



Quality Management Standards

2022

Khesar Gyalpo University of Medical Sciences of Bhutan

QUALITY MANAGEMENT STANDARDS 2022



KHE SAR GYAL PO UNIVERSITY OF MEDICAL SCIENCES OF BHUTAN

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ACRONYMS

1	AFD	Administrative and Finance Department
2	BAC	Bhutan Accreditation Council
3	BAC	Bhutan Accreditation Council
4	BMHC	Bhutan Medical and Health Council
5	CoS	Condition of Service
6	CPD	Continuous Professional Development
7	CME	Continuous Medical Education
8	CQI	Continuous Quality Improvement
9	CSO	Civil Society Organisations
10	GNH	Gross National Happiness
11	IAM	Institutional Accreditation Manual
12	IQAC	Internal Quality Assurance Cell
13	ISAR	Institutional Self-Assessment Report
14	ISO	International Organisation for Standardisation
15	KGUMSB	Khesar Gyalpo University of Medical Sciences of Bhutan
16	KPI	Key Performance Indicator
17	NGO	Non-Government Organisations
18	OOP	Office of the President
19	PDCA	Plan-Do-Check-Act
20	QA	Quality Assurance
21	QASD	Quality Assurance and Standardisation Division
22	QI	Quality Improvement
23	QM	Quality Management
24	QMC	Quality Management Committee
25	QMS	Quality Management System
26	SOP	Standard Operating Procedures
27	SWOT	Strength, Weakness, Opportunities and Threat
28	TEP	Tertiary Education Policy
29	TOR	Terms of References
30	WFME	World Federation for Medical Education
31	WHO	World Health Organisation

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SECTION I: INTRODUCTION

1. Background

The Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB) was established in 2013 as per the University of Medical Sciences Act of Bhutan 2012 to provide quality health professional education to meet health human resource requirements in the country. Since its inception, the University continuously strives to ensure the implementation of the act to maintain a high standard of medical and health professional education.

Over the years, the University has made commendable efforts to initiate reforms in medical and health education. The importance of quality education and quality assurance (QA) mechanisms are clearly reflected in all the important policy documents of the university including the University of Medical Sciences Act of Bhutan 2012, Condition of Services (CoS) 2018, and the Academic Regulations of the University 2021. Similarly, the vision and mission statement clearly highlight achieving the university's primary mandate through the QA enhancement system. Therefore, there is a crucial need to revisit the curriculum, pedagogy, learning process, and assessment to transform in the view of the challenges and opportunities of the 21st century.

Although considerable progress has been made in quality assurance and all efforts are made to continually improve the academic programs and achieve excellence, there is no proper QA standard in place. With increasing recognition of the importance of quality in medical and health education, there is an urgent need to develop quality management standards for the university to ensure that the basic requirements are developed and are applicable uniformly among its constituents and affiliated institutes.

This document consists of eight core standards which shall be adapted and implemented uniformly by Institutes under the university. The Institutes shall develop a version of the basic requirements that is contextually appropriate. The core standards in the document are drawn through review of various other guidelines including World Federation for Medical Education (WFME), Global Standards for Quality Improvement, WHO Guideline for Quality Assurance of Basic Medical Education in the Western Pacific Region, Standards and Guideline for Quality Assurance in the European Higher Education Area, Institutional Accreditation Manual 2020 and ISO-21001: Educational Organisations Management Systems for educational Organisations 2018. These standards would guide in designing, delivery, and the management of overall quality of education and training in the specified areas of performance.

The document is the final outcome of several rounds of consultation involving key stakeholders including health educators, senior management officials and quality assurance experts from Bhutan Medical and Health Council (BMHC), Ministry of Health (MoH), Jigme Dorji Wangchuck National Referral Hospital (JDWRH), Royal University

of Bhutan (RUB), Bhutan Accreditation Council (BAC) and Department of Adult and Higher Education (DAHE).

Overall, the standard on quality management focuses on good educational practices that would enable the university and the institutes under the university to not only meet the required standards at a basic level in each broad area but also to further develop the quality of their program in line with international best practice.

2. Scope of the Standard

The scope of this standard applies to the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB) including the Office of the President (OOP), Medical Education Centre for Research Innovation and Training (MECRIT), the constituent and the affiliated institutes and the teaching hospitals of the University. All teaching faculties and administrative staff shall comply with this standard.

3. Objectives of the Standard

The objective of this standard is to establish a robust QA mechanism to improve the quality of medical and health education at the university and to fulfil the needs and expectations of all internal and external stakeholders through continuous quality improvement and enhancement.

4. Guiding Principles

The Guiding Principles of University Management System is in line with the best practices and the requirements of relevant national and international standards for Educational Organisations Management System as follows:

- a. Focus on learners and other beneficiaries*
- b. Visionary leadership*
- c. Engagement of people*
- d. Process approach*
- e. Continuous Quality Improvement*
- f. Evidence-based decisions*
- g. Relationship and communication*
- h. Social responsibility*
- i. Accessibility and equity*
- j. Ethical conduct in education, research, and patient care*
- k. Data security and protection*

4.1. Focus on Learners and Other Beneficiaries

The primary focus of the university is to meet learners' and other beneficiaries' needs and expectations. Every activity conducted in the university shall provide opportunities to facilitate learners' and other beneficiaries' values.

4.2. Visionary Leadership

This principle encompasses organisational structure, management practices, accountability and transparency including leadership culture and academic autonomy. This will enable the university to align its strategies, policies, processes and resources to achieve its objectives. The involvement of learners and other beneficiaries in the leadership and management ensures a continuous focus on their needs.

4.3. Engagement of People

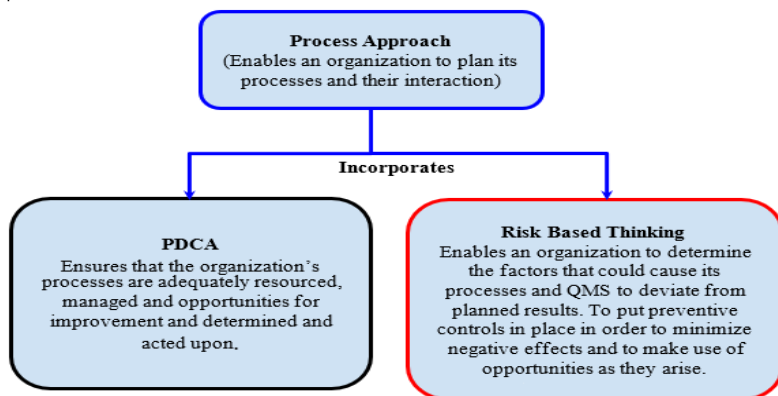
It is essential for the university that all involved people are competent, empowered and engaged to manage the university effectively and efficiently. Recognition, empowerment and enhancement of competence to facilitate the engagement of people is crucial in achieving the university's goals.

4.4. Process Approach

Consistent results are achieved more effectively and efficiently when activities are understood and managed as interrelated processes that function as a coherent system. Understanding how results are produced by this system enables the university to optimise the system and its performance so as to achieve the intended results in accordance with the standards and plan.

4.5. Continuous Quality Improvement (CQI)

The University shall have an ongoing focus on improvement. CQI can be achieved using standardised QI methodologies such as data-driven, Plan-Do-Check-Act (PDCA) cycle and risk-based thinking. CQI must be aimed at taking advantage of opportunities that focus on bringing out desirable outcomes at each process and university at large.



Source: ISO 21001:2018 lead auditor's training material

4.6. Evidence-Based Decisions

Decisions and curricula based on the analysis and evaluation of data and information are more likely to achieve the desired outcome. It is important to understand cause and effect relationships and potential unintended consequences. Facts, evidence and data analysis lead to greater objectivity and confidence in decision-making.

4.7. Relationship and Communication

The University shall manage their relationships with internal and external stakeholders through proper communication to optimise their impact on its performance and for sustained success. Relationship management with its provider and partner networks is of particular importance.

4.8. Social Responsibility

The University shall be responsible for the impacts of its decisions and activities on society, economy and the environment, through transparency and ethical behaviour. It contributes to sustainable development, including quality education for all, health and safety, as well as the welfare of society. The social responsibility of the university takes into account the expectation of interested parties, compliance with applicable law and is consistent with international norms.

4.9. Accessibility and Equity

The University shall ensure accessibility and equity by being inclusive, flexible, transparent and accountable, in order to address learners' individual and special needs and interests. The university also needs to ensure that the widest possible population can have access to the educational products and services in an equitable manner.

4.10. Ethical Conduct

Ethical conduct relates to the ability of the university to create an ethical professional environment where all stakeholders are dealt equitably with integrity, professionalism, fairness without conflict of interest for the benefit of society. The staff of the university should hold themselves up to the highest standards of professionalism.

4.11. Data Security and Protection

The University shall create an environment where all interested parties can interact with the university in full confidence and trust. The university shall build a system to ensure confidentiality, integrity and accessibility of data by identifying and setting controls to prevent and mitigate threats and vulnerabilities of its activities.

5. Terms and Definitions

For the purposes of this standard, the following terms and definitions shall apply.

- 5.1. **Accessibility:** usability of a product, service, environment, or facility by people within the widest range of capabilities.
- 5.2. **Audit:** systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled. An audit can be an internal audit (first party) or an external audit (second party or third party), and it can be a combined audit (combining two or more disciplines).
- 5.3. **Beneficiary:** person or group of people benefiting from the products and services of an educational organisation and whom the educational organisation is obliged to serve by virtue of its mission.
- 5.4. **Competence:** ability to apply knowledge and skills to achieve intended results. The ability to apply knowledge and skills means that the learner demonstrates appropriate attitudes and behaviour in different contexts or situations with responsibility and autonomy.
- 5.5. **Conformity:** fulfilment of a requirement.
- 5.6. **Continual improvement:** recurring activity to enhance performance.
- 5.7. **Corrective action:** action to eliminate the cause of a nonconformity and to prevent recurrence.
- 5.8. **Course:** distinct set of teaching and learning activities, designed to meet defined learning objectives or learning outcomes. A course is sometimes referred to as a credit-unit or a subject.
- 5.9. **Curriculum:** documented information of what, why, how and how well learners should learn in a systematic and intentional way. A curriculum can include, but is not limited to, the learning aims or objectives, content, learning outcomes, teaching and learning methods, performance indicators, assessment methods or research plan that are related to learning. It can also be referred to as a competence profile, competence referential, study programme or teaching plan.
- 5.10. **Documented information:** information required to be controlled and maintained by an organisation and the medium in which it is contained. Documented information can be in any format and media, and from any source.
- 5.11. **Education resources:** all human, material, non-material, institute environment and community resources.
- 5.12. **Educational organization:** organization whose core mandate is the provision of educational products and educational services.
- 5.13. **Educational product:** learning resource, tangible or intangible goods used in pedagogical support of an educational service. Educational products can be either physical or digital and can include textbooks, workbooks, worksheets, books, posters, educational games, applications, websites, software, online courses,

activity books, reference books, periodicals, study guides, educator guides, laboratories, models, movies, standards, etc.

- 5.14. Educational service:** process that supports acquisition and development of learners' competence through teaching, learning or research.
- 5.15. Educator:** person who performs teaching activities. In different contexts, an educator is sometimes referred to as a teacher, a trainer, a coach, a facilitator, a tutor, a consultant, an instructor, a lecturer or a mentor.
- 5.16. Effectiveness:** extent to which planned activities are realised and planned results achieved.
- 5.17. Institutes:** Constituent faculties and affiliated institutes under KGUMSB.
- 5.18. Knowledge:** facts, information, principles or understanding acquired through experience, research or education.”
- 5.19. Learner** means “beneficiary acquiring and developing competence using an educational service.
- 5.20. Lifelong learning:** provision or use of learning opportunities throughout people's lives in order to foster their continuous development.
- 5.21. Management system:** set of interrelated or interacting elements of an organisation to establish policies, objectives and processes to achieve those objectives.
- 5.22. Measurement:** process to determine a value.
- 5.23. Mission:** reason for being, mandate and scope of an organisation, translated into the context in which it operates.
- 5.24. Monitoring:** determining the status of a system, a process or an activity.
- 5.25. Nonconformity:** non-fulfilment of a requirement.
- 5.26. Performance:** measurable result and can relate either to qualitative and quantitative.
- 5.27. Policies:** Acts, Rules and Regulations, Strategic Plans and any other official documents of the University.
- 5.28. Policy:** intentions and direction of an organisation, as formally expressed by its top management.
- 5.29. Process:** set of interrelated or interacting activities which transforms inputs into outputs.
- 5.30. Program:** consistent set of courses designed to meet defined learning objectives or learning outcomes, and leading to recognition. Recognition can take the form of a degree, a certificate of completion, participation or achievement, a badge, diploma and other forms.
- 5.31. Quality Assurance (QA):** all those planned and systematic actions needed to provide adequate confidence that a product, service or result will satisfy given requirements for quality and be fit for use.
- 5.32. Quality Management System (QMS):** system that documents the policies, processes and procedures necessary for the university to create and deliver its products or services.

- 5.33. Requirement:** need or expectation that is stated, generally implied or obligatory.
- 5.34. Risk:** effect of uncertainty.
- 5.35. Skill:** set of know-how that allows a person to master an activity and succeed in accomplishing a task. Skill can be cognitive, emotional, social or psychomotor.
- 5.36. Stakeholders:** person or organization that can affect, be affected by, or perceive itself to be affected by a decision or activity.
- 5.37. Top management:** person or group of people who direct and control an organization at the highest level. If the scope of the management system covers only part of an organization, then top management refers to those who direct and control that part of the organization.
- 5.38. University:** OOP, MECRIT, constituent institutes and affiliated institutes under KGUMSB.
- 5.39. Usability:** extent to which a product, service, environment, or facility can be used by specified users to achieve specific goals with effectiveness, efficiency, and satisfaction in a specified context of use.
- 5.40. Value Management:** an underlying concept applied within existing management systems and approaches based on value and function-oriented thinking, behaviours and methods, particularly dedicated to motivating people, developing skills, promoting synergies and innovation, with the aim of maximising the overall performance of an organisation.
- 5.41. Validation:** confirmation, through the provision of objective evidence, that the requirements for a specific intended use or application have been fulfilled.
- 5.42. Verification:** confirmation, through the provision of objective evidence, that specified requirements have been fulfilled.
- 5.43. Vision:** aspirations of an organization in relation to its desired future condition.

6. Normative references

- 6.1. University of Medical Sciences Act 2012
- 6.2. Condition of Services of KGUMSB 2018
- 6.3. Academic Regulations of KGUMSB 2021
- 6.4. Medical and Health Council Act of the Kingdom of Bhutan 2002
- 6.5. Medical and Health Education Competency Based Program Framework of KGUMSB 2022
- 6.6. ISO 21001:2018-Educational Organization Management System
- 6.7. Institutional Accreditation Manual 2020

7. Process Owners

Process owner is a person who leads the program or a procedure and has the ultimate responsibility and authority for the performance of a process in realising its objectives. The responsibility of process owners is to:

- a. Conduct risk analysis

- b. Develop and monitor relevant KPIs
- c. Develop and implement Standard Operating Procedures (SOPs)
- d. Develop and implement Monitoring and Evaluation Mechanisms (MEM)
- e. Report performance to the QAU/IQAC (in the case of Institutes)
- f. Institute Continuous Quality Improvement
- g. Enhance integration, coordination and collaboration among the stakeholders involved in all processes related to quality management system

SECTION II: STANDARDS

The core standards outlined in this document are based on a set of eight standards derived through stakeholder consultations and reviews of national, regional and international best practices. The eight standards are:

1. Governance, Leadership and Management
2. Curriculum
3. Teaching, Learning and Assessment
4. Educational Resources
5. Student Support Services
6. Research, Publications and Linkages
7. Innovation and Value Management
8. Internal Quality Assurance System

Standard I: Governance, Leadership and Management

8. Governance

8.1 University Governance

At the governance level, the university shall continuously strive to provide world-class medical and health education, carry out research, periodically review and assess all the components of quality management systems, and determine all internal and external issues.

The University shall:

- a. Have clearly defined organizational structure with roles and responsibilities, and ensure transparency and accountability for effective and efficient governance.
- b. Have clearly written vision, mission, objectives, and strategies.
- c. Review and update its vision, mission, core values, objectives, and strategies periodically.
- d. Establish an independently functioning Quality Assurance Unit at the office of the President supported by Quality Assurance Focal Person at respective Institute Level.
- e. Conduct periodic organizational development exercises and need analysis to make its organizational structure relevant to the changing needs.
- f. Develop business models and conduct periodic cost benefit and impact analysis.
- g. Conduct periodic SWOT analysis to determine the external and internal issues to make the university services and programs relevant to the changing needs.
- h. Ensure QAU to conduct scheduled Quality Management Committee (QMC) meetings to discuss issues and improve quality performance indicators.

The implementation of the planned activities shall be monitored and evaluated annually, and timely intervention or measures shall be taken to correct the non-conformities.

8.2. The Needs and Expectations of Stakeholders

It is crucial for the university to understand the needs and expectations of various stakeholders and their potential impact in ensuring high quality educational services.

The University shall:

- a. Identify the list of relevant stakeholders such as learners, other beneficiaries, and staff of the university;
- b. Conduct periodic stakeholder consultations, employment market analysis, and surveys to understand their needs and expectations to ensure continuity and sustainability of educational programs offered by the university;
- c. Conduct assessments of the satisfaction of learners and other beneficiaries and the employment rate of the graduates annually; and
- d. Identify the internal and external needs and expectations of the interested parties as reflected in the table below, and align the educational programs and services to address or cater to these needs and expectations.

Sl.#	Stakeholders	Type	Needs and expectations
1	Royal Government of Bhutan	External	<p>The University and institutes will provide quality medical and health education to:</p> <ul style="list-style-type: none"> • produce competent health human resource • deliver high quality products and services meeting the national, regional and international standards • conduct research and consultancies, and design educational programs tailored to the needs of the country and global markets with high standards
2.	Academic and Non- academic staff	Internal	<ul style="list-style-type: none"> • Competitive entry level • Competitive salary, allowances and bonus • Conducive work environment • Transparent and meritorious promotion and career enhancement including appropriate recognition and awards • Continued professional development through participation in trainings, conferences, seminars and workshops • Job satisfaction, flexibility and program diversification. • Availability of sabbatical leave and faculty exchange programs • Current and evidence-based curriculum • Clearly defined and transparent policy decision making mechanisms • Management that delivers on its promises
3.	Learners	Internal	<ul style="list-style-type: none"> • Modern and conducive learning environment, infrastructure and facilities • Learner-centered teaching and learning methods, tools and updated curriculum • High employability rate or the specific job markets upon graduation • Highly qualified, trained, motivated teachers and staff that understands the needs of the learners and proactively assist learners • Availability of scholarships, student exchange programs and enabling environment for independent learning, development and creative thinking • Enabling environment for extra-curricular activities and networking opportunities

			<ul style="list-style-type: none"> • Smooth academic progression, recognition and awards for high achievers
4.	Partners (other universities, NGOs, CSOs, private institutions and consultancy firms)	External	<ul style="list-style-type: none"> • Sharing of educational resources and other facilities (simulation laboratory, general laboratory and library facilities) • Student and faculty exchange • Collaborative research and consultancies • Exchange of experience and knowledge through hosting joint conferences, workshops and seminars. • Avenues for offering scholarships and sponsorship to students. • Avenue for providing funding support for educational and research activities.

8.3. University Management System

The University shall establish, implement, maintain and continually improve the quality management system, including the processes needed and their interaction, in accordance with the requirements of the university act, policies and strategies, and as per the requirements of national, regional and international standards.

In order to meet the needs and requirements of interested parties in a continuous and sustainable manner, the University shall:

- a. Consider the inputs and outputs within its context, needs and expectation of the stakeholder for determining the continuous improvement of quality management systems;
- b. Ensure the QAU and relevant stakeholders participate and implement relevant processes of the quality management system effectively;
- c. Clearly assign responsibilities and fix accountabilities for implementing quality management system and address all the appeals, feedback, complaints, risks and opportunities;
- d. Use appropriate quality management tools for monitoring, measuring and related performance indicators needed to ensure the effective operation and control of these processes;
- e. Determine and ensure all the necessary resources are available; and
- f. Maintain and retain necessary documents and records to support the operation of its processes.

9. Leadership

9.1. Leadership and Commitment

The top management should demonstrate firm position and provide due importance for continuous improvement of the quality management system at various levels.

The top management will accord high importance to the introduction and

implementation of the “Quality Management System” and its continuous improvement.

The top management of the University shall:

- a. Be accountable for effective and efficient functioning of the university;
- b. Be accountable for effective implementation of the QMS;
- c. Ensure the policy and objectives are established for the QMS and are compatible with the organisational context and strategic direction of the university;
- d. Promote the sustainable implementation of university vision, mission and core values;
- e. Ensure that all the requirements of the relevant laws and regulations are met;
- f. Ensure that the university strategic plan is developed, reviewed and updated;
- g. Ensure the integration of the QMS requirements into the university’s mandate;
- h. Promote the use of the process approach and risk-based thinking;
- i. Ensure that resources needed for the implementation of QMS are available;
- j. Ensure that the QMS achieves its intended results and university achieve its intended goals and objectives;
- k. Communicate the importance of effective quality management and conformed to the requirement of QMS;
- l. Promote and support continual improvements of QMS;
- m. Engage, direct and support employees to contribute to the effective implementation of the management system;
- n. Ensure fulfilment of principles of social responsibility;
- o. Ensure profiles of the head of the institution and other key leadership position holders;
- p. Ensure the autonomy of institutes in management and academic matters as applicable; and
- q. Ensure that the institute groom leadership and facilitate succession planning.

9.2. Leadership Role for Beneficiaries

The top management of the university shall identify and fulfil the learners’ and other beneficiaries’ education needs, including special needs education.

In this context, the top management shall:

- a. Ensure the needs and expectations of learners and other beneficiaries including learners with special needs education are determined, understood and consistently met, as to improve their satisfaction;
- b. Determine and address the risks and opportunities that can affect conformity of products and services and the ability to enhance learners’ outcomes; and

- c. Ensure additional or special resources and training needs including friendly environment and amenities are in place to support accessibility for special needs education learners

9.3. Leadership Role in Developing and Communicating the Policy

The University shall develop a clear policy that supports its vision, mission, core values, objectives, functions and strategies.

In this context, the top management shall:

- a. Establish, review and maintain clearly written policy;
- b. Ensure all the staff in the university is involved, trained, competent and contribute to the enhancement of policies;
- c. Apply the processing ways and approaches to make the process understandable;
- d. Monitor Quality performance indicators for continuous improvement;
- e. Take informed decisions based on evidence generated through objective data collection and information analysis;
- f. Ensure ownership and accountability to implement policy documents;
- g. Ensure safety and security of information; and
- h. Communicate policies throughout the organisation and make it accessible to the stakeholders and beneficiaries.

9.4. Delegation of Roles, Responsibilities and Authorities

Top management shall ensure that the roles and responsibilities, authorities and accountabilities are clearly defined and delegated to the relevant units within the university and all its relevant stakeholders. The Quality Assurance Unit (QAU), Quality Management Committee (QMC) and Institute Quality Assurance Committee (IQAC) shall lead units to monitor, oversee and ensure effective implementation and compliance to the requirements of this quality management system standard.

10. Planning

10.1. Actions to Address Risks and Opportunities

When planning for the university's quality management system, the university shall consider risks and opportunities determined in terms of organisational context issues, needs and expectations of the stakeholders and organisational management system.

The determination of risk and opportunities are important for the university to:

- a. Provide assurance that the university can achieve its intended outcome(s);
- b. Prevent, mitigate or reduce undesirable effects; and
- c. Achieve continual improvement.

10.2. Use Risk-based Thinking

- a. Identify potential risks and opportunities. The risk categories are:
 - i. Financial risk
 - ii. Conformity or regulatory risk
 - iii. Environment security and protection risk
 - iv. Information technology risk
 - v. Research risk
 - vi. Training risk
 - vii. Learners risk
 - viii. Human resource risk
 - ix. Other operational risks
 - x. Risks due to external factors
- b. Actions to prevent risk include:
 - i. Eliminating the risk sources
 - ii. Approving the risk
 - iii. Avoiding and substitute the risk
 - iv. Sharing the risk
 - v. Transferring to others
 - vi. Retaining risk by informed decision
 - vii. Taking risks to look for opportunities
 - viii. Registering risks and opportunities and create a fund
 - ix. Evaluating the effectiveness of the measures taken

10.3. Educational Objectives and Planning to Achieve Them

The quality objectives of the university and the plan to achieve them shall be evaluated and reviewed as and when required by QMC and approved by the President.

The quality objectives shall meet the following requirements:

- a. Be consistent with the University's strategic plan;
- b. Be consistent with the University overall policy documents;
- c. Be measurable;
- d. Consider applicable requirements;
- e. Be relevant to conformity of products and services and to the enhancement of learner, staff and other beneficiaries' satisfaction;
- f. Be continually implemented and monitored;
- g. Be communicated; and
- h. Be updated as appropriate.

10.4. Planning of Change

When the University determines the need for changes to the QMS, the changes shall be carried out in a planned manner.

These include:

- a. The purpose of the changes and their potential consequences;
- b. The integrity of the QMS;
- c. Impact on the quality of educational products and services;
- d. The availability of resources; and
- e. The allocation or reallocation of responsibilities and authorities.

Standard II: Curriculum

This standard considers the design and review of curriculum processes including planning, input, controls, output, validation and review mechanisms, and their alignment with the vision of the university. The standard shall also address curriculum inclusiveness and flexibility to accommodate different learning needs, career opportunities, and to facilitate credit transfer.

11. Designing and Development of Curriculum

In determining the stages and controls for the design and development of the curriculum, the university shall follow the stages outlined below:

11.1. Planning

The University shall:

- a. Plan design, and develop the curriculum as per the Academic Regulations;
- b. Design and develop verification and validation activities;
- c. Ensure current and evidence-based curriculum;
- d. State the extent to which the learners require individualised learning pathways, based on their knowledge, skills, interests and aptitudes;
- e. Provide a clear understanding of credit requirements as per Academic Regulations with flexibility in credit transfer;
- f. State the need for reusability, accessibility, interchangeability, and durability in teaching/learning facilities and tools;
- g. Describe the curriculum structure that provides core and elective modules (if applicable); and
- h. Ensure that the proposing institute retain the design and development planning documents.

11.2. Inputs

The University shall determine the requirements for designing and developing the curriculum.

The University shall consider:

- a. Functional and performance requirements of educators and learners;
- b. Information derived from previous similar design and development activities with relevant and up-to-date content offered as per the requirements of academic and professional fields;
- c. The curriculum is structured as per the prescribed module descriptors in the Academic Regulations;
- d. Consequences of the unsuccessful implementation of the curriculum and services;
- e. Inputs to be clear, precise, complete and appropriate for curriculum design and purposes; and
- f. Documentation of information on design and inputs.

11.3. Controls

In general, the design and development controls shall ensure that:

- a. The learning outcomes to be achieved are defined;
- b. Periodic reviews of the results of design and development are carried out to meet the requirements;
- c. The mechanisms for taking any necessary actions on problems determined during the reviews, or verification and validation activities are clearly stated; and
- d. Institutes maintain proper documentations or recordings of any reviews, verifications and validation activities, or of any other new requirements for the educational activities.

11.4.1. Educational Program Design and Development Controls

The controls applied to the educational design and development process shall ensure

- a. Purpose and scope of the course or programme are explicitly defined with a clear pathway for employment or further studies
- b. Mandatory prerequisites (if any) are clearly stated
- c. Characteristics of learners are defined
- d. Teaching/learning methods and other educational services are aligned with the purpose and scope, and characteristics of the learners
- e. The qualities of a graduate profile are defined

11.4.2. Curriculum design and development controls process shall ensure that:

a. Learning Outcomes:

- i. Are consistent with the scope of the course or program
- ii. Are described in terms of the competences that the learners should acquire by completing the curriculum
- iii. Include an indication of the level to which the competences will be achieved
- iv. Are specific, measurable, achievable, relevant and time-bound

b. Learning Activities:

- i. Are suitable to the method of educational delivery
- ii. Are appropriate for ensuring achievement of the learning outcomes
- iii. Are specific, measurable, achievable, relevant and time-bound
- iv. All resources necessary to successfully complete the learning activities are defined

c. Adequate Opportunities are included in the Learning Design:

- i. For learners to take an active role in creating the learning process and
- ii. For formative assessment and feedback

11.4.3. Assessment Design and Development Controls

The controls applied to the design and development process of summative assessment shall ensure that:

- a. A clear alignment is displayed between the learning activities, assessment methods and the intended learning outcomes
- b. Activities are carried out with professionalism, especially with regard to assessment and grading
- c. The grading system is objectively defined and validated

11.6. Outputs

This indicator shall ensure that the outputs:

- a. Meet the input requirements;
- b. Are adequate for the provision of educational services with intended outcomes.
- c. Incorporate monitoring and measuring requirements (as appropriate) with acceptance criteria; and
- d. Are retained as documented information.

Standard III: Teaching, Learning and Assessment

This standard focuses on creating high-quality learning opportunities for all students, guiding them in developing effective learning through the use of diverse teaching learning strategies and assessment approaches. The University shall arrange provisions for inclusiveness to improve accessibility of educational support and services to the learners with special needs.

12. Quality of Teaching

The University shall:

- a. Ensure the academic plan is in place;
- b. Employ diverse and innovative teaching learning strategies;
- c. Promote student-centric and active learning;
- d. Ensure teaching is well planned, prepared and the content is effectively delivered; and
- e. Implement adaptive instruction and individualised education plans for learners with special needs.

13. Learning Experiences

The University shall:

- a. Provide relevant hands-on experiences for student learning;
- b. Promote diverse learning experiences and lifelong learning.
- c. Inculcate innovative learning approaches

14. Alignment of Assessments to Learning Outcomes

To align assessments of academic programs to learning outcomes, the University shall:

- a. Design assessment approaches that shall attain intended learning outcomes of the academic program.
- b. Use a range of assessment tools that shall be valid and reliable to assess their learning outcomes.
- c. Customize approaches to assessment practice to suit the learners with special needs.
- d. Define and make the assessment system clear and transparent including the criteria for passing the examinations.
- e. Ensure student assessment addresses appropriate domains of learning.

15. Recognition of Assessed Learning

The Examination Committees in the Institutes and the Office of the Controller shall:

- a. Ensure transparency of the assessment activities and declaration of results.
- b. Provide learners access to their assessments and can appeal as per System.
- c. Retain assessment grading records and answer scripts of the summative assessment by the respective teaching institutes / Examination Centres for a specified period.
- d. Ensure administration of university wide semester end examinations for common programs centrally by the University as per the Academic Regulations.

Standard IV: Educational Resources

This standard considers human resource management including policies and procedures for recruitment and continuous professional development of teaching and administrative staff of the University. In addition, this standard also considers adequacy, quality and optimal use of academic infrastructures, teaching and learning resources including library and reliable ICT infrastructure and services, recreational facilities, and other service facilities. The standard will also address hygiene, safety and overall maintenance of the infrastructure and equipment. The University shall ensure that the standards outlined in the Institutional Accreditation Manual and National Programme Accreditation Standards and Processes, BAC, are met at all times.

The University shall provide adequate resources needed for the establishment, implementation, maintenance and continual improvement of the management system of the University to sustainably enhance:

- a. Staff competencies, engagement and satisfactions for effective learning;
- b. Learner engagement and satisfaction that enrich learning experience and ensure achievement of learning outcomes; and
- c. Quality of services provided by carrying out periodic satisfaction surveys.

16. Human resources

In general, human resources include, as applicable:

- a. Academic and non-academic staff employed by the University; and
- b. Core and adjunct teaching faculties;
- c. Volunteers and interns; and
- b. Other external providers working with or contributing to the University.

The University shall:

- a. Ensure that the Condition of Service (CoS) is strictly followed at all times;
- b. Maintain real-time HR information on a reliable database;
- c. Ensure the human resources necessary for effective implementation and review of management system and its processes are in place in line with HRD master plan;
- d. Determine, implement and publish recruitment or selection criteria, which shall be available to relevant stakeholders;
- e. Maintain traceable documented information on the process used for recruitment, selection, and retain documented information on the results of the recruitment;
- f. Ensure that the employees/staff are supported with necessary Continuous Professional Development (CPD) based on the identified gaps;
- g. Continuously enhance the tools used for evaluating the performance of staff; and
- h. Consider psychosocial factors such as work demands, influence at work, opportunities for professional development, commitment to workplace, rewards, role clarity of employee/leadership.

The relevant employees working for the University shall:

- a. Be aware and stringently follow the University Act, Policies and its Condition of Service (CoS);
- b. Stringently respect the policy documents in place;
- c. Contribute to the overall performance including effectiveness of the management system;
- d. Understand the implications of not conforming with the UMS requirements and the existing policy and standards in place;
- e. Ensure that the faculty-student ratio is maintained; and
- f. Ensure occupational safety policies for both students and employees.

17. Facilities

The University shall ensure the availability of infrastructure and facilities for:

- a. Teaching-learning;
- b. Self-learning; and
- c. Recreational activities.

The University shall strictly adhere to the Procurement Rules and Regulations (PRR) of the Royal Government of Bhutan for the procurement of all the necessary utilities and facilities.

The facilities to meet learners' requirements shall be as follows:

- a. Quality academic infrastructures;
- b. Innovative Teaching Learning resources;
- c. Residential Infrastructure as per the existing rules and regulations;
- d. Reliable ICT infrastructure and services;
- e. Necessary recreational facilities; and
- f. Utilities.

For safe and quality facilities, the University shall:

- a. Determine, provide and maintain safe and quality facilities to support learners to develop threshold competencies; and
- b. Develop standard requirements for dimensions of the facilities that are provided as per the standards developed by the University based on international practices.

The University shall determine, provide and maintain a suitable, conducive and enabling learning environment for the overall wellbeing of beneficiaries, by considering physical and environmental factors such as temperature, workplace luminous, humidity, ventilation, hygiene, and noise.

18. Learning Resources

The University shall:

- a. Provide necessary learning resources, ensure accessibility and utilisation;
- b. Reflect the needs and requirements of learners and beneficiaries;

- c. Review at planned intervals to ensure relevancy; and
- d. Encourage reusability of resources and compliance to intellectual property requirements.

19. Monitoring and Measuring Medical and Laboratory Equipment and Instruments

The University shall determine and provide the resources needed to ensure valid and reliable results when measuring is used to verify the conformity of medical and laboratory equipment and instruments.

The University shall ensure that the resources provided:

- a. Are suitable for the specific type of monitoring and measurement activities being undertaken, i.e., adequate to the target, the type, method of educational delivery and duration of the educational service;
- b. Are maintained to ensure their continued fitness for their purpose; and
- c. Are appropriately documented as evidence of fitness for the purpose of monitoring and measurement resources.

20. Financial Resources

The University shall:

- a. Have internal financial procedures and mechanism to ensure transparency, accountability and judicious use of budget;
- b. Have clear procedure to ensure that its financial resources are sufficient and managed efficiently;
- c. Ensure adequate and regular financial resources to sustain the educational programs;
- d. Have clear line of responsibility and authority for resourcing the allocated budget; and
- e. Allocate budgetary support for professional development and research activities.

Standard V: Student Support Services

This standard considers appropriate admission and selection procedures, and system for student support to enrich learning experiences. This standard also considers wellbeing of the learners and quality of service for special needs education. The University shall ensure that the standards outlined in the Institutional Accreditation Manual and National Programme Accreditation Standards and Processes, Bhutan are met at all times.

21. Admission of Students

21.1. Pre-admission Information

The University shall ensure that prospective students are provided with:

- a. Adequate information on the University and course requirements; and
- b. Adequate and clear information on the following:
 - i. The admission criteria and selection procedure;
 - ii. The programs offered, duration, student in-take number; and course fee for self-funded students; and
 - iii. Qualifications awarded and potential career opportunities.

21.2. Conditions for Admission

The University shall stringently follow the procedure for admission of students outlined in the Academic Regulations and Student Admission Guideline.

Further, the university shall:

- a. Review the eligibility criteria and selection procedures, as deemed necessary;
- b. Ensure that admission criteria and processes are applied uniformly across the university;
- c. Maintain information on number of students qualified and list of selected students;
- d. Make the information accessible to general public; and
- e. Ensure that admission decisions are well documented for future reference.

22. Protection and Transparency of Student Data

The University shall:

- a. Ensure that information on students is maintained on a reliable system;
- b. Ensure that confidential information is protected, unless necessitated by the situation;
- c. Provide access to system based on the nature of responsibilities;
- d. Give learners access to update their profile and view examination result;
- e. Periodically update the records of students; and
- f. Store and archive data for future references.

23. Identification and Traceability

The University shall ensure identification and traceability with respect to:

- a. The progress of learners;
- b. Employment details of the graduates through reliable tracer study; and
- c. University alumni networking system.

24. Student Support Mechanism

The University shall provide necessary support mechanisms to ensure;

- a. Access to comprehensive information (e.g. student handbook);
- b. Healthy and nutritious meals;
- c. Conducive living and learning environment with basic facilities;
- d. Holistic development of students;
- e. Welfare scheme and grievance redressal system;
- f. Guidance and counselling services;
- g. Annual student consultative meeting and satisfaction survey and use the findings to enhance services; and
- h. Participation of students in co-curricular activities.

25. Support Services to Special Needs Students

The University shall provide support services to the students with special needs by:

- a. Identifying needs of students;
- b. Using recommended approaches to support diverse students;
- c. Providing conducive environment with adequate resources to support individual learners to meet their optimal potential;
- d. Providing linkages to workplace opportunities, wherever possible; and
- e. Considering flexibility in terms of assessment.

Standard VI: Research, Publication and Linkages

This standard considers the policies, practices, and outcomes with regard to the university's research engagement, consultancy and extension services, research publications and collaborative research activities. It focuses on the facilities provided and the efforts made by the university to promote research culture. It also builds the research capacity of faculty members and students, and encourages them to undertake research projects that are relevant and contribute to national policy.

The University shall:

- a. Develop a clear research policy;
- b. Secure research funds from external agencies to implement research activities;
- c. Allocate an annual institutional budget as a research fund and ensure its effective utilization;
- d. Develop the research capacity of faculty members, staffs and students (e.g. training, research related courses, research project, etc.);
- e. Organize research events to disseminate research findings that may have an impact on policy;
- f. Support faculty, staffs and students to publish book chapters and research articles in peer reviewed journals;
- g. Support faculties to present research findings at conference proceedings;
- h. Maintain database for research papers;
- i. Develop consultancy policy document;
- j. Generate revenue from consultancy services; and
- k. Provide professional services to community and agencies at national and international levels.

Standard VII: Innovation and Value Management

The University shall:

- a. Prioritize activities that promote and facilitate innovative practices in the university by students, academics and support staff;
- b. Maintain the evidence of any successful innovation/s, initiative/s or practice/s that has been documented, implemented and sustained to drive improvement;
- c. Promote and maintain any award received by the faculties or university both nationally or internationally for innovation or innovative practices;
- d. Recognise individuals for any achievements such as innovative practices or awards;
- e. Promote a distinct university's brand nationally or internationally;
- f. Promote values, principles and practices of gross national happiness infused education;
- g. Reflect GNH values and practices in the physical environment, infrastructures, and general ambience of the campus;
- h. Recognize and reward significant contributors; and
- i. Promote effective communication and collaboration among staff and students.

Standard VIII: Quality Assurance System

This standard considers the Quality Assurance System at the university level that supports continuous institutional quality improvement.

In this context, the university shall establish Quality Assurance System with the following mandate:

26. Quality Assurance Unit

The University shall establish a Quality Assurance Unit (QAU) as an independent division in the Office of the President.

The QAU shall be responsible for ensuring, monitoring, and supporting the implementation of the quality management standards in the entire university in coordination with the constituent faculties and institutes.

The QAU at OOP shall lead and coordinate QA-related activities including:

- a. Managing and monitoring compliance to standards;
- b. Monitoring quality assurance activities and KPIs;
- c. Conducting gap analysis studies;
- d. Compiling and disseminating incident reports, grievances and appeals from each institute;
- e. Compiling Institutional Self-Assessment Reports (ISAR) from each institute;
- f. Coordinating QA related capacity building;
- g. Conducting internal audit;
- h. Mobilizing budget for QA activities; and
- i. Enhancing proper communications for internal and external interested parties.

27. Quality Management Committee (QMC)

The University shall constitute a Quality Management Committee for making decisions, reviewing and monitoring the progress of implementation of the quality management system. This committee shall operate in accordance with the University Quality Standards and the Terms of References (TORs).

27.1. Composition

The QMC shall comprise of:

- a. Registrar as a Chairperson;
- b. Director, AFD and Planning as member;
- c. Dean from each Institute as a member;
- d. Controller of Examination as a member;
- e. QA focal person from each Institute as a member; and
- f. QA Officer, QAU as Member Secretary.

27.2. Functions and Responsibilities

Function and responsibilities of QMC shall:

- a. Provide guidance and support to QAU;
- b. Review compliance to standards;
- c. Review audit reports, grievances and appeals;
- d. Recommend corrective actions;
- e. Conduct QMC biannually; and
- f. Any other functions as prescribed.

28. Institute Quality Assurance System

At the institute level, each institute shall constitute an Institute Quality Assurance Committee (IQAC) to implement and institute an internal quality assurance system. The member secretary of IQAC shall be the QA focal person. The committee shall work closely in coordination with the QAU of the university and shall carry out all activities related to the internal quality assurance system of the institutes. In addition, IQAC shall implement QA activities under each department/unit and maintain necessary documented information.

The functions of the IQAC are:

- a. Establishing Internal quality assurance and feedback mechanisms;
- b. Managing and monitoring compliance to standards;
- c. Monitoring quality assurance activities and KPIs;
- d. Conducting institutional gap analysis studies;
- e. Notifying and responding to audit reports, grievances and appeals;
- f. Preparing and submitting institutional self-assessment reports (ISAR);
- g. Monitoring QA activities;
- h. Facilitating internal Audits;
- i. Maintaining and retaining required documents for internal audit and accreditation;
- j. Promoting culture of self-reflection/self-appraisal and improvement;
- k. Promoting innovative practices by students, academic and support staff; and
- l. Developing distinct institutional brand.

29. Monitoring and Evaluation

To ensure effective monitoring and evaluation, the University Quality Assurance (QA) Unit shall determine:

- a. What needs to be monitored and measured;
- b. The methods for monitoring, measurement, analysis, and evaluation, as applicable, to ensure valid outcomes;
- c. The acceptance criteria to be used;
- d. When the monitoring and measuring shall be performed; and
- e. When the results from monitoring and measurement shall be analyzed and evaluated.

The QAU shall ensure the following feedback from relevant stakeholders as part of monitoring and evaluation:

- a. Feedback on educational products and services;
- b. Feedback on their effectiveness in achieving the agreed learning outcomes;
- c. Retain appropriate documented information as evidence of the monitoring and evaluation;
- d. Evaluate the performance and effectiveness of the management system; and
- e. Monitor the level of feedback obtained and take action.

The University QA Unit shall determine the methods for obtaining, monitoring and reviewing information on performance and targets against which this performance will be measured.

The University shall ensure that:

- a. The persons conducting the evaluation are competent and objective;
- b. Evaluation reports are transparent and clear; and
- c. The context in which the educational service is provided is examined.

The University QA Unit shall analyse and evaluate appropriate data and information arising from monitoring and measurement.

The results of the analysis shall be used to evaluate:

- a. Conformity of products and services;
- b. The degree of beneficiary satisfaction;
- c. The degree of staff satisfaction;
- d. The performance and effectiveness of the management system;
- e. Effective implementation of the plans;
- f. The effectiveness of actions taken to address risks and opportunities;
- g. The performance of external providers; and
- h. The need for improvements.

30. Internal Audit

To monitor and evaluate the effectiveness of the University Management System, the University QA Unit shall:

- a. Plan, establish, implement and maintain audit program(s), including the frequency, methods, responsibilities, planning requirements and reporting;
- b. Define the audit criteria and scope for each audit;
- c. Select auditors and conduct audits to ensure objectivity and the impartiality of the audit process;
- d. Ensure that the results of the audits are reported to relevant management;
- e. Identify opportunities for improvement; and
- f. Take appropriate correction and corrective actions; and retain documented information as evidence of the planning and implementation of the audit program and the audit results.

The University QA Unit shall conduct internal audit annually to provide information on whether the University/Institute Management System conforms to:

- a. The University's own requirements;
- b. The requirements of this guideline; and
- c. Is effectively implemented and maintained.

31. Management Review

The Quality Management Committee shall review the University/Institute Management System and the strategy annually and update them accordingly to ensure its continuing suitability, adequacy and effectiveness.

The inputs of the management review shall include:

- a. The status of actions from previous management reviews;
- b. changes in external and internal issues;
- c. Information on the performance and effectiveness, including:
 - i. learner and other beneficiary satisfaction and feedback
 - ii. the extent to which objectives have been achieved
 - iii. process performance and conformity of products and services
 - iv. nonconformities and corrective actions
 - v. monitoring and measurement results
 - vi. audit results
 - vii. the performance of external providers and
 - viii. formative and summative assessment outcomes
- d. The adequacy of resources;
- e. The effectiveness of actions taken to address risks and opportunities;
- f. Opportunities for continual improvement; and
- g. Staff feedback related to activities to enhance their competence.

The outputs of the management review include decisions related to:

- a. Continual improvement opportunities;
- b. Any need for changes to the management system; and
- c. Resource needs.

The University shall retain documented information as evidence of the results of management reviews.

32. Improvement

32.1. Nonconformity and Corrective Action

When a non-conformity occurs, the University shall:

- a. React to the nonconformity, and as applicable:
 - i. take action to control and correct it and

- ii. deal with the consequences
- b. Evaluate the need for action to eliminate the causes of the nonconformity by:
 - i. reviewing the nonconformity
 - ii. determining the causes of the nonconformity and
 - iii. determining if similar nonconformities exist, or could potentially occur
- c. Implement corrective actions;
- d. Review the effectiveness of any corrective action taken; and
- e. Make changes to the management system, if necessary.

The University shall retain documented information as evidence of:

- a. The nature of the nonconformities and any subsequent actions taken; and
- b. The results of any corrective action.

32.2. Continual Improvement

- a. The University shall continually improve the suitability, adequacy, and effectiveness of the management system; and
- b. The University shall consider the results of analysis and evaluation, and the outputs from management review, to determine if there are needs or opportunities that shall be addressed as part of continual improvement.

32.3. Opportunities for Improvement

The University shall determine and select opportunities for improvement and implement any necessary actions to meet learner and other beneficiary requirements, which may include:

- a. Improving educational products and services to meet requirements as well as to address future needs and expectations;
- b. Correcting, preventing or reducing undesired effects; and
- c. Improving the performance and effectiveness of the management system.

Reference

1. Bhutan Accreditation Council. (2020). Institutional Accreditation Manual. Retrieved from <http://www.dahe.gov.bt/images/pdf/QAAD/Accreditation-manual-2020.pdf>
2. Bhutan. Quality Assurance and Standardization Division, Ministry Health. (2007). Guideline on Implementation of Quality Assurance System in Health Facilities. Retrieved from <http://www.moh.gov.bt/wp-content/uploads/moh-files/QASManual.pdf>
3. European Association for Quality Assurance in Higher Education (ENQA), and et al. (2015). Standards and Guideline for Quality Assurance in the European Higher Education Area. Retrieved from https://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf
4. ISO. (2018). ISO19011: Guideline for Auditing Management Systems. Retrieved from <https://www.iso.org/obp/ui#iso:std:iso:19011:ed-3:v1:en>
5. ISO. (2018). ISO21001: Educational Organizations – Management Systems for Educational Organizations – Requirements with Guidance for Use. Retrieved from <http://www.nobelcert.com/DataFiles/FreeUpload/ISO%2021001%202018.pdf>
6. Khesar Gyalpo University of Medical Sciences of Bhutan. (2021). Academic Regulations 2021. Thimphu: Academic Affairs Unit.
7. Rodrigues, T., Jhonson, T. and Dwyne, E (2019). Educational Organizational Management System Manual for BIMCA. India: BCS Institute of Management & Computer Application.
8. Sallis, E. (2002). Total Quality Management in Education. New York: Routledge.
9. World Federation for Medical Education. (2020). Basic Medical Education WFME Standards for Quality Improvement. Retrieved from <https://wfme.org/wp-content/uploads/2020/12/WFME-BME-Standards-2020.pdf>
10. World Health Organization Western Pacific Region. (2001). WHO Guideline for Quality Assurance of Basic Medical Education in the Western Pacific Region. Retrieved from https://iris.wpro.who.int/bitstream/handle/10665.1/5593/9290610204_eng.pdf



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