



Ministry of Higher Education
& Oman Accreditation Council

Training Module 01 v6

ADRI

A quality assurance model for self-reviews and external reviews

Workshop Handout

© Martin Carroll
Prepared with assistance from Dr Salim Razvi
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Training Module Handout Version Control Table

Version	Author	Date	Summary of Main Changes
5	M Carroll	18-06-2006	<ul style="list-style-type: none"> • New Training Module Handout. Given #5 to be consistent with its PPT partner file version.
6	M Carroll	20-06-2006	<ul style="list-style-type: none"> • Added disclaimer under Section 3. • Version control table added. • Reformatted. • Changes to OAC logo
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This Training Module is part of the Training Program open to staff of public and private higher education institutions, the Oman Accreditation Council, the Ministry of Higher Education and the Ministry of Manpower. The Training Program is a joint initiative of the Directorate General, Private Universities and Colleges and the Oman Accreditation Council. It aims to raise the capacity and capability of the higher education sector in issues and practices related to assuring and improving quality.

1 MODULE AIMS

1.1 *Intended Participants*

This Training Module is for anyone in higher education involved in analysing and reviewing work activities. Specifically, this is likely to include:

- Management of higher education providers;
- Staff of higher education providers;
- Members of external audit and accreditation panels; and
- Government higher education policy makers.

1.2 *Learning Outcomes*

ADRI is a model for critically analyzing the effectiveness of quality assurance systems. It can be used for self-reviews and also for external reviews (such as those conducted by the Oman Accreditation Council). The specific learning outcomes of this training module are:

- To develop an awareness of the distinction between 'fitness of purpose' and 'fitness for purpose';
- To develop an awareness of the international 'ADRI' model for analyzing the effectiveness of quality assurance systems; and
- To be able to critically analyse quality assurance systems using the ADRI model.

2 MODULE SLIDES

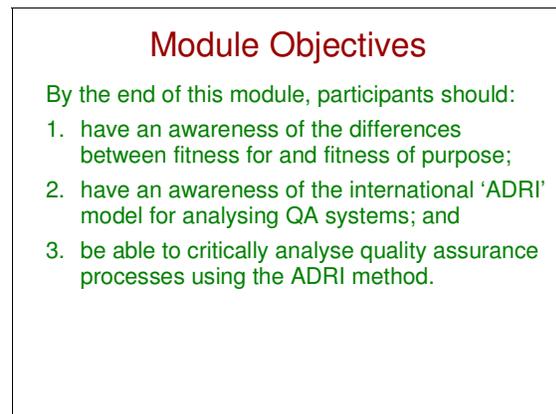
2.1 *Summary of the Presentation*

Note that a version designed for use in presentations is available online and free of charge (www.oac.gov.om/enhancement/training). It contains slides that are not included in this printed version (such as model answers to the workshop scenarios).



Slide 1 features the Oman Accreditation Council logo (a stylized 'A' in green and red) on the left and the Ministry of Higher Education logo (a red star) on the right. The text 'Oman Accreditation Council' and 'Ministry of Higher Education' is positioned below their respective logos. The main title 'ADRI' is displayed in large green letters, with the subtitle 'A quality assurance model for self-reviews and external reviews' in red below it. At the bottom, the text reads: 'OAC & MoHE Training Module #1 (v5) © 2006 Martin Carroll Prepared with assistance from Dr Salim Razvi Last updated: 7 June 2006'.

Slide 1



Slide 2 is titled 'Module Objectives' in red. The text reads: 'By the end of this module, participants should:' followed by a numbered list in green: '1. have an awareness of the differences between fitness for and fitness of purpose;', '2. have an awareness of the international 'ADRI' model for analysing QA systems; and', and '3. be able to critically analyse quality assurance processes using the ADRI method.'

Slide 2

Acronyms used in this Module

- ADRI = Approach–Deployment–Results–Improvement
- HEP = Higher Education Provider
- OAC = Oman Accreditation Council
- MOHE = Ministry of Higher Education
- IIP = Investors in People (www.investorsinpeople.co.uk/)
- HRM = Human Resources Management
- SET = Student Evaluation of Teaching
- ROSQA = Requirements for Oman System of Quality Assurance

Slide 3

Fitness of vs. Fitness for Purpose

- Fitness of purpose = doing the right things.
- Fitness for purpose = doing the things right.
- Quality Assurance in Oman focuses on both.
- The OAC determines whether the HEP's internally-set purpose is consistent with, and appropriate for, its externally set purpose.
- The OAC reviews whether the HEP's systems for fulfilling its purpose are appropriate and effective.

Slide 4



Approach

What an HEP proposes to achieve

- Presented in, at least, applicable Royal Decrees, HEP Strategic Plan and Bylaws.
- Internal and external purposes must align.
- The set purpose requires evidence of appropriate benchmarking and stakeholder involvement.

A model template for a strategic plan follows...

Slide 5



HEP STRATEGIC PLAN

High level

Mission What is the main thing that we do? Ideally, this should be distinctive, differentiating us from other HEPs.

Vision What will have changed in ## years, in society and in our HEP, as a result of successfully implementing our Strategic Plan?

Values What fundamental principles and beliefs guide our behaviour as an HEP?

Slide 6



HEP STRATEGIC PLAN

Background information

Environmental What is going on out there that affects us and what we want to do? What changes are on the horizon? Must be backed by sound evidence.

SWOT What are our strengths and weaknesses (internal factors) and opportunities and threats (external factors)? Must be backed by sound evidence.

Slide 7



HEP STRATEGIC PLAN

Operational level

Goals What are we going to do? (About 6-10 goals)

Objectives Each goal is usually made up of a number of more specific, action-focused objectives.

Strategies Each objective has associated strategies outlining how the objective will be achieved and by whom. Includes resource allocations.

Measures Objectives require a means by which success will be measured.

Targets There is normally a specific target for that measure, including a date by when it will be achieved.

Slide 8



Approach

How an HEP proposes to achieve its purpose

- Operational Plans – detailing what should be done by when, by whom, to what standard and with what resources.
- Manuals – detailing how processes should be implemented.
- Professional development and training aligned to HEP operational needs.
- Alignment of resource allocation to plans.

Slide 9



Approach

Broad Questions

- What external requirements apply to this HEP? How are they incorporated into the Strategic Plan?
- Does the HEP have set of goals, objectives, strategies and targets that are clearly understood by the Board and staff?
- Was there appropriate consultation, benchmarking and analysis in developing the Strategic Plan?

Slide 10



Approach

Broad Questions (cont.)

- Does the planning process incorporate appropriate risk management?
- Does everyone know what they are supposed to be doing, how and why?
- Are goals well supported with plans, manuals and training?
- Are there clear means for monitoring progress against the goals?

Slide 11



Approach

Cautions

- An assessment of Approach, on its own, does not tell the whole story – only what is intended.
- Need to look at a wide range of sources to get the full Approach.
- Alignment of various goals and strategies ought to be by design, not accident.
- Equally, alignment of plans with resource allocation models ought to be by design.

Slide 12



Deployment

Deployment Dimensions

- Also known as 'implementation' or 'process'.
- Looks at how an HEP is implementing its approach.
- In other words, do the plans and bylaws happen in reality?
- This is best tested through interviews; tap into people's 'lived experiences'.
- Also includes consideration of input factors such as the quality of resources.

Slide 13



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Slide 14



Deployment

Broad Questions

- Are there appropriate indicators for monitoring the effectiveness and efficiency of processes? How are these reported and used?
- Are there appropriate means for intervening if necessary? How well do they work?
- Where the approach is deliberately not being followed, why not? How are changes to the planned processes managed?
- Are people allowed to contribute ideas?

Slide 15



Deployment

Cautions

- It is insufficient to only focus on deployment. It must relate to an approach and lead to results.
- It is essential to 'triangulate' anecdotal evidence about deployment (e.g. from interviews) with other sources of information.

Slide 16



Results

Results Dimensions

- Quality cannot be assured by only focusing on the goals, plans, inputs and processes.
- There must be an emphasis on what is actually achieved – the results!
- Every goal must have a reported result.
- Every result should link back to a goal.

Slide 17



Results

Results Dimensions

- It is essential that a causal relationship can be shown between the approach, the deployment and the eventual result – otherwise the result may be just chance.
- If you know that $A+B+C = 19$ you still do not know what B is (i.e. whether each step in the process is adding value or not).

Slide 18



Results

Results Dimensions

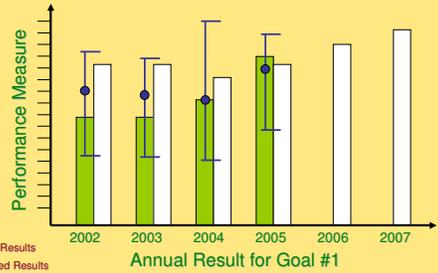
- Results will be both quantitative and qualitative.
- In order to be meaningfully interpreted, results ought to be expressed as trends over 5 years, with targets and benchmarks.
- Results for many goals will be aggregated from the results of its component objectives.

Slide 19

PERFORMANCE MEASURES

One quantitative approach

With result, trend, targets, benchmark averages & best practices



Legend:
■ Actual Results
 Targeted Results
● Peer Average
| Upper and Lower Quartiles

Slide 20

PERFORMANCE MEASURES

One qualitative + quantitative approach

A D R I	Low awareness of issue. Ad hoc plans. Random training.	Commitment attained. Planning framework. Training available.	Systematic approach. Full set of plans. Training linked to plans.	Leading-edge vision. Plans aligned & integrated. Training comprehensive.
	Ad hoc practices. Not linked to plans. Not monitored.	Numerous good practices. Practice aligns with plans. Processes are analysed.	Good practice systemic. Plans inform practice. Monitoring in place.	Processes benchmarked. Practice informs plans. Good practices promoted.
	Results not linked to plans. Results not measured. Where measured, variable	Most plans have results. Most results reported. Most targets achieved.	All plans have results. All results reported. Targets achieved.	Stretch targets established. Results are analysed. Targets exceeded.
	Staff input limited. Review processes limited. Improvements are random	Staff input allowed. Review framework. OFI and GP identified.	Staff input encouraged. Reviews systematic. Benchmarking undertaken	Staff directly empowered. Self-reviews effective. Benchmark host.

Annual Result for Goal #1

Slide 21



Results

Broad Questions

- For each goal or objective, what are the results?
- Does the HEP know exactly how and why those results were achieved?
- Have these results been appropriately contextualised (e.g. using targets, trends and benchmarks)?
- What meaning/interpretation does the HEP derive from the results?

Slide 22



Results

Cautions

- It is insufficient to only consider results.
- Results only make sense in the context of the approach and deployment.
- The manner in which a result is presented can influence how it is interpreted, so adopt an attitude of healthy skepticism.

Slide 23



Improvement

Improvement Dimensions

- This dimension looks at what an HEP knows about itself in order to get better and better.
- Goals should be continually set higher.
- Processes should get more efficient and more effective over time.
- Results should indicate increasing success.
- This requires a comprehensive system of review – not just consideration of results.

Slide 24



Improvement

Broad Questions

- What data about HEP performance is routinely collected and reported? How is the validity of the data ensured? What happens to the data?
- How is the Strategic Plan (and other plans) reviewed and revised?
- What review processes are in place for the HEP's major activities? How does the HEP know that the review processes are effective?

Slide 25



Improvement

Broad Questions (cont.)

- Is the process of self review, learning and improvement endemic throughout the organisation?
- Are all staff empowered and encouraged to contribute to ongoing improvement efforts?
- What has changed/improved as a result of the review processes?

Slide 26



Improvement

Cautions

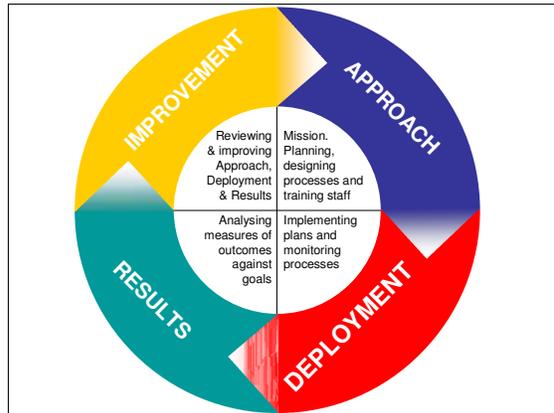
- If not driven by sound values, this aspect of ADRI can be very threatening and disempowering for staff and students.
- Findings from surveys and reviews are often not used effectively.
- 'Wet Paint' syndrome is fine if it leads to improvements.

Slide 27

Analysis vs. Problem Solving

- ADRI is a method for analysing a total QA system. It can be used internally or externally. It can identify strengths as well as opportunities for improvement (OFI).
- ADRI is not a planning framework, although it provides useful information for planning.
- ADRI does not identify the best solution to an OFI. To do so would require problem-solving methods (such as benchmarking).
- Therefore, recommendations arising from ADRI ought to focus on *what* needs to be improved, not *how* it needs to be improved.

Slide 28



Slide 29

Conclusion (1 of 3)

- Quality assurance requires a comprehensive and appropriate set of topics (fitness of purpose), and a suitable method for analysing the effectiveness of the systems for achieving them (fitness for purpose).
- The scope of issues comes from external and internal sources.
- The ADRI method is a global best practice. It can be used by small work teams, internal review committees and external review panels.

Slide 30

Conclusion (2 of 3)

- For a given topic at any point in time, an HEP will be strong in some dimensions of ADRI and not in others. This is OK. Quality improvement is a continuous cycle of improvement.
- Because ADRI combines an assessment of the quality system with a constructive analysis, it is not something extra to do, but rather a better way of doing what we should be doing anyway.

Slide 31

Conclusion (3 of 3)

Please use ADRI within your HEP to regularly review such things as:

- Governance systems
- Faculties
- Programs
- Administrative Services

This is what world class higher education institutions do. And that is what we want to be.

Slide 32

2.2 Workshop Activity

The following slides outline the workshop activity. Four scenarios adapted from higher education provider self-study reports are provided. The task is to analyse each scenario using the ASDRI model, commenting on each dimension (Approach, Deployment, Results, Improvement). Model answers are provided here for the first scenario. The following three scenarios are to be done in small groups. Model answers for those three scenarios can be found in the online version.

Try it first as if you were a member of an internal review team reporting to the Vice-Chancellor/Dean. What do you conclude about the scenario? Does it represent good practice? If you were the reviewer, what further information would you require? How would you get it?

Then try it as if you were a member of an external review panel from the Oman Accreditation Council. Do you notice any difference doing it this way?



Workshop #1 Scenario

Academic Advising

“We pay special attention to academic advising. Plans related to academic advising are constantly revised and modified in the light of the feedback received and problems encountered. The Dean allocates considerable time for discussing academic advising issues in his meetings at the beginning of each semester. All academic departments tackle realistic mechanisms of supervision to achieve the best results. To guarantee the flexibility and accuracy of advising, advisors meet with students on regular basis to discuss students’ academic progress and problems, if there are any.”



Workshop #1 Some Responses

Academic Advising

- A:** Are there any clear goals, objectives, strategies and targets relating to academic advising?
It does seem as though the Dean provides some level of leadership. Is it effective?
- D:** What is the scale of the advising activity? What are the “realistic mechanisms” and how is their effectiveness monitored?
- R:** What outcomes does academic advising achieve? What do students think of it?
- I:** It says plans are “constantly revised.” Good. How is the academic advising process reviewed and improved? What changes have been made?



Workshop #1 Possible Conclusion

Academic Advising

Academic Advice is clearly an important issue for the College.

The quality management model is incomplete, although there are some key elements in place.

For now, there is insufficient evidence and analysis to conclude that this is a good quality academic advice system.



Workshop #1 Scenario

Academic Advising (improved version)

“Our bylaw says that all students are entitled to free, personal academic advice provided by staff trained in academic advisory processes. We aim for our advice to be accurate and helpful, resulting in strong student satisfaction. All staff receive academic advice training and printed guidelines as part of their induction. This is supported with annual staff development workshops. Issues raised by students are logged on the Advice Server. Progress resolving them is also logged. Outcomes are monitored by the Assoc Dean (Academic). Outcome themes are determined by an Advisory Committee (of the Academic Board) and used to refine training programs and guidelines. The 2005 survey shows 82% satisfaction, up from 72% in 2004.”



Workshop #2 Scenario

Staff Appraisal

“All our three new Faculties (made as a result of merging the previous five smaller faculties) have adopted the staff appraisal bylaw. According that bylaw, all staff participate in an annual appraisal meeting with their Associate Dean (head of faculty), with the option for informal sessions each semester. The meetings provide opportunities to constructively discuss workload, working conditions, personal competency, and staff development needs. The model is consistent with best practice according to Investors in People (an international HRM quality framework).”



Workshop #3 Scenario

Library

The Library supports the academic programs and serves as a centre for academic life at our college. Students have opportunities to read a wide range of text to build an understanding and acquire new information. The area of the main library is 160m² with a capacity of 85 students. The number of books in the academic year 2004-05 has reached 5,500. The collections are sufficient in quality, diversity, quantity to enrich the college's academic offerings and meet international standards. Changes in periodical holdings and the general collections are made based on statistics and requests of academic departments.



Workshop #4 Scenario

Student Evaluation of Teaching

"We have had our standardised voluntary student evaluation of teaching (SET) programme in place for 4 years. The surveys use quantitative and qualitative questions. Teachers run the surveys in the last week of each semester. It was reviewed last year by an international teaching evaluation expert, who commended it as "best practice". Mean results rate consistently high (above 4.2). SET results are required for promotion applications. Our staff development programmes build on areas of weakness identified through aggregated results."

3 ADDITIONAL MATERIALS

These additional references are supplied for general educative purposes only. Their inclusion here does not imply any endorsement or warranty by the authors of this training module.

Note that web references provided below may not remain active for long! If you want to check them out, it is better to do so quickly!

3.1 Further Reading

- The ADRI model was first known internationally as PDCA (Plan Do Check Act). This model was originally developed by Walter A. Shewhart, a Bell Laboratories scientist and the developer of Statistical Process Control (SPC)

in the late 1920s. So PDCA is sometimes referred to as the “Shewhart Cycle” (see http://en.wikipedia.org/wiki/Shewhart_cycle).

- Later, it was popularised by W. Edwards Deming (see <http://www.deming.org/>), who was Shewhart’s friend and protégé. He changed the model slightly to Plan-Do-Study-Act, out of concern that “check” implied halting progress.
- There are some excellence PDCA resources at Six Sigma (See <http://www.isixsigma.com/me/pdca/>).
- The Australian Universities Quality Agency (AUQA) uses ADRI in its fitness for purpose quality audits of Australian universities. Detail is available in the AUQA Audit Manual v2.1 which is available online (in particular, see http://www.auqa.edu.au/qualityaudit/auditmanuals/auditmanual_v2_1/2/index.shtml).
- The Australian Business Excellence Framework relies upon ADRI as its method for evaluating applications for the Business Excellence Awards (see <http://www.saiglobal.com/PROFESSIONALSERVICES/CONSULTING/BUSINESS%20EXCELLENCE%20SOLUTIONS/ABEF/CONSULTING-BUSINESSEXCELLENCE SOLUTIONS-ABEF.HTM>).
- The New Zealand Business Excellence Foundation administers New Zealand’s business excellence awards program. The NZBEF Manual is available free at <http://nzbef.org.nz/index.html>. NZBEF uses a version of ADRI which focuses on ‘Process’ (including Approach, Deployment, learning and Integration)’ and ‘Results’ (see p51 of their manual)

3.2 Internet Search Tips

To do an effective Google or Yahoo search, try the following advanced search

- With all of the words: ADRI quality education
- Without the words: clothing apparel diamond diabetes

A search on PDCA Quality will return many, many useful results. If you want a more specific search result try the following:

- With all of the words: PDCA quality education
- Without the words: painting

3.3 Discussion Board Details

The online discussion board for this module is not yet operational.