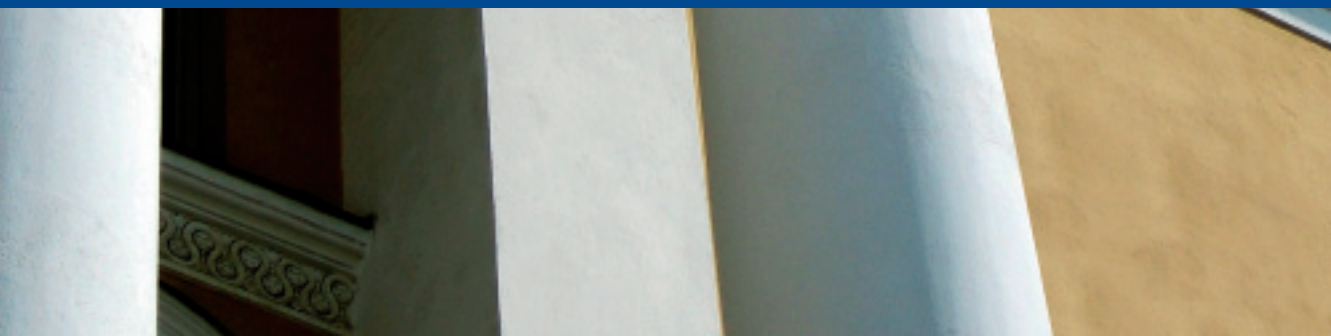Douglas Blackstock , Lee Harvey, Tibor Szanto, Riitta Pyykkö, Guy Aelterman,
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Internal Quality Assurance –
Facing common challenges

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Internal Quality Assurance –
Facing common challenges

Education and Culture DG

Lifelong Learning Programme

The present report can be downloaded from the ENQA website at
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Table of contents

Foreword

The annual meeting of the ENQA IQA Group gathered some 60 participants in the premises of the Accreditation Organisation of the Netherlands and Flanders (NVAO) in The Hague in June 2009. This seminar was a successful follow-up to the first ENQA IQA seminar in Barcelona in 2008 on *Internal quality assurance systems and the ESG*. The seminar in The Hague focused on the theme *Internal Quality Assurance – Facing Common Challenges*. Staff members of ENQA member agencies discussed the common, tangible challenges they frequently encounter in their daily operations. The seminar drew up a list of the operations that are in paper prescribed as standardised procedures, but in practice often turn out to be issues difficult to outline and therefore to measure and standardise. Some of the approaches adopted in the seminar included revealing some of the key issues in the implementation of procedural improvements; measuring of processes and outcomes of an agency's missions and goals; guaranteeing of efficient and excellent operations and following-up on external feedback.

Discussing common challenges among quality assurance agencies is certainly one of the most concrete ways for building a common understanding and thereafter improving the internal quality assurance operations of agencies. ENQA fully supports the open sharing of challenges in order to gain better ways for the full implementation of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) at all levels; in higher education institutions and in quality assurance agencies, both externally and internally.

I do hope that the issues discussed in this publication are of interest and use to quality assurance professionals in contributing to the aiming of the European standard on accountability procedures and thus to the development of the European Higher Education Area.

Achim Hopbach
President
European Association for Quality Assurance in Higher Education (ENQA)

Chapter 1:
Assessing QAA's effectiveness

Douglas Blackstock, QAA, United Kingdom

1.1 Issue

This paper contains the three tier scheme for measuring and assessing QAA's performance and effectiveness approved by the Board of Directors of QAA in March 2008.

The first report using this scheme was presented to the QAA Board in February 2009. In light of experience, we will seek to simplify and modify the scheme.

1.2 Background

In the course of an extensive discussion of ways to assess strategic performance at its meeting in December 2007, the Board concluded that it would be '*helpful to list out relevant sets of quantitative performance measures…structured according to the four Key Purposes in the Mission statement. This would show that the data we held or could collect would help the Board to gauge success in achieving strategic purposes. It would also help the Board to identify what other data would be helpful, and what other forms of assessment, particularly qualitative assessments, would be needed to make an overall judgment about achievement of the Agency's Purposes. Those qualitative assessments might take the form of internal or commissioned research, evaluations and surveys*'.

1.3 Discussion

The March 2008 proposal aimed to assess effectiveness based on two tiers of information – *QAA's performance* and *QAA's success* – thus informing the Board's assessment of *QAA's impact* across the four Key Purposes of QAA.

The level of operational detail in the first two tiers of information (paragraphs 11 a and b overleaf) was probably excessive for the Board's purposes. It was proposed to the Board therefore that the Executive should continue to monitor the detail as it does now, and that the Board should receive a summary, traffic light report against a limited number of headings. That report could be provided quarterly (where the information is available quarterly) as part of the Chief Executive's report to the Board.

The traffic light summative reporting could be supplemented periodically by commissioned research / consultancy or targeted stakeholder surveys.

At the Board Awayday each October, the Board would review the year's work and the QAA's achievement of its Key Purposes.

1.4 Traffic light definitions
We proposed to adapt the Committee of University Chairmen traffic light definitions as follows:

🟢 **Good**: this is on track; low risk

🟢 **Satisfactory**: this is broadly on track with some concerns which need to be addressed

🟠 **Mixed**: some significant concerns which could be detrimental if not addressed; medium risk

🔴 **Problematic**: serious concerns threaten this area; high risk to the organisation's overall performance

1.5 The three tiers of information
The proposed three tiers of information are as follows:

a. QAA'S PERFORMANCE
These would be largely quantitative measures, trackable 'events' of one sort or another, covering performance in the year. Much of this is management information that already comes to the Board routinely either through the Chief Executive's reports, other Board papers, the quarterly reports to the funding bodies, the annual reports to the Board on strategies (finance, communications, HR, etc) or the annual Directors' Report and Accounts.

Programmes of work (quarterly monitoring of QAA operating plan)
- Key contractual commitments met, e.g. reviews and audits completed, reports published
- Progress against non-contractual activities, e.g. papers published, other publications, events held, presentations given, attendance at external events
- Exceptions and achievements
- Any shift in risk

External evaluation (some annual, some periodic)
- External auditors
- Internal auditors
- External standards – ISO17799 on Information Security, Investors In People, W3C web accessibility, Welsh Language Scheme
- ENQA, Higher Education Regulatory Review Group , Joint Quality Review Group (Scotland)

Staff satisfaction (quarterly and annual)
- Overall indicators from the annual staff survey
- Quarterly staff turnover, absence, recruitment analysis

Financial performance (quarterly and annual)
- Monitoring and achievement against budget; budget variances
- Balance sheet
- Forecasts from quarter 2 onwards

b. QAA'S SUCCESS

These would be largely qualitative indicators, and would reflect broadly the stakeholder satisfaction with QAA and QAA's work. Some of this is already collected routinely, for example evaluations of audits / reviews, demand for our 'products' such as publications, surveys of Higher Quality readers; some of this is information that is collected (but not systematically recorded at present) from our engagements with funders, representative bodies and governments, for which we would need to put appropriate processes in place.

Effectiveness of processes
- Institutional and reviewer / auditor evaluations of reviews and audits; reviewer/ auditor evaluations of their training; participants' evaluations of QAA events
- Renewal of contracts; repeat business
- New business (from current clients and new clients)
- Success of 'engagement' strategies; students, employers, Professional Statutory and Regulatory Bodies

Adding value
- Demand for our 'products' ; hard copy reports, web traffic, external attendance at our events
- Demand for our services ; advice, contribution, participation, expertise, briefing, presentations
- Hot topics ; our take, our engagement
- Interactions at government level
- Interactions with non-HEI stakeholders
- External review of QAA, such as ENQA membership review
- External partners, such as QAFRG, HERRG

Reception
- The 'mood' (in terms of how stakeholders respond to QAA) of the regular quarterly meetings with Scottish Funding Council / Universities Scotland, Higher Education Funding Council for Wales / Higher Education Wales, Northern Ireland visits and the annual meeting with GuildHE / Higher Education Funding Council for England / Universities UK
- The 'mood' of the twice-yearly meetings of the Sounding Board group of QAA funders
- The 'mood' of, and intelligence from, QAA liaison officers' interactions with individual institutions
- The 'mood' of the Annual Reception and the Subscribers' meeting
- The amount, 'mood' and tone of press coverage
- The annual survey of HQ readers

It was agreed by the Board of QAA that there could periodically be stakeholder surveys repeating an exercise carried out in 2006. These could be targeted at particular questions that were not answered in the assessments above or could be used to 'test' the assessments above. The surveying could be done on a larger scale than before, for example, by individual HEIs rather than their representative

bodies, or the 1200 or so organisations on our database. There would also be alternative approaches, depending on the audience to be reached, for example, by buying questions on MORI or other surveys , or by commissioning research or consultancy.

c. QAA'S IMPACT

QAA's four key purposes would represent the top tier of information and analysis. The Board would judge to what extent the *performance* and *success* data above allowed it to make an assessment of the achievement of each Key Purpose. The Board would then need to identify whether additional information were needed to help it assess QAA's impact. Ways in which the first two tiers of information might inform the third tier are below:

1. **Safeguard the student and wider public interest in the maintenance of standards of academic awards and the quality of higher education**
   – Audit / review of all institutions according to published timetables and methods.
   – Limited and no confidence judgments given where necessary.
   – Publication of reports and judgments.
   – Provision of advice to governments on applications for the grant of degree-awarding powers and university title.
   – Institutions with limited or no confidence judgments take the necessary action to put things right in the agreed timescale.
   – Periodic summative, evaluative and thematic analyses of reports.
   – Evaluation and review of methods to ensure their continuing currency and effectiveness.

2. **Communicate information on academic standards and quality to inform student choice and employers' understanding, and to underpin public policy-making**
   – Demand for QAA information (hard copy and Web).
   – Demand for our expertise and contribution, including governments and near-government.
   – Achievements of our approach to student engagement.
   – Achievements of our approach to employer engagement.
   – HEIs' use of QAA reports / outcomes as part of their public profile.
   – Potential students' use of QAA information in making choices.

3. **Enhance the assurance and management of standards and quality in higher education**
   – Institutions with limited or no confidence judgments take the necessary action to put things right in the agreed timescale.
   – Confirmation through the programme of mid-cycle reviews that all institutions have reviewed their practice in the light of audit / review recommendations.
   – The Academic Infrastructure is kept up to date and is responsive to the changing HE agenda.

– Development and dissemination of advice and guidance in the light of the changing HE agenda.
– Reduction of regulatory burden, through collaborative work with PSRBs and other agencies, whilst maintaining quality and standards.

4. **Promote wider understanding of the nature of standards and quality in higher education, including the maintenance of common reference points, drawing on UK, other European and international practice.**
    – The Academic Infrastructure is kept up to date and is responsive to the changing UK and overseas agenda.
    – Demand for QAA advice / contribution to overseas developments, and briefings of visitors from overseas.
    – Development and dissemination activities to promote understanding.

The chart overleaf illustrates the summary position that the Board considered at its February 2009 meeting (based on the 2007–08 financial and operating year). Reading from left to right, the Board assessed to what extent each of the *performance* and *success* datasets inform an assessment of achievement against each of the Key Purposes. Having done that, and reading from top to bottom down each of the Key Purpose columns, the Board was able to assess to what extent each of the Key Purposes was being achieved, and / or what further information might be required.

1.6 Ongoing assessment
In June 2009 I presented what QAA had learned from this process to the ENQA_IQA seminar in the Hague. The presentation can be found at
http://www.enqa.eu/eventitem.lasso?id=246&cont=pasteventDetail

So what did we learn from this exercise?
• The process was very demanding of staff time and we could simplify the process
• The traffic lights help you focus on managing risk
• In some areas we needed to improve information management and sharing
• Some of the information available did not contribute to an assessment of the achievement of certain key purposes.

And that whilst measurement can inform, ultimately, any assessment of the achievement of key purposes is a JUDGEMENT based on an array of evidence, not a measurement.
   In November 2009 the QAA Board received a further report on 'QAA effectiveness' based on the financial and operating year of 2008–09.
      In the light of the Board's discussions in February 2009 the effectiveness framework was simplified to focus on the outward looking, evaluative data what we called 'managing the business'. The internal process data, we called this 'managing the organisation', much of which is routinely reported to the Board through other means (quarterly monitoring, Chief Executive's reports, Finance reports, Annual HR report etc) was captured in a summative set of key performance indicators (KPIs).

The framework was revised as follows:

2007–08 FRAMEWORK		2008–09 FRAMEWORK	
DATA SETS		DATA SETS	
QAA's performance	• Programmes of work • External evaluation • Staff satisfaction • Financial performance	Managing the business	• Assurance and enhancement programmes • Effectiveness of programmes • Relationship with our key stakeholders • Demand for our services
QAA's success	• Effectiveness of processes • Adding value • Reception		
QAA's impact	Traffic light assessment	QAA's impact	Traffic light assessment
		Managing the organisation	Key performance indicators (KPIs)

The set of KPI's that we have developed and now tracked over 2 operating years are below. We have selected a mixture of achievement, pattern and trend indicators to provide a balanced picture of success in managing the organisation. This is a work in progress, we will want to talk to colleagues in other organisations about their experiences with KPls, and how we could benchmark QAA's performance against others.

AREA	INDICATOR
Contracted reviews	% done to schedule
Publication of reports	% published within contracted time
Budget	% variance from agreed QAA budget[1]
Reserves	Range allowed in the Board's reserves policy
Balance of expenditure	Proportion of non pay: pay
Staffing	Trends (FTE staff numbers) Staff turnover (head count)
Staff absence	Trends (% of days lost)
Public information	Trends (Visitors to our external web site) Page views Number of visits
Public enquiries	Trend
Complaints —under our published complaints scheme	Trend

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1   Normally the overall budgeted position is breakeven and therefore the variance is as a percentage of budgeted income.

PART 1: ASSESSING QAA'S EFFECTIVENESS – SUMMATIVE TRAFFIC LIGHT REPORT

KEY PURPOSE / INFORMATION	Safeguard the student and wider public interest in the maintenance of standards of academic awards and the quality of higher education	Communicate information on academic standards and quality to inform student choice and employers' understanding, and to underpin public policy-making	Enhance the assurance and management of standards and quality in higher education	Promote wider understanding of the nature of standards and quality in higher education, including the maintenance of common reference points, drawing on UK, other European and international practice
Programmes	Excellent	Good	Good	Good
External evaluation	Excellent		Excellent	Excellent
Staff satisfaction	Excellent	Mixed	Good	Good
Financial management	Excellent			
Effectiveness of processes	Excellent	Good	Good	Good
Adding value	Excellent	Good	Good	Excellent
Reception	Mixed	Good	Good	Excellent
	Overall assessment (Good)	Overall assessment (Good)	Overall assessment (Good)	Overall assessment (Good)

KEY

● **Excellent**: this is on track; performing well and is substantially effective.

● **Good**: this is broadly on track; performance is satisfactory with one or two areas which could be addressed.

● **Mixed**: some significant concerns which could be damaging and result in ineffective performance if not addressed.

● **Problematic**: serious concerns threaten this area; this has the potential to become substantially ineffective.

Chapter 2:
An outsider's view on IQA:
Quality culture or quality procedures

Lee Harvey, Copenhagen Business School, Denmark

This paper will explore the extent and nature of the internal quality assurance (IQA) within quality assurance agencies (QAA), concentrating on the relationship between quality culture and internal quality procedures. It aims to answer two primary questions: how to develop a quality culture, and how this is different from having a set of procedures?

One might ask if it is legitimate to ask whether quality agencies as experts on quality assurance have a quality culture or not? However, two concerns underpin this paper. First, quality procedures are not necessarily indicative of a quality culture. Second, despite agencies examining the quality procedures of institutions, there is a paucity of evidence, from the outsider's perspective, about the internal quality assurance of the agencies themselves.

To explore this assertion, three non-European agencies were approached prior to the ENQA seminar to see how they perceived internal quality assurance. The first agency cited its ISO-9000 certification, specifying that it paid attention to the 'tricky' issues especially in relation to convincing external stakeholders of an appropriate scrutiny of operations. It also referred to its sound documentation system, quality commitment and a process of continuous quality improvement. The key indicator, for the agency, was the significant increase in external stakeholders' trust, which was in line with the agency's efforts to improve individual assessor quality and assessment competences.

The second agency suggested that its internal assurance was manifested through: the expertise and behaviour of our auditors; the appointment of qualified staff and professional development of staff; the consistency of its audit reports; attention to detail; feedback systems on all audits and workshops with evidence of action and change; and monitoring of auditee action to check on the effectiveness of the agency. In addition, the agency went through an external review every five years similar to the audits they undertook of institutions. To this, the agency added that it paid attention to its finances and maintained a public relations and communications plan.

One wonders what the agency would have made of a university claim that its procedures were sound if it used a similar set of assertions, citing, for example, expertise and behaviour of our *teachers*; appointment of qualified staff and professional development of staff; consistency of *curricula*; feedback systems on all *curricula* and workshops; monitoring *student outcomes* to check on the institutions own effectiveness and so on.

The third agency indicated that it was recognised by a national meta-agency. Its stakeholders accepted this recognition as appropriate and considered it suitable for an accreditation process. The agency explained that it set aside time at its biennial Board meeting for development of Board members such as improving consistency in its decision-making process.

Twice in the last seven years, the Board held self-assessment retreats with an external consultant. Each member assessed both the Board as a whole and their own input into areas of responsibility identified through the self-assessment and consultancy process. The self-assessment included: establishing, reviewing and revising the mission statement; approving and monitoring the agencies' programmes and services; strategic planning; ensuring adequate financial resources; ensuring sound risk management; and enhancing the organisation's public image. The respondent indicated that the self-assessment retreats "have been the best investments we have ever made."

The responses from the agencies seemed to be confounding three things: self-legitimation and external scrutiny; procedures for their own work; and their own internal quality assurance processes. The first day of the ENQA seminar also exhibited the same tendencies to confound internal quality processes with external profile. There were concerns expressed about the consistency of panels and reports made by visiting teams. The efficacy of the peer review process was raised, although its effectiveness as a way of undertaking an assessment of quality procedures in institutions remains to be evaluated. There were also frequently expressed concerns about the potential input or interference from politicians, despite agencies claiming to be independent and autonomous.

Details about internal quality procedures were sketchy, in some cases merely implicit because of the small size of the agency. This reflected two tendencies. The first was a lack of clear indication of purpose of internal quality procedures, and the second an assumption that procedures were equivalent to a quality culture.

Quality culture is the latest buzzword and the concept is already beginning to lose its meaning. The notion of culture is complex (Williams, 1983) as is its extension into the idea of quality culture (Harvey and Stensaker, 2008). There are numerous definitions of culture, and its meaning has changed over time, not least from an élite notion of 'high culture' through to a more democratic view of multiple cultures and subcultures. At core, though culture is shared, learned and symbolic: culture is a way of life. Quality culture is also complex and reflects the way in which a group of people (organisation through to operational unit) address the issue of quality in their everyday existence. There is no right or wrong, good or bad quality culture, although a 'real' quality culture is 'invisible'; in as much as it is an integral part of everyday practice rather than a rule-bound add-on.

Quality culture is poorly understood and often implicitly construed as embodying a system of internal quality monitoring. However, a set of bureaucratic procedures is not the same as a quality culture. Most internal processes do not exhibit the characteristics of a lived culture, rather they reflect the rules and expectations of an 'audit culture'. They are fundamentally distrustful and constrained by an externally imposed or oriented framework of thinking. In the case of agencies, as suggested above, this is dominated by self-perceived need for legitimation. This raises the issue of purpose of internal mechanisms, which is fundamental to any notion of quality culture.

Thus, quality culture is not a set of procedures, much less one that can be imported from a different context or imposed on an organisation. There is no simple checklist of actions to create a quality culture. However, it is legitimate to ask if there is a way to encourage quality culture. In essence, the answer is to require self-reflection on the part of the practitioners, something akin to developing a self-critical and reflective community of practitioners.

Some aspects of a quality culture that might be relevant, provided they are contextualised, include: ownership, processes and decisions; recognition of the need for a system (but not the development of a bureaucracy); a focus on behaviour rather than systems; clarity of purpose of any system; an appreciation of different stakeholder perspectives; co-operation and working in partnership; community-oriented action rather than individualism; inspiring and enabling rather than dictatorial leadership; being welcoming of external critical evaluation; embracing self-reflection and taking the initiative to improve.

One possibility, suggested by Harvey and Stensaker (2008), is to develop an ideal-type set of quality cultures based on two dimensions, whether individual behaviour is group-controlled and whether individual behaviour is prescribed by external rules and regulations. A simplistic dichotomisation of these dimensions generates four 'ideal-type' quality cultures (in the Weberian sense), which, for higher education settings, are elaborated below (Figure 1). It is important to remember that this is a schema to aid reflection and that these are indicative types not idealisations in the common-sense meaning of the term. According to Weber (1904), 'an ideal type is formed by the one-sided accentuation of one or more points of view' according to which 'concrete individual phenomena […] are arranged into a unified analytical construct'; in its purely fictional nature, it is a methodological 'utopia [that] cannot be found empirically anywhere in reality'. Further, the two dimensions in the suggested analytic framework are but two of a number of potential dimensions and they have been dichotomised for simplicity and rather more complex elaborations could have been constructed.

Figure 1: Ideal-type quality cultures

		DEGREE OF GROUP CONTROL	
		STRONG	WEAK
Intensity of external rules	STRONG	Responsive quality culture: led by external demands, opportunistic, combining accountability and improvement, but perhaps also sometimes a lack of ownership and control	Reactive quality culture: reward or sanction led, task-oriented, doubts about the potential of improvement, compliance, reluctant ("beast to be fed")
	WEAK	Regenerative quality culture: internally oriented with strong belief in staff and existing procedures, widespread, experimental, although not always adaptive to external demands and developments	Reproductive quality culture: wanting to minimise the impact of external factors, focusing on sub-units, lack of transparency throughout the institution, emphasise the expertise of the individual

Adapted from Harvey and Stensaker, 2008

The four resulting types represent different modes of operating. None are 'correct' or desirable in general but a particular type may be preferable in a specific context. In which case, practitioners should reflect on where they are 'located' and decide whether they might be better adopting a different cultural type. If so, what might be the mechanism to shift to an alternative culture? This requires open self-critique and an analysis of future directions. There is no easy solution waiting to be picked off the shelf.

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Chapter 3:
External evaluation of HAC:
Follow-up activities

Tibor Szanto, HAC, Hungary

3.1 The Hungarian Accreditation Committee

The Hungarian Accreditation Committee (HAC) was established by the Hungarian Higher Education Act in 1993. It is a national agency with a rather wide scope of activities. Accreditation is compulsory in Hungary for programmes and institutions, public and private, new and operating alike. Beyond the accreditation decision based on minimum criteria, the HAC also includes recommendations for quality improvement thus serving the accountability and the enhancement purposes at the same time.

The HAC has a Body consisting of 29 members (plus currently six non-voting members invited from disciplines not represented by regular members) delegated for a three-year term, and a Secretariat of currently 20 (17.75 FTE) employees. The HAC has 19 disciplinary subcommittees who discuss individual external expert evaluations on new programmes to be launched and, based on these, make proposals for accreditation decisions. For institutional accreditation the HAC appoints external review panels ("Visiting Committees").

The HAC is a public service organisation funded from the state budget (70–90%) and fees paid by HEIs for expert opinion on the accreditation of new programmes to be launched (10–30%).

As to the HAC's activities, operating programmes were accredited together with the given HEI and its faculties in the same procedure in the first round of institutional accreditation (1994–2002). In the second cycle however (2004–2010), institutional accreditation focuses more and more on the internal QA system of the given HEI, while operating programmes are evaluated in a separate, disciplinary accreditation procedure where all the same programmes in all HEIs in Hungary are scrutinised at the same time.

Among the other activities of HAC, giving opinion on professorial appointments is worth mentioning as being not very usual a task in Europe.[2]

The HAC initiated its first external evaluation in 1999. This review was co-ordinated by CRE (now: EUA). The review was financed from a World Bank loan to Hungary, and the co-ordinating body was selected according to WB rules (short list). The review team consisted of six members, a project manager and five international experts (plus the PM), four of them from Europe and one from the US.

The review encompassed the activities of HAC, and it also covered the Hungarian QA system in general with detailed analysis, recommendations for future work and system building. The major documents of the review, including the Self-evaluation

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2   See the HAC's English website at www.mab.hu/english/index.html

report and the Final evaluation report, were published in hard copy and made available on the HAC's website.[3]

3.2 The second external review of HAC (2007–08)

Similarly to the first one, the second external review was also initiated by HAC. This time, however, the exercise was based on the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG) and its major purpose was the reconfirmation of the HAC's full ENQA membership. The review was co-ordinated by the Ministry of Education and Culture (MoEC) together with the Hungarian Rectors' Conference (HRC).Thus, it was a so-called nationally co-ordinated review. It was financed by the MoEC. The review team consisted of three international members, including the Chair and the Secretary and three Hungarian members representing the Hungarian HEIs, the stakeholders and students, respectively.

The review was of "type B", focussing, on the one hand, on the HAC's compliance with the ENQA membership criteria (EMC) and thereby the ESG, and, on the other, on the operation of the HAC in general, including the follow-up measures on the first external review. The final report together with the TOR and SER were published in hard copy and made available on the HAC's website.[4]

The major findings of the final evaluation report (June 2008) were as follows:
- Overall substantial compliance of HAC with EMC/ESG
- Room for improvement in 4 (5) standards (out of 16)
- Follow-up on previous review:
  – most recommendations have been addressed
  – further work needed in several cases

The final evaluation report included recommendations in five groups:
1. Focus of activities   (7)
2. Structure and operations   (13)
3. Role of Minister   (3)
4. Internal QA of HEIs   (5)
5. Financing the HAC   (3)
   Altogether   31 recommendations
   Closely related to ESG   6 recommendations

The most important recommendations were the following:
  – more focus on output of programmes
  – move to ex-post institutional evaluations
  – wider view of quality (not just academic content)
  – **more focus on improvement** (ESG 2.4)
  – decreasing the number of HAC members and subcommittees
  – **more stakeholders and international experts in the work of HAC** (ESG 3.6)
  – students need voting rights in HAC
  – **greater transparency**, better communication (ESG 2.3)
  – **more system-wide analyses** (ESG 2.8)
  – Minister should not decide against HAC opinion
  – **state funding of HAC should be more transparent** (ESG 3.4)
  – **HEIs should pay for all appeals** (ESG 3.4)

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3   www.mab.hu/english/doc/extevalhac.pdf
4   www.mab.hu/english/doc/SelfEval_Teljes%20Kiadvany.doc

3.3 HAC's reaction to review results

The HAC reacted to the review results as follows.

a. The HAC **commented on** the final evaluation report (FR) in July 2008. (These comments were published together with the SER and the FR.) The major elements of the comments were:
- Certain issues discussed and recommendations made in the FR are beyond the power of HAC to act upon.
- The HAC commented on the interpretation of the review panel of the various levels of compliance with the ESG.
- The HAC expressed its sincere appreciation for the thorough work and detailed recommendations made by the Panel.

b. The HAC **distributed the FR** in hard copy to all Hungarian HEIs and major stakeholder organisations, and made it available also on its website.

c. The HAC initiated **discussions on the FR** including the meetings of the Hungarian Advisory Board and the International Advisory Board, respectively.

d. The HAC **made and Action Plan** (AP) which was approved by the Plenary session on 5 December 2008.

e. The Action Plan was **sent to ENQA and put on the HAC's website**.[5]

Upon the 31 recommendations by the Panel, the HAC determined 28 actions in the AP. As to the scope of actions, some of them involved proposals to be made for legal changes while others aimed at refinement of HAC operations. Responsibilities for individual actions were assigned to the HAC President, HAC members, the Secretary General, the Strategic Committee and the Quality Development Committee, respectively. Since the current term of the HAC expires at the end of 2009, most actions were/are to be implemented by this deadline.

As of June 2009, four actions have been fully implemented, seven proposals have been made for amending the Higher Education Act, the implementation of ten actions are in progress, and seven actions will be implemented later.

The four actions having been implemented are the following:

a. The HAC made a **comprehensive analysis of the Bologna transition in Hungary from the QA point of view, including proposals for refining the system**. (Action related to ESG 2.8) A summary of the analysis was presented by the HAC President on a national Bologna conference in June 2009.

b. The **chair of each Visiting Committee reports directly to the HAC plenary** on the given institutional accreditation exercise, presenting the final report himself/herself. (This is just returning back to earlier practice.)

c. More attention is paid to the **accreditation of international joint master programmes**. The HAC President initiated various meetings with representatives of Hungarian HEIs taking part in Erasmus Mundus projects and the issue was also discussed at a HAC plenary meeting.

d. **Regular all-staff meetings** have been reintroduced at the Secretariat.[6]

e. The HAC made the following **proposals for amending the Higher Education Act**:

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5   See the document at http://www.mab.hu/english/a_quality.html
6   Because of the extremely high workload due to the Bologna transition these meetings were held only on a monthly – by-monthly basis in the last one or two years. Circular internal e-mails and target group meetings were used extensively instead, beyond the intensive daily communication on individual issues.

- The length of the institutional accreditation cycle should be 5 years instead of the current 8 years.
- The number of HAC members (and also subcommittees) should be decreased.
- At least one foreign expert should be included in the HAC as a full member.
- Students should have voting rights in HAC.
- The Minister should give reasons when deciding against HAC opinion in appeals or other procedures.
- Openings of professorships at HEIs should be advertised internationally.
- HEIs should pay for all appeals processes. (Currently they do not pay for appeals related to giving opinion on professorial appointments.)

3.4 In conclusion

Although only one year has passed since the (second) external evaluation of the HAC, and hardly more than half a year since the approval of the Action Plan, the results of the first follow-up measures are clearly visible. But true, it is only the beginning, and there is still a long way to go in order to implement all the remaining actions planned.

Having been through the second external review, however, the HAC is quite confident that the external review of agencies is a very useful tool for serving the internal quality assurance of the agencies and thereby the enhancement of the operation of the agency reviewed. This, in turn, contributes to the quality enhancement of the national higher education system in the given country or region and, moreover, effectively helps in creating the mutual trust in national HE and QA systems on the European level.

Chapter 4:
Internal quality assurance of agencies: Standardisation and contextualisation

Riitta Pyykkö, FINHEEC, Finland

4.1 Introduction

In this paper, I am going to look at the challenges of internal quality assurance of an agency from two points of view: as an agency chair, and as an external review panel member and chair.

The European Higher Education Area is built on diversity: every European country has national responsibility for higher (as well as other) education, and higher education institutions are autonomous, as are the quality assurance agencies. On the other hand, there exists mutual recognition of the basic methodology of evaluation since mid 1990s. It is based on self-assessment, external assessment, publication of the report, and, most often, on a follow-up procedure.

The roles and functions of quality assurance agencies may differ a lot, e.g. in their different status and place in the national QA system, in the division of labor in higher education and in QA of higher education, and in the involvement of students and external stakeholders in evaluation processes. There is also diversity in resource basis, but the agencies are usually financed by stakeholders (governments, ministries, consortia of universities, rectors' councils etc.). The definition of the **financial** vs. **operational autonomy** is mostly based on national culture and traditions. In principle, all agencies agree on the publicity of all results of all evaluations, but in practice, this may be limited by national legislation or national culture. All in all, the big question is how to balance the national traditions and regulations with the European guidelines. One size does not fit all.

4.2. FINHEEC as a learning expert organisation

The Finnish Higher Education Evaluation Council (FINHEEC) is an independent expert body in connection with the Finnish Ministry of Education. The council is appointed by the Ministry from candidates proposed by HEIs and national student organisations, and most of the finances come from the Ministry. There is full operational independence from the Ministry: FINHEEC prepares its own working plan, and the decisions taken by the council cannot be influenced by the Ministry. There is, however, a financial dependence. In the Finnish cultural tradition, state money as taxpayers' money is the most neutral resource. Financing, coming e.g. from the Rectors' council or the HEIs, would be considered as giving much more possibilities to partiality.

There are 12 members in the council, four of which come from research universities, four from universities of applied sciences, two from national student organisations, and two from working life. All members of the council act as independent experts and do not represent their background organisations. The council is usually appointed for a four year period, and there is a secretariat of 11 members (situation in 2009).

The mission and goals are defined by a Government Decree on FINHEEC[7], and the council and its independence is mentioned in the Universities Act from 2009. FINHEEC has the national responsibility for quality assurance of higher education. Evaluation of research in the country is conducted by the Academy of Finland.

The main principle of all operations of FINHEEC since the very beginning in 1996 has been the *enhancement-led evaluation*. Higher education institutions have by law the main responsibility for the quality of their work, and the task of FINHEEC is to *assist* the HEIs and the Ministry by offering information for the development of education. The main types of evaluations today are: audits of the QA systems of HEIs, thematic and field-specific evaluations, and evaluation and choice of centres of excellence in education.

The documentation of processes was improved during the years 2008 and 2009. The external review panels for FINHEEC evaluations are combined from experienced experts, who are trained at a regular basis. FINHEEC has a continuous internal feedback and reflection process. Feedback is also gathered after every evaluation, both from the target institution and the members of the review panel. All reports are published, and a publishing seminar organised after every evaluation. According to the surveys, there is generally a good trust between the council and the Finnish HEIs.

Maintaining the traditionally good relationship and trust between FINHEEC and the HEIs also in the future is, however, a big challenge. This is true especially, when FINHEEC begins charging HEIs for evaluations that have been free of charge for institutions thus far. Another big challenge is how to promote the effect of the evaluations within the evaluated institutions, exchange and disseminate the good practices identified in evaluations among the HEIs.

FINHEEC is a rather small organisation, which means that the internal quality assurance processes must be systematic, but also integrated and closely connected with the daily work. In practice, the main QA mechanisms are daily, informal learning and discussion, and continuous internal feedback and reflection. These mechanisms are well implemented at FINHEEC.

4.3 Point of view of an external review panel

My second point of view will be that of an international external review of an agency. I'm looking at this theme both as a member and chair of a review panel, but also as a chair of a future target organisation. FINHEEC is a full member of ENQA, but will soon undergo a new review, which makes these issues very much present at the council.

Involvement of international experts provides a substantial benefit, but it also emphasises the importance of thorough preparation for a site visit. By preparation I mean, firstly, a good knowledge of the national HE system and educational culture, which may differ a lot from the reviewer's own. There can be big differences in the operational culture between the agency under review and the background agencies/ countries of the panel members. E.g. the degree of openness is highly culturally determined, and may differ a lot. The panel members should also have good knowledge of the evaluation methods applied by the agency, and, naturally, of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG). A big – possibly the biggest – question is the relevance of national context for judging

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7   The Government Decree is from 1995 with several amendments; a new Decree will be prepared until the end of 2009.

compliance. How to combine the reviewers' previous knowledge and expertise to a common understanding of the panel, and how to define the required evidence?

There are also several organisational questions to solve. The duration of the site visit should be long enough for thorough discussions. According to *ENQA Guidelines for national reviews of ENQA member agencies*, the report should be "sufficiently detailed to provide satisfactory assurance for the ENQA Board", but there are different ways and modes of writing it. My personal experience, and the experience in FINHEEC, is that drafting the report should start already before the site visit, with the self evaluation report and other background material. These form a necessary basis for the reflections during the site visit. The direction in thinking and writing should always be from evidence to analysis, from analysis to conclusions and recommendations. The roles of the chair and the secretary are of utmost importance in building common understanding in central issues. Involvement of student representatives, especially if their participation is not embedded in the national institutional culture, requires special attention.

It is challenging for the panel members to change the standards and guidelines into questions and to find the evidence. The willingness and ability to look carefully at oneself and to measure own practices against the European expectations, is also culturally bound. The review might also have different hidden purposes, e.g. strengthening of the national status of an agency. The main hoped-for result should, nevertheless, be a development through constructive criticism and discussions.

International review panels primarily use English as their working language, and as the only practical solution for writing the report. Nevertheless, Problems may arise in countries where good knowledge of English is not so common. Using interpretation, on the other hand, takes time and may cause problems in the terminology. Conducting an international review in the national language is ideal, but it is not easy to collect an international panel with knowledge of other languages than English, the *lingua franca* of today.

4.4 Conclusion

Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) are intended to be neither too detailed nor too prescriptive. The agencies have the right "to reflect in their organisation and processes the experiences and expectations of their nation and region". But, they "must ensure that the professionalism, credibility and integrity of the agencies are visible and transparent to their stakeholders and must permit comparability to be observable among the agencies and allow the necessary European dimension".[8] The agencies should fulfill their national mandate, follow the national legislation and educational traditions, yet, at the same time, confirm with the European standards. At least in the short run, it doesn't seem very realistic to try to effect the national legislation.

Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and ENQA membership criteria are mostly the same, even though they have developed as two separate processes. Agencies should *follow the ESG*, but they have to *comply with the membership criteria*. The real value, now and/or in the future, of listing in the register is a question that concerns many of us today, including the agencies, our stakeholders and the higher education institutions in particular.

8   ESG Introduction to Part 3 (2009, 23).

The two main processes, standardisation and contextualisation of quality assurance, are a reality in Europe. At the same time, contextualisation is also a central European value, as is the diversity in culture in general.

Chapter 5:
Common challenges for QAAs:
ENQA Review Committee perspective

Guy Aelterman, NVAO, the Netherlands

5.1 Starting points

By definition, quality assurance agencies (QAAs) are tasked with safeguarding the quality of higher education (HE) intuitions and/or HE programmes. They are responsible for external quality assurance (EQA) in the HE sector. The basis of the accreditation/evaluation of an institution or programme is, on the one hand, formed by the assessment performed by an independent panel of experts and, on the other, a set of criteria used by the team of experts in its assessment. One of the assessment criteria deals specifically with internal quality assurance (IQA).

In their turn, QAAs are subjected to periodical external assessments by independent panels of experts that also use a set of criteria as their basis. It goes without saying that assessment panels also examine the IQA of QAAs.

In this presentation, our intention is to examine, from the perspective of the ENQA Board (ENQA Review Committee), how independent panels assess the IQA of agencies. The IQA of QAAs is, after all, one of the points for attention that is listed both in the terms and conditions for ENQA membership and in the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG) as a condition for full ENQA membership and/or for inclusion on the European Quality Assurance Register (EQAR).

The starting point for our discussion is, therefore, that when granting full ENQA membership, the ENQA Board (ENQA Review Committee) bases its decision on the review report drawn up by the independent panel that assessed the QAA concerned with special attention to ENQA membership criterion 7 (accountability procedures) and/or ESG criterion 3.8.

For the sake of clarity, we will set out the two criteria that deal with IQA.

ESG 3.8 – ACCOUNTABILITY PROCEDURES

Agencies should have in place procedures for their own accountability.
These procedures are expected to include the following:

 i. A published policy for the assurance of the quality of the agency itself, made available on its website;

 ii. Documentation which demonstrates that:
  • the agency's processes and results reflect its mission and goals of quality assurance;
  • the agency has in place, and enforces, a no-conflict-of-interest mechanism in the work of its external experts, Committee/Council/Board and staff members;

- the agency has reliable mechanisms that ensure the quality of any activities and material produced by subcontractors, if some or all of the elements in its quality assurance procedure are subcontracted to other parties;
- the agency has in place internal quality assurance procedures which include an internal feedback mechanism (i.e. a means to collect feedback from its own staff and council/board); an internal reflection mechanism (i.e. means to react to internal and external recommendations for improvement); and an external feedback mechanism (i.e. means to collect feedback from experts and reviewed institutions for future development) in order to inform and underpin its own development and improvement.

iii. A mandatory cyclical external review of the agency's activities at least once every five years.

ENQA CRITERION 7 – ACCOUNTABILITY PROCEDURES
There are minor, yet understandable, differences between ENQA criterion 7 and ESG 3.8:

- The guidelines of ESG 3.8 have been integrated into ENQA criterion 7 (part of criterion).
- An extension of requirements concerning the cyclical external review »
  "a mandatory cyclical external review of the agency's activities at least once every five years which includes a report on its conformity with the membership criteria of ENQA."

5.2 Findings and facts in Review Reports
We will examine several examples from review reports and the way in which the different assessment panels deal with criterion 3.8 (ESG) and criterion 7 (ENQA).

CASE 1:
Observations:

a. Since the last review, the agency has set out to correct a weakness that had been pointed out by the experts – the lack of a valid internal quality assurance system.
b. In order to implement the policy that it had already developed in this area, the agency formed a working group in order to create the final version of the system.
c. The mapping of the system, based on the 11 existing procedures, is available on the agency's website.
d. Lacking a complete system, the agency has already set up various internal quality insurance processes, notably several management loops (consultation, analysis, decision-making), in order to collect the viewpoint of:
    - the HE institutions through a questionnaire sent to all of the audited programmes at the end of each accreditation campaign;
    - the students, who at the end of each audit visit, write a report on the practice;
    - all of the stakeholders, through working groups and an annual conference;
    - and more recently, the graduates.

Conclusion:
The panel of experts concludes that the agency has set up procedures that allow it to be accountable for its activities and that, in terms of internal quality assurance, it has

defined a policy, already has actual procedures, and is applying itself to developing a real system – which puts it into **full compliance with criterion 7 of the ENQA**.

CASE 2:

Observations:

a. The Panel has established that the agency has or is developing clear procedures at the Executive and Board levels for planning and monitoring its own performance. Key processes include:
   - preparation and monitoring of a Strategic Plan for 2008–2010, supported by an annual operating plan;
   - adoption by the agency's Board of a code of ethics and an internal quality system manual for all those providing services or collaborating with the agency.

b. The agency publishes an annual report with details of its activities to ensure that its processes and results reflect its mission and goals.

c. The appointment and recruitment procedures for the agency's reviewers and auditors ensure there are no conflicts of interest.

d. Recently, for the purpose of this evaluation, the agency surveyed external experts. The results constituted sufficient reason for it to make follow-up questionnaires mandatory.

e. A survey of stakeholders was recently undertaken for the purpose of getting some feedback about the level of satisfaction of stakeholders across a range of the agency's functions. In an attempt to measure the degree to which stakeholders believe the agency is fulfilling the principles of independence, objectivity, transparency, efficiency, distance and fairness, questionnaires were sent to approximately 11,000 stakeholders. The agency intends to develop and routinely implement this external feedback mechanism.

Conclusion: **Full compliance.**

CASE 3:

Observations:

a. The Panel has established that the agency has or is developing clear procedures at the Group, Executive and Board levels for planning and monitoring its own performance. Key processes include:
   - the preparation and monitoring of an Annual Operating Plan;
   - the adoption by the agency's Board of a revised framework for measuring and assessing the agency's effectiveness, focusing on the three key areas of performance, success and impact. The methodology includes 'traffic light' indicators;
   - an evaluation policy, underpinning an open and reflective evaluation, monitoring and review structure for all agency activities across the sector.

b. The complex stakeholder context within which the agency operates calls for a similarly complex accountability system. The Panel confirms that the agency delivers substantial accountability to key stakeholders through a variety of mechanisms.

    c. The agency operates a number of internal policies, for example: a data protection policy, electronic communications policy, equal opportunities policy, evaluation policy and human resources policy. All policies are available online.

    d. The agency publishes an annual report with details of its activities to ensure that its processes and results reflect its mission and goals.

    e. The appointment and recruitment procedures for agency reviewers and auditors ensure there are no conflicts of interest, and reviewers/auditors may not, for example, review or audit their own institutions.

    f. The agency employs a number of mechanisms for internal and external feedback. These include: an annual staff survey to monitor the satisfaction of employees, monthly staff briefings led by the Chief Executive, a better working scheme to encourage staff to suggest ways of improving performance and efficiency.

    g. Regular surveys of external stakeholders' views.

       It was not evident to the Panel that there had been wide consultation within the agency in the drafting of the self-evaluation prepared for this review."

Conclusion: **Full compliance.**

CASE 4:

Observations:

    a. The agency has, of its own accord, placed various documents on its website (notably the "Internal Quality System" and "Code of Ethics") and has in place an internal quality assurance system which has recently been *ISO 9001:2000* recertified.

    b. The agency also has in place, and enforces, a no-conflict-of-interest mechanism in the work of its external experts. It provides a document entitled "Agreement regarding confidentiality and adherence with the agency's ethical principles and code of ethics", which has to be signed by the external experts. All in-house staff and experts who participate in the agency's quality assurance processes must abide by the "Code of Ethics".

    c. However, as the agency states in its self-evaluation report, "feedback on the processes carried out by the agency is minimal." It occasionally employs questionnaires and meta-assessments. Thus, the review panel recommends building up systematic internal and external feedback mechanisms in order to provide information on its own development and improvement and to create a common evaluation culture within the entire organisation.

Given the evidence mentioned above, the review panel concludes that the agency is **fully compliant** with this ENQA criterion.

CASE 5:

Observations:

    a. The committee already touched on the issue that experience with the internal quality assurance and evaluation system is understandably scarce, given the fact that it only became operational this year. Nevertheless, there is a structured and differentiated system. From the presentation the committee received during the visit, the impression is that it is a rather 'heavy' and all-embracing system. The

system should be granted the time to prove itself, but in the process it might be sensible to make the core processes a strategic priority.

b. The agency's Quality Assurance Protocols (derived from the strategic plan) show that the agency is developing an approach to internal quality assurance that could help address some of the reported weaknesses.

c. Measures will be developed to make the interaction between the various internal and external factors involved more efficient, more reliable and more transparent. The documents suggest that internal quality assurance activities were underway last year, but the committee heard little evidence of this. Furthermore the Quality Assurance Protocols all appear to have been recently approved, although the reference dates may represent recent actions taken on policy documents adopted at an earlier time.

d. Furthermore, the committee feels that board positions for stakeholders might very well contribute to greater support and to more active participation in the development of the system which may be a serious issue given the risk of substantially decreasing benefits in a heavy system of programme accreditation based on threshold quality. The committee deems this a potential weakness, and therefore cannot conclude that the agency complies fully with this standard. The review panel advises the Minister and the agency to include relevant stakeholders that are not yet represented, especially students.

Conclusion: Substantial compliance.

CASE 6:
Observations:
a. There is a considerable degree of accountability in the agency's work. Accountability-oriented procedures include rules for a no-conflict-of-interest mechanism for external experts and feedback mechanisms. Also, external reviews are carried out frequently.

b. The role of external stakeholders is, however, limited and the composition of the Council is based too much on representation of HE institutions only.

c. Also, the agency's own internal quality assurance system is underdeveloped.

d. Openness to the outside world, in particular when there are critical remarks, still has to be developed further.

Recommendation: Although accountability is dealt with in many respects, a further opening-up of the work of the agency is desirable. In this process, clear descriptions and the implementation of an internal quality assurance system are essential.

The Code of Ethics should distinguish between those involved in external evaluation and internal evaluation within institutions.

Conclusion:
Substantial compliance.

CASE 7:
Observations:
a. Although it has not adopted a published policy for the assurance of its own quality according to ENQA regulations, in practice the agency implements a number of quality assurance measures.

b. An internal organisation and process manual of the managing body documents the process of accreditation. Open questions or suggested changes to the accreditation procedure are addressed in regular meetings of the managing body. The managing director collects and disseminates questions and problems relating to accreditation centrally.

c. Follow-up workshops are being staged with the heads of the review teams each year in September to give feedback after the completion of the evaluation processes.

d. A series of measures and initiatives are designed to ensure the quality of work of the managing body. An organisation and process manual describes the organisational set-up of the managing body, as well as the responsibilities of the staff according to distinct job profiles. It defines the activities of the managing body at the interface between the agency and relevant stakeholders and documents all process descriptions involving external quality assurance procedures as well as internal administration.

The evaluators note that the agency has not yet developed a formally differentiated internal quality assurance system, but is applying several external feedback mechanisms and processes.

Conclusion: **The agency is largely meeting the abovementioned ENQA standards.**

5.3 A reflection on those statements

Specifically, based on the analysis of the examples given above, the following can be stated:

- Regarding ENQA membership criterion 7 and/or ESG 3.8, the decision of the review panels ranges from partial to substantial and full compliance. However, with little underpinning of the standpoints adopted or with identical arguments for different standpoints;
- Some panels are going into too much detail, often with quite personal reflections rather than with considerations concerning the criterion;
- IQA is only one of the points for attention in criterion 7/ 3.8;
- The two points for attention regarding IQA , and specifically mentioned in criterion 7/3.8 , can almost always be found in the reports, namely (a) policy publicly available (on website) and (b) IQA procedures including internal and external feedback. Most of the reports outline these two points for attention, albeit in a rudimentary manner in many cases.
- In many cases, however, review reports devote little attention to IQA. This is quite peculiar for organisations dealing with QA. Also, review reports should be expected to comprise examples of good practices and comparisons between QAAs.

5.4 Conclusion

All things considered we can state that:

- IQA receives relatively little attention in review reports;
- Many agencies are undertaking much more with regard to IQA than is shown in the reports (or even the SER);
- Some agencies are failing in their own IQA but this is often not demonstrated, detected or argued in the reports;

- IQA is not only an aspect of criterion 7, but can also be demonstrated in other criteria, such as ESG 2.5 Reporting, 2.6 Follow-up procedures and 2.8 System-wide analyses.

Given the diversity of the decisions and the approaches to IQA in the review reports, ENQA finds it necessary to compile a book of precedents regarding the standpoints of review panels and the ENQA Board with respect to IQA, and to make the information provided to expert panels even clearer and more explicit with regard to the significance and interpretation of the ESG and ENQA membership criteria, in order to ultimately maintain and strengthen the consistency of ENQA decisions.

Chapter 6:
Transparency, accountability and stakeholders' protection in the Andalusian Agency for Quality Assurance in Higher Education and Research: An analysis of our reporting and publication policy

Mariano López-Benítez, Esperanza Vera-Toscano and Elías Fereres, AGAE, Spain

6.1 Introduction

The University System of the Autonomous region of Andalusia consists of ten public universities with a total student enrolment of 223,511 for the 2007 academic year. The governance of this University System was transferred over 20 years ago from the National to the Regional Government of Andalusia by a decree (RD 1734/86; June 13th, 1986). Soon after, efforts were initiated to develop a quality assurance system in the Region. These efforts materialised in the Andalusian University Act (LAU; created by the Law 15/2003, of December 22nd) which expanded on the jurisdiction of the government of Andalusia over higher education and research, and established the **Agency for Quality Assurance in Higher Education and Research of Andalusia** (AGAE). The 2005 statutes of AGAE (Decree 1/2005, January 11th – BOJA 9, January 14th, 2005) defined the agency as the main instrument for quality promotion and assurance, to be carried out through the assessment, process certification and the accreditation of learning and research processes in the Andalusian Knowledge System and within the framework of the European Higher Education Area (EHEA). More specifically, AGAE's functions include the assessment of the teaching and research activities of non-permanent University staff (for both public and private universities) for their long term hiring, as well as the evaluation of teaching performance to award incentives. For the latter, the AGAE and the National Agency for Quality Assessment and Accreditation of Spain (ANECA) signed in 2007 an agreement of collaboration for the development of the DOCENTIA programme, a programme for the evaluation of teaching quality. Teaching performance assessment rises as a key aspect as long as educational programmes quality assurance guarantees a suitable planning, development and enhancement of the teaching performance. AGAE has been a key facilitator, and has assisted universities in preparing their final protocols for the teaching staff evaluation. In addition, the agency also plays a central role in the evaluation of research proposals, research groups and other research initiatives funded by the Regional Ministry of Innovation, Science and Business (CICE). Lastly, AGAE in collaboration with ANECA is carrying out the evaluation of the new officially

recognised university degrees and master programmes, following the University degree reform undertaken as a result of the Bologna process (Programme VERIFICA).

These current functions of the agency involve a large number of individuals (both AGAE's employees and many external advisors and experts), and entail a number of administrative procedures where decisions have to be made efficiently, that is, promptly and based on sound lines of argumentation and reasoning. More important is the issue of **reporting**. As quality assurance agencies we must fulfil our duty in publishing not only the process, criteria and procedures used, but also the decisions reached within the different programmes in place. This is not an easy task since the privacy of individuals and institutions is protected by law, and therefore, we sometimes have to struggle with conflicting interests so as to ensure the necessary transparency weighting the interests involved.

Based on AGAE's experience, this article aims to reflect on this dilemma between transparency and the privacy of individuals and institutions. In doing so, we hope to bring some light on the question of how to combine and optimise *public reporting* as an Standard for Internal Quality Assurance (IQA) with the assessment and promotion of the quality of higher education and research.

6.2 Overview of AGAE´s publication policy

As mentioned earlier, AGAE was established by the autonomic government of Andalusia for the purpose, *inter alia*, of quality assurance among higher education providers. It is a public entity that stems from the Regional Ministry of Innovation, Science and Enterprise (CICE), though with its full legal personality. In consequence, it was created as an autonomous organisation, with capacity to manage its own assets and to carry out its functions. AGAE is therefore independent of institutional influence in its decisions. Nonetheless, as a public agency, it is subject to the *Public Administration Law*, which means that its decisions have to be made public and they must be based on sound lines of argumentation and reasoning to the benefit of its stakeholders and providers. Meeting all these criteria is, however, not simple. We find that the privacy of individuals and organisations is also important, and AGAE guarantees the confidentiality of data provided by users and its treatment in accordance with current legislation on the *Protection of Personal Data*. This state of affairs puts this quality assurance agency in a situation, where we have to balance between the right amount of both publicity and confidentiality, not only to provide the applicant with the correct amount of information, but also to avoid engagement in lengthy administrative legal proceedings. Here is the debate.

The AGAE is strongly committed to publishing its reports. As indicated in the Agency's Statutes (art. 7) "the Agency will guarantee the objectivity of the information used in the implementation of its functions and provided by any communication channel used"; it will also "ensure that the information available contributes to the decision making of its stakeholders and providers". Thus, the agency acts on the basis of rigorousness, quality and objectiveness in its processes, governed by the principle of transparency with regard to methods, standards and results, in reference to its accountability to society (art. 9 of AGAE's statutes). Given this commitment, AGAE presents **Annual Reports** with aggregate information about its evaluation, certification and accreditation activities which are available on its website, and are sent in hardcopy/electronic copy to a wide range of economic and social interest groups (i.e. commerce

chambers, professional associations, trade unions, business organisations, city halls, public administrations, etc.). Local and National newspapers are also informed (see for example, **El País** of December, 10th 2008 where a summary of AGAE's 2008 Annual Report is presented).

Other than the Annual Report, the agency provides precise information about all its functions to its stakeholders and providers, using the website as the most efficient platform for dissemination. Following Law 11/2007, June 22nd, on citizen's electronic access to public services (arts. 8 and 10–12), it is compulsory for public administrations and agencies to implement an electronic device with complete and up-to-date information. Thus, the website is AGAE's main instrument for instant communication. All relevant information for the university community and other potential users regarding the agency's services and activities is posted and made available there. That is the legal framework of all AGAE's functions, the guidelines and evaluation criteria manuals, the instructions for users, some of our evaluation reports and other news and highlights.

The agency is further working in the elaboration of a *"frequently asked question (FAQ)"* section within each programme. The systematic answer to users' questions comprises a *corpus iuris* (as indicated in art. 54 of the Spanish *Public Administration Law)* which further increases their security (based on programme's transparency) and shall serve to enhance AGAE's public trust. In line with this argument, it is also important to highlight that not only the evaluation criteria are public but the composition of the panels of experts (mostly from outside Andalusia) that advise the agency on its different evaluation programmes is also available on the website. As a result, and despite the independence and "technical discretionality" of the committees in the different evaluation processes which has been protected by several statements of our Courts of Justice, this is limited sometimes given the high level of transparency and publicity of AGAE's processes.

Notwithstanding, we mentioned earlier that the agency has to provide the necessary transparency and publicity (as indicated in art. 105 of our Spanish Constitution), while ensuring a fair degree of confidentiality when necessary. Regarding the latter, the aforementioned *Protection of Personal Data Law* places great emphasis on the protection of the interests of the assessed parties whether individuals or institutions. Sometimes confidentiality weights so heavily that, *nominal files* can only be accessed by the individuals they refer to, restraining any public access to them, and creating some degree of ambiguity and uncertainty about how to proceed. Given this situation, the AGAE has adopted the legally required security levels for protecting personal data (Resolution of May 25th 2009), and has installed all the technical means and measures available to it in order to prevent any loss, misuse, alteration, unauthorised access or theft of any personal data provided. When applicable, the agency shall not assign any personal data of users without their written consent as indicated in art. 6.2 and 11.2 of the *Protection of Personal Data Law.*

Simultaneously, AGAE staff and experts who participate in the agency's quality assurance processes must work with confidentiality, and respect our internal quality system and the principles established in the Code of Ethics (approved by the Board of Directors in July 2008) as indicated in art. 8 and 9 of AGAE' Statutes. It is necessary to emphasise that AGAE further enforces a *non-conflict of interest* mechanism in the work of its external experts. The universities and research centres (for research evaluation)

also have the right to state the existence of a conflict of interest in relation to the make-up of external assessment committees (panel experts).

In line with the discussion presented above, when it comes to the publication of the decisions undertaken in the different programmes in place, the agency has to take into account a large number of different interests. The summary evaluation results of the institutional assessment programmes are published by the agency on its website, leaving to the evaluated institutions the role of making the detailed reports public. In the future, it may be desirable for the AGAE to publish the complete external reports, as some of the evaluated institutions are reluctant to publish the negative parts of their reports. Results from the accreditation of programmes containing personal information, such as the university staff programme, are directly provided to the interested person using legal pathways or a restricted area on the internet. Assessments of the rest of the programmes are published individually or in aggregate in the annual report.

6.3 Concluding remarks

In summary, we can conclude that for the AGAE, publishing information regarding the quality of institutions and programmes is not an easy task and a lot of thought has been given to it. In a competitive European Higher Education Area adequate and reliable information about the quality of institutions and programmes is very much desirable, and the role that our agency must play in terms of publicity of the evaluation reports is crucial. However, the agency's legal framework, and more importantly, the political culture can sometimes limit our functioning and scope. In relation to the latter, we have answered already a couple of *Parliamentary Queries* questioning the anonymous, internationally accepted, peer-review system strictly followed by AGAE in some activities, such as evaluation of research proposals.

In spite of the issues raised above, we believe that the agency is well aware of its mission. AGAE's main activity is external quality assurance, and a systematic approach is applied in its working methods to achieve such an aim, with a special interest given to publicity and transparency. A general criterion for good quality in AGAE'S work is that the work shall be in accordance with stated goals of its Service Letter, under which the work is carried out with openness and clear communication externally, so that external parties can benefit from process and result. Lastly, the recently approved Quality Plan (June 2008) is a public promise that involves and binds the management of the agency, and demonstrates to users and providers once more, that AGAE is serious in wishing to improve its own performance.

The balance is positive so far. In a Survey undertaken in 2008, overall users and providers consider that the service offered by AGAE is effective, transparent, consistent, systematic, fair and very supportive, with 68.2% of respondents reporting themselves as overall very highly satisfied. Optimising the balance between publicity and confidentiality should help us achieve a greater degree of acceptance as a quality assurance provider.

Chapter 7:
Internal Quality Assurance in the French Agency for Evaluation of Research and Higher Education (AERES)

Claude Cassagne and Jean-François Dhainaut, AERES, France

7.1 Introduction

The French Agency for Evaluation of Research and Higher Education (AERES) was officially established in 2006, but started full operation only in March 2007. The number and volume of the structures and diplomas submitted to evaluation, and the size of the agency at that time required all its forces being fully engaged in this task. The methods used by the sections of the agency in this first period were close to those used by the CNÉ (comité national d'évaluation) and MSTP (mission scientifique, technique et pédagogique). The experiences gathered during the first year gave impetus for developing a more effective approach of the evaluations conducted by the agency. Two main axes emerged, as potentially useful for the agency, from:

- organising an internal quality assurance (IQA) system covering all the agency's activities;
- integrating the activities of the three sections of the agency.

This paper deals with the actions developed in the agency from March 2008 in order to implement an IQA system based on different models, among which the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*[9]. However, before entering into some details concerning the IQA of the agency, it is advisable to describe its status, missions, organisation and activities in a few words.

7.2 Status, missions, organisation, and activities of the agency

7.2.1 STATUS

The agency was created in 2006 in accordance with the French law[10], and the principles of its organisation were described in a decree[11]. According to the will of the legislator, the agency is an "Independent Administrative Authority".

The most important characteristics shared by French independent administrative authorities are, briefly, that:

- They are independent from the government and its administration which can neither order or command nor advise them, and their members are not removable;

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9   http://www.enqa.eu/pubs_esg.lasso
10 http://www.legifrance.gouv.fr/affichTexte.do;jsessionid=4B5752F0642F4EAC1031EFB8EAC85BC2.tpdjo12v_3?cidTexte=JORFT EXT000000426953&categorieLien=id , Loi de programme pour la recherche n°2006-450 du 18 avril 2006 relative à la création de l'AERES
11 Décret n°2006-1334 du 3 novembre 2006 relatif à l'organisation et au fonctionnement de l'AERES, version consolidée au 9 février 2009

- They act on behalf of the State on the basis of a delegation of competences;
- Their activity may result in recommendations and decisions.[12]

7.2.2 MISSIONS

The missions conferred to the agency are intended to be a development of the former missions of:
- CNE (Comité national d'évaluation)
- CNER (Comité national d'évaluation de la recherché)
- MSTP (Mission scientifique technique et pédagogique)
- DGES (Direction Générale de l'enseignement supérieur)
- CoNRS (Comité national de la recherche Scientifique)

In addition, the agency is responsible for:
- approval of staff evaluation procedures
- evaluation of all public research bodies (CNRS, INSERM, CEA)

The agency aims to:
- provide a reference for the evaluation of higher education institutions, diploma and basic/applied research;
- encourage the development of national higher education institutions (HEIs);
- provide a source of assistance to HEIs and relevant organisms in developing their own quality assurance culture;
- fulfill the expectations of its stakeholders, national authorities, HEIs, and employers about the processes and outcomes of higher education.

7.2.3 ORGANISATION
- President: presides over, and is a member of the Board
- Board of Agency : 25 members
  - 8 qualified personalities
  - 14 appointed members
  - 2 members of the Parliament
- 3 sections headed by 3 Directors
  - Section 1: in charge of the evaluation of HEIs and Research bodies – Also ratifies procedures for staff evaluation
  - Section 2: in charge of the evaluation of the activity of Research Units
  - Section 3:in charge of the evaluation of courses and degrees of HEIs
- 3 Advisers to the president
- 1 General Secretary
- Permanent staff (64 jobs): administrative and research staff
- Over 80 part-time Scientific Advisers.

7.2.4 EVALUATIONS CONDUCTED BY THE AGENCY IN 2008
- Higher Education Institutions*:

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12 http://www.vie-publique.fr/decouverte-institutions/institutions/administration/organisation/etat/aai/qu-est-ce-qu-autorite-administrative-independante-aai.html

- 33 HEIs: 18 French public universities, a Lebanese private university, 3 research bodies (among them : INSERM), 5 « Ecoles Françaises à l'étranger » (EFE), « Collège de France » , « Museum National d'Histoire Naturelle » , « Institut d'Etudes Politiques de Paris ».
- Diplomas and formations:
  - Licenses: 832
  - Masters : 947
  - Doctoral schools* : 69
- Research units*
  - 666 (maths-physics, chemistry:181; life sciences: 232; human sciences: 253).

7.3 Internal quality management of the agency

7.3.1 INTRODUCTION

As stated in the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*, agencies should have a published policy for the quality assurance of the agency itself, made available on its website. Accordingly, the agency has published some elements of its policy for quality management in April 2008. This constituted a public announcement that involved the whole agency.

The recent creation of the agency, the large domain of its competences resulting in the evaluation of a high number of institutions, research bodies, diplomas and research laboratories were not facilitating factors. Another technical difficulty that the agency had to face was that this process was undertaken at a moment when evaluation methods had already been designed, and had thus to be incorporated in the IQA system in a way acceptable by the already overworked staff of the agency.

The agency developed a global IQA system based on a process approach intended to describe properly all the activities of the agency, and to include all the evaluation grids in a logical framework, allowing their analysis and continuous improvement.

The quality management system took into account the policy of the agency in terms of:

- **Independence** resulting in a clear distinction between the evaluation processes (the agency) and the accreditation or financial decision processes (ministry).
- **Transparency:** The choice of AERES was to publish the procedures and evaluation reports integrally.
- **Equity of the evaluations:** The agency decided that, for the first time in France, all the research laboratories, within any university or research body, should be evaluated by expert teams using an on-site visit, and the specificity of the structures or domain should be taken into account in the choice of the experts involved.
- **Peer reviews:** It is the choice and will of the agency that the evaluation reports result exclusively from peer reviews through over 5000 experts of the scientific community and other stakeholders (employers, students). Professional particulars of its members and experts are made public.
- **On-site visits** of the agency's expert panels are organised for the evaluation of HEIs, research units and doctoral schools.
- **No-conflict of interest mechanisms:** The goal was to design a procedure which allows to avoid an overly indulgent or severe evaluation by the reviewers.

7.3.2 INTERNAL QUALITY MANAGEMENT

The agency develops an active internal quality management policy and, to this effect, has defined its specific goals (position statement) and created the adequate internal structures: "Comité de Pilotage" (Steering committee), "Cellule Qualité" (Quality management team) and "Commission Qualité" (Quality committee). The agency has defined the strategies and the schedule of the whole process according to its goals, and has made sure that proper human and financial resources were granted to quality management.

7.3.3 DEFINING A STRATEGY FOR QUALITY MANAGEMENT

The strategy for quality management of the agency relies on:
- The necessary respect and fulfillment of the missions conferred to the agency by the law;
- The choice made by the agency to adopt the ESG;
- The use of relevant complementary quality standards (CAF 2006, ISO 17021, NF X 50 110).

The approach is based upon:
- The process development;
- The internal evaluation of – and by – the agency, which implies:
    - The construction of specific standards adapted to the agency;
    - The training of the members of the agency.

7.3.4 PROCESS APPROACH

The first step was to identify the different processes involved in the global functioning of the agency. The process approach is summarised in a map reflecting the goals and activities of the agency.

The processes belong to 4 categories: operational (skill) processes, support processes, management processes, and quality management processes. The first phase led to the implementation of all identified processes. The second phase, involving the specific training of the process teams, has been carried out. The dysfunction analysis and process improvement of operational and support processes is underway. Concerning the management processes, the first phase is underway for the 7 identified processes. The quality management processes, which are expected to conclude the implementation of the approach, have still to be carried out.

This important step has involved the participation of all staff and personnel of the agency. The reluctance observed sometimes at the beginning of the approach was not totally unexpected, and has progressively faded away when it became clear that the advantages of the method would by far exceed its constraints.

There was a period when it was necessary to stimulate the "process teams". Currently, the agency's three sections have adopted – to variable extents – the approach which is now considered as central to all the evaluations conducted in and by the agency. However, it is also the experience of the agency that the processes and sub-processes have to be coordinated and controlled, and that the coordination is necessary, not to say crucial, to avoid any dysfunctions.

7.3.5 THE CONSTRUCTION OF SPECIFIC STANDARDS

In order to facilitate the constitution of its evaluation grids and its internal evaluation, the direction of the agency decided to elaborate specific standards, taking into account the missions of the agency, the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG),* and useful national or international standards for quality management (CAF 2006, ISO 17021, NF X 50 110 etc.). The standards were also to take into account the articulation of the activities between the three sections of the agency, considered as a first step to the integrated evaluation that the agency is planning to implement in the very near future.

The question of the integrated evaluation of all evaluation activities has been the matter of considerable debate within the agency. Legal texts do not oblige the agency to integrate the evaluation carried out in the three sections, but, in fact, it is highly advisable that the evaluations of the diploma, courses and degrees as well as the evaluations of the research units/laboratories be available for a pertinent evaluation of the global strategy of the HEIs. However, this integration of the activities requires that a process be defined in common by the direction of the agency, and particularly by the three directors and their teams, and that its various steps be mastered and included in a convenient schedule. As a first step towards the integration of all evaluation activities of the agency, a joint evaluation of formations, research laboratories and HEIs was undertaken in 2008–2009.

Three standards based upon the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG1, ESG2 and ESG3) have been elaborated. The first version of the standards has been finalised in November 2008, and adopted by the AERES board in December 2008. The standards are used for the agency's internal evaluation (self-assessment), which begun in June 2009.

A specific standard for research is being prepared using ESG and standards established by INSERM, INRA and CNRS. It is under discussion within the agency staff.

The text on specific standards was submitted to discussion within the agency, and presented to the board of AERES. However, even after its adoption by the board, and after being presented to the agency's personnel at numerous meetings for further discussion, the text was still subjected to a strong questioning by the members of the agency. Discussion arose from people who considered themselves inadequately associated to the process, or who were not fully convinced of its necessity. As a consequence, the direction of the AERES re-opened the debate so that the standards would finally reach a consensus, which is considered an absolute requirement.

7.3.6 ANALYSIS OF THE TEXTS TRANSMITTED TO HEIS

Using the new tools resulting from its internal IQA, the agency has proceeded to the internal assessment of adequacy and conformity of the texts transmitted to HEIs in 2009. Their conformity with the law, AERES mission statement, deontological rules, AERES Evaluation chart, AERES standards, and ESG was checked. The texts were improved, discussed with stakeholders, and published on the agency's website.

7.4 Concluding remarks

Developing a quality management system is a strategic decision and, as such, it must have the support of the management of the institution, and the adhesion of its

members. The process approach is the backbone of the system. After 18 months, the IQA system is operative and allows the agency to include its activities in a reasoned approach. The agency is currently preparing its external evaluation which is to take place in April 2010, almost exactly 3 years after the agency started its activities .The aim of the agency is, of course, to fulfill the requirements for membership in the European association for quality assurance in Higher Education (ENQA) and to be included in the European Quality Assurance Register (EQAR). To this effect, the agency has defined the tools it will use for its self-evaluation: coordination by a self-evaluation committee operating on a weekly basis; preparation of a self-evaluation guide; creation of working groups which analyse the compliance of all criteria with the ESG, collect all information available for each ESG reference, analyse the strengths and weaknesses, and propose improvements to the self-evaluation committee.

The improvements resulting from this process should help to fulfill the expectations of the agency's stakeholders: national authorities, higher education institutions, students and employers.

Chapter 8:
Quality as a fundamental index in the development of modern higher education

Ivan Babyn and Viktoriya Lykova, Bologna Follow-up Group Representatives, Ukraine

8.1 Introduction

Quality in higher education is not only a national concern, but has become an international issue through academic, political, and commercial developments associated with globalisation, such as the rise of market forces in tertiary education and the emergence of a global market for skilled professionals and graduates. In some countries, the traditional providers of higher education are facing competition from transnational education providers, as well as from the emergence of local commercial providers. Through the internationalisation of higher education national systems, qualifications and individual higher education institutions have become exposed to the wider world. This exposure has stimulated a demand for better information and transparency about quality and standards in order to attract and retain students and staff, both national and international students, and to secure the recognition of qualifications. Quality assurance is a central thrust in the process of change in European higher education area (EHEA) following the signing of the Bologna Declaration.

8.2 Student-centred learning

Overcoming social and economic problems that higher education is confronted with, will depend on whether the potentialities and abilities of every individual as a subject of activity can be raised and realised to a maximum degree. In this context, the human resource becomes crucial in the struggle for the quality of the product of higher education as a sector of a country economy. The human capital is defined as a set of an individual's characteristics based on such factors as health, natural abilities, education, professionalism and mobility. Every society member must be optimally suitable for professional activity at the expense of the maximal use of individual abilities.To achieve this aim, it is necessary to provide investment in higher education and upgrade training, and to accelerate progress in the fundamental task of modernisation of the national education system so that an individual could gain new knowledge, skills and competence needed in life-long education.

8.3 National quality assurance

In the rapidly changing environment of higher education, the maintenance of high quality and standards in education has become a major concern for higher education institutions and governments; thus, the demand for explicit quality evaluation and assurance processes has increased. The result has been the introduction of national

quality assurance systems into many countries and the planned introduction of such systems into other countries.

The challenges facing higher education worldwide include the following:
- The need to assure quality and standards against a background of substantially increased participation – a process often referred to as the massification of higher education. This process accelerated throughout the latter part of the 20th century as many countries began to consider that their economic and social future was dependent, in part, on the availability of quality higher education for the majority of the population rather than a small elite. However, expansion has not always been well planned or controlled;
- The expansion in student numbers with either constant or declining (public) funding resulting in a lower unit of resource per student. This position has been compounded by the inefficient use of available resources. Examples of inefficiencies include overly high staff-student ratios, programme duplication in many small institutions/units with high unit costs, and under-utilised facilities;
- Increased demand for accountability in higher education institutions as a result of deregulation and the granting of increased autonomy with regard to such matters as curriculum design, the selection of students, and the appointment of staff. However, increased autonomy has not always been accompanied either by financial authority, or by improved institutional management and strategic planning capabilities;
- The meeting of new expectations in terms of the "employability" of graduates in the knowledge society;
- The addressing of demands from a variety of stakeholders for increased and improved information about programmes and institutions and about the skills, competencies, and aptitudes which graduates possess;
- The contribution to the achievement of social and political agendas such as access, inclusion, and equity.

In addition to these factors, recent developments include the appearance of new providers of tertiary education, sometimes in competition with traditional public higher education, and new modes of provision, such as on-line learning, resulting from the information and communication technology revolution. An example of this type of competition is reflected in the "new technologies".

8.4 Conclusion
The changing environment for higher education is a basic driver for the emergence and evolution of national quality assurance systems. To improve the quality of education service, the system of life-long education has been set up. This system promotes optimisation of the professional and qualification structure of the labor force and makes for the rise of its competitiveness level.

Conclusion

The internal quality assurance (IQA) of quality assurance agencies is constantly evolving. From recent experience we learn that adequate and functioning internal quality assurance procedures have a substantial impact on the successful achievement of the purposes of European quality assurance agencies

In light of the articles presented in this publication, the key factor for efficient achievement of strategic purposes of internal quality assurance is transparency.

Transparency involves accountability. Through transparency and accountability, stakeholders receive a truthful account of the agencies' performance and can be more easily involved in the improvement of strategies for better performance. Ultimately, these improvements result in the building of trust between stakeholders and the agency, something that will benefit all involved parties.

As quality assurance agencies strive to meet the constantly changing demands of their stakeholders, external evaluations for the mapping of their overall performance have proven to be an important tool. However, the articles in this publication demonstrate that internal evaluation processes, which are less visible from the outsider's perspective, are equally important in building trust. Particularly beneficial are self-assessment procedures that involve agency staff and that include continuous internal reflection, feedback surveys and open self-critique.

Quality assurance agencies are bound to publish to their stakeholders and providers not only the criteria and procedures used, but also precise information about all their functions and decisions undertaken in different procedures. Publishing complete external reports, including the negative parts of them, does not necessarily occur in every agency. However, agencies may seek to publish complete reports. This way, the agency can enhance its openness toward its stakeholders. At the same time, however, the agency must also strike a balance between public transparency and confidentiality for the protection of sensitive material and personal data.

Annex 1

IQA SEMINAR FOR THE ENQA INTERNAL QUALITY ASSURANCE GROUP AND OTHERS:
INTERNAL QUALITY ASSURANCE – FACING COMMON CHALLENGES

15–16 JUNE 2009

Hosted by
NVAO
Parkstraat 28
2508 CD, The Hague
The Netherlands

SEMINAR PROGRAMME

Day 1
15 June, 2009

11:30   Registration

12:00   Lunch

13:00   Welcome and introduction to the seminar
Tibor Szanto, Vice-President, ENQA
Karl Dittrich, Chairman, NVAO
Henri Ponds, Policy Advisor, NVAO, IQA Steering group representative

13:30   Setting the scene: Internal quality assurance – common challenges among ENQA agencies
Guy Aelterman, ENQA Board, Review Committee
Riitta Pyykkö, Professor, Chairman, FINHEEC

          Discussion

14:30   Coffee break

15:00   How can an agency better measure that its processes and results reflect the mission and goals of quality assurance (as stated in the ESG)
Matti Kajaste, Adviser, FINHEEC
Douglas Blackstock, Director of Administration and Company Secretary, QAA

15:45   **Breakout sessions on 'How can an agency better measure that its processes and results reflect the mission and goals of quality assurance (as stated in the ESG)?**
Introduced by Valérie Liechti, Scientific Collaborator, OAQ

Topics:
- How can an agency better measure that its processes and results reflect the mission and goals of quality assurance (as stated in the ESG)? » two groups as a follow-up to the presentations by Matti Kajaste and Douglas Blackstock
- The use of *internal* mechanisms as means to ensure the fulfillment of mission and goals.
- The use of *external* feedback as information on fulfillment of mission and goals.

16:30   **Two case presentations on 'How do agencies follow recommendations from the review team and the review committee?'**
Luna Lee Solheim, Senior Adviser, NOKUT
Tibor Szanto, Secretary General, Hungarian Accreditation Committee

–17:30

19:00   **Social programme**

20:00   **Dinner**

22:00   **Transport to hotels**

Day 2
16 June, 2009

08:45   Introduction of the ENQA IQA Steering group

09:00   Internal procedures in agencies: How do we guarantee efficient and
excellent operations in our agencies?
IQA Steering group representatives Nuria Comet Señal, Responsible for the
Internal Quality Assurance System, AQU Catalunya and Henri Ponds,
Policy Advisor, NVAO

09:30   Breakout sessions on 'Internal procedures in agencies:
How do we guarantee efficient and excellent operations in our agencies?'
Topics:
- Composition of panels
- Training of experts
- Consistency in decision making
- Communication and the impact of accreditation decisions

Coffee break during the breakout sessions

11:00   Global trends on IQA
Crossroads – Axel Aerden, International Policy Advisor, NVAO
Nadia Badrawi, President, ANQAHE

12:30   Lunch

13:30   An outsider's view on IQA
Lee Harvey, Visiting Professor, Copenhagen Business School

14:30   Concluding session
Signe Ploug Hansen, Head of unit, EVA, IQA Steering group representative

15:00   End of seminar

The Accreditation Organisation of the Netherlands and Flanders (NVAO)
hosted the annual meeting of the ENQA IQA Group in The Hague in June 2009.
This seminar was a successful follow-up to the first ENQA IQA seminar in Barcelona
in 2008 on Internal quality assurance systems and the ESG. The seminar focused on
the theme Internal Quality Assurance - Facing Common Challenges. Staff members
of ENQA member agencies discussed the common, tangible challenges they
frequently encounter in their daily operations.

ENQA