



QUALITY ASSURANCE POLICY



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Policy Owner: Quality Assurance Committee

Responsible Offices: Quality Assurance Committee and Dean's Office

Applies To: All AHSU staff & students (undergraduates and postgraduates)

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1. Policy Statement

Africa Health Sciences University (AHSU) is committed to providing high-quality, relevant, ethical, and internationally recognized education, research, community service, and clinical training. The University understands quality assurance as a shared institutional responsibility, not the work of one office or one individual. Quality must be reflected in how programs are designed, how students are taught and assessed, how faculty are supported, how clinical training sites are monitored, how feedback is used, and how decisions are made.

AHSU recognizes that quality assurance is a continuous process of planning, implementation, monitoring, evaluation, reflection, and improvement. It applies to academic programs, administrative processes, research activities, student support systems, clinical training, affiliated teaching sites, and institutional governance.

This policy provides a framework for AHSU's Internal Quality Assurance System (IQAS). It is aligned with the requirements of Rwanda's Higher Education Council (HEC), the East African Community (EAC) quality assurance expectations, and good practice in higher education and health professions training.

AHSU currently implements quality assurance through institutional governance structures and committees, including the Quality Assurance Committee (QAC), academic committees, schools, departments, and the Academic Standards, Curriculum and Review Committee (ASCRC).

While AHSU does not currently have a standalone Quality Assurance Office, the University shall ensure that quality assurance responsibilities are clearly assigned, coordinated, documented, and monitored through these approved structures.

2. Purpose of the Policy

The purpose of this policy is to guide the development and implementation of a strong internal quality assurance system at AHSU.

Specifically, this policy aims to ensure that AHSU:

- Maintains clear institutional standards for academic quality, clinical training, research, student support, and administration.
- Uses evidence, data, and feedback to guide decisions, planning, budgeting, and continuous improvement.
- Meets national, regional, and international accreditation and regulatory requirements.
- Promotes student-centered learning, competency-based education, ethical conduct, and accountability.
- Strengthens the quality of clinical education and training at affiliated teaching hospitals and clinical sites.
- Builds a culture where quality improvement is part of daily academic and administrative practice.

3. Scope

This policy applies to all schools, departments, academic programs, administrative units, research structures, student support services, and affiliated teaching and clinical training sites of AHSU.

It covers undergraduate and postgraduate programs, including classroom-based learning, clinical training, simulation-based learning, workplace-based learning, assessments, student progression, research supervision, faculty development, institutional reporting, and accreditation-related activities.

The policy applies to all members of the AHSU community, including students, residents, faculty, administrative staff, academic leaders, committee members, clinical supervisors, external examiners, and institutional partners involved in teaching, training, assessment, research, or support services.

4. Guiding Principles

AHSU's quality assurance system shall be guided by the following principles:

4.1 Student-Centered Education

Programs, teaching methods, learning resources, assessments, and student support services shall be designed to promote student learning, competence, professionalism, and wellbeing.

4.2 Competency and Outcomes Orientation

Quality assurance shall focus not only on processes, but also on whether students achieve the expected competencies, learning outcomes, clinical skills, professional attitudes, and graduate attributes.

4.3 Transparency and Accountability

Quality assurance decisions, reviews, reports, and improvement actions shall be documented and communicated through appropriate institutional channels. Units and committees shall be accountable for implementing agreed recommendations.

4.4 Evidence-Based Decision-Making

AHSU shall use reliable data, student feedback, faculty input, program reports, assessment outcomes, external examiner comments, clinical site feedback, and accreditation findings to guide improvement.

4.5 Equity, Inclusion, and Respect

Quality assurance shall consider the needs of different groups of students and staff, including gender, disability, nationality, language, socioeconomic background, and other factors that may affect access, participation, performance, or wellbeing.

4.6 Ethical Practice and Academic Integrity

Teaching, assessment, research, supervision, reporting, and administration shall be conducted with honesty, fairness, confidentiality, and respect for institutional and professional standards.

4.7 Patient Safety and Public Protection

Because AHSU trains health professionals, quality assurance shall pay particular attention to clinical competence, safe practice, ethical care, supervision quality, and protection of patients and communities.

4.8 Continuous Quality Improvement

Quality assurance shall be a continuous cycle of identifying gaps, implementing actions, monitoring progress, and using lessons learned to improve institutional performance.

5. AHSU Internal Quality Assurance System

AHSU's Internal Quality Assurance System (IQAS) is the set of structures, policies, processes, tools, reports, and improvement mechanisms used to monitor and strengthen institutional quality.

The IQAS shall cover the full academic cycle, including program design, approval, implementation, monitoring, student admission, teaching, assessment, clinical training, research, student support, graduation, graduate outcomes, and accreditation readiness.

The IQAS shall be implemented through approved institutional governance structures rather than a standalone Quality Assurance Office. The Quality Assurance Committee shall coordinate quality assurance activities and work closely with the ASCRC, Senate, schools, departments, program teams, and administrative units.

Where operational support is needed, the University may designate responsible staff or focal persons to support data collection, documentation, reporting, monitoring, and follow-up of quality assurance activities.

6. Governance Structure for Quality Assurance

Quality assurance at AHSU shall be governed through the following structures:

6.1 University Board

The University Board provides overall governance oversight and approves major institutional policies, strategic priorities, and quality assurance frameworks.

6.2 Senate

Senate provides academic oversight for teaching, learning, assessment, research, academic standards, program quality, and student progression. Senate receives and considers reports from relevant academic and quality assurance committees.

6.3 Quality Assurance Committee (QAC)

The Quality Assurance Committee is responsible for coordinating and monitoring institutional quality assurance activities. The Committee supports quality monitoring, institutional self-assessment, compliance follow-up, student feedback review, quality improvement planning, and preparation for external reviews.

The QAC shall ensure that quality assurance is not only a compliance exercise but a practical improvement process that supports better teaching, learning, assessment, student support, and clinical training.

For the generation of institutional and program accreditation applications, the QAC and ASCRC shall work collaboratively. The ASCRC shall lead on curriculum content, academic standards, program structure, and curriculum-related evidence. The QAC shall coordinate institutional quality assurance evidence, compliance documentation, monitoring reports, and quality improvement evidence.

Where accreditation applications require both academic and institutional quality evidence, the ASCRC shall submit relevant academic inputs to the QAC, and the QAC shall consolidate and coordinate the final institutional quality assurance submission for review by Senate or the appropriate approving authority.

6.4 Schools and Departments

Schools and departments are responsible for implementing quality assurance at program level. They shall monitor teaching, learning, assessment, faculty performance, student progression, clinical training, and program improvement activities.

Departments shall prepare regular reports, respond to student and faculty feedback, implement improvement plans, and provide evidence for accreditation and internal quality reviews.

6.5 Department Academic coordinators and Module Leaders

Department Academic coordinators and module leaders are responsible for the day-to-day quality of teaching, course delivery, assessment, student engagement, and module-level feedback. They shall review student performance, address learning gaps, and report challenges requiring departmental or institutional action.

7. Key Quality Assurance Processes

AHSU shall implement quality assurance through a set of regular processes that generate evidence and support improvement.

These processes include:

- Program design, review, approval, and accreditation.
- Curriculum review and update.
- Teaching and learning evaluation.
- Student feedback collection and response.
- Assessment quality assurance, including blueprinting, moderation, OSCE quality review, and external examination.
- Faculty development, appraisal, mentorship, and professional growth.
- Monitoring of student progression, retention, completion, attrition, and academic performance.
- Monitoring of clinical training sites, supervision quality, and learning environment.
- Research quality and ethics monitoring.
- Institutional self-assessment and external review.
- Quality improvement planning and follow-up.

8. Program Quality Assurance

All AHSU academic programs shall be designed and delivered in line with approved institutional standards, national (HEC) requirements, and relevant professional and regulatory standards.

Each program shall have clear aims, learning outcomes, curriculum structure, assessment strategy, teaching methods, clinical training requirements, student support mechanisms, and quality monitoring processes.

Programs shall be reviewed regularly, normally every three years, or earlier when required by regulatory changes, accreditation feedback, student performance trends, stakeholder feedback, or institutional priorities.

Program review shall consider curriculum relevance, learning outcomes, assessment results, student feedback, faculty feedback, external examiner reports, clinical site feedback, graduate outcomes, employer expectations, and alignment with health system needs.

Where gaps are identified, schools and departments shall prepare improvement plans with clear actions, responsible persons, timelines, and follow-up mechanisms.

9. Institutional and Program Accreditation

AHSU shall maintain readiness for institutional and program accreditation through regular documentation, self-assessment, evidence collection, and quality improvement.

The preparation of accreditation applications shall be coordinated through collaboration between the Quality Assurance Committee, the ASCRC and the AHSU Leadership.

The ASCRC shall provide academic and curriculum-related inputs, including program structure, curriculum maps, learning outcomes, assessment strategy, teaching plans, academic standards, and curriculum review evidence.

The Quality Assurance Committee shall coordinate institutional quality assurance evidence, including self-assessment reports, student feedback mechanisms, monitoring and evaluation reports, program performance data, faculty development evidence, clinical site monitoring evidence, and quality improvement actions.

Final accreditation submissions shall be reviewed through the relevant academic governance process, including Senate where required, before submission to HEC, EAC, or any other relevant body.

10. Quality Assurance for Teaching, Learning, and Assessment

AHSU shall ensure that teaching and assessment are aligned with approved curricula, learning outcomes, and competency-based education principles.

Teaching quality shall be monitored through student evaluations, peer review where applicable, module reports, faculty reflection, student performance, and feedback from academic leaders.

Assessment quality shall be strengthened through examination blueprinting, internal moderation, external moderation where applicable, standard setting, OSCE station review, marking rubrics, feedback mechanisms, and review of examination results.

The University and the Quality Assurance Committee shall ensure that assessment methods are fair, valid, reliable, transparent, and appropriate to the level of training. Assessment practices shall also promote academic integrity and comply with the University's examination, promotion, remediation, and appeals policies.

11. Monitoring and Evaluation System

AHSU Quality Assurance Committee and AHSU leadership shall maintain a monitoring and evaluation system to track institutional and program performance.

The monitoring and evaluation system shall collect and analyze data on areas such as student admission, enrollment, attendance, progression, retention, attrition, completion, examination performance, remediation, graduation, faculty development, research productivity, clinical training, student welfare, and accreditation readiness.

The QAC shall coordinate the review of institutional quality data and prepare periodic reports for consideration by relevant governance bodies.

Schools and departments shall use monitoring data to identify gaps, improve academic delivery, support students at risk, strengthen clinical training, and inform planning and budgeting.

Monitoring and evaluation shall not be limited to collecting data. The purpose is to support action, follow-up, accountability, and continuous improvement.

12. Feedback Mechanism

AHSU recognizes feedback as an important part of quality assurance and continuous improvement.

Feedback shall be collected regularly through appropriate tools, including module evaluations, teaching evaluations, student surveys, focus group discussions, class representative feedback, clinical placement feedback, mentorship feedback, and other approved channels.

The main institutional platform for collecting and managing structured student feedback shall be REDCap. REDCap shall be used to design feedback forms, collect responses, manage feedback data, and support analysis and reporting for quality improvement purposes.

Feedback shall be collected in a respectful and confidential manner.

Students and faculty shall be encouraged to provide honest, constructive, and professional feedback without fear of victimization.

Students' feedback shall be reviewed by the relevant module leader, department, school, QAC, or other responsible structure depending on the nature of the issue.

Faculty's feedback shall be reviewed by AHSU Admin, AHSU leadership and relevant Human resources team.

AHSU shall promote a feedback loop by ensuring that student and faculty feedback are not only collected but also reviewed, discussed, acted upon, and communicated back to them where appropriate. This may include explaining what actions were taken, what issues require more time, and what matters could not be addressed immediately.

Feedback collected through REDCap and other approved channels shall be used to improve teaching, assessment, learning resources, clinical placements, faculty and student support, communication, and institutional services.

13. Faculty Quality Assurance

Faculty quality shall be assured through clear recruitment standards, orientation, mentorship, faculty development, performance review, teaching evaluation, and academic support.

AHSU shall support faculty members to strengthen their teaching, assessment, supervision, mentorship, research, and professional skills through continuing professional development and faculty development activities.

Faculty members shall be expected to maintain professional conduct, participate in teaching and assessment responsibilities, support students, contribute to program improvement, and engage in continuous learning.

Where performance gaps are identified, the University shall provide appropriate guidance, mentorship, training, or corrective support.

14. Student Admission, Progression, and Support

AHSU shall ensure that student admission, progression, assessment, support, and graduation processes are transparent, fair, and aligned with approved academic regulations.

Admission criteria shall be clearly communicated and applied consistently.

Student progression shall be monitored through academic performance, clinical competence, attendance, assessment outcomes, logbooks, portfolios, and other program-specific requirements.

AHSU shall maintain student support systems, including academic advising, mentorship, counseling, welfare services, disability accommodations, grievance mechanisms, and early identification of students at risk.

Student support shall be considered a quality assurance issue because student wellbeing, learning environment, and access to support directly affect academic success and professional development.

15. Clinical Training Site Quality Assurance

Clinical training is a core part of AHSU's health professions education. The University shall ensure that affiliated clinical training sites provide safe, supervised, ethical, and educationally appropriate learning environments.

Clinical site quality assurance shall include review of supervision capacity, patient safety, learning opportunities, student welfare, clinical exposure, infrastructure, teaching resources, assessment arrangements, and communication between AHSU and the site.

AHSU shall periodically engage with clinical site leadership, supervisors, faculty, students, and residents to identify strengths, gaps, and improvement priorities.

Clinical site feedback and monitoring reports shall inform institutional planning, accreditation readiness, and improvement actions.

16. Research and Ethics Quality Assurance

AHSU shall promote responsible, ethical, and high-quality research.

Research quality shall be supported through institutional research policies, ethical review processes, research supervision, data management standards, publication ethics, and compliance with relevant laws and regulations.

The Institutional Review Board or relevant ethics structure shall provide oversight for research involving human participants, data, or other regulated areas.

Research monitoring may include review of protocol approval timelines, research outputs, publication quality, research misconduct reports, data protection, and compliance with ethical requirements.

17. Infrastructure, Learning Resources, and Digital Systems

AHSU shall ensure that teaching, learning, research, and clinical training are supported by appropriate infrastructure and resources.

This includes classrooms, simulation facilities, laboratories, library services, digital learning platforms, internet access, learning management systems, clinical skills resources, student support spaces, and administrative systems.

The University shall regularly review the adequacy and quality of learning resources and identify improvements needed to support academic programs and student learning.

Digital systems used for teaching, assessment, records, reporting, and communication shall be managed securely and effectively.

18. Institutional Self-Assessment and External Review

AHSU shall conduct institutional self-assessment to monitor performance, identify gaps, and prepare for accreditation and external review.

Self-assessment shall draw on evidence from departments, programs, committees, students, faculty, clinical sites, research structures, administrative units, and institutional data systems.

External review may include HEC accreditation, EAC accreditation, peer review, external examiner reports, clinical site evaluations, and other regulatory or professional assessments.

Findings from self-assessment and external review shall be translated into improvement plans with clear responsibilities and timelines.

19. Continuous Quality Improvement

AHSU shall use the Plan–Do–Check–Act approach to continuous quality improvement.

This means the University shall plan improvements based on evidence, implement agreed actions, check whether the actions are working, and adjust practice based on results.

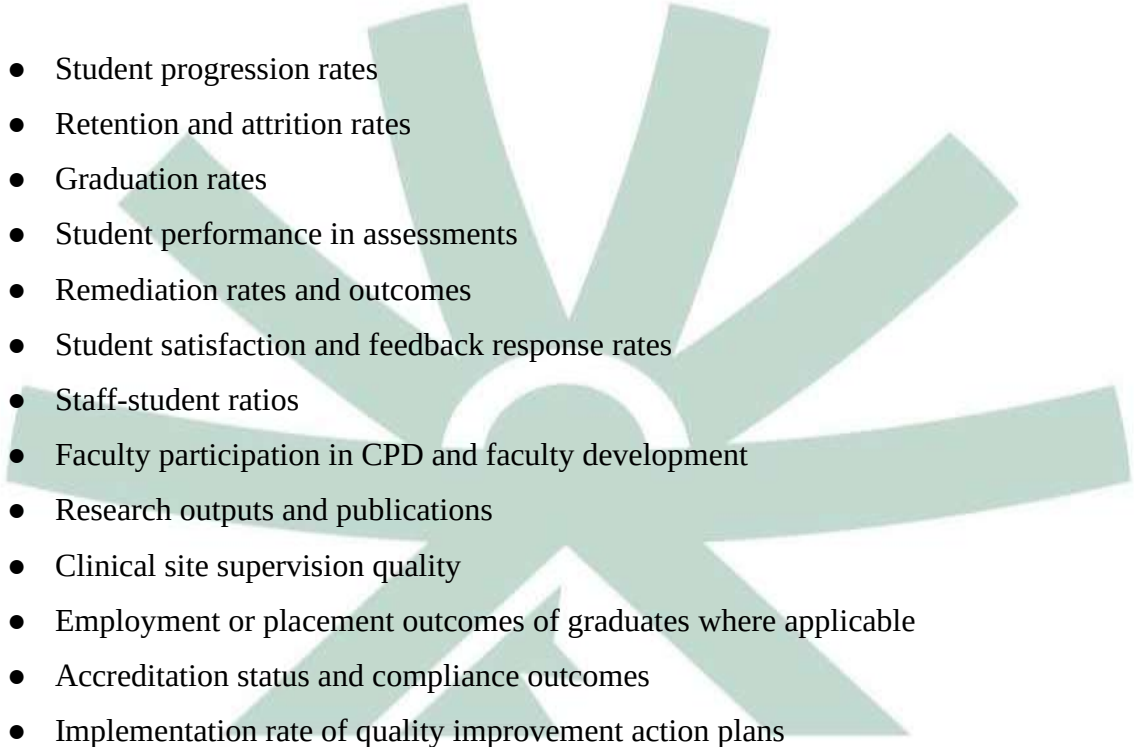
Continuous quality improvement shall be supported through quality dashboards, periodic reports, action plans, follow-up meetings, internal audits, and documented feedback loops.

Each school, department, and unit shall be responsible for contributing to continuous improvement within its area of work.

20. Key Performance Indicators

AHSU shall monitor key performance indicators to assess institutional and program quality.

These may include:

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- Student progression rates
 - Retention and attrition rates
 - Graduation rates
 - Student performance in assessments
 - Remediation rates and outcomes
 - Student satisfaction and feedback response rates
 - Staff-student ratios
 - Faculty participation in CPD and faculty development
 - Research outputs and publications
 - Clinical site supervision quality
 - Employment or placement outcomes of graduates where applicable
 - Accreditation status and compliance outcomes
 - Implementation rate of quality improvement action plans

KPIs shall be reviewed periodically and adjusted according to AHSU priorities and regulatory requirements.

21. Compliance and Corrective Action

All schools, departments, programs, and units are expected to comply with this policy and participate actively in quality assurance processes.

Where quality gaps or non-compliance are identified, the responsible unit shall develop and implement a corrective action plan.

Persistent failure to meet quality standards may result in escalation to the relevant academic or institutional governance body for further action.

Corrective actions shall focus on improvement, accountability, and protection of academic standards.

22. Review of the Policy

This policy shall be reviewed every three years or earlier if required by changes in HEC regulations, EAC quality assurance requirements, institutional strategy, accreditation feedback, or internal quality improvement needs.

The Quality Assurance Committee shall coordinate the review process in collaboration with the schools, departments, and other relevant stakeholders.

23. Effective Date

This Quality Assurance Policy shall take effect upon approval by the appropriate governing authority of Africa Health Sciences University.

24. University Senate approval signatures

Names	Role	Signature	Date
Dr Abraham Fessehaye Sium	Quality Assurance Committee Chair		5 September 2024
Dr Edgar Kalimba	Dean of School of Medicine		10 September 2024
Dr. Zerihun Abebe	Ag. Vice Chancellor		12 September 2024

25. Appendix

[Quality Assurance Committee TORs](#)