes that there are sufficient checks and balances to indicate that admissions, progression and graduation are under the tight control of the University. Nonetheless, the team heard that the Performance Measurement Office supplies student data to departments and asked to be provided with information to show how admissions data, student grades data, and completion (graduation) data are used in future planning. In response the University supplied minutes of Departmental Councils that in one case did not feature this information though in two departments there was discussion, and subsequent action, responding to low recruitment. For another department there was clear use of both admissions and graduation data, and for another the presentation and discussion of a full range of data, including temporal trends. Thus, departmental discussion of student data is variable across the University. Staff met by the team could not clearly articulate where discussion took place at University level, though the team heard that the Programme Development and Review Committee played a role. A scrutiny of the minutes of this committee for the last two years revealed no such discussion. Thus, the team concludes that discussion of data is not a feature at University level. The team considers that the University is missing an opportunity to enhance its performance through the systematic analysis of data and **recommends** that the University establish and implement a scheme to ensure that student admissions, performance, progression and completion data are discussed fully and subsequent action taken as appropriate at both local and University levels.

4.16 Notwithstanding the recommendations concerning publicly available material and the discussion of data, the team, on balance, considers these elements not to present a serious level of risk to performance and thus Standard 1.4 Student admission, progression, recognition and certification is **met**.

Standard 1.5 Teaching staff

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

Findings

5.1 The University maintains a Staff Recruitment Procedure. The Human Resources Policy ensures fair and transparent recruitment practices. The Human Resources department initiates recruitment by requesting resource needs from the College Dean at the start of each academic year. The Dean collaborates with department heads to assess staffing requirements for programmes and courses.

5.2 The Mapping Programme domain assists programme leaders in identifying gaps and preparing a five-year staffing plan, which is approved by the College Council. The University Council then reviews and approves these staffing plans, while the Chief Operating Officer (COO) authorises recruitment plans for administrative and technical staff proposed by department heads. Final approval rests with the University President, in consultation with the Vice President for Academic Affairs. Both Bahraini and international staff are hired on renewable contracts with one month's notice if not renewed.

5.3 The administrative team's current size is deemed by the University to be adequate for daily operations, considering the student population and academic staff numbers. Staff profiles demonstrate a balanced mix of senior and junior academic staff with specialist expertise, academic experience, and international perspectives. The University recruits technical staff for information technology (IT) and laboratory roles based on required qualifications and expertise. The departments include staff for system administration, development, maintenance, and helpdesk functions, alongside the IT manager. The IT support staff promptly address technical and networking issues, assisting academic staff as needed.

5.4 The University maintains current staff knowledge aligned with international best practices by creating three structural components: instructional (teaching) workload; research and scholarly activities for professional development and creative achievements; and service activities and outreach. The Head of Department (HoD) assigns a mentor from the same domain to each new staff member during the first department council meeting of the academic year. This mentoring arrangement ensures effective guidance and continuous support for junior academic staff, including newly joined full and part-time staff, as outlined in the Staff Induction Procedures.

5.5 The University maintains policies, regulations, and procedures for staff and student conduct, ensuring their implementation. Faculty and staff conduct guidelines are detailed in the Staff Handbook, which also offers guidance for resolving academic and administrative grievances. The Staff Retention guidelines outline principles for fair, transparent, systematic, and robust staff retention at the University. The University implements mechanisms such as financial benefits, incentives like medical insurance and children's education in International Schools, induction and mentoring, employee welfare programmes, recognition of performance, training and career development opportunities, and support for research. These incentives can attract and retain talented academic staff with diverse qualifications, industry experience, and research contributions across various programmes.

5.6 The Human Resources Policy and Faculty Promotion Procedures outline the criteria and guidelines for staff promotion. High performers are rewarded through promotions to higher levels or with financial incentives. Similarly, administrative staff are promoted based

on qualifications, experience, achievements, proficiency, and their contributions to the University, alongside personal qualities such as integrity, ethics, and professionalism. Academic staff promotions are based on a points system spanning teaching, research, scholarly achievements, community engagement, and administrative roles. Eligibility for promotion requires five years at the current rank. The University Promotion Committee assesses achievements and seeks evaluations from three external reviewers. Approved promotions are endorsed by the University Council and finalised by the President.

5.7 The Staff Development Office, under the Quality Assurance and Development Center (QADC), facilitates internal staff development activities and coordinates with external trainers. The University supports staff professional development by allocating a budget, as outlined in the Budget Allocation for Continuous Professional Development, to encourage attendance at training sessions and workshops both within Bahrain and internationally. The Staff Development Office offers standardised annual training and workshops, covering new employee orientation, digital tools, quality practices, teaching, learning, assessment practices, and University policies.

5.8 In partnership with AdvanceHE UK, the office supports staff in applying for Higher Education Academy (HEA) Associate Fellowship and Senior Fellowship. This includes webinar-based training and resources to aid staff in reflecting on teaching practices and submitting successful applications. Two faculty members have attained Senior Fellowship, 22 have received Fellowship, and four staff have achieved Associate Fellowship. The University also encourages staff to join professional bodies to advance their careers. The Staff Development Office provides financial support for memberships in bodies such as the Chartered Institution of Building Services Engineers (CIBSE), the Chartered Institute of Public Relations (CIPR), the Chartered Institute of Personnel and Development (CIPD), the Institute of Electrical and Electronics Engineers (IEEE) and the Institute of Certified Management Accountants (CMA).

5.9 Research procedures highlight clear sections on staff and student funding, including required documentation for funding requests, ensuring transparency and fairness throughout the approval process.

5.10 The Staff Development Office distributes training needs forms via email and requests completed submissions. During the visit, staff confirmed that they identify their own training needs rather than having their line managers determine these for their career development plans. Additionally, it was confirmed that not all staff receive teaching training and that such training is not mandatory.

5.11 The course reports highlight that teaching and learning methods are predominantly lectures, discussions, and laboratory sessions, which present challenges in student engagement and resource availability particularly during laboratory sessions. The reports also detail the range of assessment methods employed. During the visit, teaching staff confirmed that they were not mandated to undergo any compulsory teacher training. This raises concerns about the potential inconsistency in teaching, learning methods, and assessment practices across courses. The University provided a list of staff training completed, but it did not include any compulsory teacher training sessions. Therefore, the team **recommends** that the University implement training for all teaching staff to ensure consistent quality and effectiveness in their learning, teaching, and assessment practices.

5.12 In summary, the team confirms that the University has established clear, transparent and fair processes for staff recruitment and conditions of employment that recognise the importance of teaching and that it offers suitable opportunities for the professional development of teaching staff. Therefore, the team concludes that Standard 1.5 Teaching staff is **met**.

Standard 1.6 Learning resources and student support

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

Findings

6.1 The learning resources required for each programme are specified during the programme approval process. Programmes submit to the Programme and Development Review Committee requirements for learning resources on a 'Program Domain Mapping to Learning Resources' or 'Program Domain Mapping to Infrastructure and Facilities' form, which itemises the physical (including software) resources required to support the programme, linked to programme learning outcomes and courses. The resources are split into two groups: those already held, and those that need to be acquired. The resources specified can be challenged by the Committee and by University Council before the programme is approved. The facilities and support ultimately made available to students are specified in the Student Handbook.

6.2 The team was given a tour of the premises and noted well appointed facilities including a moot court, television studio including autocue and greenscreen, radio studio, photography studio, materials-testing laboratory, 'Fablab' with a 3-D printer, and a mechanical engineering workshop. Students report that these facilities meet their needs. However, the SED stated that all classrooms have interactive projectors with a smart board, but the campus tour revealed that not all classrooms are equipped with smartboards.

6.3 With the exception of Fridays, the library has extended opening hours, until 21.00 each evening. Faculty members can request that the library purchases resources using a dedicated form, which must be approved by the Head of Department. Ultimately, the Vice-President (Academic Affairs) takes the decision to purchase.

6.4 The library produces a comprehensive annual report that forms part of the University Annual Report and could form the basis for a discussion of library matters. However, in the absence of a committee to coordinate the functioning of the library, the Vice President (Academic Affairs) convened, in December 2023, a group to fulfil that function, bringing together academic Deans and library staff. The group met twice in December 2023, but has not met since, and minutes of these meetings show action to improve library resources for current and planned programmes and for staff research, and budget setting.

6.5 The IT Department produces an annual report that in summary forms part of the University Annual Report. The report naturally covers all IT systems provision, not just those of direct relevance to student learning. The report and its summary could allow the University to be aware of the utilisation of IT facilities provided to students.

6.6 The University has a Disability Policy that sets out sound principles for supporting disabled students and staff. The team noted that all facilities are fully accessible by students with physical disabilities. The team heard that the Vice-President (Academic Affairs) has overall responsibility for disabled students and those with special needs, in conjunction with the Business Continuity Committee. Operationally, the Vice President (Academic Affairs) calls 'Communication Meetings' as and when required to discuss with relevant parties the general provision and specific student cases. However, the terms of reference of the Business Continuity Committee do not refer to such students; further, an examination by the team of the minutes of the Business Continuity Committee for the last three years revealed no activity in relation to these students. The team was unable therefore to identify how any such responsibility was formally discharged. Students may declare any special needs or

disability on enrolment, or these aspects may be identified by faculty members during their interaction with students. In either case the Student Support Unit (SSU) is involved in confirming any additional support necessary and communicates this to the academic adviser and teachers of the student. Nonetheless, the findings reported here suggest informality and contribute to the recommendation at Standard 1.3 regarding reasonable adjustments.

6.7 Although academic staff make known their 'office hours' to students, the main means of academic support comes through the academic advising system, where each student is allocated a specific adviser, who is a faculty member from the student's department. Academic advisers receive some briefing or training for their role via procedural details issued at staff induction and annual updates, and the system operates following a set formal procedure document. Advisers keep files on their advisees and complete a form each time they meet formally, at least once per semester, and which may be virtual. The form is signed by both adviser and advisee. Advisers offer course choice, internship, graduation project and careers advice, assist with administrative matters, and are responsible for ensuring any special needs, including those related to disability, are met. This system is mandatory since students cannot enrol on courses without the assent of their adviser.

6.8 Academic advisers are able to access the SIS to view the progress of their advisees and act accordingly, indeed academic advising largely takes place within the SIS. The advisers intervene where a student's performance is less than satisfactory (a CGPA equal to or less than 2.00) by discussing the matter with course teachers and the student themselves. Both the advisers and the course teachers have specific roles to play as detailed in the 'Students at Risk Procedures' document. The University provided examples of the forms used by advisers in meeting students, which showed the generation of agreed action plans designed to return students to an acceptable performance level.

6.9 The team regarded the academic advising system as a significant developmental tool in ensuring the success of students. Further, students expressed satisfaction with the system and confirmed its operation as stated by the University. Students report that they use academic advisers as a first port of call for a range of academic and non-academic issues. Advisers met by the team are clear that non-academic matters are referred to the relevant part of the SSU.

6.10 Non-academic support of students is coordinated by the SSU and its operational arm, the Student Support Office. Under the umbrella of the SSU are the Internship and Career Development Office, Student Counselling Office, Alumni Office, and Infirmary. The team heard that the provision of student support services is important in making the University attractive to potential applicants.

6.11 The Internship and Career Development Office assists students in achieving their chosen career path by organising job fairs at which employers participate; career guidance workshops (32 in 2022-23), including CV-writing, interview training, and learning and professional protocols; industry-academia roundtable events; extracurricular subject-specific certified training; and seminars delivered by external speakers. Students speak positively about their experience of internships, but some interns report that the University does not always visit interns during their internships and that while field supervisors are required to assess students they are not trained for this role except by issue of a marking rubric and a briefing by the academic supervisor. This finding contributes to the recommendation in Standard 1.5 concerning the training of those who teach and assess students.

6.12 The Student Counselling Office operates under the Students Counselling Policy, which ensures the right of all students to confidential personal and mental health professional counselling, and follows the Student Counselling Procedures, which explain that referrals to

the Office are from the Academic Advisers or by self-referral, that counsellors provide on-going monitoring until graduation.

6.13 Students are invited to comment on the learning resources and services provided to them in the General Satisfaction Survey, which uses a Likert scale. Although the University presents the outcomes as means of scale data, which is mathematically unsound, it is clear that, in general, students report that they are satisfied with all the facilities and services available to them. They particularly expressed satisfaction with library services and the specialist learning facilities, for example laboratories. Students met by the team also expressed satisfaction with the virtual learning environment, and with the SIS, which allows students to view their timetable, acts as a portal for the payment of fees, and can be used to apply for scholarships and grants for those in financial difficulty. It can be accessed as a mobile application. From the General Satisfaction Survey, the University has taken action and reported that back to the students in the form of a 'You Said, We Did' bulletin. Many of the actions concern items that do not fall under the umbrella of the ESG, such as catering facilities, but others do such as the ability to register and pay fees online.

6.14 The SED is fulsome concerning the nature of the learning resources at the University but is almost silent on how those resources are overseen at the level of the University and how their ongoing suitability is ensured. The team asked senior staff about the focus of such oversight and was informed that the responsibility rests with both the President and the Chief Operating Officer, but the senior staff were unable to explain how the overall package of resources was managed, including coordination, planning, or alignment with the strategic plan. The team concludes that learning resources and student support facilities are not formally managed at University level, instead each unit operates independently to its own agenda, responsive to the needs of the University community. Nonetheless, the QADC conducts annual audits of the Student Services Unit, Information Technology Department, and Library. These brief reports indicate the availability of evidence items, and general and specific recommendations to enhance the functioning of the relevant service. The University provided evidence in the form of action-planning spreadsheets that the recommendations are acted on. In addition, the SSU produces an annual report on its activity that serves effectively as annual reports of its constituent offices. The example of the report provided by the University to the team for 2022-23 describes and discusses the activity of the Internship and Career Development Office, such that plans could be formulated for future operation. However, that for the Student Counselling Office reports on its support for special needs students in general terms only and omits any other description or analysis of its performance. The team is concerned that these reports are both limited in scope and lack a wide discussion among internal stakeholders; indeed the team asked specifically about where these reports were discussed within the University but received no clear response. These reports and audits are presented to the QADC and its Director decides which issues are pertinent for transmission to the President in summary form. The team also heard that reports are presented in full to the Vice-President (Academic Affairs).

6.15 With the possible exception of the library (see above) the team concludes that there is no evidenced formal and transparent check at a University level that learning resources and student services are operating as the University intends. Without this it is difficult to understand how good practice established in one area can be transferred to another or a common fault diagnosed and remedied easily. The team therefore **recommends** that the University establish a transparent system to oversee and monitor learning resources at the University level with the involvement of all internal stakeholders.

6.16 Despite the recommendation in this section concerning the oversight of learning resources, the team is aware of the existence of informal and mutable channels and processes. The resources themselves are generally sound and students report satisfaction with them. Therefore Standard 1.6 Learning resources and student support is **met**.

Standard 1.7 Information management

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Findings

7.1 Information is generated from surveys, analysis reports, meetings, observations and other types of direct or indirect interactions with stakeholders, with a stated purpose of supporting monitoring practices, especially in relation to student performance and progression.

7.2 The University employs multiple Information and Communication Technology systems which allow for information to be stored and used, as needed. Depending on functionality, the tools employed can serve purposes of management, teaching, learning and/or support. The team was presented with a live demonstration of some of these systems, including the Student Information System (referred to as Campus), Moodle and KOHA. The team was told that the systems are integrated and can offer real-time data; however, during meetings it was evident that senior management staff do not make consistent use of these systems and that apart from report construction, at periodic intervals, the systems are used under their capabilities. It was, however, noted by the team that course reporting and academic advising activities are strongly aided by the Campus System which highlights students at risk allowing for prompt interventions, as necessary.

7.3 The University systems capture a variety of data, with the analysis being generally conducted by QADC to then inform various summary reports, for example the University Annual Report. The team inquired into the opportunities for deliberations of this data so as to ensure that operational and strategic decision-making may be able to fully benefit from the trends observed and conclusions reached. The University provided a description of how data may be incorporated at the various levels of the institution and supplied two concrete examples of minutes of meetings cascading specific data discussions: one regarding general satisfaction and staff satisfaction discussed at college level and then in the University Council meeting; a second regarding strategic plan targets discussed in the Business Continuity Committee and then in the University Council. Whereas these examples show specific instances for data consideration, the team found that such deliberations were not consistent, and the data collected failed to have the potential to effectively inform operational and strategic decision-making. This also means that there is a risk of data over-collection without there being clear filters to allow the University to review, at regular intervals, what is collected, how it is presented and how useful it may prove to be for the overall quality agenda of the University.

7.4 The President confirmed that data is important, especially employability data, to allow for proper steer of the University; however, the team later found that employability data was collected on two strands, one when any form of employability was reported while the second showed employability relevant to the programme completed. The statistics for employed and employed within academic speciality see a clear difference, for most programmes, with an average of 30% lower for academic speciality employment. Consistently, the percentages quoted by the University refer to the higher mark, and this encourages a skewed sense of employment and one which results in lower percentages not being effectively and explicitly utilised to consider necessary future adjustments for the programmes of the University overall. The team therefore **recommends** that the University should make more explicit use of data collected and formally include deliberations on data analysis reports with opportunity for effective escalation and systematic consideration.

7.5 Information is distributed via multiple sources, including institution-wide signage, printed materials and electronic means such as social media and the website. The team investigated the sign-off procedures to ensure accuracy of information via version control and found that responsibility rests initially with the departments and subsequently with the Marketing Department. The University has developed Critical Content Guidelines and Workflow Sign-off Process which clearly place the locus of responsibility for the accuracy of information being released in the public domain.

7.6 Information security responsibilities are in-line with the Information Security Procedure and the Access Control Procedure. These are governed by the IT Policy which safeguards information content by provisioning User Accounts, enabling Password Multi Factor Authentication (MFA) to ensure that only authorised end-users are responsible for inputting data into University systems. Additionally, the information management system is appropriately secured for data protection and properly backed up to safeguard against loss of personal and institutional data and ensure continuity of the educational and administrative processes. There is a Systems Privileges Matrix for every unit and end-user, and permissions and security credentials are distributed by role and monitored extensively to avoid any breach of access and improper usage of information held by the University systems.

7.7 It was noted that more explicit and relevant use of statistical data in operational and strategic decision-making could be improved. Nevertheless, the University takes careful steps to ensure that it collects, analyses and protects relevant information, and overall, the team concludes that Standard 1.7 Information management is **met**.

Standard 1.8 Public information

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.

Findings

8.1 The principles governing electronic means of dissemination are set out on the Website and Social Media Policy, which specifies that material in the public domain should be user-friendly, up-to-date, honest, transparent, and reviewed for accuracy. The SED notes that the Business Continuity Committee 'oversees the updates of website and social media', presumably under its aim of risk assessment and management. However, the terms of reference of the Business Continuity Committee do not refer to the website, social media, or any updating thereof; further, an examination by the team of the minutes of the Business Continuity Committee for the last three years reveals no activity in relation to the website or social media.

8.2 Academic content on the website is the responsibility of the relevant head of department, reviewed by the Dean. The Dean makes recommendation to the Vice-President (Academic Affairs), who gives approval or otherwise. For non-academic content there is a similar process involving the head of unit and the Chief Operating Officer or Vice-President (Academic Affairs), as appropriate.

8.3 The University is active on a range of social media platforms and views this engagement as important in maintaining a vital presence in society. Approval of social media posts for regular content is provided by the head of the relevant unit/department/centre/college, but for critical posts the permission of the University President is needed. Critical in this context is clearly defined and includes, for example, the announcement of new programmes, appointments of Deans and above, and information relating to the University's formal or legal status.

8.4 The SED states that information on the following items is publicly available: University vision, mission, core values, graduate attributes; Board of Trustees; University council; Organisational structure; University map, premises, location; Admission and registration; Information on colleges, students, research, community engagement, administration, e-services, library, careers, alumni; Detailed information on academic programmes, courses, study plans, degree completion requirements, qualifications offered and awarding body; Programme specification; Faculty profile (department wise); Staff profile (administrative unit/department/center); Student fees; Staff Handbook; Student Handbook; Academic calendar; Annual Report; IT Help and support, class schedule, exam update; Share point/ University intranet which is accessible to University staff; Facilities, resources and range of services; Research; University Centers; Supporting Units/Departments and Academic Partners.

8.5 The team was able to verify that most items are available. The exceptions that are not available are in the Staff Handbook and the Annual Report.

8.6 The SED also states that the University's policies are publicly available on its website. However, while both policies and procedures are publicly listed, they cannot be accessed without University credentials. Therefore, the team **recommends** that the University should ensure that all policies and procedures relating to quality processes are publicly available.

8.7 Each programme has a web presence for publicity and detailed information is provided including entry requirements, study plans, fees, specialist facilities, FAQs, accreditation

information, and in some cases reproductions of the accreditation certificate (for example: www.gulfuniversity.edu.bh/colleges/engineering/bachelor-in-interior-design-engineering/; www.gulfuniversity.edu.bh/colleges/administrative-and-financial-science/bachelor-in-human-resources-management/). Summary information for each programme is available in a downloadable programme brochure, which is also available on request and at open days in hard copy. However, for one programme key information such as level, duration, start dates and fees are listed as 'TBA' (www.gulfuniversity.edu.bh/colleges/law/bachelor-in-law/), though in some cases the relevant information can be found within the detailed description of the programme. For the two programmes due to commence in 2024-25 (September 2024) much relevant information was missing from the website in May 2024, even though students were able to apply to study them at that time. This issue is discussed under Standard 1.4 of this report.

8.8 Also included online in most, but not all cases, is the programme specification, and in one case the programme specification is that of the University of Northampton, is UK-specific, and is six years old and thus unlikely to be the current version. Therefore, the team **recommends** that the University should ensure that all programme specifications are available on the University website and that the programme specifications are those of the programmes it delivers.

8.9 In the sample provided to the team for 2022-23, the report on the infirmary lists each student attended to with date and time, first name, department, complaint and treatment. By withholding the last name of the students the University is providing a degree of anonymity, but given the cohort size of some of the programmes, it may be possible to identify individuals from the data and part of their medical history. Therefore, the team **recommends** that the University ensure that all students referred to in publicly available documents are fully anonymised.

8.10 The team notes that although there are some issues with making material publicly available, this is in very much a minority of cases only. Student anonymity is a salient issue, but overall and on balance the team concludes that Standard 1.8 Public information is **met**.

Standard 1.9 Ongoing monitoring and periodic review of programmes

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

Findings

9.1 The University consistently conducts activities which impact ongoing monitoring and programme review. For example, these include surveys, focus groups, fora discussions, peer observations, data analysis and formal reporting.

9.2 Students indicate that they can bring course-related aspects to the attention of the teacher or the Head of the Department at any time during the academic year and expect that these would be dealt with swiftly. Indeed, in many cases the students state that there has been a swift resolution. Teaching staff state that they either deal with the issue themselves or escalate it if necessary. The team found that many such requests may get informally resolved without them being captured in the quality assurance system and thus losing the capacity to propagate towards other courses or programmes. The team has formulated a recommendation in Standard 1 to ensure processes relevant for quality assurance are all formalised and more fully evidenced to allow for University-wide dissemination and strategic deliberations.

9.3 The University employs in-semester feedback and course evaluation surveys to gather feedback on the students' learning experience on the course and the teacher. This feedback is used to assist in identifying areas for improvement. Surveys are also used to gauge the satisfaction of students with services, facilities and so on. The University relies heavily on surveys which can give skewed results unless safeguards are in place to ensure that the results are realistic, given that the release of course results is dependent on the submission of completed surveys. Exit surveys are also administered. The team asked about alternative means of capturing feedback and the University indicated that focus groups are organised, but these are generally restricted to programme review activities, and may be initiated by the Advisory Boards. Alumni and employers are also surveyed and have confirmed finding this method of engagement to be less effective, indicating that more direct interactions could serve the University better. The team considers that there is an opportunity for the University to diversify stakeholder engagement activities to ensure more comprehensive views are captured for development purposes of programmes.

9.4 Class observation is another mechanism applied to monitor the effectiveness of teaching and learning. This is conducted by peers or by external experts. These activities result in relevant suggestions for improvements which the teachers may choose to consider and could find their way into the programme improvement plan if of sufficient importance for the programme. The team enquired about the use of this activity to contribute to the staff development agenda, at individual and collective levels, and understood that there was opportunity to expand the aims related to peer review to enhance its role as a quality assurance mechanism, ensuring it promotes developmental opportunities and amplifies otherwise overlooked good practices. Such an approach could also contribute positively to the recommendation formulated under Standard 1 in respect of sharing of good practice across programmes.

9.5 Course and programme reports are produced annually, and these allow the possibility of minor changes. More major changes will be withheld and actioned at five-year intervals. These processes are regulated via the Programme Review and Development Policy and Procedures guide and a cyclical planning agenda for periodic review is maintained under monitoring by the University.

9.6 The process of periodic review is initiated when the Head of Department or Programme Leader coordinates with Department Council and CPRDC to form a team to consider relevant updates. The package being analysed is comprehensive and will consist of the previous annual reviews, information from alumni and employer surveys, students exit surveys, the input of the Programme Advisory Board, any external reviews by national and international experts, and benchmarking against comparable best practices on national, regional, and international accredited programmes. The QADC supports these activities. Once decisions are reached with respect to the necessary changes, a justification form is completed and NQF mapping becomes mandatory, which tests the robustness of programme intended learning outcomes. Changes completed will go to HEC for final endorsement.

9.7 Notable as part of this process is the role of Advisory Boards, which are proving instrumental in shaping the curriculum and proposing relevant updates, by organising focus groups and meeting quarterly to give their continued input. The commitment by experienced and reputed Advisory Board members is consistently contributing to the University, presenting educational offers which are well aligned with the labour market. The team identifies the engagement with industry representatives for programme review and curriculum updates, specifically via the Advisory Boards, to be a feature of **good practice**.

9.8 Processes related to programme monitoring and periodic review implemented by the University serve a clear purpose and are demonstrated to offer relevant results, as also confirmed by the labour market. The recommendations in Standard 1, Standard 7 and Standard 10 will also help to consolidate outcomes from monitoring and review processes. Overall, the review team concludes that Standard 1.9 Ongoing monitoring and periodic review of programmes is **met**.

Standard 1.10 Cyclical external quality assurance

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

Findings

10.1 According to national legislation, the University undergoes compulsory external scrutiny in the form of accreditation by the Higher Education Council (HEC) in Bahrain and the Education and Training Quality Authority (BQA). The University received a positive report from the interim inspection by HEC in 2022-23 academic year, after an initial inspection in 2019. The University has also met BQA quality assurance requirements, with programmes having received full confidence from BQA programme review in Bahrain. As such, it responds to quality criteria set nationally at institutional and programme levels and is set to complete these processes based on the cycles which the Ministry of Education puts forward via regulatory stipulations, currently a four-yearly cycle. Regular re-accreditation activity will ensure that the University remains officially recognised to offer higher education degrees.

10.2 The University has also voluntarily applied for programme accreditation outside the Kingdom of Bahrain, with four of its programmes gaining international accreditation from various renowned quality assurance bodies, specifically the Association of Chartered Certified Accountants (ACCA), the Certified Management Accountants (CMA), the Chartered Institute of Personnel Development (CIPD) the Institute of Engineering and Technology (IET), and has submitted an eligibility application for the Association to Advance Collegiate Schools of Business (AACSB) which has been accepted, with a due date set for the submission of the Institutional Self-evaluation Report for February 2025. These processes result in reports that feature recommendations for development that the University responds to with action plans. These processes allow the programmes under accreditation to be measured against international benchmarks and provide opportunities for quality improvements.

10.3 The team discussed with senior management and the QADC representatives the mechanisms by which relevant action points from the various review and accreditation activities would be integrated for institutional benefits, not just programme development, and found that there was reliance on the QADC to identify common action points. There is limited deliberation across the committee structure with the potential for escalation to the Council. The fact that individual programmes undergo accreditation with different bodies can generate more diversified views about policies and procedures with implications for the quality assurance system, and, if considered explicitly and in detail, these views can underpin the overall development of the University. Formal opportunities for cross-programme deliberations would also ensure that overlap actions are identified sooner so that resources may be allocated more efficiently, and implementation may become more strategic, if necessary.

10.4 Under current arrangements, the University is exposed to the risk that important recommendations may be actioned exclusively at programme level without there being the option for cross-dissemination towards other programmes or for their integration across all institutional areas which may be impacted. Importantly, quality assurance arrangements at the University have the potential to become more effective if internal and external quality assurance outcomes generated both at institutional and programme levels, for different areas under scrutiny, can demonstrate a bottom-up and top-down convergence, which the University failed to evidence to the team during the visit. The team therefore **recommends** that the University should promote mechanisms to integrate action and improvement plans from quality assurance activities across the University so as to ensure appropriate oversight and timely implementation progress.

10.5 The team concludes that the University should be more self-critical in the use of external reviews to demonstrate a more robust quality assurance system. The team found the SED to be insufficiently evaluative with a number of inconsistencies across sections. The team therefore **recommends** that the University should develop improved reflective/self-evaluation capacity to respond more effectively to the requirements of external quality assurance bodies.

10.6 There is sufficient external scrutiny to allow the University to progress by benefiting from different international perspectives. It was also noted that all of the external quality assurance agencies which the University has commissioned voluntarily promote a cyclical approach and will ask for periodic renewal of the accreditation status. Not least, the national system promotes a cyclical approach and requires the University to strictly subject itself to national requirements. The review team concludes that there is more that can be done in respect of action planning and strategic integration of actions derived from external recommendations and that the University must continue on the path of developing self-evaluative/self-reflective practices. Overall, however, the review team concludes that Standard 1.10 Cyclical external quality assurance is **met**.

Glossary

Action plan

A plan developed by the institution after the QAA review report has been published, which is signed off by the head of the institution. It responds to the recommendations in the report and gives any plans to capitalise on the identified good practice.

Annual monitoring

Checking a process or activity every year to see whether it meets expectations for standards and quality. Annual reports normally include information about student achievements and may comment on the evaluation of courses and modules.

Collaborative arrangement

A formal arrangement between a degree-awarding body and another higher education provider. These may be degree-awarding bodies with which the institution collaborates to deliver higher education qualifications on behalf of the degree-awarding bodies.

Alternatively, they may be other delivery organisations who deliver part or all of a proportion of the institution's higher education programmes.

Condition

Conditions set out action that is required. Conditions are only used with unsatisfactory judgements where the quality cannot be approved. Conditions may be used where quality or standards are at risk/continuing risk if action is not taken or if a required standard is not met and action is needed for it to be met.

Degree-awarding body

Institutions that have authority, for example from a national agency, to issue their own awards. Institutions applying to IQR may be degree-awarding bodies themselves, or may collaborate to deliver higher education qualifications on behalf of degree-awarding bodies.

Desk-based analysis

An analysis by the review team of evidence, submitted by the institution, that enables the review team to identify its initial findings and subsequently supports the review team as it develops its review findings.

Enhancement

See **quality enhancement**.

European Standards and Guidelines

For details, including the full text on each standard, see www.enqa.eu/index.php/home/esg.

Examples of practice

A list of policies and practices that a review team may use when considering the extent to which an institution meets the standards for review. The examples should be considered as a guide only, in acknowledgment that not all of them will be appropriate for all institutions.

Externality

The use of experts from outside a higher education provider, such as external examiners or external advisers, to assist in quality assurance procedures.

Facilitator

The member of staff identified by the institution to act as the principal point of contact for the QAA officer and who will be available during the review visit, to assist with any questions or requests for additional documentation.

Good practice

A feature of good practice is a process or way of working that, in the view of a QAA review team, makes a particularly positive contribution to the institution's higher education provision.

Lead student representative

An optional voluntary role that is designed to allow students at the institution applying for IQR to play a central part in the organisation of the review.

Oversight

Objective scrutiny, monitoring and quality assurance of educational provision.

Peer reviewers

Members of the review team who make the decisions in relation to the review of the institution. Peer reviewers have experience of managing quality and academic standards in higher education or have recent experience of being a student in higher education.

Periodic review

An internal review of one or more programmes of study, undertaken by institutions periodically (typically once every five years), using nationally agreed reference points, to confirm that the programmes are of an appropriate academic standard and quality. The process typically involves experts from other higher education providers. It covers areas such as the continuing relevance of the programme, the currency of the curriculum and reference materials, the employability of graduates and the overall performance of students. Periodic review is one of the main processes whereby institutions can continue to assure themselves about the academic quality and standards of their awards.

Programme of study

An approved course of study that provides a coherent learning experience and normally leads to a qualification. UK higher education programmes must be approved and validated by UK degree-awarding bodies.

Quality enhancement

The process by which higher education providers systematically improve the quality of provision and the ways in which students' learning is supported.

QAA officer

The person appointed by QAA to manage the review programme and to act as the liaison between the review team and the institution.

Quality assurance

The systematic monitoring and evaluation of learning and teaching, and the processes that support them, to make sure that the standards of academic awards meet the necessary standards, and that the quality of the student learning experience is being safeguarded and improved.

Recognition of prior learning

Assessing previous learning that has occurred in any of a range of contexts including school, college and university, and/or through life and work experiences.

Recommendation

Review teams make recommendations where they agree that an institution should consider developing or changing a process or a procedure in order to improve the institution's higher education provision.

Reference points

Statements and other publications that establish criteria against which performance can be measured.

Self-evaluation document

A self-evaluation report by an institution. The submission should include information about the institution as well as an assessment of the effectiveness of its quality systems.

Student submission

A document representing student views that describes what it is like to be a student at the institution, and how students' views are considered in the institution's decision-making and quality assurance processes.

Validation

The process by which an institution ensures that its academic programmes meet expected academic standards and that students will be provided with appropriate learning opportunities. It may also be applied to circumstances where a degree-awarding institution gives approval for its awards to be offered by a partner institution or organisation.

QAA2861 - R14657 - Sept 24

© The Quality Assurance Agency for Higher Education 2024
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

Email: accreditation@gaa.ac.uk

Website: www.gaa.ac.uk