



This review method
is ESG-compliant

International Quality Accreditation

Gulf Medical University

Review Report

April 2026

Contents

About this review	1
Key findings	2
Executive summary.....	2
QAA's conclusions about Gulf Medical University	4
European Standards and Guidelines	4
Conditions	4
Good practice.....	4
Recommendations	4
Explanation of the findings about Gulf Medical University	5
Standard 1.1Policy for quality assurance.....	6
Standard 1.2Design and approval of programmes	9
Standard 1.3Student-centred learning, teaching and assessment	11
Standard 1.4Student admission, progression, recognition and certification	14
Standard 1.5Teaching staff.....	16
Standard 1.6Learning resources and student support.....	18
Standard 1.7Information management.....	20
Standard 1.8Public information.....	22
Standard 1.9Ongoing monitoring and periodic review of programmes	23
Standard 1.10 ..Cyclical external quality assurance	25
Glossary	26

About this review

This is a report of an International Quality Accreditation review conducted by the Quality Assurance Agency for Higher Education (QAA) at Gulf Medical University. The review took place from 20 to 23 of April 2026 and was conducted by a team of three reviewers, as follows:

- Professor Jeremy Bradshaw
- Professor Anca Greere
- Ms Nina Cupric (student reviewer)

The QAA Officer for this review was Mr Alan Weale

International Quality Accreditation (IQA) 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 Accreditation, the QAA review team:

- makes conclusion 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 Accreditation](#) 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 Medical University (GMU), established in 1998, is a specialised academic healthcare institution dedicated to advancing education, research, clinical practice, and community service in the health professions. GMU's vision is to be “an internationally acclaimed sustainable Academic Healthcare Institution,” supported by a mission to “pursue excellence in education, healthcare, and research with a focus on innovation, sustainability, social accountability, and strategic partnerships.” GMU's institutional motto, “Where the world comes to learn” is intended to reflect its commitment to international engagement, cultural diversity, and global standards in health professions education.

GMU offers a portfolio of undergraduate, postgraduate, doctoral, diploma, and continuing professional education programmes across Medicine, Dentistry, Pharmacy, Nursing, Physiotherapy, Biomedical Sciences, Public Health, Medical Laboratory Sciences, Medical Imaging Sciences, Anaesthesia Technology, Healthcare Management, Artificial Intelligence in Healthcare, Veterinary Medicine, and Health Professions Education. The academic portfolio is managed and delivered through six Colleges. Since the previous QAA International Quality Review in 2021, the University's academic portfolio has expanded from 27 to 37 accredited programmes in response to evolving healthcare workforce needs and national and regional priorities. GMU operates within an integrated Academic Healthcare System that includes on-campus hospitals, specialist clinics, laboratories, dental centres, rehabilitation facilities, and centres of excellence. This system provides a strong clinical education platform and supports experiential learning, interprofessional education, applied research, and community engagement. In 2023, the GMU Academic Healthcare System was accredited by the relevant national authority for health specialties, providing external validation of its clinical education environment and service quality. This system was formally accredited in 2023 by the National Institution for Health Specialties (NIHS).

In the academic year 2024-2025 GMU had a total of 2820 students, 277 of whom were national students. In the same year there were 561 graduates. There were 225 full-time faculty, 31 part-time faculty and 87 clinical faculty.

GMU's current five-year Strategic Plan (2023–2027) is organised around seven interrelated strategic goals focused on: strengthening quality culture and accreditation; expanding and diversifying academic programmes; developing solution-focused research; enhancing institutional governance and operational effectiveness; fostering an enriching student experience and student success; expanding physical capacity and sustainability; and embedding community engagement and social accountability across all operations. These priorities align with national strategies for higher education, healthcare, innovation, and workforce development in the UAE.

Like many health-focused higher education institutions, GMU operates within a rapidly evolving regulatory, technological, and professional environment. Key challenges include responding to changes in national accreditation frameworks (including the introduction of outcomes-based evaluation), managing programme expansion while safeguarding academic standards, integrating digital technologies and artificial intelligence into curricula, ensuring adequate clinical placement capacity, and meeting increasingly complex stakeholder expectations.

In reaching conclusions about the extent to which Gulf Medical University meets the 10 ESG Standards, the QAA review team followed the evidence-based review procedure as outlined in the handbook for International Quality Accreditation: Guidance for Providers Outside the

UK (February 2026). GMU provided the review team with a self-evaluation document and supporting evidence. During the review visit, which took place on-line from 20 to 23 April 2026, the review team held a total of nine meetings with the Chancellor, senior management team, academic staff, professional support staff, students, alumni, and external stakeholders. The review team also had the opportunity to observe the University's facilities and learning resources through video presentations and on-line demonstrations of the Learning Management System and Quality Assurance and Institutional Effectiveness (QA&IE) Portal. The visit was held on-line due to the on-going conflict situation in the Gulf region.

In summary, the team found seven 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 GMU 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 Medical University **meets all** standards for International Quality Review.

QAA's conclusions about Gulf Medical University

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

European Standards and Guidelines

Gulf Medical University meets 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 Medical University.

- The initial development and continuing enhancement and support for the Quality Assurance and Institutional Effectiveness Portal, which is highly integrated and all embracing. (ESG Standards 1.1 and 1.7)
- The comprehensive approach to preparing proposals for new programmes, which includes the commitment to adequate resourcing. (ESG Standard 1.2)
- The deliberate and consistent use of learning outcomes, which significantly helps shape student engagement with their learning. (ESG Standard 1.3)
- The effective integration of internships into the curriculum, which supports a clear progressive design and is in full alignment with learning outcomes. (ESG Standard 1.3)
- The peer-assisted learning scheme, which is a valued and effective academic support mechanism which makes a meaningful contribution to high retention levels. (ESG Standard 1.3)
- The holistic and genuine way that students are supported, which has a clear impact on student professional and personal development and progression. (ESG Standard 1.4 and ESG Standard 1.6)
- The highly effective arrangements for the dissemination of the outcomes of external review, which results in the wider adoption of recommendations across the University. (ESG Standard 1.10)

Recommendations

The QAA review team makes the following recommendations to Gulf Medical University.

- Expand its Teaching and Learning Methodologies Policy to be more explicit about the delivery options which correlate with the principles outlined. (ESG Standard 1.3)
- Develop an institutional continuous professional development plan mapped onto its strategic objectives to ensure all staff remain fully attuned to mission relevant training. (ESG Standard 1.5)

Explanation of the findings about Gulf Medical University

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 GMU operates an institution-wide framework for quality assurance, as described by the Quality Assurance and Institutional Effectiveness (QA&IE) Policy. The framework is aligned with the European Standards and Guidelines (ESG) that underpin the QAA International Quality Accreditation (IQA) process, and the national regulatory requirements of the Commission for Academic Accreditation (CAA). There is an accompanying Quality Assurance Manual that provides operational guidance on the Policy. Both the Policy and the Manual are publicly available on the GMU website. Internally, all policies are stored and disseminated through the QA&IE Portal, which maintains the golden (definitive) copies of all quality related documents, policies, procedures, and templates. The QA&IE Policy aligns with the University's Strategic Plan 2023-2027.

1.2 Since the previous review and Mid-Cycle review, there has been a number of staff changes in senior roles. These have included a new Dean of College of Medicine, new Dean for College of Dentistry, and new Dean of Quality Assurance and Institutional Effectiveness. A Dean for the new Veterinary Medicine College is expected to take up post in June or July, and the Vice Chancellor Academic has recently left the University.

1.3 The University's committee structure covers institution, college and department levels and includes quality committees at institution and college levels. The chairs of the college Quality Assurance and Programme Evaluation (QA&PE) committees are members of GMU Quality Assurance and Institutional Effectiveness Committee. All committees have defined terms of reference and minutes are recorded and stored within the QA&IE Portal.

1.4 The Dean of QA&IE chairs the GMU QA&IE Committee. It monitors the implementation of quality assurance processes across the academic units, reviews annual quality and Programme Effectiveness Reports (PERs), oversees accreditation-related activities, promotes innovation and the sharing of best practices, and coordinates with stakeholders. Examples of the dissemination of good practice by the committee include the use of artificial intelligence in quality assurance and the Pharmacy Programme and the electronic clinical logbook in Dentistry have both been adopted by other parts of GMU. The committee ensures continuous improvement through annual reviews, KPI tracking, and cross-college sharing of innovative practices.

1.5 The College Council appoints the college Quality Assurance and Programme Evaluation Committees chairs. The membership includes student representatives. The committees review PERs and course files, recommend and follow up on quality improvement actions, and work with other committees such as the Curriculum Committee and Assessment Committee to ensure programme quality. They coordinate with the Deanship of QA&IE on external accreditations.

1.6 The Dean of QA&IE, who reports directly to the Chancellor, carries responsibility for ensuring that quality issues are represented at the highest level of institutional management. The Deanship ensures that relevant quality and performance data are collected, analysed, and used to inform continuous quality enhancement.

1.7 GMU has 24 institutional and 22 programme-level key performance indicators across the six national pillars that comprise the Outcome-Based Evaluation Framework (OBF) of the Ministry of Higher Education and Scientific Research (MOHESR). The Deanship validates these key performance indicators, ensuring the integrity and accuracy of data submitted through national reporting platforms.

1.8 The QA&IE Deanship systematically identifies areas for enhancement, monitors the effectiveness of implemented actions, and ensures the completion of quality improvement loops. It also provides university-wide training in data literacy and quality assurance competencies, supports communication across the units of the institution and contributes to institutional risk management.

1.9 There is a five-year strategic plan that is constructed following detailed analysis and assessment of the previous strategic plan and an extensive consultation with internal and external stakeholders. This is facilitated by an integrated electronic planning and monitoring system managed by the QA&IE Deanship. The operational plans of colleges and administrative units align with the strategic goals, strategic objectives, and associated key performance indicators, through a "College Operational Plan" interface. Every project or activity has an assigned owner, timeline, performance indicator, and target. The QA&IE Portal allows real-time progress tracking and provides automated dashboards and downloadable operational reports that can be used to inform decision-making. The Institutional Strategic Plan is reviewed every six months, and a mid-cycle strategic review took place in June 2025.

1.10 There is a defined policy for the creation and review of programme-specific and institution-wide policies. Internal stakeholders may request policy changes and external stakeholder feedback is incorporated into policy development. All policies have a defined review cycle.

1.11 The QA&IE Manual includes a defined process for dissemination of evaluation results, such as PERs, College Reports, surveys and so on, to staff and students of GMU.

1.12 GMU makes extensive use of internal and external benchmarking and shares its own key performance indicators with other universities. Individual programmes are benchmarked internationally against similar offerings from other universities during the design and development stages. The main criterion for selecting benchmarking programmes is there should be a national, regional and international programme and they should have a similar strategic approach. After this, they are regularly benchmarked against international standards set by professional bodies, and against local qualifications frameworks, such as the new Outcome-Based Evaluation Framework of the UAE MOHESR. The intention is that programmes should be globally competitive, while meeting UAE regulatory requirements.

1.13 Students confirmed their involvement in the decision-making processes of the University, through membership of key committees. Students' views are taken at the start of committee meetings; students confirmed that their voices are heard and their views respected. They also provide feedback through surveys and the elected class representatives and are involved in accreditation and course review processes.

1.14 The highly integrated, all-embracing QA&IE Portal provides staff at all levels direct access to a golden copy of all institutional policies, governance resources such as strategic plans, operational plans, and the risk register, wide-ranging management information, including staff contracts, student performance and alumni data, programme and course information, and much more besides. The Portal populates GMU website and is continually being developed to expand and enhance its functionality. Searching is possible across the entire Portal. Faculty and staff confirmed that they use it every day to look up policies, and to download template forms and guidance for various tasks. It instils confidence in accuracy

and currency of the documents and data they access. The Portal was developed entirely by non-IT faculty members using freely available software. The review team were informed that the UAE MOHESR see the development of the Portal as a “remarkable achievement.” The review team therefore consider the initial development and continuing enhancement and support for the Portal, which is highly integrated and all embracing, to be an example of **good practice**.

1.15 GMU has a comprehensive policy for quality assurance that is underpinned by the QA&IE Manual and executed through the QA&IE Portal. The review team therefore concluded that Standard 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 GMU has clear processes in place for the design and approval of new programmes. The institutional framework under which design and approval of new programmes is initiated combines the Programme Planning and Development Policy, the Programme Specifications Policy, and Course File Policy. These are familiar to both internal and external stakeholders, who confirmed that they actively seek to support GMU in making viable proposals for its relevant development.

2.2 Proposals are initiated at the level of the departments and then follow a clear internal route before being submitted for ministerial licensing. The steps for internal approval see the respective College preparing an initial draft programme proposal, which is formally considered and endorsed by the College Council before it is submitted to the University Council for institutional academic review. GMU Council uses a number of criteria to evaluate the proposal: strategic alignment, approved academic portfolio, institutional capacity, resource availability, financial sustainability, market demand, and regulatory compliance. The review team was presented with evidence of full proposal packages, including programme conceptualisation, academic design, feasibility assessment, institutional governance, and accreditation from a selection of programmes, such as the Master of Science in Neonatal Critical Care Nursing (MSNCCN), the Initial Programme Accreditation (IPA) for Optometry and Health Education. All confirmed this robust approach for internal handling of proposals.

2.3 Once the internal process is exhausted, any new programmes developed need to be scrutinised, under comprehensive criteria, by the UAE MOHESR and the Commission for Academic Accreditation (CAA) before a licensing decision is awarded. Without this decision delivery cannot commence. GMU confirmed that it duly considered ministerial requirements when it set up its internal processes and that currently ministerial requirements drive the processes for design and approval as applied by the University. This is to ensure that there is no risk to accreditation being granted.

2.4 In total, 13 programmes were launched or have approval for launching, since 2023, with a total of approximately 700 new students being admitted. This constitutes a sharp increase of just short of 50% if programmes are calculated, i.e. from 27 programmes run in 2023 to 40 programmes scheduled for 2026, and approximately 30% in student capacity. The review team carefully analysed how such increase was managed and whether there was any risk posed to the students and found that GMU demonstrated to be managing its human and infrastructural resources effectively with clear planning to accommodate this increase strategically.

2.5 In the past five years there have been no rejections of new programme proposals. The review team investigated what underpins such high level of success and found that there is a confluence of factors. These include: clear guidance from the quality assurance unit; iterative revision processes which see many committees evaluate the proposals at College level before they are released for higher approval; the commitment to securing the resources

required in all cases; the involvement of external stakeholders with relevant expertise to shape curricular content for alignment with labour market needs ; and the international comparisons used as benchmarks. The review team, therefore, identifies the comprehensive approach to preparing proposals for new programmes, which include the commitment to adequate resourcing, as **good practice**.

2.6 GMU has confirmed that it follows national priorities in terms of subject-matter for new programme development proposals and has amply demonstrated its agility via their new initiative concerning veterinary education. The Ministerial Circular of 2025 is already met with a robust plan for building a veterinary hospital to support the launch of a veterinary programme. While the review team fully understands such close alignment to ministerial-identified directions, it sees GMU as having all the conditions to generate internal proposals which may exercise more foresight towards international developments, rather than remaining geared exclusively to national priorities. This is a two-tier process and one which GMU could fully activate, also for the international dimension. As a private institution with demonstrated commitment to the student experience and the labour market, GMU appears to the review team as a reputable international player relying on a diverse community, English-medium delivery and world-renowned expertise. In this context, the review team finds that GMU could take a more proactive approach to identifying potential strategic developments by internal decisions as well as external requirements. This could offer a stronger link to the international sector and better situate GMU both within and above national parameters.

2.7 GMU has comprehensive processes in place for the design and approval of programmes which respond to ministerial requirements. The programmes are aligned with the mission and vision of GMU and consider national priorities to ensure employability for future students. Overall, the review team found 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 There is a powerful sense of student-centeredness permeating all layers of educational delivery at GMU. Students and staff clearly articulated how they engage in interactive teaching and learning and focus strongly on developing discipline-specific knowledge, competencies, and values to ensure graduates can become trusted members of the medical community in the UAE and, if they should choose to, practice abroad.

3.2 Programme delivery is carefully organised for alignment between programme learning outcomes and course learning outcomes. The review team queried how transparent this alignment is for staff and students and found that considerable effort is placed in designing and communicating the value and usability of learning outcomes throughout the teaching, learning, and assessment processes. Staff encourage students to actively use learning outcomes as a benchmark for their own individual progress and students confirmed they do use learning outcomes on a consistent basis to measure their performance against and to decide how to distribute time and effort for their learning. The review team concluded that the deliberate and consistent use of learning outcomes, which significantly helps shape student engagement with their learning as **good practice**.

3.3 GMU strategically prioritises a stimulating, supportive and sustainable environment for pursuing medical excellence. Students have confirmed that they are motivated to learn and that the teaching methodologies and the particular pedagogical tasks they are invited to engage with do allow them to fully develop their understanding and practical skills, and they feel confident that they are well prepared for their future careers. Students appreciate the approachability of staff, i.e. the fact that they take on suggestions and aim to implement these flexibly to ensure students can benefit in a timely manner. Academic staff also confirmed that it is a priority to them to take into consideration their students' needs and learning styles and adapt their teaching methodologies, as and when necessary.

3.4 Students with special needs, identified through medical certificates presented during the admission process, will have adjustments agreed in advance and communicated to teaching staff. Examples of adjustments are reasonable and focus on physical disability, but specific learning disorders can also be considered, through the Student Happiness Centres (See paragraph 6.5).

3.5 Multiple innovative teaching methodologies have been evidenced which include team-based learning (TBL), problem-based learning (PBL), case-based discussions, self-directed learning, oral presentations, research-integrated activities, flipped classrooms, Artificial Intelligence (AI) -enhanced clinical learning, simulation-based preclinical training etc. Students confirmed they found the balance between theoretical and practical activities to be suitable for their learning and noted that their workload respective to the various courses is manageable. The review team inquired about the credit system and was told that credit is a measure of the student's overall effort toward attainment and as such does not exclusively quantify contact hours. This allows for comparability and conversion to other systems internationally.

3.6 The framework which articulates the overarching principles for pedagogical delivery is contained in the Teaching and Learning Methodologies Policy GMU confirmed that the Colleges house more detailed pedagogical documentation to allow for their specific

implementation. The review team found that more comprehensive detail at institutional level would be beneficial to offer a methodological overview and one which can be associated strategically. The review team **recommends** that GMU expand its Teaching and Learning Methodologies Policy to be more explicit about the delivery options which correlate with the principles outlined.

3.7 Internships are managed consistently, with a demonstrated progression by design so that students can gain confidence with each level and move from observational activities to hands on decisions, under supervision Clinical internships, particularly, benefit from the proximity to the University hospital, which can accommodate all necessary internships. Staff and students confirmed that the number of students allocated to internship staff was adequate to allow for good interactions which led to effective learning. There is great care being placed on the sufficiency and safety of resources for the internships to ensure full value to the experience. Internship coordinators confirmed that they were consulted on feasibility of any changes to the programmes and they would discuss re calibration of resources, as necessary. The review team received examples of how the increase of students was considered and only approved when the dentistry chairs or the speciality rotas could be distributed to align with the learning outcomes. Non-clinical internships were also discussed and the review team found that these were meaningful to students and were in direct curricular alignment. The review team concluded that the effective integration of internships into the curriculum, which supports a clear progressive design and is in full alignment with learning outcomes as **good practice**. The review team recognises that the seamless transition in the curriculum build from academic debate to research projects to clinical exposure is effectively delivering on the learning outcomes and preparing graduates to relevantly meet the national priorities.

3.8 Assessments are regulated at institutional level to ensure fair treatment of students and rigorous application of grading procedures. Assessment approaches are explained at the beginning of the semester and are contained in the syllabi with components duly identified. All assignments are designed with a view to supporting student achievement of the learning outcomes and they are carefully moderated and reviewed by the relevant Assessment Committees. Post-assessment analysis is conducted using software-generated indicators and any identified subjectivity is moderated through calibrated rubrics, the use of multiple assessors, and the systematic review of outlier grades.

3.9 Plagiarism and other academic integrity breaches are outlined in the Student Misconduct Policy with sanctions identified, including escalation in case of repeated misconduct. Students have indicated that they are made aware of and provided support to ensure that they fully understand the requirements and act in accordance with the regulations. Plagiarism checks are performed with reports issued for process adjustment and development.

3.10 Students can appeal their grades and re-marking or re-sits may be organised because of such appeals. The process is clearly outlined in the regulations and the review team was provided with details for each stage. GMU keeps a record of appeals and outcomes and uses this for quality assurance and institutional effectiveness purposes.

3.11 GMU uses Recognition of Prior Learning to allow applicants to demonstrate both formal and informal competencies acquired, with clear stipulations of eligibility, GPA thresholds and limits on transferable credits.

3.12 GMU promotes a programme of peer-assisted learning, with more senior students mentoring those in the first year of study. This programme was unanimously spoken highly of, with students confirming the value to their educational journey and highlighting that they had volunteered themselves to become mentors because of the quality and the added value

of their interactions with senior students. The review team understood that the Happiness Centres coordinated this activity to ensure proper matching and, subsequently, monitored the outcomes to bring any necessary improvements. The review team concluded the peer-assisted learning scheme, which is a valued and effective academic support mechanism making a meaningful contribution to high retention levels to be **good practice**.

3.13 All programmes are delivered fully in English. The review team sought to understand when and how support for English-medium interactions is necessary. It was concluded that the admission requirements, the high level of English competence of the teachers and the diverse international presence on campus were all conducive to English being used confidently and competently by students and staff.

3.14 GMU takes deliberate steps to ensure it encourages students to take an active role in the teaching and learning processes, with learning outcomes explicitly used to steer assessment design and feedback opportunities. Overall, the review team concluded 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", e.g. student admission, progression, recognition and certification.

Findings

4.1 GMU operates robust processes to support the entirety of the student life cycle, including student admission, progression through their studies and finally recognition and certification. All policies related to this standard are clear and easily accessible through the QA & IE Portal, with clear evidence of periodic review and revisions.

4.2 The admissions process is governed by the Undergraduate Admissions Policy, Graduate Admissions Policy, and Transfer Admissions Policy, which clearly define the process, including staff roles and responsibilities. The policies also include information on how to submit an appeal or complaint, with information on timelines. Most appeals received by the provider regard financial constraints and are dealt with on a case-by-case basis. During the review visit, students confirmed that the admission process was smooth and followed the process that they had expected.

4.3 All relevant information that applicants and those who support them need are easily accessible on the provider's website. This includes comprehensive information on entry requirements, English language proficiency, documentation timelines, as well as information on tuition fees and scholarships. Frequently asked questions (FAQs) on admissions are also available, in both English and Arabic. Comprehensive information is also available for international applicants. Standard 1.7 includes more information on how the provider ensures the accuracy of information on website and other communication channels. If any changes are made to programme structures, admission criteria or regulatory requirements, applicants are informed through email notifications, in line with the Substantive Change Policy.

4.4 Students with additional support needs, both mental and physical can disclose any support they may need during the admissions process or seek support from the admission counsellors. Admissions of students with additional support needs is supported by programme-specific technical standards and accommodations, the links to which are available on the webpage for each programme. All students must complete a medical fitness assessment as part of the admissions process to ensure they are able to practice. During the review visit, all students confirmed that the admission process was smooth and followed the process that they had expected.

4.5 Recognition of prior learning is covered by the Advanced Standing Policy and the Recognition of Prior Learning policy, which both clearly detail what students can claim as exemptions. Students who are native English speakers and able to provide proof are not required to take an English proficiency test.

4.6 Academic progress is governed by the Academic Progress Policy, Remedial Courses Policy, and the Regular and Intensive Modes of Delivery Policy, which define progression criteria, academic standing requirements, CGPA thresholds, pre-requisite sequencing of courses, remediation pathways, summer course structures and academic probation procedures. Data related to student academic performance, progression and attrition is monitored through the QA&IE portal by the Deanship of QA&IE. GMU also uses a set of key risk indicators, including one relating to limiting student attrition. Students are supported to progress through structured advising and mentorship meetings, as well as through the

Student Happiness Centres (See paragraph 6.5). The holistic approach the provider deploys in supporting students, demonstrated by the low attrition rates and positive student feedback is recognised as good practice in Standard 1.6 (see paragraph 6.8).

4.7 The documents that students obtain upon graduation are clear and contain all relevant information. The information on the certificates and transcripts is populated automatically through the Folio system, ensuring accuracy of information. Students and alumni confirmed that the documents they received were suitable for their next steps.

4.8 Overall, the review team found that admission, progression and certification is managed consistently, transparently and with due care and diligence. All information on policies and procedures is easily accessible to both staff and students. Therefore, the review team concludes 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 Recruitment of teaching staff is transparent and merit-based, with employment details and professional requirements clearly outlined. All recruitment is through open competition, with posts based on departmental proposals which consider existing and future needs. Responsibilities are clearly outlined in the recruitment announcements, and the importance of teaching is highlighted accordingly through the workload descriptors provided.

5.2 All newly recruited staff, i.e. full-time, part-time, adjunct or visiting, undergo a comprehensive induction process. GMU confirmed that the induction process introduces new staff to institutional policies, academic regulations, teaching expectations, assessment processes, student support mechanisms and the digital environment in use, while the College level induction focusses more specifically on programme learning outcomes, curricular structures, assessment blueprints and teaching methodologies. GMU monitors the efficiency of the induction process via feedback and attendance records.

5.3 The review team found the number of teaching staff to be sufficient to cover the curricular matrix. Teaching staff are appropriately qualified and are highly competent in the disciplines of their teaching workload, with many acting as practicing medical professionals. Teaching staff also undertake research activities which allow them to keep up to date with their specialities, further developing their expertise and connecting to other specialists within their disciplines, as well as to propose curriculum developments by integrating research infused topical content.

5.4 Programmes are staffed, in the main, with full-time employees and a high percentage of staff with PhD. Evidence presented to the review team showed that out of 29 programmes, 22 programmes have over 85% coverage by full-time staff aligning with the Employment Policy which specifies that no more than 20% of programme credits may be taught by part-time staff or by staff without a terminal degree. Additionally, across master's programmes, all staff in eight out of eleven programmes are PhD holders, while across all programmes 18 benefit from teaching by 80% staff with PhDs. The review team found this to be highly beneficial to students.

5.5 GMU uses a workload matrix which considers different roles and their involvement across various activities such as teaching, research, clinical and administrative responsibilities. The review team confirmed that staff can negotiate their workload (for example via research release) and approval will not be withheld to accommodate specific projects which may be individual or departmental. The review team received evidence that the workload is closely monitored and staff indicated that they consider the workload to be well-balanced allowing them to perform all their tasks in a timely manner, without any major pressure and within the limits of the working week. Any overtime is remunerated accordingly.

5.6 The review team inquired about development opportunities and found that GMU supports individual development initiatives, identified via the appraisal system or raised, as necessary, by staff members. Additionally, GMU proposes College-based or institution-wide training sessions which can respond to a collective need identified, including in relation to technology-based learning or broader topics of pedagogical relevance to support methodological expertise. The review team understood that while each staff member would engage in at least two continuous professional development activities per year, no

continuous professional development initiative at institutional level was made mandatory or cyclical to ensure that new or refreshed knowledge is assimilated by all staff members equally. College-based annual plans are drafted in response to appraisal outcomes, but GMU did not present a continuous professional development plan as a derivative of its strategic plan. The review team **recommends** that GMU develop an institutional continuous professional development plan mapped onto its strategic objectives to ensure all staff remain fully attuned to mission relevant training.

5.7 Teaching staff undergo an annual appraisal process on a self-evaluation basis. The template used prompts information on compliance with course management requirements, assessment processes, student feedback outcomes, scholarly output, committee participation and engagement in professional development, grouped under four major categories, i.e. teaching, research, community service and professional development. Minimal requirements are set by staff category with fulltime regular track staff, clinical track staff, research track staff and administrative academic responsibilities evaluated by different weightings across the categories of teaching, research and community. Part-time and adjunct staff are evaluated solely on teaching. The review team inquired about the potential consequences resulting from the appraisal process and was informed that where areas for enhancement are identified, staff receive structured developmental feedback and actionable recommendations. The review team found the appraisal system to serve the institution well, with the differentiated approach by category acting as a reasonable safeguard for staff.

5.8 Overall, the review team noted that teaching staff at GMU are competent, hold relevant qualifications and stay well connected to their disciplines, either through direct clinical involvement or specific research activities. The review team therefore concluded 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 provider operates a wide range of different facilities, learning resources and support services to support their students. The management of learning resources is led by the Learning Resources Committee, which coordinates with colleges to identify and prioritise resource management. Student support and engagement is managed by the Student Affairs team, which the Wellbeing team providing more specialist mental health support. The Budgeting Policy outlines the approaches to management of funding for facilities and learning resources. The governance processes underpinning the management of student support, learning resources and facilities is robust and transparent, balancing fiscal responsibility with responsiveness to student needs.

6.2 The facilities are purpose built, with student needs being continuously assessed by the Learning Resources Committee. Students, staff and external stakeholders were able to provide excellent examples of the provider responding to resource requests in a strategic and intentional way.

6.3 Extensive support for all aspects of the student learning journey is available, and are primarily delivered through the academic advisor scheme, as well as through career counselling services, peer guide programmes, student clubs, co-curricular activities and leadership development opportunities organised and managed by the individual College Happiness Centres and overseen by the Student Affairs Department.

6.4 Each student is allocated a member of faculty as an advisor, and they are their primary point of contact and support mechanism at the University, as defined by the Student Mentorship Policy. At a minimum, one mentorship meeting is held per semester, but many students have more meetings with their advisors. Staff record the details of the meeting on the QA&IE portal, where they are held confidentially. This is to ensure continuity between sessions, as well as compliance with the policy. As part of the mentoring process, students complete a self-assessment which forms the basis for the professional development.

6.5 Student Happiness Centres are aligned to colleges The centres provide students with information, advice, guidance, or referral regarding any concerns or complaints. They also serve as a liaison between students and different college/ university departments. Beyond the academic advisor, they are the first point of contact for students if they have any queries or concerns. Students are an active part of the happiness centres and hold elected roles.

6.6 Students can both request and receive mentoring from their peers This has been credited with creating a sense of community and combating student loneliness.

6.7 Counselling is coordinated by the Wellbeing team and who have dedicated Student Counsellors who support students with personal issues that require specialist support Students are also referred to Thumbay Hospital specialists if needed. The roles and responsibilities of the Wellbeing Centre are easily accessible to students on the provider's website. The Wellbeing Centre also delivers workshops for students, such as on managing stress.

6.8 Feedback from students, staff, and other stakeholders is collected through different mechanisms and consolidated through the Learning Resources Committee or Student

Affairs Department. Student feedback is formally captured through the Student Council, as well as end of term surveys. The level of support and holistic approach taken by GMU is also reflected in the high student progression rates, as mentioned in paragraph 4.6. Students confirmed that they felt very well supported by the provider and the different support services available to them. Alumni confirmed that staff members stayed connected with them beyond graduation, helping them with job interview preparation and checking in on them. The review team recognises the holistic and genuine way that students are supported, which has a clear impact on student professional and personal development and progression as **good practice**. Students are active participants in their support services, ensuring that they are relevant and evolving, while at the same time enhancing their own leadership skills. The dedication of academic staff to their advisor role was evident in all meeting attended by the review team, especially considering the political instability in the region.

6.9 GMU has appropriate funding for learning and teaching activities and ensures that adequate and readily accessible learning resources and student support are provided. Students at the provider are active participants in their support services, ensuring that they are relevant and evolving, while at the same time enhancing their own leadership skills. The dedication of academic staff to their advisor role was evident in all meetings held by the review team with staff and students. This was especially pertinent considering the political instability in the region. The review team therefore concluded that 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 GMU's claim to embed information management in their quality assurance and institutional effectiveness practices is described in the Policy for Quality Assurance and Institutional Effectiveness and driven by the highly integrated QA&IE Portal that provides management information to inform decision-making at all levels of the institution.

7.2 The Policy for Quality Assurance and Institutional Effectiveness defines the role of key performance indicators in review of activities, improvement and decision-making. Examples of the use of institutional data in this way include the use of exit surveys to identify potential gaps in the curriculum, such as weakness in prescription skills in pharmacology, that led to the establishment of a partnership with British Pharmacological Society, the analysis of admissions data to inform marketing strategies and fee-level setting, and tracking faculty publication data to identify interventions to increase the GMU's ranking.

7.3 A Manual of Institutional Data Management is available from the Document Bank on GMU website. This Manual describes the standard operating procedure for management and reporting of institutional data and lists the units responsible for gathering and reporting data including the nominated person with approval and sign-off authority.

7.4 The QA&IE Portal collects data at programme, college and institutional levels. These data are used to support monitoring, evaluation, planning and improvement. A wide range of data is gathered and can be visualised on dashboards, including an Institutional KPI Dashboard which is part of the QA&IE Portal. The Portal has recently been further developed to gather the data required by the CAA for its Outcomes-Based Evaluation Framework.

7.5 Student information, including admissions, registration, enrolment, attendance, progression, completion and graduation, are managed through FOLIO. This system allows analysis of programmes and cohorts and is used to identify students at risk. The database is linked directly to the calculation of institutional key performance indicators. Teaching staff reported that student performance data is used to identify weaknesses in programmes of study and to refine examinations by way of a databank of examination questions that includes student marks for each question.

7.6 An institutional learning management system (LMS) is used to organise and deliver digital learning resources and course and programme material. Lecture notes, presentations, grades are all posted on the LMS and discussion boards are available. Students confirmed that the use of the LMS by their teachers is consistent across courses. Students are encouraged to access it every day because it is used to disseminate important notices.

7.7 A Data Security Policy describes the measures to be taken to ensure IT security and data protection. The policy is comprehensive and appropriate.

7.8 Surveys are managed and delivered centrally by the QA&IE Deanship, according to an institutional policy. The Deanship generates and publishes a survey calendar to prevent survey fatigue. Data from surveys are analysed by the Deanship and discussed by appropriate committees.

7.9 Programme review is data heavy. Colleges and Programme Directors produce PERs that are based on student and stakeholder surveys, KPI trends, programme performance indicators and other data. The reports include action plans. The Quality Assurance and Institutional Effectiveness (QA&IE) Deanship receives and reviews the proposed action plans monitors their implementation through subsequent data collection and review cycles. Each programme director is required to report regularly to the Deanship on progress with the action plans and unsatisfactory progress will result in reconsideration of the original report. Teaching staff reported that student surveys and other forms of feedback were the main driver of programme enhancement. Students told the review team that each course begins with a presentation that includes information about changes to the course brought about in response to student feedback.

7.10 The QA&IE Portal has already been identified as an example of good practice in Standard 1.1 (see paragraph 1.14). This is further supported under this Standard by its widespread use in supporting decision-making processes at all levels of the University.

7.11 Overall GMU has in place arrangements that ensures they collect, analyse and use relevant information for the effective management of their programmes and other activities. The review team therefore concluded 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 GMU publishes comprehensive institutional information on its official website to ensure that stakeholders have access to essential, accurate, and current details about GMU.

8.2 The website also provides information on colleges and academic programmes, admission requirements, research institutes, alumni, academic catalogues, student handbook, academic calendar, student services and facilities, accreditation and recognition status, rankings, and contact information. The Website Policy provides the governance framework. The policy contains a list of minimum information that must be available for all programmes and at institutional level. All content on the webpages is approved by the respective Dean or Head of the unit and prepared by the Communication Department. There is specific separate page for alumni which list all the information that alumni may need Alumni stay connected to GMU both through the webpage, and personal connection with academic staff.

8.3 In addition to the website, for current students, the Student Handbook serves as a central reference document for all. It is available on the webpage as well as on the LMS.

8.4 In conclusion GMU publishes information about its activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible. The processes in place are robust and understood by various levels of management. Stakeholders confirmed that all information they required was easily accessible to them and relevant. Overall, the review team concluded 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 GMU operates a process of continuous enhancement of its academic programmes. Under the guidance of the QA&IE Deanship, programme teams are required to monitor and review programme relevance, academic standards, student achievement, and alignment with the University's mission and strategic priorities. For clarity to students and staff, no changes are made to programmes or courses once a semester has started. LMS pages are archived, so that it is possible to look back at the structure and content of each course as it was when a student studied it.

9.2 An annual PER process is designed to provide an evidence-based evaluation of each programme to ensure it remains current, academically sound and fit for purpose in terms of delivery, assessment, learning environment, and student support.

9.3 Each PER contains:

- Programme information including the date of the most recent and next accreditation processes
- Programme advisory board meeting minutes
- Actions to be taken to address any programme KPI that has a value less than the target level
- Actions to be taken to address any shortage in the achievement of programme learning outcomes based on the exit examination
- Actions to be taken to address student feedback on courses
- Actions to be taken to address issues identified based on the graduate exit survey of the programme
- A summary of any curricular changes that took place during the academic year
- Actions to be taken to address alumni and employers' feedback
- An analysis of the strengths, weaknesses, opportunities and threats of the programme, performed by the programme director.

9.4 The PER process is informed by student performance data, documented changes to the curriculum, input from committees, including the Programme Advisory Board input, and any scheduled accreditation or re-accreditation. External input to the PER process comes from the Advisory Board, employer feedback, alumni and graduate outcome data, the reports of external examiners, and other external stakeholder input. The PER includes an analysis of strengths, weaknesses, opportunities and threats.

9.5 PERs are first reviewed by the College Quality Assurance and Programme Evaluation Committee, which evaluates programme performance, validates proposed actions, and monitors follow-up on improvement measures. Each report is then reviewed by the GMU Quality Assurance and Institutional Effectiveness Committee, to ensure adherence to university standards and external requirements. This also ensures consistency across the colleges, and longitudinal consideration of programme developments.

9.6 All academic programmes at GMU are subject to initial accreditation and periodic re-accreditation by the Commission for Academic Accreditation. Since 2025, all programmes are monitored under the CAA Outcomes-Based Evaluation Framework. Key performance indicators are used to benchmark programmes across six performance pillars: Employment Outcomes, Learning Outcomes, Industry Collaboration, Research Outcomes, Reputation, and Community Engagement.

9.7 Many programmes offered by GMU have international accreditations or external recognition. These include programmes in biomedical science, dentistry, pharmacy, nursing and physiotherapy. The choice of accreditation body is directed by the list of recognised bodies published by the CAA.

9.8 GMU conduct periodic internal academic audits of programmes in advance of scheduled reaccreditation by the CAA. Previously, reaccreditation by the CAA was required every four to five years. However, with the introduction of the Outcomes-Based Evaluation Framework, the period between reaccreditations is determined by the KPI performance and can range from two to six years. These audits are comprehensive reviews that are led by the QA&IE Deanship and examine curriculum alignment, assessment practices, achievement of programme learning outcomes, student progression and completion, stakeholder feedback, staffing, research activity, and learning resources. The outcomes of the audit take the form of recommendations that are incorporated into the PER and monitored for implementation.

9.9 The Quality Assurance and Effectiveness Manual includes a section on the quality assurance mechanisms for joint programmes and collaborations. This includes a description of the processes to be followed for monitoring and continuous improvement of programmes offered in conjunction with other institutions.

9.10 While this heavy reliance on external accreditation ensures the professional validity and currency of GMU's programmes, it is accompanied by the risk that it will erode the institutional distinctiveness of its graduates. External accreditation is based on setting thresholds that must be met. The review team are of the opinion that GMU has the capacity to exceed these thresholds significantly and suggests that the internal monitoring and periodic review processes should be further developed to promote this, to the benefit of the graduates and to the professions that they enter.

9.11 Overall, GMU monitors and periodically reviews their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. The team noted that action planning is robust and directed towards continuous improvement. The review team concluded that Standard 9, On-going 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 GMU undergoes cyclical external quality assurance by the Commission for Academic Accreditation, which conducts cyclical re-licensure reviews that include the preparation of an Institutional Self-Study Report (SSR) that analyses the University's alignment with the CAA Standards and its Outcomes-Based Evaluation Framework. The SSR is followed by a visit from an External Review Team, which produces a report that provides an independent evaluation of the University's strengths, identifies areas for further enhancement and confirms the effectiveness of the internal quality assurance framework. GMU is also assessed against the European Standards through the QAA International Quality Review process.

10.2 As reported under Standard 9 of this report, all academic programmes at GMU are subject to initial accreditation and periodic re-accreditation by the Commission for Academic Accreditation.

10.3 The outcomes of institutional and programme reviews are integrated with internal quality assurance structures by the QA&IE Deanship at institutional level, and the College QA&PE Committees. The outcomes are used to enhance the effectiveness of internal quality assurance processes. Any recommendations, conditions, or observations arising from external reviews are scrutinised by senior management and the QA&IE Deanship, and translated into structured action plans with defined responsibilities, timelines, and success indicators. Progress with these action plans is monitored through GMU QA&IE Committee and College QA&PE Committees and documented through internal reports, committee minutes, and follow-up submissions to external agencies.

10.4 The review team heard of examples where the outcomes of an external review of one programme has led to enhancements in other programmes and other disciplines. For example, a recommendation to develop a policy for regular review of the strategic plan in Pharmacy was adopted across the University. Similarly, a recommendation for Physiotherapy to develop a policy for admissions of students of determination was taken up by other programmes and is now a university-level policy, and the University's sexual harassment policy came from a programme-level reaccreditation. The effective arrangements for the dissemination of the outcomes of external review, which results in the wider adoption of recommendations across GMU is considered by the review team to be **good practice**.

10.5 Overall, the review team were assured that GMU undergoes, on a cyclical basis, external quality assurance in line with the ESG and that the outcomes of cyclical reviews are effectively used to drive improvement. The review team therefore concluded that Standard 10, Cyclical external quality review, 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 IQA 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 IQA 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.

QAA3094 - R15063 - June 26

© The Quality Assurance Agency for Higher Education 2026
Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

Email: accreditation@gaa.ac.uk

Website: www.gaa.ac.uk