



CENTRE FOR QUALITY ASSURANCE AND MANAGEMENT

CEQUAM

GUIDELINES FOR SIP DEVELOPMENT

(To be read before completing the SIP Template)

1. Introduction

CEQUAM has observed with grave concern the low quality of SIPs developed and submitted by faculties/departments. This has resulted in delays in finalization of SIPs due to back-forth interventions between responsible divisions and CEQUAM. The purpose of document is to provide pointers for the development of a high quality SIP.

2. Development

2.1. **Recommendations**

Populate the SIP Template with recommendations

Copy down the recommendations exactly the way and order they appear in the review/audit/accreditation report. This will help preventing recommendations losing original meaning and possible misinterpretations at various levels.

Number the recommendations in the SIP numerically.

2.2. **Actions needed**

Propose line actions that will help you addressing a certain recommendation.

Line actions suggested should be realistic and tangible within the limited resourced available, but limited resources should not be used as an excuse to deviate from responding to recommendations.

A recommendation may have more than one line actions as these should be as exhaustive as possible to fully address the recommendation

Line actions should be responsive to recommendations by mirroring or being closely linked to the recommendation they are responding to intended learning outcomes.

A line action should be written in a short phrase with a clear, observable action verb but not a log descriptive sentence. Example: Develop a quality assurance policy.

Line actions that do not directly address recommendations should not be entertained.

If there are cross cutting recommendations that are outside the control of the division responsible for the SIP, it is the responsibility of SIP developers to discuss the items affecting other offices and agree on the decisions. This will help to avoid a situation whereby people afterwards distance themselves from responsibilities initially assigned to them in the SIP.

2.3. Responsible office/person

Identify an office or person who will be responsible to see to it that a line action identified has been implemented sufficiently and effectively.

Each line action may have a different responsible office or person, because of their role regarding the matter in question.

A responsible person may not necessarily be the actual implementer.

Responsible persons must be identified by their portfolios/job titles, unless it is necessary to make reference to specific names.

2.4. Overseeing person

Identify an office or person that will supervise and see to it that the responsible office or person has sufficiently and effectively implemented the line action(s) assigned to them.

Overseeing person is accountable for successful execution of the line action associated with him or her.

The overseeing person is identified in line with the line of authority.

The overseeing person must monitor and sign off the completion of the implementation of the line action.

Each line action may have a different overseer.

2.5. Resources required (human, physical, financial)

Identify resources required to effectively execute each line action as per the items in the title above.

Each line action must have its own resources identified as per its nature and demand.

Not every line action will require resources allocation, except for staff time and effort, depending on its nature.

2.6. Timeframe for completion

Identify the time line required to effectively and sufficiently **complete** implementation of the suggested line action(s).

The time line identified should be expressed in **month** and **year** for easy monitoring and review.

The nature of the line action should dictate the determination of the timeline, i.e. if the line action calls for only the change in the way we conduct business, this should take us only two weeks from not. If the line action suggests structural or physical changes that may require budgeting, this may take us one or two years.

If the SIP is for accreditation report, conditions set by accreditation requirements, i.e. *conditional accreditation* should dictate to determine timelines so that these are not outside the prescribed grace period.

2.7. Evidence for completion

List evidence that will be in place to proof that a certain line action has been completed.

Each line action may have its own type of evidence.
The type of evidence identified should mirror the line action and tangible, i.e. report.

Evidence should be documented, filed and ready for retrieval any time requested.

3. Who should be involved

This is not a one-man-show. All members of the department and other relevant stakeholders should be involved.

The line manager, i.e. HoD or director should lead the development of the SIP.

4. Signing off

The Dean/Associate Dean has overall responsibility of the Quality of the SIP; and should sign it off before submitted to CEQUAM.

The Dean/Associate Deans should satisfy themselves with SIP falling under their jurisdiction so that they are able to defend them at platforms where they are deliberated and/or approved such as Deans Committee or IMEC.

5. Finishes

The SIP document must be neat, tidy, properly aligned, presentable and technical and editorial error free.

Quality reviews/audits as well as accreditation audits are evidence based. Once the template has been completed, it is necessary to collect evidence to substantiate the claims made. This evidence could be collected in electronic version or hard copy files, or both and could include, for example, policies developed, minutes of meetings, course guides, lecture notes, email communications, reports, etc.