QAA GLOBAL

This review method is ESG-compliant

International Quality Review

The University of Benin

NUC

Review Report

October 2023

Contents

About this review

This is a report of an International Quality Review conducted by The Quality Assurance Agency for Higher Education (QAA) at The University of Benin. The review took place from 11 to 13 October 2023 and was conducted by a team of three reviewers, as follows:

- Professor Mark Davies
- Doctor Ngepathimo Kadhila
- Mr Matthew Kitching (student reviewer).

The QAA Officer for this review was Mr Alan Weale.

International Quality Review (IQR) offers institutions outside the UK the opportunity to have a review by the UK's The 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 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 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

The University of Benin is one of Nigeria's six first generation publicly funded universities. It was established as an Institute of Technology in 1970 and registered as a university by the Nigeria National Universities Commission (NUC) in 1971. The University has 15 faculties, a College of Medical Sciences, and three institutes – the Institute of Education, Institute of Child Health, and the Institute of Public Administration and Extension Services. It has four Centres of Excellence. These include the Centre of Excellence in Geosciences and Petroleum Engineering; the Centre of Excellence in Aquaculture and Food Technology; the World Bank Centre of Excellence in Reproductive Health Innovation (CERHI); and the World Bank Centre of Excellence in Sustainable Procurement, Environmental and Social Standards Enhancement (SPESSE). The University of Benin has its main campus at Ugbowo area in Benin City, and a satellite campus at Ekehuan Road in the city.

The University of Benin offers 118 undergraduate and postgraduate programmes in diverse disciplines. It has a total full time undergraduate student population of 43,392, consisting of 21,519 males (49.6%) and 21,873 (51.4%) females. The total postgraduate enrolment in 2022 was 3,594, comprising 2,050 males (57.0%) and 1,544 females (43.0%). Thus, there was a total of 46,986 undergraduate and postgraduate students enrolled in the University in 2022-23 academic year, of which 50.2% were males and 49.8% were females.

The University employs 6,289 staff. Academic staff account for 1,896, of which 927 are senior technologists, 2,625 senior administrative staff, 132 secretarial, 255 junior technologists, and 454 junior non-technical.

The Vision of the University is to be a model institution of higher learning which ranks among the best in the world and is responsive to the creative and innovative abilities of the Nigerian people. Its mission is to develop the human mind to be creative, innovative, research-oriented, competent in areas of specialisation, knowledgeable in entrepreneurship and dedicated to service.

The University Self Evaluation document identified some key challenges which it faces in delivering its vision and mission, these included the following. Prior to recent World Bank Funding there had been inadequate Information and Communication Technology facilities with limited resources to expand the bandwidth to cover the two campuses and all units of the university. The World Bank Funding had made a significant impact on addressing this. The large and expanding population of students which has put pressure on the existing facilities was another challenge noted. Other challenges included changing the mindsets of staff and students who have been used to traditional methods of teaching and learning; the use of evidence to underpin decision making; and the need for improved data on the social and learning experiences of staff and students to enable the development of strategies and policies to improve learning, educational, and social outcomes for staff and students.

In reaching conclusions about the extent to which the University of Benin 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 11 to 13 October 2023, the review team held a total of seven meetings with various members of the University community including the Vice-Chancellor, senior management team, academic staff, professional support staff, students and alumni. The review team also had the opportunity to observe the University's facilities and learning

resources at the main Ugbowo campus and the adjacent University of Benin Teaching Hospital.

In summary, the team found one example of good practice and was able to make 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 identified nine conditions that the University must satisfy to achieve QAA accreditation.

Overall, the team concluded that The University of Benin **does not meet** all standards for International Quality Review.

QAA's conclusions about The University of Benin

The QAA review team reached the following conclusions about the higher education provision at The University of Benin.

European Standards and Guidelines

The University of Benin meets five of the 10 ESG Standards and Guidelines. The standards not met by The University of Benin at the time of the review are:

- Standard 1.1: Policy for quality assurance
- Standard 1.2: Design and approval of programmes
- Standard 1.5: Teaching staff
- Standard 1.7: Information management
- Standard 1.9: On-going monitoring and periodic review of programmes

The University of Benin **does not meet** all standards for International Quality Review.

Conditions

The QAA review team identified the following **conditions** that must be fulfilled before all of the European Standards and Guidelines can be deemed met at The University of Benin:

- Clarify the quality assurance framework with clear identification and separation of policy and aspiration and create a comprehensive set of procedures to operationalise the policy documents (ESG Standard 1.1).
- Ensure that minutes are kept of all deliberative bodies at all levels, for the purpose of record-keeping, accountability and effective oversight (ESG Standard 1.1).
- Ensure that all policies are clear on what is policy and what is guidance and develop and implement a robust system for policy approval, and periodic renewal that involves the University's deliberative structure (ESG Standard 1.1).
- Revise its quality assurance reporting procedures such that reporting takes place on an agreed set of parameters that align with other elements of the University's academic infrastructure (ESG Standard 1.1).
- Develop and implement means to measure its progress against its Key Performance Indicators (ESG Standard 1.7).
- Collect, analyse and discuss data on student appeals, complaints and grievances at the University level such that common factors can be identified and systems put in place to reduce the number of incidences (ESG Standard 1.7).
- Ensure data management procedures effectively collect and report pertinent data to relevant bodies, and that data reporting is used in decision-making (ESG Standard 1.7).
- Develop and implement a mandatory system for the effective annual monitoring of its programmes, which includes appropriate oversight by the University (ESG Standard 1.9).
- Ensure that external evaluation reports are considered within the University's deliberative structure and action points in response to the report are established, addressed and monitored (ESG Standard 1.10).

Good practice

The QAA review team identified the following features of **good practice** at the University of Benin:

- The robust induction/orientation programme for all students, which provides a comprehensive introduction to the intended course of study and the facilities and support available to them (ESG Standard 1.4).

Recommendations

The QAA review team makes the following **recommendations** to the University of Benin:

- Create a core set of academic regulations from which regulations for each programme can be developed (ESG Standard 1.1).
- Enhance operative guidance for programme development that supports robust internal scrutiny of proposals as part of the approval process (ESG Standard 1.2).
- Strengthen stakeholder engagement in programme design and approval (ESG Standard 1.2).
- Ensure all programmes benefit from comprehensive, explicit and published programme and module learning outcomes that are aligned between level and with assessment (ESG Standard 1.2).
- Ensure comprehensive dissemination and implementation of the University's embryonic strategy for student centred learning (ESG Standard 1.3).
- Ensure arrangements for consideration of mitigating circumstances applications enable decisions to be made in a fair and consistent manner (ESG Standard 1.3).
- Develop clear and separate policies and processes for student complaints and academic appeals and communicate these in student handbooks (ESG Standard 1.3).
- Ensure that all teaching staff and postgraduate students who teach benefit from appropriate preparation and training to deliver teaching and learning activities (ESG Standard 1.5).
- Consistently and rigorously implement existing procedures for teaching observation and performance review that support staff development (ESG Standard 1.5).
- Develop a coherent, comprehensive and strategic approach to staff continuing professional development (ESG Standard 1.5).
- Strengthen mechanisms for implementing recommendations from quality reviews relating to learning resources and facilities and continuously monitor their adequacy (ESG Standard 1.6).
- Implement robust systems for generating and using accurate data in respect of student admissions, student performance and in associated statistical reporting (ESG Standard 1.7).
- Put in place procedures to continuously review and update its website to ensure clear, accurate, objective, up-to-date and readily accessible public information (ESG Standard 1.8).
- Fully deploy its internal mechanism for the periodic review of programmes, incorporating appropriate externality (ESG Standard 1.9).

Explanation of the findings about The University of Benin

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 policy, formally the Policy and Strategy on Quality Assurance, though sometimes referred to as the Quality Assurance Policy, created in 2022. The purpose of the policy is to 'maintain and enhance the quality of core activities of teaching, learning and research to promote service delivery to our community as well as the national and international community.' Part of the policy's mission is, 'To provide guidance to our staff, students and stakeholders on the quality benchmarks for various academic and administrative activities in the University.' The Policy and Strategy on Quality Assurance, along with some other quality-related policies, is publicly available on-line at www.qa.uniben.edu. Although quality assurance is not explicitly referred to in the University's Strategic Plan, many of its specific objectives relate to, and if achieved will enhance, quality assurance.

1.2 The Policy and Strategy on Quality Assurance itself contains an introduction to the concept of quality assurance, explains the role of the (NUC) in maintaining academic standards and quality, and the function of accreditation by professional bodies. It explains the need for internal quality assurance and the role of the Directorate of Quality Assurance, which is broad, concerning all aspects of quality assurance and information monitoring. Within the policy various items are termed 'policy' and are aspirational, for example to 'establish and sustain a culture to attain full accreditation of all undergraduate and postgraduate programmes by National Universities Commission.' Under each policy are specific objectives to be achieved and strategies to be implemented to meet the objectives. The policy makes no reference to the production of an annual report on quality assurance (see paragraph 1.13). The policy acts as a framework to guide activities within the University towards meeting its mission and vision, but does not contain, or refer to, the regulatory means by which the various policy statements will be achieved.

1.3 While in general the Policy and Strategy on Quality Assurance reflects a typical understanding of quality assurance, the University's definition is broad, as indicated by its quality assurance questionnaires to staff, students and alumni which ask among pertinent questions relating to the efficiency of, for example library or IT services, as well as other questions that may seem ancillary when interpreted in the light of the European Standards and Guidelines.

1.4 In January 2023, the Directorate of Quality Assurance proposed a quality assurance Book of Rules that was intended to contain all quality assurance procedures in one place and define responsibilities, jurisdiction, implementation time, and indicators. The review team (the team) scrutinised a draft copy of the Book of Rules and noted its comprehensive nature, with clear policy, objectives and strategy to achieve the objectives. It also serves as a manual of good practice items. However, it is an aspirational document and no mention is made of the resource required to implement it, or how implementation will be monitored. However, the team understand this is to be part of the 2024 work plan.

1.5 The framework within which quality assurance operates is expressed in the three documents, the Strategic Plan, the Policy and Strategy on Quality Assurance, and the Book of Rules, each more detailed than the last. There is much overlap in the documents, but each has unique features and emphasis, and the team did not detect any contradictions.

However, each is structured differently, with different sub-headings and sections and so it is difficult to understand how information flows from one document to another, or how the documents should be used, in particular when one should be used rather than another. Further, it is difficult to clearly identify which items are elements of policy, which are guidance, and which are aspirational statements.

1.6 Contained within the Book of Rules are the University's Key Performance Indicators (KPIs) and it is explained that these are grouped under the 10 headings that are the key objectives contained within the Strategic Plan. However, the Strategic Plan does not identify 'key objectives' and neither does it refer explicitly to the headings in the Book of Rules, though together the headings encompass most of the University's activity and so are reflected in general in the Strategic Plan.

1.7 Given a complex overarching framework, linking operational aspects to it will naturally be challenging, but how the framework is to be operationalised is not clearly stated and there is in general, though not wholly, a lack of clear and concise procedures that will enable the aspirational policies to be achieved. Staff met by the team indicated that some procedures are transmitted verbally but others are specified in the Policies and Procedures Manual. An inspection of this manual revealed that it specified University policies and the process for their creation, including that each document should specify exactly how it is to be implemented. However, the Manual did not specify the procedures themselves. The team was told that the version of the manual that it had been provided with had not been used operationally but was created specifically for the team. Individual policies not contained within the Policy and Strategy on Quality Assurance are generally fit-for-purpose, though they are not explicitly linked to in the Book of Rules, and procedures to implement them are scant.

1.8 Overall, the current version of the quality assurance framework is relatively new and therefore untested. It also has yet to reach operational maturity, for example in respect of periodic review (see Standard 1.9). However, there are plans to implement various training and capacity building activities directed at both staff and students. While policies have been created recently, there is a disconnect between policy and what is practically happening at a local level. Therefore, as a **condition** for meeting Standard 1.1 the University should clarify its quality assurance framework with clear identification and separation of policy and aspiration and create a comprehensive set of procedures to operationalise the policy documents; and this should apply to all University policies.

1.9 The main deliberative body with quality assurance responsibility is the Quality Assurance Committee (also termed the Quality Assurance Steering Committee or the Steering Committee of the Directorate of University Quality Assurance), established in 2020. The Committee has representation from each faculty, school and institute, and from professional services staff. Its sole remit is to 'assist the Directorate to promote a culture of quality in the University as well as in the monitoring and evaluation of quality parameters.' It meets irregularly; its frequency of meeting is not stipulated, rather it meets as the need arises. The Committee's first task was to produce a quality assurance policy document that became the Policy and Strategy on Quality Assurance. Its second task was to establish Faculty Quality Assurance Committees, whose purpose is to implement the Policy and Strategy on Quality Assurance. After a matter of months, the Committee then settled into more routine business, including receiving reports on the assessment of the quality of lectures. The Committee established three Working Groups for Quality Management, termed Sub-committee for Instruments for Academic Quality Control, Sub-committee to Increase University Visibility to Stakeholders, and Sub-committee for Self-assessment / Satisfaction Survey, however, the minutes of the Quality Assurance Committee do not show reports from these Sub-committees. Further, the team asked for minutes of these Sub-committees but

none were supplied and therefore concluded that if these bodies exist there is no record of their meetings and no oversight of their activities.

1.10 While the University provided evidence that the Faculty Quality Assurance Committees had been active through the production of forms, documents and reports, minutes are not always kept as a formal means of recording business, and thus it is difficult for the University to monitor quality assurance activities at Faculty level. Further, some faculties have been slow in establishing committees, in one case the first meeting was held in August 2023. In the absence of minutes, it was difficult for the team to establish whether these committees were functioning as envisaged by the University. Also, in some cases, and at various levels of the organisation, the team was informed that meetings had taken place to take various decisions relating to quality assurance, but the team was unable to verify, via minutes, that these decisions had been taken. For example, the team was informed that Departmental Boards report to Faculty Boards which report to Senate and that Senate minutes recorded the receipt of Faculty Board minutes. However, the team were unable to locate evidence that this had occurred. The team recognises that in these cases there is a lack of recording and documenting activity to show clear lines of accountability and responsibility. The team concluded that the University may be operating on the basis of sound decision-making, but the processes of deliberation and locus of responsibility were not wholly clear. Some staff met by the team were of the opinion that all meetings were minuted, but others noted that there were some gaps. Therefore, as a **condition** for meeting Standard 1.1 the University should ensure that minutes are kept of all deliberative bodies at all levels, for the purpose of record-keeping, accountability and effective oversight.

1.11 In some cases, faculties and departments compile quality assurance reports that indicate compliance or otherwise with the principles in the Policy and Strategy on Quality Assurance, however this practice is far from universal and relies on initiatives within the faculty or department. Accordingly, the University does not provide oversight of these activities.

1.12 There are various other committees that have some quality assurance function or responsibility, and these can be classified into two groups. Ad hoc committees are short-term (as short as one week) to address a particular issue and are dissolved following the production of a report on their activity. Standing Committees are established at the start of each academic year and have a term of one year, though are usually renewed. Examples of relevance to this review include the Strategic Planning Committee, the Students' Disciplinary Committee, the Post Unified Tertiary Matriculation Examinations / Direct Entry Committee, the Library and Routine Publications Committee, and the Quality Assurance Committee. The University identified 50 standing committees as extant at the time of the Review, but the Academic Planning and Policy Committee was not one of them. The team learned that the Vice-Chancellor determines the constitution of all committees and all committees report directly to the Vice-Chancellor. As such, the team could not determine a hierarchy of committees, such that one reports to another. Further, the team was unable to identify any stipulated formal frequency of meeting for any committee.

1.13 To regulate its activity the University has developed a range of policies relating to academic and non-academic matters. The policies do not have expiry dates within them, rather the team was informed that policy revision occurs five-yearly and Senate approves revisions or, more usually, by the Vice-Chancellor on behalf of Senate. Minutes of Senate from January 2020 to March 2023 were made available to the team and showed that during that period Senate approved only two policies and received no reports of approval by the Vice-Chancellor. In the evidence seen by the review team some policies produced during this period, for example the Policy and Strategy on Quality Assurance and the Information Management Policy do not appear to have been approved by or reported to Senate. Further, the committee established in 2022 for the review of the Intellectual Property Policy reported

that a draft policy was created prior to 2012, but since then the Policy had neither been approved nor implemented. The team could not identify any formal legislated mechanism for the approval or review of university policies and considered that reliance on the Vice-Chancellor to approve academic policies was not conducive to collective decision-making. In addition, there is some blurring between policy and recommendations; for example, the Admission Policy contained a list of recommendations such as the creation of an email address for the University Admissions Board and to create web links to and from the policy. However, senior staff informed the team that these items of policy had been mistakenly referred to as recommendations. The policies also do not have implementation procedures. As a **condition** for meeting Standard 1.1 the University should ensure that all policies are clear on what is policy and what is guidance and develop and implement a robust system for policy approval, and periodic renewal that involves the University's deliberative structure.

1.14 In 2022 the University produced its first internal Annual Quality Assurance Report. The purpose of the report was to evaluate the University's adherence to quality assurance standards, to assess the efficacy of the University's improvement processes and methods for quality assurance, and to identify action points for improvement. Rather than develop its own standards the University adopted almost wholly the standards and sub-standards of a national quality assurance agency operating in a different country and learning culture. The team considered that the University had missed an opportunity to decide what it wanted from its systems and measure accordingly. In commenting on compliance with the standards and sub-standards the report in the main merely reiterated the textual explanation of the sub-standards given in the national quality assurance agency's standards document without indicating how these judgements were arrived at, or providing any supporting evidence or narrative, and thus the utility of the report in evidencing and guiding developments is extremely limited. Indeed, there was no evidence that any material at the University had been examined. Thus, the report lacks transparency and the reader is unable to understand how its conclusions were formed. Further, while there is some overlap, the standards and sub-standards used do not fully reflect the aspirations as stated in the University's Strategic Plan, Policy and Strategy on Quality Assurance, or draft Book of Rules. Therefore, as a **condition** for meeting Standard 1.1 the University should revise its quality assurance reporting procedures such that reporting takes place on an agreed set of parameters that align with other elements of the University's academic infrastructure.

1.15 Nonetheless, the report made commendations and action points contained within an action plan, with shorter- and longer-term indicative timeframes. The recommendations are wide-ranging and fundamental, and if implemented will considerably change the way the University operates to the benefit of its students. Though at an early stage, there is evidence that the recommendations are being progressed through the Directorate of Quality Assurance. The team asked for minutes of where the findings of the report were discussed in deliberative committee, but the University did not supply these. The team concludes that by not sharing the findings and discussing them more generally within the institution, the University is reducing stakeholder information about, and commitment to, the changes proposed.

1.16 Although some academic regulations, particularly in relation to assessment, are contained within the document 'Academic Regulations and Teacher's Code,' the complete regulations are not contained within a single document but rather are to be found in the handbooks (often termed prospectuses) for each programme and are thereby communicated to students. The regulations are based on principles established by the NUC and the team detected no inconsistencies in the handbooks, except those to be expected where programmes span a number of disciplines or are subject to differing professional body requirements. The team asked where responsibility lay for ensuring that the regulations were consistent across student handbooks and was informed that the Academic Planning and Policy Committee (APPC) performed this check and that the results were recorded in the

committee's minutes. However, the team was unable to identify such checking in the minutes of APPC and without a single baseline reference point the team considered that there was scope for programme regulations to drift out of alignment and **recommends** the University to create a core set of academic regulations from which regulations for each programme can be developed.

1.17 One barrier to the adoption of a fully operational quality assurance system may be that the language and culture of quality assurance is not yet fully embedded in the University. This report contains numerous examples of where quality assurance practice was not fully understood or embraced (see paragraphs 1.9, 5.7, 7.5, 9.2 and 10.5 as examples). Also, on occasion as reported in this and other sections of this report, there are inconsistencies in the names used for specific bodies and policies.

1.18 Through the creation of the Policy and Strategy on Quality Assurance, the Book of Rules, and various other initiatives reported in this section, the University is making progress towards, though is an early stage in, developing a properly functioning quality assurance framework. However, at present documents do not always align, and there is a lack of translation to practice. Overall, there is not a clear, comprehensive and consistently implemented quality assurance system. Accordingly, Standard 1.1 Policy for quality assurance, is **not 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's Quality Assurance Book of Rules contains a Curriculum Development Policy, which states that the University's vision and mission is to drive innovation, research culture and entrepreneurship through a body of relevant courses. Objectives of the policy include to develop creative and innovative minds, promote pragmatism, create and sustain entrepreneurship and reduce dependence on white collar jobs.

2.2 The University's internal process for developing new programmes is set out in its 'Internal Processes for Developing New Programmes and Reviewing Existing Ones.' The process states that gaps in current provision are identified through its periodic review process, and by stakeholders and the Academic Planning Directorate. The institution has a nine-stage process in place that includes:

- Stage 1: Gathering ideas and suggestions from course lecturers, students, alumni and professionals in the field of study, reviewing reports from past NUC accreditation exercise and professional accreditation and ratings of employers; Global ranking information and competition; Departments may use committees.
- Stage 2: Students engaged to formally provide inputs and assessment covering the content, scope and credit loads for ownership and alignment.
- Stage 3: Proposed curriculum for discussion, review and adoption by department board.
- Stage 4: Sent to Academic Planning Directorate to check compliance with NUC minimum standards and the Strategic Plan.
- Stage 5: Ratification by the Faculty or College Board of studies for undergraduate programmes; and to Postgraduate School for post graduate programmes.
- Stage 6: Ratified programme sent to the Academic Planning and Policy Committee (APPC) through the Vice-Chancellor.
- Stage 7: The approved programme is forwarded to the Senate for approval.
- Stage 8: NUC is then formally informed.
- Stage 9: Deployed for use by faculty and department.

2.3 Although the University's policy states that the NUC are informed about the internal approval, prior to deployment, programmes are in fact subject to accreditation by the NUC. The NUC sets the Minimum Academic Standards (MAS) for the establishment of courses and programmes in Nigerian universities. Using those standards, academic committees of experts in relevant disciplines have visited and approved the resources (resource verification) for all the currently available undergraduate and postgraduate courses in the University. When new courses are to be established, it is mandatory that the NUC undertakes resource verification visits before such courses can be delivered. The University also provided evidence that demonstrated compliance with a range of professional, statutory and regulatory bodies, including in areas such as engineering, quantity surveying, pharmacy and accountancy.

2.4 The team did however find a number of deficiencies in detail and operation of the University's process for programme approval and development. The policy and process are both very brief and set at a high level, the institution therefore lacks clear operative guidance as to how the nine stages should be undertaken, including how staff developing new programmes can identify if a proposal is in line with university strategy. APPC and Senate minutes, as well as feedback provided by these committees to faculties, confirm that they consider and approve new programme proposals. However, there is little evidence of robust internal scrutiny of programme proposals leading to conditions, recommendations or programme strengths. Instead, responses are predominantly administrative and/or relate to NUC requirements. The team therefore **recommends** that the University enhance operative guidance for programme development that supports robust internal scrutiny of programme proposals as part of the approval process.

2.5 The team also found no explicit reference to any minimum University requirements as to how stakeholder and student engagement in programme development should be carried out. Students did not provide the team with any examples of contributing to programme development or approval processes. Audit trails demonstrating adherence to the University's process only included external scrutiny and approval by the NUC and there was no evidence of stakeholder engagement during the internal phase. The team therefore **recommends** that the University strengthen stakeholder engagement and evidence documentation in programme design and approval.

2.6 The team also found that there was a lack of clarity and consistency in the development and alignment of learning outcomes. A sample of approved curricula for the University's programmes included programme learning outcomes that address subject knowledge, skills and competencies and behavioural attributes. They also make explicit reference to module learning outcomes. However, an audit trail demonstrating application of the programme development and approval process for the institution's BSc Psychology course evidenced that programmes have been approved without module learning outcomes as part of the approval paperwork and therefore no clear attempt to align these with programme learning outcomes. In addition, the NUC Accreditation Report for the PhD Nursing (Reproductive Health) programme found the curriculum 'does not clearly state the cognitive, effective and psychomotor skills to be acquired by students.'

2.7 Furthermore, the University's own Annual Quality Assurance Report (AQAR) in December 2022 found that the University needs to 'strengthen its system for ensuring that all programmes meet high standards of learning and teaching through initial approvals' and also that 'in all programmes student learning outcomes must be clearly specified, consistent with the NUC framework and (for professional programmes) requirements for employment or professional practice. Standards of learning need to be assessed and verified through appropriate processes and benchmarked against demanding and relevant external reference points.

2.8 These findings were supported through meetings with University staff teaching at undergraduate and postgraduate level, where the team found that there was limited awareness or reference to the use of external reference points. Staff also struggled to articulate the importance of level in the construction and alignment of programme and module learning outcomes. The team therefore **recommends** that the University ensure that all programmes benefit from comprehensive, explicit and published programme and module learning outcomes that are aligned between level and with assessment, and that there is sufficient staff development to ensure that this occurs effectively.

2.9 The team recognises that the University has a Curriculum Development Policy and Internal Processes for Developing New Programmes and Reviewing Existing Ones. However, these policies and procedures lack detail, which the team considers weakens

programme development and the ability of staff to develop and engage in robust academic dialogue in relation to these proposals. The absence of clear and consistent involvement of stakeholders, including students and external experts indicates to the team that Stages 1 and 2 of the University's process are not fully implemented as part of internal programme development phase. Internal and external quality assurance has also identified weakness in the production and connection between programme and module learning outcomes and assessment. The team found that this correlated with an insufficient understanding and use among staff of external reference points and the relevant frameworks for higher education qualifications. The review team therefore concludes that Standard 1.2 Design and approval of programmes, is **not 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's vision is that of "establishing a model institution of higher learning which ranks among the best in the world and is responsive to the creative and innovative abilities of the Nigerian people." The institution's mission is "developing the human mind to be creative, innovative, and competent in areas of specialisation, knowledgeable in entrepreneurship and dedicated to service." In preparation for the QAA International Quality Review, the University has adopted a Student-Centred Learning (SCL) Policy. The University informed the team that the new standards for student centred learning, teaching and assessment have been widely disseminated and that they are also available in the University's website. Specifically, this is said to include student involvement in curriculum development and review and the use of diverse teaching methods.

3.2 In addition to the Student-Centred Learning Policy, the University has a detailed Teaching, Learning and Assessment Policy Framework in place. The framework stresses the importance of staff working with industry and embedded contemporary approaches in curriculum design. It also places an emphasis on the importance of developing inclusive provision.

3.3 The SCL Policy outlines the University's approach to student-centred curriculum development, teaching and assessment. Responsibilities with respect to implementation are not entirely clear in the policy. At various points it states that 'management is committed to driving implementation of the policy,' that 'the Academic Planning Division coordinates policy implementation for sustainability,' and also that 'faculties, colleges and departments own the inclusive implementation' and, in another point of document, that students own the policy. Despite this, staff were aware of their responsibility to enable active participation in the teaching process, to provide opportunities for students from diverse backgrounds and to engage students in active collaboration. Students were also able to provide examples of student-centred learning taking place on their programmes, including opportunities to take charge of their own learning and develop critical thinking skills, peer led teaching sessions, presentations from industry speakers and choice within assignments.

3.4 Students confirmed that feedback provided to them about their assessments is helpful. They receive corrections on their work and the volume of feedback is typically appropriate. For assignments, students ordinarily receive feedback within two weeks and for exams feedback is provided in the following teaching session. The team considered that there was the potential for a greater range of teaching, learning and assessment methods to be deployed across programmes but recognised that overall students were content that current approaches to teaching involved them in their learning. The University has also recently delivered internal professional development sessions designed to expand the range of pedagogical approaches, including group, inquiry-based and kinaesthetic learning. The team therefore **recommends** that the University ensure comprehensive dissemination and implementation of its strategy for student centred learning.

3.5 The University has a detailed Mitigating Circumstance Policy in place. The Policy outlines the typical circumstances in which an application is likely to be accepted as well as the process for submitting a claim and detail on how the University will consider the student's submission. Decisions to grant mitigating circumstances are currently at the discretion of the

Head of Department. The team determined that allowing Heads of Department to determine the outcome of an application risks inconsistency and introduces the potential for a lack of fairness in the process. The team therefore **recommends** that the University ensures arrangements for consideration of Mitigating Circumstances applications enable decisions to be made in a fair and consistent manner.

3.6 The University has a Grade Appeal Policy in place together with an associated grievance form. The University uses the same process to handle complaints and academic appeals. Complaint letters must be addressed to the Chairman of the University Admissions Board located in the University's Admissions Office. The Policy includes informal and formal stages and the formal stage, in relation to appeals, includes a request to the instructor to revise the grade and in instances where this is refused, and the student remains dissatisfied, they may refer the matter to the Dean of the Faculty. After this the student may still ask to pay the Exam and Records Department to have the work remarked and, where the finding does not support the students claim, the work is re-evaluated by staff at three different universities.

3.7 The University informed the team that students are informed about the appeal process in handbooks and during orientation. However, the team found no evidence that the Grade Appeal Policy is referenced in the University Student Handbook. Despite this, students were knowledgeable about how to submit an appeal where required. The team found evidence that students had been able to raise appeals and that Senate had discussed these. The team determined that there were challenges surrounding nomenclature for complaints and appeals, with an emphasis on the latter. The team found no evidence that this had prevented students from raising concerns but considered that a clearer separation and communication of complaints and appeals processes would enhance accessibility. The team therefore **recommends** that the University develop clear and separate policies and processes for student complaints and academic appeals and communicate these in student handbooks.

3.8 The team scrutinised the University’s approach to student-centred learning, teaching and assessment. The team found that the institution has made expeditious progress, while preparing for the IQR visit, to formalise its approach to student centred learning. While the team considers there is more work to be done in order to comprehensively implement this new approach, there was clear evidence that important features of student-centred learning, teaching and assessment were already in place across the institution and recognised by students as features of their programme. While the team has also made recommendations surrounding complaints and appeals and mitigating circumstances, there is no evidence that the University’s current processes have negatively impacted the student experience to date. The team therefore considers 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 The institution has in place a process for student admission informed by the Admission Policy. The purpose of the policy is to provide insight to the admission criteria and requirements for the various courses of study and programmes in the Colleges, Faculties, Schools, Institutes and Centres. Furthermore, the Policy includes provision of minimum admission requirements, terms and conditions, selection process, roles and responsibilities, transfers, progression, certification, feedback, complaints and appeals related to the admission of prospective students. The admission policy spells out the general criteria for admission into its programmes requirements for certification. The team learned that the process of admission into undergraduate programmes is centralised nationwide through the University Admissions Board (UAB) in conjunction with the Joint Admissions and Matriculation Board (JAMB) which conducts tertiary entrance examinations.

4.2 To test how student selection and admission arrangements work in practice, the team reviewed the policy documents in context and interviewed staff involved in admission, progression, recognition and certification, as well as meeting students at various levels of undergraduate and postgraduate programmes, covering full and part-time modes of study, and including both those with a representative role and those without. Students noted that staff involved in admissions were helpful, and that all queries raised during the period up to and including their induction had been answered quickly and comprehensively. They reported no problems with the operation of their admission processes. The team concluded that admissions requirements into the University programmes are in line with the quality standards established by the National Universities Commission (NUC), ensuring a transparent admission process and coherent recognition across the country. The team also concluded that Admission Policy is effectively implemented as evident in the minutes of Admission Committee meetings which were provided as additional documents. Therefore, student selection and admission follow a process which is clear and centrally regulated at national level to ensure provision of equal access in such a manner that prospective students are not segregated on the basis of social, racial/ethnic, physical, gender factors or schooling background or on any other basis.

4.3 The University has in place a rigorous process of student orientation at various levels such as university, faculty, school and departmental levels. Furthermore, students at both undergraduate and postgraduate levels also confirmed that they were properly orientated after admission into their programmes of study, and they were satisfied with the process. Apart from information provided in the Student Information Handbook, there is also sufficient evidence that students receive information about their study programmes through faculty prospectus and university website. Given the breadth and depth of the orientation process and the positive feedback from students the team identified as **good practice** the robust induction/orientation programme for all students, which provides a comprehensive introduction to the intended course of study and the facilities and support available to them.

4.4 The Student Information Handbook provides a range of psychosocial support services available to students and the Student Affairs Division is responsible for the quality of the informal learning environment that students experience in the University community.

This includes meeting students' basic needs such as accommodation in the hall of residence; providing essential services such as financial assistance through information on bursaries, scholarships and loans; promotion of healthy environment on campus by caring for the psychological and developmental needs through sporting activities and professional counselling and advising; and augmenting the academic experience through the provision of productive, recreational, cultural and social activities.

4.5 Standard 1.4 expects universities to collect, monitor and act on information about student progression. The AQAR of 2022 noted that, 'Student records are maintained in a secure and confidential location, but automated processes are required for generation of statistical data needed by the University for performance indicators, external reporting requirements, and generation of reports on student progress and achievements.' The team heard that such generation of statistical data was not yet complete and was a work-in-progress, for example the disaggregation of attainment data by sex and other inclusivity factors. The Admission Policy noted that, 'Students are not eligible to pursue two programmes at the University simultaneously,' and that the 'University may, on compassionate grounds, cancel one of the admissions and allow the student to remain in the University.' Staff met by the team indicated that such instances of dual admission were possible but occurred very infrequently. The team concluded that there is a strong case for bolstering the management of student data and **recommends** that the University should implement robust systems for generating and using accurate data in respect of student admissions, student performance and in associated statistical reporting.

4.6 Procedures for recognition of credits and qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning are in place. However, staff confirmed that the University does not have in place its own policy and procedures for credit transfer and recognition of prior experiential learning as this process is centrally handled at national level through the University Admissions Board (UAB) in conjunction with the Joint Admissions and Matriculation Board (JAMB).

4.7 Notwithstanding minor gaps in policy, particularly limitations in monitoring of student progress and credit transfer and recognition of prior learning arrangements, the team found that staff understand their responsibilities for admission, progression, recognition and certification. Students confirmed to the team that they also understand the relevant policies and processes and that they are satisfied with their implementation. Therefore, the review team concludes that 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 states that it assures the integrity and quality of its programmes and services by employing faculty who are qualified by appropriate education, training, and experience to provide and support its programmes and services. The University has detailed regulations in place governing the service of senior and junior staff. These include procedures for appointment, salary information, leave entitlement and training. The University has seven distinct categories for permanent faculty and promotion criteria are also contained in the Regulations Governing Senior Staff Services.

5.2 Vacant positions are advertised on the University website as well as in newspapers with state-wide circulation. The institution informed the team that campuses also have the option to advertise nationally in appropriate professional journals, electronic bulletins, industry publications, or other suitable media. Adverts are produced in line with the Regulations Governing Senior Staff Services, Equal Employment Policy, collective bargaining agreements and applicable state and federal laws. Applications are screened by the Personnel department and appointment is then carried out by a panel of senior academics, chaired by the Vice-Chancellor. As part of the interview process, candidates may be asked to present sample lessons, deliver a teaching demonstration or engage in role play to demonstrate subject knowledge.

5.3 The University informed the team that beyond initial appointment, staff are supported by orientation, an assigned mentor, shadowing professors and engaging in peer observation. They also benefit from continuing professional development opportunities and performance reviews that draw on feedback from students and alumni. Specifically, the arrangements for the induction and continuing professional development of faculty are set out in the Policy on the Development of Teaching Staff. The policy covers core disciplinary requirements, teaching skills, hybrid teaching and digital skills and administrative skills.

5.4 In demonstrating the competency of its teaching staff, the University provided the team with a range of staff CVs, which demonstrate that the institution employs qualified and experienced teaching and support staff. However, the team also found evidence that in some areas staff levels and expertise were insufficient. For example, the Medical Rehabilitation Therapists Regulation Board found that staff levels were in some areas of specialisation ‘grossly inadequate’ or not in place.

5.5 The Policy for the Development of Teaching Staff states that the policy of the University is to provide instructional support dedicated to new faculty members. The first type of support is the opportunity to participate in a Postgraduate Diploma in Higher Education programme hosted by The Institute of Education of the University of Benin. The team recognised that the availability of this opportunity, while not mandatory, was a positive development on the part of the University. However, while some staff referred to the use of mentoring and shadowing opportunities, the team also heard from students and staff that postgraduate students and some faculty are asked to deliver and support teaching and learning sessions without possessing a relevant teaching qualification and/or undergoing any suitable preparatory programme for those new to teaching. The team therefore **recommends** that the University ensure that all teaching staff and postgraduate students who teach benefit from appropriate preparation and training to deliver teaching and learning activities.

5.6 Lesson observation and annual performance reviews are intended as mechanisms for the University to monitor and review the ongoing competency of teaching staff. To support this, the University has developed a Lesson Observation Form. However, the team found that there is no guidance to support observers and records of observation are often partial, general and relate to student attendance and facilities, rather than pedagogical matters and/or issues within the lecturer's control. The team therefore determined that peer observation, in its current form is of limited use in enhancing the teaching and learning capabilities of staff. Samples of performance reviews demonstrate a similar problem. While there is a detailed Annual Performance Evaluation Report (APER) form in place for line manager to record progress of their reports, the team was unable to secure evidence that confirmed these reviews are consistently applied. Completed templates seen by the team also indicate that records of APERs can be brief, with limited actions identified and that there is no dedicated section in the form relating to professional development needs. The team therefore **recommends** that the University consistently and rigorously implement existing procedures for teaching observation and performance review that support staff development.

5.7 The University informed the team that a range of support and Continuing Professional Development (CPD) opportunities are provided for staff by the Staff Training Unit. Including online pedagogical resources, campus-based workshops, professional training, conference attendance, study abroad, fee waivers and training and sabbatical leave. Some staff referred to annual professional development opportunities, quality assurance training and engagement with research. However, and despite several requests to provide supporting evidence, the team was provided with limited evidence demonstrating the wide range of professional development opportunities that the University informed the panel were available across the institution. Examples provided to the team largely revolved around a regional conference, digital empowerment, e-learning and a record of training leave. In response to the team's request to provide access to the online resources available to support the professional development of staff, the University directed the team to its scholarly database collection and a very limited set of online resources covering approaches for effective evaluation, a presentation on methods and strategies for addressing different teaching and learning techniques and instructions for establishing a virtual classroom. Based on this and the findings above, in relation to the use of lesson observations and performance reviews, there is little evidence that demonstrates the institution takes a planned and consistent approach to the development of individual staff based on their needs and linked to strategic objectives. The team therefore **recommends** that the University develop a coherent, comprehensive and strategic approach to staff continuing professional development.

5.8 The University has regulations governing the appointment, promotion and professional development of teaching staff. Despite this the team identified several areas of concern relating to this standard. These include that baseline requirements for staff who deliver teaching and learning are insufficient, the current scope of the professional development programme is too limited and not well tailored to individuals at present. Systems for assuring the competence of teachers, such as performance review and peer observation also lack consistent, rigorous application that is linked to professional development. When taken together these concerns result in a situation whereby the processes for the development of staff are not effective and that therefore, the team consider that Standard 1.5 Teaching Staff, is **not 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 provided by the University include the library, classroom facilities, laboratories and IT services, among others. The University has in place a functioning Library Policy and Information and Communications Technology (ICT) Policy**.** The University also has a system in place for collection of student feedback. The University recognises that it faces challenges in the provision of adequate and effective resources, the Self Evaluation Document (SED) provided by the University indicates that provision of adequate and reliable IT infrastructure is currently one such challenge, but there are efforts to improve infrastructure through a proposed grant of $4.0 million to be awarded the University by the French Development Agency (AFD). Furthermore, excerpts from the University's 2023 budget shows that the budget allocated for different learning resources is adequate.

6.2 There is a central library which is complimented by a decentralised approach whereby libraries exist at faculty level, including e-libraries. The library provides a wide collection of literature, and e-resources that include EBSCHOT, SCIENCEDIRECT, HINARI, JSTOR, and SPRINGER. The library is open six days a week (Monday to Saturday) and all staff and students have access to the materials and quiet study space. In addition, students are provided access to PCs which can be used for assignments or accessing the e-resources. Training and support for accessing academic literature is available from the library staff and teachers, and courses in academic writing and research methods are also provided.

6.3 The University also provides a range of support services through its Student Support Division that aim to look after students' health and wellbeing; enhance students' opportunities for success and contribute positively to the quality of the student experience. The aim is to support, enable and promote world-class learning and enterprise and so make important contribution to students' success and well-being. Information about support services available to students is contained in the Student Information Handbook, which include hostel accommodation, University health services, counselling services, scholarships, transportation on campus, Chaplain Association (Religion and belief), and security on campus. Similarly, the University has adequate and suitable student support services in terms of tutors, counsellors and other advisers.

6.4 Standard 1.6 expects support and administrative staff to be qualified in delivering support services to students. Evidence provided shows that, in addition to availability of the policy on the development of teaching staff, the University has in place a functioning policy on Administrative and Support Staff Development. Evidence of professional staff development was provided, including lists of administrative and support staff who benefitted from staff development trainings**.** Similar evidence was provided in respect of support for administrative staff continuing professional development.

6.5 The University takes account of the needs of a diverse student population (such as mature, part-time, employed and international students as well as students with disabilities), and the shift towards student-centred learning and flexible modes of learning and teaching, when allocating, planning and providing the learning resources and student support. The University has in place a Student-Centred Learning (SCL) Policy and personalised learning

or learner-centred education as opposed to teacher-centred learning designed to provide opportunity for the students to decide how and what material to learn. The policy focuses on student decision-making as a guide to the learning process consisting of Curriculum Development, Teaching, and Assessment. It recognises the student voice as central to the learning experience and accepts instructional methods that emphasise individual differences and mutual benefits among the students or learners. However, as noted under Standard 1.3, the policy is relatively new and is still being embedded.

6.6 The team observed that the University provides a wide range of student support covering all aspects of the student journey. Both academic and administrative staff provide support for students. There are Course Advisors that provide advice to students on their navigation through available student support. The University also proactively checks things like class attendance and academic activity is monitored to identify students at risk. The University provides support for students to flourish in their studies by customising their services to meet their needs throughout the student journey. Meetings with both undergraduate and postgraduate students resulted in a range of examples of ways in which the University has supported them. Notwithstanding this, a number of recommendations arising from NUC accreditations, as well as some students raising concerns about lack of resources to support research indicate that there is scope for a more proactive approach to monitoring the adequacy of resources. The team therefore **recommends** that the University strengthen mechanisms for implementing recommendations from NUC accreditation reports and student concerns relating to learning resources and facilities and continuously monitor their adequacy.

6.7 In conclusion, although monitoring of learning resource adequacy could be improved, the University provides students with support and resources in many ways such as the Learning Management System, Student Support Division (academic and psychosocial support), and study spaces. The review team therefore concludes 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 The University's Information Management Policy terms data that are important to the University's function as 'information assets. The Policy gives a firm foundation for dealing with the University's information assets through a series of principles. These include an obligation to proactive information management, clear lines of responsibility, effective data storage, and use to support business decisions and reduce and mitigate risk. The policy also identifies the responsibilities in respect of data management of specific staff such as those that are active in research, information custodians, and Deans and Directors. The review panel formed the view that the Information Management Policy provides a firm base from which to manage information assets because it covers all pertinent points.

7.2 Operational aspects arising from the Policy, as procedures to be adopted in data and record management, are stipulated in the Information Management and Governance Manual, also known as the Information Management Procedure Manual. While neither the Policy nor the Manual specify in detail which data are to be collected, though broad categories of data are mentioned in the Manual, they otherwise present a sound framework for data governance.

7.3 The University has recently (2021) introduced an Information Management Governance Committee, chaired by the ICT lead officer. It was envisaged that the committee would coordinate the yearly or six-monthly collation of management data to aid monitoring and evaluation of the newly introduced learning and teaching processes. Its early business was mainly concerned with establishing how it might operate and it noted an 'absence of a formal codification of the information management practices and procedures in the University' that prompted production of the Information Management Policy. Its later meetings were concerned with the introduction, dissemination and implementation of the Information Management Policy and it reported in September 2022 that the level of awareness of the Information Management Policy within the University community was 'very low', though this had improved by March 2023. The frequency of meeting of this committee is erratic and it has yet to coordinate the yearly or six-monthly collation of management data.

7.4 The University's KPIs are, in general, sound statements and measures that will assist the University in focusing its strategic developments. The team heard that monitoring the KPIs was the responsibility of the Academic Planning Directorate and that its annual report contained monitoring information. The team asked for this report but was instead presented with a memorandum from the Director of the Academic Planning Directorate to the Vice-Chancellor that showed numerical performance against 22 items such as 'philosophy and objectives' and 'curriculum development,' in the main without indication of how the items were measured. These items seem to derive from the NUC's minimum academic standards and are not the University's KPIs. Accordingly, the team could not establish whether the University has any mechanism to monitor progress against its KPIs including through the production of target and actual values for each measure. As a **condition** for meeting Standard 1.7 the University should develop and implement means to measure its progress against its Key Performance Indicators.

7.5 Student progression and completion data are reported to Senate. However, at its meeting in March 2020 Senate was concerned about the accuracy of the data presented to it

and established a specific committee to investigate and to ensure that correct data were presented. The team asked for information on how the committee carried out its business, including minutes, and was informed, without documentary evidence, that the committee secretary confirmed that the Deans pertinent to the affected reports were asked to make corrections, which were subsequently made. Given the seriousness of the data management issue the team is concerned that no formal records were made of the process to correct data, and the lack of its discussion within the University. This contributes to the **condition** in Standard 1 concerning minute-keeping (See paragraph 1.10).

7.6 To understand how the University makes systematic use of the data available to it, the team asked to be supplied with data on student formal appeals, complaints and grievances, including information on where the data were discussed in the University. In response the University supplied minutes of the University Admissions Board and minutes of Senate showing progression and completion data. The team formed the view that the University does not collect data on student formal appeals, complaints and grievances. As a **condition** for meeting Standard 1.7 the University should collect, analyse and discuss data on student appeals, complaints and grievances at the University level such that common factors can be identified and systems put in place to reduce the number of incidences.

7.7 Similarly, the team asked for evidence of reports, monitoring and analysis in relation to the following: profile of the student population; student progression, success and drop-out rates; students' satisfaction with their programmes; learning resources and student support; and the career paths of graduates. While student progression, success and drop-out rates are considered by Senate, as noted above, and feature in the University Annual System Review, the University was unable to show its consideration and analysis of any of the other data items, though some are collected. Further, the team heard that Senate considers the Annual System Review but could not find this in the minutes of Senate. The team also heard that management information informs the Strategic Plan, and while this may be the case other use of data is in the main informal and not captured deliberatively.

7.8 The team also asked to be supplied with examples of decisions being taken on the basis of systematic and comprehensive information received or generated by the University, to include the raw information on which the decisions were based and any minutes or other relevant documents showing how decisions were arrived at. In response the University supplied a narrative, without minutes or data, indicating how it had responded to the discovery of external tutorials held on campus, quelled a rumour about assessments, and warned students about reckless driving on campus. The team concludes that the University does not make use of data systematically to enhance its performance and that as a **condition** for meeting Standard 1.7 the University should ensure data management procedures effectively collect and report pertinent data to relevant bodies, and that data reporting is used in decision-making.

7.9 While there is a sound framework for information management the University was unable to supply examples of it in operation. There was little evidence that the University collects, analyses and uses relevant information for the effective management of its programmes and other activities. Accordingly, Standard 1.7 Information management, is **not 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 According to the University's SED Section 1.8, "public information, as it concerns the University of Benin, Nigeria, involves the creation of awareness about the Institution's policies, programmes and objectives. It also pertains to dissemination of relevant data, news and information to the various publics." Transparent, clear, reliable and easily accessible public information is important for the University to maintain cordial relationships with students, parents and guardians of the students, staff, the media, government at various levels, immediate / local community and the international community as well as the general public.

8.2 The Policy on Public Information Management **is** the key document setting out how the University manages the accuracy, currency and objectivity of the information it makes public. However, the policy does not set out clear purpose and procedures for this, neither does the policy indicate it has been approved by the relevant University structure.

8.3 The University has in place two Units that together are responsible for the oversight and management of information and communication. They are the Information and Communications Technology Unit (responsible for website maintenance) and a Public Relations and Protocol Unit (responsible for communication). These Units are located in the Office of the Vice Chancellor who has direct oversight responsibility for the Units. The units function as a central hub, making available to the various departments of the University information and data about students' admission, sessional academic calendars, students' engagements and performances in events, including academic and sporting competitions both locally and internationally. The Information and Communications Technology Unit also keeps the Public abreast of information on staff vacancies, employment, advancements, workshops and conferences as well as information on research activity and outcomes.

8.4 Information provided to students includes the programmes offered and the selection criteria for them, the intended learning outcomes of these programmes, the qualifications they award, the teaching, learning and assessment procedures used, the pass rates and the learning opportunities available to students as well as graduate employment information. The SED shows that the University provides such information on its activities to prospective and current students as well as for graduates, other stakeholders and the public through various platforms such as the Student Information Handbook **Faculty** prospectuses**.** The Review Team heard that the Information Units also keep the public abreast of statistics on staff vacancies, employment opportunities, the organisation of workshops and conferences as well as research news. To achieve the outlined objectives of effective and efficient public information, the University of Benin deploys a variety of online channels. The review team was also informed that apart from the above itemised means of public information the University, via the Public Relations Unit organises Press Conferences to brief the Media whenever there is need to disseminate news and information of public interest. The Public Relations Unit also engages WhatsApp platforms by which staff, students, the Media and the general public are constantly sensitised to happenings in the University of Benin.

8.5 In exploring the University website, a principal source of public information, the team found the website to be incomplete in places, and some information unclear. There are gaps in information available on the website and key information is not available on some of the webpages or is available at a surface level only. The website and internal webpages are

not always straightforward to navigate and some webpage links do not work. For example, under the ‘Student Life’ tab on the main menu only the ‘Student Affairs’ page has a live link. Under the ‘Academics’ tab the ‘Academic Programmes’ link does not work. This led the team to conclude that the process of updating public information is not being carried out regularly and rigorously. The team therefore recommend that the University should put in place procedures to ensure that the website is continuously reviewed and updated to guarantee clear, accurate, objective, up-to-date and readily accessible public information.

8.6 Apart from the University website, which the Review Team recommends needs regular review and updating to provide timely, current and accurate information, the virtual learning environment, Student Handbooks, and social media platforms provide sound public information, which allows a transparent and accurate picture of the service offered by the University. The review team therefore 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's intention is that academic programmes are monitored annually through a self-evaluation process. Programme teams complete an annual self-evaluation document, to a stipulated template including a SWOT analysis and action plan and are encouraged to be critical. The template seeks information on recruitment and admissions, programme content, teaching and learning methods deployed, student assessment, progression and achievement, student support, and quality assurance, including the comments of external examiners. The team viewed the template as fit-for-purpose but could find no University legislation requiring the annual monitoring process to take place.

9.2 The team was provided with examples of annual monitoring self-evaluation documents. Two concerned the same programme over consecutive years. These reports in the main described the programme, rather than evaluated it, indeed most of the text was identical between the two self-evaluations. One had an action plan, the other did not. Action planning from the previous year was not referred to. The third self-evaluation contained some analysis but was not sufficiently evaluative or detailed to form a basis for development and the action plan section was blank. The University was unable to provide evidence of how annual monitoring reports were considered and discussed within the University. Accordingly, it is a **condition** for meeting Standard 1.9 that the University should develop and implement a mandatory system for the effective annual monitoring of its programmes, which includes appropriate oversight by the University.

9.3 The system of periodic programme review is contained in the document 'Internal processes for developing new programmes and reviewing existing ones.' The document explains that review occurs when gaps are identified that can create inadequacy of the current offer. Departments may use committees to coordinate the gathering of information about the current programme and its perceived deficiencies from a range of stakeholders including academic staff, students, alumni and external experts as appropriate. The relevant Department Boards approve new curricula and the programme information is sent to the Academic Planning Directorate to check with NUC minimum standards and the University's strategic plan. The revised programme is then approved sequentially by the Faculty or College Board of studies for undergraduate programmes or the Postgraduate School for post graduate programmes, the Academic Planning and Policy Committee, and Senate. NUC is then formally informed. This system indicates that internal periodic review is not cyclical but occurs as needs are identified.

9.4 However, the Policy and Strategy on Quality Assurance includes the strategy of 'Statutory review and update of all academic programmes every four years to ensure currency with national and international standards.' The University's Strategic Plan notes that review will take place every five years and that external experts will be involved in at least 10% of the reviews of programmes within each 'College/School/Directorate/ Institute/Centre/Unit.' Given that the Strategic Plan runs from 2018 to 2028, there should be some evidence of periodic review by 2023, but the team could find none.

9.5 The team asked for a list of all programmes showing when they last underwent a periodic review and received a document dated October/November 2022 showing when programmes were last accredited by the NUC. Assuming the data in the document are still current, of 121 programmes, 30 were accredited more than five years ago and so are overdue for accreditation.

9.6 The team asked for examples of periodic review reports and evidence of their discussion within the University but was supplied with annual monitoring self-evaluation documents. Even though the team heard that periodic review takes place as a practice or 'mock' event in advance of re-accreditation by the NUC, the team concluded that periodic review is not yet an operational feature of the quality system at the University. Academic standards are controlled by the NUC through its programme accreditation and re-accreditation processes. But reliance on the NUC means that programmes are reviewed according to the NUC's criteria, rather than those developed by the University to promote its strategic development. While the University has developed an internal process for periodic review, any operation of the system was not evident to the team and accordingly the team **recommends** that the University should fully deploy its internal mechanism for the periodic review of programmes, incorporating appropriate externality.

9.7 An action point arising from the 2022 Annual Quality Assurance Report is, 'The quality of all courses and of programmes must be monitored regularly through appropriate evaluation mechanisms and amended as required, with more extensive quality reviews conducted periodically'. The implication is that evaluation and review is not occurring systemically, and the University is aware of this.

9.8 In periodic review there is a reliance on the workings of the NUC. Although the University has developed, at least in part, a scheme for periodic review, it is not in use. Of greater concern is the seeming lack of a functioning system for the annual monitoring of programme performance. As a consequence, Standard 1.9 Ongoing monitoring and periodic review of programmes, is **not 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 As a federal university of the nation of Nigeria, the University is bound by the quality assurance requirements of the NUC. The NUC focuses its operation in relation to existing universities at programme level, accrediting new programmes and re-accrediting existing ones on a five-year cycle, though some at the University appear overdue. It evaluates according to its own Minimum Academic Standards and Benchmark Minimum Academic Standards by assembling a team of peer experts, which visits the University. Accreditation reports are not published, but the accreditation status of each programme is available on the NUC website.

10.2 The NUC accredited or re-accredited three postgraduate programmes in 2018 and a further nine in 2021. The NUC's reports contained identified deficiencies and proposed remedies. The team asked for evidence showing how the University had responded to the reports and learned that there was no document trail available and thus no established mechanism for dealing with deficiencies and proposed remedies. The team heard that these documents were collated by the Academic Planning Directorate, which informed the Vice-Chancellor, who in turn asked the relevant Deans and Heads of Department to make the necessary changes. No deliberative component was evident in this process and no mechanism to identify, discuss and remedy common issues was identified by the University.

10.3 The University's programmes are also accredited by national professional and regulatory bodies, where that is necessary for graduates to be registrants in the profession. The University provided reports of several accrediting bodies but was unable to demonstrate how it had responded to the recommendations in the reports.

10.4 The University has also taken steps to have its programmes accredited by international subject organisations and is at an early stage of dealing with such bodies. Nonetheless, in 2019 the University received accreditation for three postgraduate programmes from the High Council for Evaluation of Research and Higher Education, France (Hcéres). The accreditation reports were overwhelmingly positive, though did contain a small number of points for the University to consider. The University was unable to articulate where these points had been considered.

10.5 The University lacks clear formalised mechanisms to address issues raised in external evaluation reports and as such there is no University oversight of the process, and no formal means of institutional learning. Therefore, as a **condition** for meeting Standard 1.10 the University should ensure that external evaluation reports are considered within the University's deliberative structure and action points in response to the report are established, addressed and monitored.

10.6 Participation in this International Quality Review is evidence of the University's willingness to seek external accreditation and engage in dialogue with external agencies. As part of the current process under the International Quality Review for ACE Impact scheme, the University responded to a gap analysis and identified that some processes, while extant, were not always properly documented, communicated, or acted on consistently. Consequently in 2021 a University Impact Committee was formed to, according to the self-evaluation document, among other things : review of all administrative, learning, teaching and students' support outcomes to ensure that they comply with the ten standards of the

ESG; ensure that results are available on the University's website and appropriately communicated; conduct university-wide workshops and seminars to build the capacity of staff and students to access and use the information for better performance of the University. The terms of reference of the Committee, are different, but do include 'to apply for, and obtain international accreditation.' The self-evaluation claimed that as a result of the Committee's work the constitution and remit of the University's Quality Assurance Committee has been revised and the Quality Assurance Policy updated; students have become more involved in curricular development; student admission, progression, recognition, and certification have been formalised; and support services have been better signposted for students. The team was unable to find evidence that supported all elements of this statement.

10.7 Although the University demonstrates a commitment to external quality assurance, the team agreed that the quality of the evidence and self-evaluation document submitted for International Quality Review could be improved. For example, the self-evaluation document was almost wholly descriptive, and lacked objective, critical, reflective, analytical and evaluative discussion on how the University meets the European Standards and Guidelines. Much of its content was extracted from policy documentation, and little evidence of the operation of the quality framework was provided. Further in many cases the University was unable to supply further information requested by the team.

10.8 In conclusion, despite the consideration of, and responses to, external evaluations being undocumented, on balance the review team considered that, principally on the basis of the University's commitment to external cyclic accreditation, 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 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.

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