BOTSWANA
Qualifications Authority

Institutional Transition Plan Template

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INSTITUTIONAL TRANSITION PLAN TEMPLATE

1. BACKGROUND

2. EDUCATION AND TRAINING PROVIDER/ AWARDING BODY DETAILS	
Entity Name	Company/Society/ Trust/Public Entity/ External Entity
ETP / Awarding Body Name	
ETP / Awarding Body Number	
ETP / Awarding Body Type	Conventional/ Workplace
Classification (*applied for*)	University/ University College/ College/ Technical College/ Brigade
Campus Type	Main Campus/ Campus Centre/ Campus College/ Campus Institute/ Campus School
Sub-Framework	Higher Education/ Technical and Vocational Education and Training/ General Education
Postal Address	
Physical Address	
Designated Land use Type	
Lease Type	Rented / Owned
Lease Commencement Date	
Lease Expiry Date	
Location	Village/ Town /City
District	
Contact Number	
Fax Number	
Email Address	
Number of Learners	• Current No. of enrolled learners

3. CONTACT PERSON(S) DETAILS	
Title	
Full Name	
Designation	
Email Address	
Contact Number	

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4. Phase I: Planning and Situational Analysis

Goal: Establish the roadmap and evaluate current alignment with the Norms and Standards.

ACTIVITY		STATUS (Pending/ In-progress /Complete)	EVIDENCE/OUTPUT	COMPLETION DATE
4.1	Conduct institutional situational analysis		a) Situational Analysis Report. b) Stakeholder Engagement and Review Records: Minutes, sign-in sheets, meeting logs from internal SER review committees and focus groups, feedback consolidation logs showing how input from staff, management, or external stakeholders was incorporated.	
4.2	Conduct an Institutional Transition Risk Assessment and establish the Mitigation Strategy		a) Risk Management Plan.	

4.3	Develop institutional transition plan		a) Approved Transition Plan.	
4.4	Establish coordination and implementation structures		a) **Quality Management System Policy and Framework:** Institutional quality management policy defining the objectives, scope, and core principles of the quality management system. b) **Organisational Chart or Structure:** Approved organizational structure showing designated quality management offices, committees, units, and boards, including reporting lines up to executive governance (e.g., Council/Senate/Board). c) **Terms of Reference (ToRs) or Committee Charters:** Officially approved ToRs for all quality management committees, units, and boards outlining their mandate, composition, meeting frequencies, and decision-making authority. d) **Roles and Responsibilities and Job Descriptions:** Job descriptions and role profiles detailing quality assurance responsibilities, levels of accountability, and reporting duties for all relevant stakeholders (management, staff, evaluators).	

5. Phase II: Capacity Building

Goal: Ensure all internal and external stakeholders are trained on the new requirements as they apply to their specific roles.

ACTIVITY		STATUS (Pending/ In-progress /Complete)	EVIDENCE/OUTPUT	COMPLETION DATE
5.1	Top Management Awareness Training		**1. Training of Board Members, Vice-Chancellors, Presidents, Principals, Deans, and Executive Directors on:** a) **Strategic Alignment and Governance:** High-level strategic orientation on the BQA Act and Regulations, and alignment with Vision 2036 and national human resource goals etc. b) **Regulatory Compliance and Risk Management:** Institutional responsibilities, legal obligations, transitional requirements, and the consequences of non-compliance (such as revoked registration/accreditation). c) **Resource Allocation and Oversight:** Governance requirements for allocating physical, financial, human, and ICT resources necessary to maintain threshold quality assurance standards. d) **QMS and Institutional Performance Oversight:** Understanding executive responsibility for monitoring, evaluating, and conducting periodic governance reviews of the Institutional Internal Quality Management System (QMS).	

5.2	Process Owner Training		**2. Training of Heads of Department, Quality Assurance Officers, Academic/TVET Program Managers, Admissions Officers, Registrar, and Facilities Directors on:** a) **Operationalizing Norms & Standards:** In-depth technical training on specific threshold standards (e.g., Governance, HR, ICT, Learning Resources, Admission and Progression). b) **Self-Evaluation & Audit Readiness:** How to conduct internal gap analyses, complete Self-Evaluation Reports (SERs), compile evidentiary portfolios, and prepare for BQA validation audits. c) **Policy & Process Design:** Formulating, updating, and documenting SOPs for learning programme development, Credit Accumulation and Transfer (CAT), Recognition of Prior Learning (RPL), and assessment moderation. d) **Continuous Quality Improvement (CQI):** Monitoring performance metrics, managing non-conformance registers, and implementing corrective and preventive actions.	

5.3	General Staff Awareness Training		**3. Training for Academic Staff, Lecturers, Instructors, Administrative Staff, Student Support Personnel, and Library Staff, and ICT Technicians on:** a) **Role-Specific Compliance:** Understanding how the new Norms and Standards impact day-to-day teaching, assessment, grading, and learner administration. b) **Academic and Professional Qualifications Alignment:** Understanding minimum qualification requirements under the Framework for Academic Staff Qualifications. c) **Learner Support and Welfare:** Procedures for delivering student wellness, academic advising, disability support, and health/safety (SHE) compliance. d) **Information and Data Integrity:** Training on data collection, entry, and reporting requirements via the Institutional Information and Data Management System.	

5.4	Stakeholder Training		**4. Training for Enrolled and Prospective Students, Industry Partners, Employers, External Moderators, and Professional Bodies on:** a) **Learner Rights and Protection:** Awareness of learner rights, Protection of Enrolled Learners (PEL) policies, grievance procedures, and rules governing tuition assurance and credit transfer. b) **Qualification and NCQF Value:** Understanding qualification structure, NCQF credit levels, articulation pathways, and the value of BQA-recognized awards. c) **Industry and Employer Engagement:** Training for industry advisory boards and employers on their role in curriculum design, workplace learning, and verifying TVET or HE competencies. d) **External Evaluators and Moderators:** Guidance on institutional moderation processes, assessment validation standards, and feedback reporting.	

6. Phase III: Documentation of the Internal Quality Management System

Goal: Align the institutional Quality Management System (QMS) with the Norms and Standards.

ACTIVITY		STATUS (Pending/ In-progress /Complete)	EVIDENCE/OUTPUT	COMPLETION DATE
6.1	Review/update institutional QMS documentation		a) Updated institutional Quality Management System (QMS) documentation.	
6.2	Identify, draft, and approve missing institutional documentation.		a) Identified, developed and approved documentation that was missing (e.g. Policies, processes, procedures, manuals, guidelines, criteria etc).	
6.3	Cross-referencing of institutional documents to Standards		a) Compliance Matrix showing Standard / Requirement Area, BQA Threshold Standard Requirement, Current Status (Compliant / Partially Compliant / Non-Compliant), Evidence / Supporting Artifacts, Gap Identified, Action Plan & Corrective Action, Responsible Person / Department, Target Completion Date etc.	

7. Phase IV: Internal Auditing

Goal: Verify compliance through internal review and correct identified gaps

ACTIVITY		STATUS (Pending/ In-progress /Complete)	EVIDENCE/OUTPUT	COMPLETION DATE
7.1	Perform formal Internal Audit		a) **Internal audit plan:** A document outlining the scope, objectives, criteria, and the schedule of areas and departments audited. b) **Audit checklist or instrument:** The specific tool or rubric used by auditors to score compliance. c) **Audit working papers:** Notes, observations, or photos collected during the fieldwork phase. d) **Internal audit report:** The final audit report containing a summary of findings, categorized by compliances, non-conformities (NCs), opportunities for improvement (OFIs). e) **Auditor qualifications:** Evidence (CVs or training certs) that the auditors were independent of the areas they reviewed.	

7.2	Conduct Management Review		a) **Formal meeting agenda:** Documentation showing the audit results were a specific item on the management agenda. b) **Minutes of meeting:** Signed minutes recording leadership's discussion on audit findings, risk assessments, and resource allocation decisions. c) **Management review report:** A strategic document summarizing the health of the quality management system, including leadership's conclusions on performance and required changes. d) **Attendance register:** Proof that key decision-makers (Accountable Executives/Managers) participated in the review.	
7.3	Implement Corrective Action Plan		a) **Corrective Action Register (CAR):** A master list tracking every non-conformity, the assigned owner, the proposed root cause analysis (RCA), and the deadline. b) **Root Cause Analysis (RCA) Records:** Evidence of the "5 Whys" or Fishbone analysis conducted for each non-conformity to ensure the systemic issue is fixed, not just the symptom. c) **Proof of Execution:** Tangible artifacts showing the change was made (e.g., updated policy versions, screenshots of new software workflows, staff training attendance logs). d) **Verification of Effectiveness (VoE):** A follow-up note or "close-out" report by the Quality Director or Manager confirming that the corrective action successfully eliminated the non-conformity and did not cause negative side effects.	

8. Phase V: Submission to BQA

Goal: Finalize and submit the Self-Evaluation Report (SER) to the Authority.

ACTIVITY		STATUS (Pending/ In-progress /Complete)	EVIDENCE/OUTPUT	COMPLETION DATE
8.1	Preparation of Self-Evaluation Report (SER)		a) The fully completed SER document adhering strictly to the Norms and Standards and implementation guidelines. b) Stakeholder engagement and review records: Minutes, sign-in sheets, meeting logs from internal SER review committees, focus groups, feedback consolidation logs showing how input from staff, management, and external stakeholders was incorporated. c) Standard-by-Standard evidence mapping: An indexed cross-walk matrix linking every claim made in the SER to specific supporting documented evidence. d) Sign-off or approval documentation: Signed approval or endorsement page from the head of the Governing Body and Management of the institution, relevant committees, designated quality assurance lead validating the SER's factual accuracy.	

8.2	Preparation of final submission documents		a) This requires proof that the submission package is complete, compliant, verified, and ready for BQA submission. b) Final Submission Dossier: A comprehensive, itemized table of contents listing every report, section, and annex included in the submission package. c) Evidence, Annex Checklist and Cross-Referencing: A fully checked compliance matrix confirming that all mandatory attachments, policy documents, and supporting evidence files are present, correctly named, and referenced. d) Authorizations and Governance Clearances: Formal letters, board resolutions, or executive sign-offs granting permission to submit the package to BQA.	

9. DECLARATION BY THE HEAD OF INSTITUTION

9.1 I, in my capacity as the Head of [Institution Name], hereby declare that the information provided in this submission, including the Self-Evaluation Report (SER) and accompanying Portfolio of Evidence (PoE), is true, complete, and accurate to the best of my knowledge and belief.

9.2 I further confirm that this submission and its constituent documents have been formally reviewed, verified, and approved by the Governing Authority of the institution.

NAME:_____ **SIGNATURE:**_____

DESIGNATION:_____ **DATE:**_____