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Internal Quality Assurance and the European Standards and Guidelines



Education and Culture DG

International co-operation in
higher education and training



Workshop
report

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Florian P. Fischer, Signe Ploug Hansen, Henry Ponds

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Foreword

The Standards and Guidelines for Quality Assurance in the European Higher Education call for agencies to have internal quality assurance (IQA) procedures in place. These procedures help to demonstrate to stakeholders that agencies are serious in wishing to improve their own performance. Having procedures on paper is one thing. Successful implementation of procedural improvements in agencies, regardless of their size, is the real challenge. It is therefore a pleasure to note that the ENQA IQA group, composed of agencies' IQA staff members, has continued and expanded the work that it started in Copenhagen in 2007. This report aptly demonstrates that the cooperation is deepening and entering very practical territory. I have no doubt that the chosen approach of the ENQA IQA group to promote different tools and techniques will help ENQA members develop their own IQA systems suitable for their own particular needs. In this way, they will ensure that they meet the European standard on accountability procedures.

BRUNO CURVALE,
President

European Association for Quality Assurance in Higher Education (ENQA)

Chapter 1: Editorial

by the steering group of the ENQA IQA Group: Signe Ploug Hansen (EVA Denmark), Núria Comet Señal (AQU Catalunya), Henry Ponds (NVAO), Anne Crausaz (OAQ)

1.1 The ENQA IQA Group

Experiences of cooperation among the staff members of several European quality assurance agencies have made evident the considerable potential for mutual learning and inspiration among the agencies as regards relevant ways to organise and run their internal quality assurance (IQA) systems.

Based on these experiences, a meeting between the staff members of the ENQA member agencies engaged in the implementation of the internal quality assurance systems in their respective agencies was held in Copenhagen in April 2007.

Firstly, the purpose of the IQA group is to strive towards ensuring lean, effective and development-oriented IQA systems, mutual inspiration, capacity building in terms of IQA, sharing of experiences and good practices. Secondly, the purpose of the IQA group is to ensure the implementation of the ESG by the agencies. At the founding meeting, it was agreed that these meetings of the IQA group would be organised on a yearly basis. The seminar, “Internal QA systems and the ESG” in Barcelona in April 2008 constituted the first annual meeting of the IQA Group. The program of the seminar is shown in annex 1.

The seminar was intended for agencies with operational internal quality assurance systems, and for agencies that had already started to implement such a system. The European standard (and ENQA membership criteria) on accountability procedures was extensively discussed.

The articles by Núria Comet Señal, Cecilia de la Rosa González and Henry Ponds discuss the implementation of IQA systems based on ISO 9000-2001 and EFQM (the *European Foundation for Quality Management Excellence Model*) in the *Agency for Quality Assurance in the Catalan University System (AQU Catalunya)*, *National Agency for Quality Assessment and Accreditation of Spain (ANECA)* and the *Accreditation Organisation of the Netherlands and Flanders (NVAO)*. Both frameworks demand a horizontal, process-centric view on the institution. The article on the IQA system of the *Norwegian Agency for Quality Assurance in Education (NOKUT)* exemplifies an IQA system that is not based on a framework such as ISO 9001 or EFQM but built by the agency itself. The article by Signe Ploug Hansen presents a model for summarising external feedback into performance indicators developed and used by the *Danish Evaluation Institute (EVA)*. Finally, the article by Florian P. Fischer describes processes related to the external quality assurance activities applied by the *Central Evaluation and Accreditation Agency Hannover (ZEvA)* and how the quality of these processes is assured.

1.2 IQA and the ESG

The workshop segment of the seminar in Barcelona sought to clarify what the European standard on accountability procedures means for the IQA of quality assurance agencies. The participants discussed four different parts of guidelines for the standard. The results of the discussions are summarised below.

Published policy: Agencies should have a *published policy for the assurance of the quality of the agency itself, made available on its website* (ESG). It was noted that the main benefit of this guideline is that it is a public promise that involves and binds the management of the agency. Without the support of management, implementing and sustaining IQA is not possible. However, it was noted there is a danger that this policy, whether separate or incorporated in the mission statement, might become outdated. Therefore, the generic policy can be complemented by a more frequently updated, detailed document.

Processes and results in relation to mission and goals of quality assurance: The definition of the mission and goals can differ between agencies. Sometimes they are defined by law and therefore long term goals; sometimes they are defined by the agencies themselves and they can be changed on a yearly basis. All the agencies aim at making decisions at the baseline/threshold level on *Higher Education Institutions (HEI)* or programmes, and most aim also at quality enhancement. The mission and goals of the agency are reflected in written mission statements, policy statements, strategy documents etc. Documents that prove that the processes and results reflect the mission and the goals can be guidelines for processes, manuals, annual reports, result contracts etc. It was agreed that it is important to focus on the consistency of this documentation, and this should be monitored in management teams. The external review for ENQA membership purposes is also a strong incentive to reflect periodically on this.

No-conflict-of-interest mechanism in relation to the work of experts and quality of activities and material produced by subcontractors: The question to the workshop was how to promote no-conflict-of-interest mechanisms, for example in order to avoid too indulgent or severe attitudes by reviewers. The topic proved quite complex, as agencies had differing practices and interpretations of what constitutes conflict of interest. Availability of experts clearly influenced this, as smaller countries had a more limited choice of experts. An abundance of useful and practical advice was presented by the participants on how to deal with the challenge that this guideline presents. It was emphasised that the institutions' guidelines should not be too restrictive, in order to reflect the normal frequent interaction between academics and institutions in the same field.

Internal feedback & reflection and external feedback: As regards internal feedback and reflection, many agencies spread questionnaires among staff. In some agencies, (ISO 9001-system), filling out the questionnaire is mandatory. To gather external feedback, agencies sent questionnaires and organised meetings with the different stakeholders. Alongside institutions, students and employees, the experts were also considered to be external stakeholders. The participants agreed that agencies should follow-up on whether their procedures have an effect within the evaluated institutions. Possible indicators to measure this are follow-up procedures implemented by the institution, and the students' motivations for choosing a specific programme. Impact evaluation can be done through interviews and questionnaire with different stakeholders, and examining the perceived impact in the institution. The workshop

finally discussed the methods to identify relevant stakeholders and impacts, and how to distinguish between true and perceived effects.

1.3 Possible future activities and areas of cooperation

Based on the feedback received after the seminar, the members of the ENQA IQA group and other participants in the seminar appreciated the initiated cooperation of ENQA members concerning IQA, and clearly wish that the cooperation continues and deepens. Encouraged to suggest topics for future discussions, some participantsmembers asked for a bigger picture and to evaluate the impact of external quality assurance to the quality of Higher Education Institutions (HEI) and study programmes, i.e. how agencies fulfil their broader goals. Others commented on a need to further demystify and clarify the concepts behind ISO 9001/EFQM/TQM etc. and to identify the best practices.

In addition, a discussion on establishing quality goals and measuring related performance was called for. Ideas for future workshops were 1) The criteria for internal quality assessment 2) Follow-up procedures 3) Students' involvement and preparation for quality assessment and 4) Accountability development.

To facilitate fulfilling these wishes in the future, the ENQA IQA group could also engage IQA stakeholders (HEI representatives, Academics or consultants in quality or process management, vendors of automated solutions etc.) as keynote speakers, meeting participants and as contributors to poster sessions. The IQA steering group 2008-2009 will take these proposals into account when planning future events.

Chapter 2: Experiences using ISO 9001 in AQU Catalunya

Núria Comet Señal, Responsible for the Internal Quality Assurance System

2.1 Introduction: an overview of ISO 9001

Quality assurance (QA) agencies need to have quality assurance systems that ensure conformity with both internal and external requirements. While all agencies have similar requirements and act according to the same principles, the way they approach this is greatly influenced by local and other factors, and will therefore be very different. One globally accepted reference standard is the ISO 9001:2000 Quality Management Systems Standard.

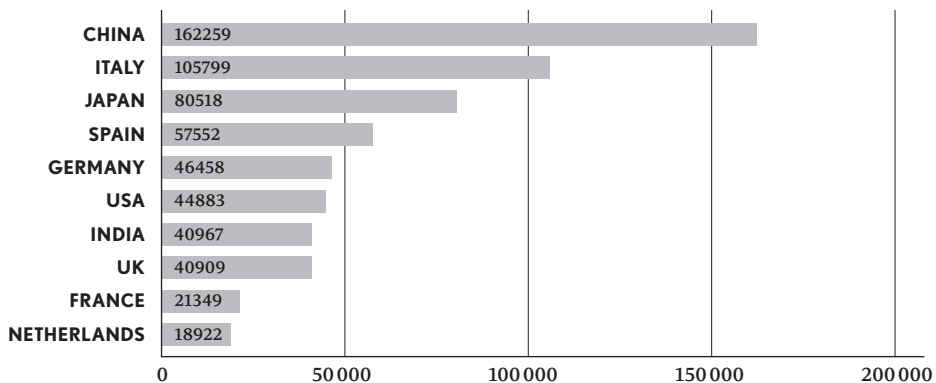
ISO 9001 is recognised as an international standard on best practices in internal quality management. It contains five main sections:

- quality management system;
- management responsibility;
- resource management;
- product realisation (or service);
- measurement, analysis and improvement.

ISO 9001 is always directed at customer satisfaction and continual improvement.

From data supplied by the ISO,¹ we find that ISO 9001 has been introduced in most continents. In Europe, Italy is the country with the highest number of certified companies, followed by Spain:

TOP 10 COUNTRIES FOR ISO 9001:2000 CERTIFICATES



¹ www.iso.org

ISO 9001 gives a series of general requirements that can be applied irrespective of the organisation's size, sector of activity, or whether it is publicly or privately funded. The requirements were originally developed for production sectors, although these requirements have been extensively implemented in service sectors today.

In the education sector, its implementation in both secondary education institutions and universities has grown in recent years. In Spain, 40% of all universities have at least one certified faculty/department, of which approximately 80% are public universities.

Although this data seems to imply that the standard has been well accepted, ISO 9001 has acquired a bad reputation to a certain extent, as it is considered to be too formal of a system, with too many requirements. Such a reputation is totally undeserved, although maybe part of this is due to the earlier version (of 1994). However, since the 2000 revisions of ISO 9001, there has been an important reduction in the document requirements and it has become much less strict perceptive and has become much more flexible.

Compulsory procedures are only specified for the following activities:

4.2.3 Control of documents

4.2.4 Control of records

8.2.2 Internal audits

8.3 Control of non-conforming products

8.5.2 Corrective action

8.5.3 Preventive action

The last three activities are often combined in one document. Three key documents are also referred to in section 4.2.1: the quality policy, the quality objectives and the quality manual.

All other documents belong to the organisations. The organisations themselves consider it an advantage for there to be more documents (in terms of number) as a way of giving greater value to their quality system and of safeguarding the information and knowledge. It is thus normal practice to find organisations with internal quality systems, certified by ISO 9001 or not so, with documents containing a process map, flow diagrams, work instructions, and internal circulars and memos.

ISO 9001 includes the following strong points:

- It is an international system that guarantees the management of the quality system.
- It provides flexibility in that the formal aspects depend on the organisation, so one finds systems in a paper or electronic format, systems set out using flow diagrams, or using text.
- It calls for measurement and assessment of the effectiveness of tasks and activities, and instead of defining what measurements to make or which indicators are the best, it is the organisation itself that must make the effort to define locate the measurements that will be the most useful. Once these have been defined, periodic monitoring and assessment are carried out at times considered to be necessary. Here, the work of correctly defining locating the most useful indicators is fundamental and the success of their use will ultimately depend on this.
- One of the requirements that enhance the system is the obligation to carry out an annual internal audit. As with the indicator system, where its ultimate impact lies in the importance given to it by the management, the audit needs to be planned. There should be an internal check-list, the ISO 9001 standard should be adapted

to internal requirements with adequate time being set aside for this, and the results of the report used. Any shortcomings or non-conformities need to be dealt with by a team, made up of the internal quality unit (auditors) and the sections concerned.

- It can be certified, meaning that a previously accredited organisation certifies that the organisation follows a quality assurance system. Certification is valid for three years, and there are annual reviews.

2.2 Comparison of the ISO 9001 requirements with the European Standards

The standards for quality assurance in higher education are in three parts:

- quality assurance in Higher Education Institutions (HEI);
- external quality assurance of higher education;
- quality assurance of external QA agencies.

In relation to the quality assurance of external QA agencies, the last section of the European standards gives guidelines to ensure the professionalism, credibility and transparency of the agencies. An analysis of the standards and guidelines shows that most of the aspects are also included in the ISO 9001 standard, which is only normal, as the two are intended to ensure internal quality assurance.

The table below shows a correlation between the two standards

ESG FOR EXTERNAL QUALITY ASSURANCE AGENCIES	ISO 9001: 2000
3.2 OFFICIAL STATUS	No legal aspects mentioned
3.3 ACTIVITIES - evaluation, review, audit, assessment, accreditation	7. Product realisation
3.4 RESOURCES - human and financial	6. Resources management (non financial)
3.5 MISSION STATEMENT: goals, objectives, policy, management plan	5. Management responsibility: Q. policy, Q. objectives, Q. management system
3.6 INDEPENDENCE	No legal aspects mentioned
3.7 EXTERNAL QUALITY ASSURANCE CRITERIA AND PROCESSES	4. Quality management system: processes, criteria, methods, improvements
3.8 ACCOUNTABILITY PROCEDURES: policy, experts, sub-contractors, feedback	5.3 Quality Policy 7.4 Purchasing (evaluate and select suppliers) 8. Measurement, analysis and improvement

The main difference of the two lies in the legal aspects; the ISO 9001 standard makes no call for either recognition by competent public authorities (standard 3.2), or the independence of the parties involved (standard 3.6).

As for the other standards, there is a clear correlation if one looks at the analogies:

- Standard 3.3, Activities: *Agencies should undertake external quality assurance activities (at institutional or programme level) on a regular basis.* ISO 9001: In chapter 7, it states that the organisation will need to plan its activities. As it is a multi-sectoral standard, it obviously does not describe which activities need to be carried out; although it does say that they will need to be planned and controlled.
- Standard 3.4, Resources: *Agencies should have adequate and proportional resources, both human and financial.*
- ISO 9001: Chapter 6 also calls for the necessary resources, with much more attention being given to evidence demonstrating adequate and continual training

of staff as a tool for quality assurance and customer satisfaction. No financial aspects are mentioned, however.

- Standard 3.5, Mission statement: The standards call for the public commitment by the agencies' management of clear and explicit goals and objectives for their work (definition of the mission, objectives, policy and management plan), contained in a publicly available statement.
- Section 5 of ISO 9001 deals with: Responsibility of the management: the evidence of the management's commitment is through the quality policy, quality objectives and quality planning.
- Standard 3.7, External quality assurance criteria and processes used by the agencies: The standards are much more detailed here, and they define the fundamental stages of the assessment. The ISO 9001 standard also envisages and calls for process management in the first few sections.
- Standard 3.8, Accountability procedures: Agencies should have procedures for their accountability to society and their customers through policy and results. They need to ensure that there is no conflict of interest in the work of suppliers (external experts), and the quality of their activities. Coincidence with ISO 9001 requirement 7.4 regarding the quality assurance of suppliers. The standards call for internal quality assurance mechanisms (without giving details of which ones); this guideline is backed up by the ISO 9001 requirement for internal and external audits, an annual review by the management of the entire quality assurance system, a clear improvement orientation through customer satisfaction, and the management of all external and internal complaints and non-conformities.

To summarise the European Standards, they mark out the guidelines for quality assurance by agencies, with the focus on the work of assessment and the external quality assurance of institutions and programmes. The ISO 9001 standard covers the internal quality assurance of agencies and any other organisation, irrespective of its activity, in a broader way. External certification of compliance with ISO 9001 therefore ensures compliance with the majority of the European standards, except for the two points mentioned at the beginning, namely, official status and independence.

2.3 How ISO 9001: 2000 and the European standards are applied in AQU

AQU Catalunya was the first QA agency to be set up in Spain, and with more than 11 years of experience, it is now well established in the design of assessment methodologies and evaluation management, mainly within the scope of university degree programmes. It was also the first agency in Europe to obtain the ISO 9001 certificate. In 1999, it was a founding member of ENQA, and in 2007 it was confirmed as a full member agency of the Association, after having favourably passed the corresponding international evaluation in accordance with the European standards and guidelines approved by the Ministers of the signatory States to the Bologna Process.

The functions of AQU Catalunya are structured around the evaluation, accreditation and certification of university and HEI quality in Catalonia.

The scope of the Agency's activity covers the higher education system in Catalonia, which is made up of twelve universities (eight public and four private), the faculties, colleges and institutes of which are distributed all over Catalonia. The higher education system has a total of 227,062 students and 15,836 teachers (date 2007).

The introduction of an ISO 9001-based quality system in AQU began in 1999. It was certified in 2000 and re-certified in 2006 with the 2000 version. Throughout this period, the quality assurance system was adapted in line with changes in the ISO 9001 standard and the European standards, together with modifications to the functions and new activities.

At the present time, the model we use is based on two tools:

- On the one hand, a framework is defined that is based on a process map.² The processes included in the map reflect the strategic activities, the operational activities, including the institutions, programmes and teaching staff evaluation processes, and the processes that support the activities (personnel management, documentation management, ICT management). These are described in flow diagrams and documents that describe or detail the information. We have currently defined 3 strategic, 4 operational and 8 support processes. Our belief is that there should not be too many, and that the main focus needs to be on the agency's main activities. These processes need to be relatively stable and reviewed when there are any important changes. Excess detail, which would make them likely to need frequent changes, should therefore be avoided.
- On the other hand, on a day-to-day level, we wanted a tool that would enable us to carefully monitor the projects, and the tool we use for this is project management. This means that each evaluation is dealt with as a project. Each project has three main stages:
 - Stage 1: *Preparation of the activity*: this is carried out in a meeting with all of the sections to plan the evaluation. The aim is to get all of the sections involved, both operational and transversal (communication, legal, economic, staff), and receive input from them.
 - Stage 2: *Development of the project*.
 - Stage 3: *Meta-evaluation and closure of the project; joint evaluation*: this stage is very important for going over and analysing the way in which the project has developed, and for making improvement proposals.

Management of the project helps to define and plan activities, and also provides evidence of all of the work done in compliance with all of the requirements of the two standards.

In the management of the project:

- an activities plan is defined;
- each activity is detailed, together with who will be responsible for carrying it out;
- every incident that occurs during the process is noted;
- indicators are defined for each evaluation and project. At AQU, we have defined three types of indicators:
 - *temporal indicators*: monitoring of the initial plan;
 - *economic indicators*: control over project expenditure;
 - *quality indicators*: these are defined for each project according to needs (% external auditors, % training attendance, impact assessment).

² See: www.aqucatalunya.org

2.4 Conclusions

ISO 9001 standard for quality management systems is a good tool that conveys to organisations how to improve their internal quality system, and for organisations to reflect on their processes. It can be harmonised with the European standards, with the two pointing in the same direction.

In practical terms, the experience of AQU shows that:

- Designs must be used that are simple yet useful.
- Reduction in the number of monitoring and control indicators: practice in the Agency has shown that it is better to have just a few indicators that are controllable, and for them to be actually monitored.
- Avoid creating unnecessary forms or introducing unnecessary requirements that are only aimed at complying with ISO 9001. Practice shows that these only get filled out the day before the audit.
- Project Management is a good tool to monitor the projects, and to provide evidence of the internal quality system requirements.

Chapter 3: IQA of ANECA

Cecilia de la Rosa González, Head of the Internal Quality Assurance Unit

3.1 Overview

The Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) are the general framework that sets the standards for effective and credible national higher education quality assurance systems, and enables the quality assurance agencies to relate to each other. To some extent, the ESG is a logical framework that does not define anything new but arranges and systematises existing practises. Those standards are based, above all, on ensuring that the agencies' external evaluation processes systematically follow the same methodology. The ESG also provides freedom to establish how the processes are carried out and, above all, each institution can decide what mechanisms to use in order to measure internal quality. Therefore, those internationally recognised standards seem to suggest that the agencies' internal quality is their own responsibility, notwithstanding standard 3.8. *Accountability procedures*, which calls for internal and external feedback mechanisms. Therefore, the decision to develop an internal quality management system is made by the institution itself, and the reference model can be based on existing systems such as EFQM, ISO 9001 and Malcolm Baldrige etc. that establish the requirements that must be met by the organisation.

The internal quality systems are aimed at enabling the institutions to manage and control their quality-related core activities. That is, a way in which to organise the institution based on the processes, planning, documentation and resources used to meet the quality objectives and, consequently, foster continuous improvement of the service provided. The quality management systems are an organised way of presenting the work carried out, and obtaining objective information for decision making.

3.2 Why did ANECA choose ISO 9001?

ANECA has decided to develop a quality system following the UNE EN-ISO 9001:2000 standard of the International Organization for Standardization (ISO). At the moment (July 2008), ANECA is not ISO 9001-certified. However, even without certification, ANECA is using the ISO 9001 model as a benchmark to assess its quality management system. The ISO 9001 standard enables institutions to show that their processes are systematically managed. In addition, the standard is instrumental to enhancing customer satisfaction and continually improving performance.

The following issues should be clarified before commenting on how ANECA has developed its system based on that standard:

- Developing a quality management system is a strategic decision and, as such, it must have the support of the management of the institution.
- The approach is based on processes where the focus moves from conforming, to meeting objectives. The process is the backbone of the system, leaving the departmental (vertical) view aside and observing the organisation through processes (horizontal). This new way of seeing the institution fosters coordination and communication between the various areas.

- Constant control should be exerted in when coordinating processes, since the main process is divided into sub-processes. This is the most critical issue in this cross-sectional view; not coordinating sub-processes can lead to delays or break the processes and, therefore, the service is not provided appropriately. For example, at ANECA the evaluation process has the following sub-processes: the stakeholder's needs and expectations, the design, assessor management, programme management, evaluation and meta-evaluation. Control must be exerted in the points where those processes are linked (e.g. between the design and assessor management) which will, in turn, provide coordination between the units or departments that perform those activities.
- Improving customer satisfaction is an essential component. The ISO 9001 standard focuses on compiling and analysing data related to the quality management system, which provides the objective information for decision-making in order to enhance internal quality and, therefore, improve user satisfaction.

3.3 How has ANECA developed the internal quality system?

The first point to consider is that the agencies' obligation, apart from a strategic decision, is to have a quality management system. The main objective of ANECA must be to consider the interests of our stakeholders and, thus, to improve stakeholder satisfaction.

The external evaluation processes have been adapted to the requirements established in the ESG, based on standard 3.3 Activities: "Agencies should undertake external quality assurance activities on a regular basis". In accordance with the ISO 9001 standard's new approach, those evaluation processes are the cornerstone for evaluation agencies. For ANECA, it is essential that the evaluation processes consider the definitions in the ESG and ISO 9001 standard. The internal quality system is aimed at co-ordinating the convergence of the processes, resources, documentation and planning, and for its part ensure that the agency complies with the ESG.

The ISO 9001 standard is based on the process approach, i.e. in order to be effective, it is necessary to identify and manage numerous interrelated activities. Based on that premise, the priority at ANECA was to identify its own processes. To do this, ANECA drew a chart of its general processes by referring to its existing procedures, procedural instructions, technical instructions, etc.

The process chart shows what the organisation does. ANECA's core activity is to carry out external evaluations. This is based on the ESG, specifically standard 3.3 Activities, and ANECA's mission to contribute to improving the university system's quality, through the evaluation, certification and accreditation of teaching, teachers and institutions.

The process chart also shows how ANECA carries out its evaluations. The evaluation process is divided into the following sub-processes: (1) the analysis of the stakeholders needs and expectations; (2) planning of the process, design of the evaluation methodology, and preparation of the guides to carry out the programme through rigorous design systems that determine the programme, criteria, etc. with the methodological approval of the technical committee; and (3) selection and appointment of experts and assessors to carry out the evaluation. It is understood that the experts

and assessors have adequate training so that they can carry out an evaluation based on the publicly defined and disseminated criteria. To ensure that the reports are coherent and can be understood by the recipients, they are reviewed by ANECA. To ensure the quality of the service, the programme's meta-evaluation process is carried out annually. The meta-evaluation looks at stakeholder satisfaction, analyses the implementation and critical points of the programme and assesses the work performed by the experts and assessors. That information helps to improve the programme for the following year.

The first step is to identify the processes in order to proceed to their design and assignment of responsibilities. At ANECA, the general procedures tell who does what and how. This helps to visualise each step and establish how the process can be improved.

At a second level, there are specific technical procedures, or operating instructions, of the processes that identify the position for each task in question. To accompany those documents, ANECA has developed a number of formats, or templates, to enable the staff to record their activities, and thus provide evidence of the processes. The evidence or records do not always have to be presented with a defined template.

This is a way of organising the institution based on the processes, planning, documentation and resources used to meet the quality objectives and, consequently, foster continuous improvement of the service provided.

To recap, the internal quality system co-ordinates the processes and sub-processes, resources, documentation and planning. Therefore, for ANECA's general planning, it has managed to achieve a direct relationship between its strategic plan, action plans and the processes it has executed. For ANECA, the planning, together with the defined processes, has identified what activities belong to quality assurance. This enables the agency to detect whether or not the work is done in accordance to the requirements which, together with the short term action plans, gives the institution the opportunity to detect and analyse any deviations on a monthly basis.

3.4 Reflections on the ESG vs. ISO 9001

The premise is that the two standards do not contradict each other, but instead complement each other. The ESG facilitate comparisons and mutual recognition between the agencies and the results of the evaluations or accreditations made by them. The ISO 9001 standard is a tool that facilitates the adoption of a systematic approach in order to reach the objectives of an activity.

STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EHEA	UNE-EN ISO 9001:2000
EXTERNAL QUALITY ASSURANCE AGENCIES	QUALITY MANAGEMENT SYSTEM. REQUIREMENTS
3.2 Official status	Quality manual
3.3 Activities	7.1 Planning of product realisation 7.2 Customer-related processes 7.3 Design and development 7.4 Purchasing 7.5 Production and service provision 7.6 Control of monitoring and measuring devices
3.4 Resources	6.1 Provision of resources 6.2 Human resources 6.3 Infrastructure 6.4 Work environment
3.5 Mission statement	5.1 Management commitment 5.3 Quality policy 5.4 Planning
3.6 Independence	5.5 Responsibility, authority and communication
3.7 External quality assurance criteria and processes used by the agencies	4.1 General requirements 4.2 Documentation requirements 7.1 Planning of product realisation 7.2 Customer-related processes 7.3 Design and development 7.4 Purchasing 7.5 Production and service provision 7.6 Control of monitoring and measuring devices
3.8 Accountability procedures	8.1 General 8.2 Monitoring and measurement 8.3 Control of nonconforming product 8.4 Analysis of data 8.5 Improvement

Table 1. Comparison between ESG and ISO 9001

Analysing the table we can see that, for example, that standard 3.7 of the ESG addresses the definition and publication of evaluation processes. The ISO 9001 standard, in turn, establishes the control requirements that the documentation must have. Moreover, the ISO 9001 standard requires that “production and service provision”, as well as “design and development” are explicitly specified. Therefore, to enable ANECA to comply with both sets of standards, all the documentation referring to its programmes are published on the website, in addition to organising information sessions with the various stakeholders involved. That documentation has undergone an established internal process of preparation, review, approval and control.

Regarding standard 3.8 of the ESG on Accountability Procedures, the ISO 9001 standard has a whole chapter that defines measurements, analysis and improvements. For example, ANECA has a mechanism for collecting, monitoring and answering complaints and suggestions. Tools such as the programme meta-evaluation process enable accountability on a day-to-day basis and allow the institution to check that the activities are being performed as they should, providing objective information for decision-making.

3.5 Conclusions

If we combine the ISO 9001 standard with the ESG, we can see that the ESG are the reference framework for an evaluation agency and the ISO 9001 standard establishes how the institution obtains proposals for improvement through its planning, processes, process control, analysis and documentation. Moreover, the ISO 9001 standard establishes what is being done, by whom and how, where and when.

- The ESG and the ISO 9001 standard complement each other, they do not compete with each other.
- A quality management system is a tool, not a solution.
- Staff participation and training are essential to both the implementation of the ESG and compliance with the ISO 9001 standard.
- A quality management system provides more thorough knowledge about the institution, as well as the work that it performs.
- The process approach provides the necessary horizontal view of the institution and its activities.
- The information that is gathered and analysed is objective, enabling decision-making based on events and data.

The evaluation agencies should use the ESG as a reference, without forgetting to develop a quality management system that enables the organisation to be competitive and to improve stakeholder satisfaction.³

³ Bibliography:

- Standards and Guidelines for Quality Assurance in the European Higher Education Area. ENQA.
- UNE EN ISO 9001:2000. AENOR.
- ISO 9001 for small businesses. AENOR.
- Management tools. Process management. Club Excelencia en gestión.

Chapter 4: Internal Quality Assurance of the Accreditation Organisation of the Netherlands and Flanders (NVAO)

Henry Ponds, Policy Advisor

4.1 Preface

The Accreditation Organisation of the Netherlands and Flanders was officially established in February 2005. The size of the organisation is about 35 fulltime equivalents, all staff included. In the spring of 2006, NVAO implemented a system for internal quality assurance partly based on the European Foundation for Quality Management (EFQM) Excellence Model. The experiences of the first two years with the system gave impetus for developing a leaner and more effective approach for reorganising internal quality assurance.

In 2003, the ministers of Education of the Netherlands and Flanders decided to cooperate on quality assurance and accreditation in higher education, as a cross-border initiative within the Bologna process. A first step in this process was to create one independent accreditation organisation for both regions. NVAO was officially established on the first of February 2005.

The main task of NVAO is programme accreditation. In the Netherlands, as well as Flanders, programme accreditation is defined by law for the first phase (cycle) of accreditation, in the Netherlands for the period 2004 to 2010 and in Flanders for the period 2005 to 2013. It is very plausible that in the second phase, programme accreditation will develop into a system consisting of a combination of programme accreditation and institutional audit. A decision on this issue still has to be made by both parliaments in the Netherlands and Flanders.

In the first six-year cycle of accreditation in the Netherlands, about 3000 programmes will be assessed. This will be finished at the end of 2010. In Flanders, about 1250 programmes will be assessed by the end of 2013 in a cycle of eight years. This means that the cycles are different in length, which complicates the cooperation; however, this is a natural consequence of the sovereignty of both regions.

As a result of the size of the higher education and accreditation systems in the Netherlands and Flanders, the workload that NVAO has to cope with in programme accreditation is about 700 programmes every year. A large part of the job is done by assessment agencies such as the Netherlands Quality Agency (NQA), the Quality Assurance Netherlands Universities (QANU), the Council of Flemish university colleges (VLHORA) and the Council of Flemish universities (VLIR). These organisations nominate the panels, carry out the assessment of the programme and deliver a panel report. NVAO assesses the panel reports and takes the accreditation decisions. Other tasks of NVAO are, for example, the initial accreditation of programmes, participating actively in the processes of ENQA and ECA, as well as in the assessment of research masters and associate degree programmes.

4.2 Internal Quality Assurance (IQA)

NVAO wanted an IQA approach which would be a part of the daily work of every staff member, and would also concentrate on the core processes of the organisation. To guarantee a solid systematic approach, EFQM was chosen as the model. However EFQM was not implemented fully, and instead it was used to create a suitable model for the specific needs of the organisation. Table 1 presents an overview of the basic model of EFQM.

In the chart, from left to right, we can see the EFQM process of enabling quality. Starting with its leadership, the strategy and policy of the organisation are formulated in order to manage the core and the supporting processes within the organisation. For NVAO, the core process is (initial) accreditation, and a supporting process is, for example, Human Resource Management. The results of the processes are measured by evaluation activities, and they are expressed in external or internal stakeholder satisfaction or figures, which contribute to the formulation of measures for improvement and new targets for the organisational processes. In this way stakeholders' needs are an important incentive for improvement of the performance of the organisation.

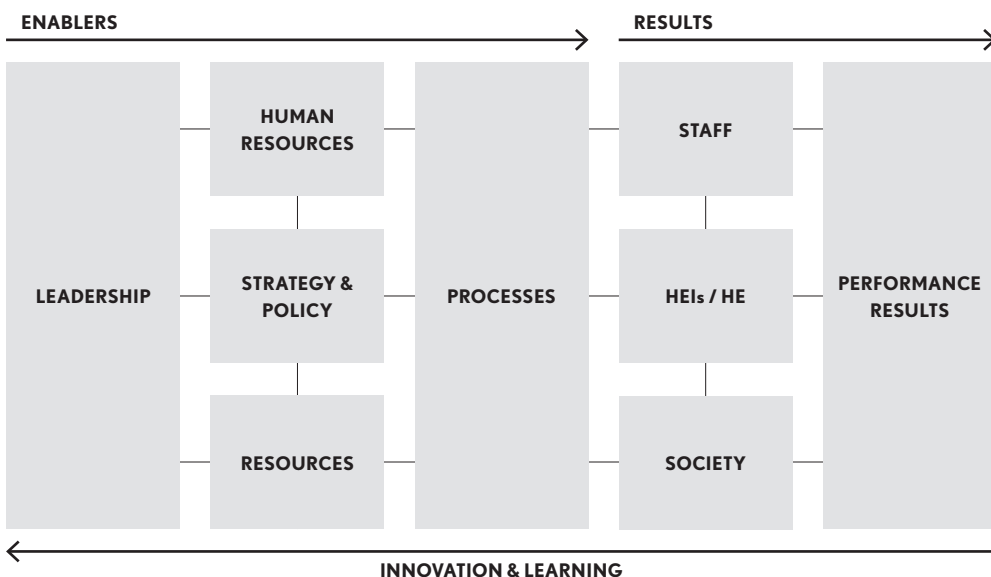


Table 1. EFQM-model

NVAO stakeholders are the institutions of higher education (HEIs), students, society (e.g. the professional fields) and NVAO staff. Examples of organisational results of NVAO are the validity of decisions taken on applications for accreditation and the adherence to set deadlines. The benefit of EFQM is that it gives structure to the process of planning, evaluation and improvement. Most organisational processes are monitored annually on the basis of the Plan-Do-Check-Act cycle (PDCA).

In the spring of 2006 NVAO translated the principles of EFQM to the following model personalised to the organisation:

QUALITY AREA		A*	B**	R***
1. Leadership, strategy and policy				
Operational Management	2. Accreditation			
	3. Initial Accreditation (incl. research masters programmes)			
	4. International Affairs			
	5. Communication			
	6. Legal Affairs			
	7. Support Services			
	8. Additional Tasks			
	9. Internal Quality Assurance			
	Staff Management	10. Human Resources		
Resource Management	11. General Services			
	12. Finance and Control			
	13. ICT			

Table 2. The organisational processes that are quality areas of NVAO's Internal Quality Assurance System

- * A: Coordinator for quality assurance, who is a staff member directly responsible for the quality assurance cycle in the quality area concerned.
- ** B: Staff members involved, who together with A and R make up the quality group within the quality area.
- *** R: Board member with primary responsibility for the results.

Initially, annual strategic objectives and target figures were formulated for each of the quality areas. In addition, at least once a year, the evaluation data should have been systematically gathered by each quality area working group. The nature and the level of completion of evaluations had to be prepared by the quality coordinator of the specific quality area. By the end of 2006, a protocol had been drawn up for each quality area that included the strategic objectives and target figures for 2006 and 2007. For the primary processes, the objectives and target figures were also linked to be able to set the periods of evaluation. As of spring 2007, the protocols have actually taken effect, and the process of systematic evaluation has been put into operation.

The starting point was that the primary processes (Accreditation, Initial Accreditation and International Affairs) were subject to a more thorough evaluation in comparison with the other processes. The quality assurance working group facilitated the process and steered the evaluations for the whole organisation. Each quality area working group had to draw up an annual quality report concerning its own quality area. The separate quality reports were integrated into the annual quality report of NVAO. The quality assurance working group drew up preliminary conclusions and formulated possible measures for improvement. Subsequently, the Executive Board and the director discussed the quality report. They developed it into an annual management strategy document that referred back to the different quality areas. The strategic targets per quality area were the steering factors in this process.

In June 2007, NVAO was assessed by an international review committee in order to meet the standards and guidelines of ENQA as well as the code of good practice of ECA. The committee formulated a positive final conclusion about the performance of

NVAO and gave several recommendations, one of them concerning internal quality assurance. The committee advised to concentrate internal quality assurance on the core processes and not to create a heavy and all-embracing system. Although this was already one of the starting points of NVAO's internal quality assurance, it was useful to be reminded about it by the committee, as it directed the focus towards the necessity of an efficient system. This recommendation, together with the experiences of NVAO's staff and board during the first year of operation, lead to the reorganisation of the internal quality assurance processes.

Important experiences during the first year were:

- Instead of debating the contents of quality protocols, priority should be given to quality projects and activities in cooperation with stakeholders, that all involved parties had enjoyed.
- A systematic approach of internal quality assurance is certainly necessary, but, at the same time, it is not the only way to improve quality. In the starting period of NVAO quality of processes was improved on basis of the spontaneous and professional attitude of staff members and the application of manuals and guidelines. It would be helpful if this way of improving would remain in a small organisation like NVAO.
- An internal quality assurance system is difficult to manage for the executive board or the director. Therefore, the support of a quality assurance coordinator is really necessary.
- Not all planned, written evaluations with external stakeholders were carried out. Instead numerous face to face meetings with different groups of stakeholders were organised, sometimes just to evaluate NVAO's performance, sometimes with a broader agenda.
- Distinction between core and supporting processes is not self-evident. Internal quality assurance can contribute to coherent processes, if steered well. An important precondition here is the full commitment and participation of the board.

In spring 2008, NVAO reorganised the internal quality assurance, which is illustrated in table 3.

QUALITY AREA		A*	B**	R***
1. Strategy, Policy and Leadership				
Core processes	2. (Initial) Accreditation / Legal Affairs (and Additional Tasks)			
	3. International Affairs			
	4. Communication			
Supporting processes	5a. Human Resources / Support Services			
	5b. General Services / Finance and Control / ICT			
	6. Internal Quality Assurance			

Table 3. Blueprint of the reorganisation of internal quality assurance

On basis of the recent experiences described above, NVAO decided to reorganise internal quality assurance. The following measures were taken:

- The aggregation of coherent organisational processes from the perspective of internal quality assurance.
- Only substantial targets will be formulated, not the continuous actions performed, and just as much as it is manageable, for it is better to define fewer targets which can be reached later (practice what you preach!).
- Internal quality assurance should focus on building a quality culture and, also, should inspire the institution's staff. That is why the meetings and quality projects with stakeholders should be preferred instead of questionnaires. Questionnaires (or online evaluations) will be organised when these are of added value.
- A yearly internal seminar for learning and development will be held for all staff members (board, policy advisors and supporting staff) to reflect on the performance of NVAO and to improve the quality culture. A recent pilot internal seminar in October 2007 was a success and this practise will be continued.
- Production of paper will be diminished and working online will be stimulated, especially concerning the quality handbook as well as formal documents.
- A quality coordinator will be appointed.

4.3 Conclusions

Internal quality assurance in a rather small organisation like NVAO can only be effective if the process is closely connected with the daily work of staff, and if it mainly consists of the activities with partially immediate results. Written questionnaires are useful in order to get feedback from external stakeholders in a more systematic, representative way. As a result, it can be said that NVAO's quality has not only improved in a systematic way, but is also positively dependent on the spontaneous and professional attitude of the staff.

Chapter 5: The internal quality assurance system of NOKUT

This article is adapted from NOKUT's published quality assurance system.⁴ More information can be provided by deputy director Tove Blytt Holmen, NOKUT.

5.1 Preface

NOKUT's general task is to control the quality of Norwegian higher education by means of accreditation and evaluation, and to recognise tertiary vocational education and foreign higher education qualifications. All institutions that provide higher education in Norway must have a satisfactory internal quality assurance system. The standard for quality assurance systems in institutions is set in a Regulation issued by the Ministry of Education and Research, and NOKUT has defined the criteria for evaluating whether the quality assurance systems are satisfactory.

With this backdrop, it is clear that as a quality controller NOKUT must also have a satisfactory internal quality assurance system. NOKUT has been aware of this ever since the agency was established in 2003 and has systematically worked on the development of a satisfactory system.

Work on the development of a satisfactory quality assurance system was intensified in 2005 and 2006, and in NOKUT's opinion this provides a good foundation for systematic assurance and development of quality. Each year the annual report will assess whether there is a need for changes in the system.

The quality assurance system covers all of NOKUT's activities and shall ensure that the agency's tasks are performed efficiently, with the highest quality. The quality assurance system will also assess instances of poor quality in the work when uncovered, and see to it that appropriate measures are implemented.

The quality assurance system and the Quality Report 2006 are public documents and posted on NOKUT's website.

5.2 NOKUT's activities and internal organisation

5.2.1 MANDATE

Through the instruments of accreditation and evaluation, NOKUT's general task is to control the quality of Norwegian institutions offering higher education and to recognise tertiary vocational education and foreign higher education qualifications. Accreditation and evaluation activities must be designed so that the institutions can benefit from them in connection with their quality assurance and quality development work.

The tasks include:

- evaluation of the institutions' quality assurance systems;
- accreditation of institutions;
- accreditation of study programmes;
- revision of accreditations already granted;
- evaluations to make general assessments of quality in defined areas of higher education;
- general recognition of foreign higher education qualifications;
- recognition of tertiary vocational education.

⁴ http://www.nokut.no/graphics/NOKUT/English%20pages/NOKUT/qual_ass_system.pdf

NOKUT shall work independently of the institutions, political authorities and other stakeholders. NOKUT is independent in the sense that political authorities cannot issue directives to NOKUT beyond those authorised in the Universities and Colleges Act, the Vocational Colleges Act, or set by the Ministry in regulations. NOKUT's accreditations and recognitions cannot be appealed or overruled.

5.2.2 INTERNAL ORGANISATION

NOKUT is headed by a Board of Governors with eight members, including one member appointed by NOKUT employees. The Board hires the Director-General, who is responsible for the agency's day-to-day operations.

NOKUT's organisation and the internal division of tasks are shown in Figure 1.

NOKUT is organised in the following units:

- *the Accreditation Unit* (accreditation and revision of institutions and studies; recognition of tertiary vocational education).
- *the Quality Audits Unit* (evaluation of the institutions' quality assurance systems; other evaluations for making general assessments of the quality of higher education).
- *the International Recognitions Unit* (general recognition of foreign higher education; other tasks relating to recognition of academic qualifications between countries).
- *the Office of the Director General* (joint functions for NOKUT's activities such as the research and analysis unit, computer services, administrative services, information and legal services).

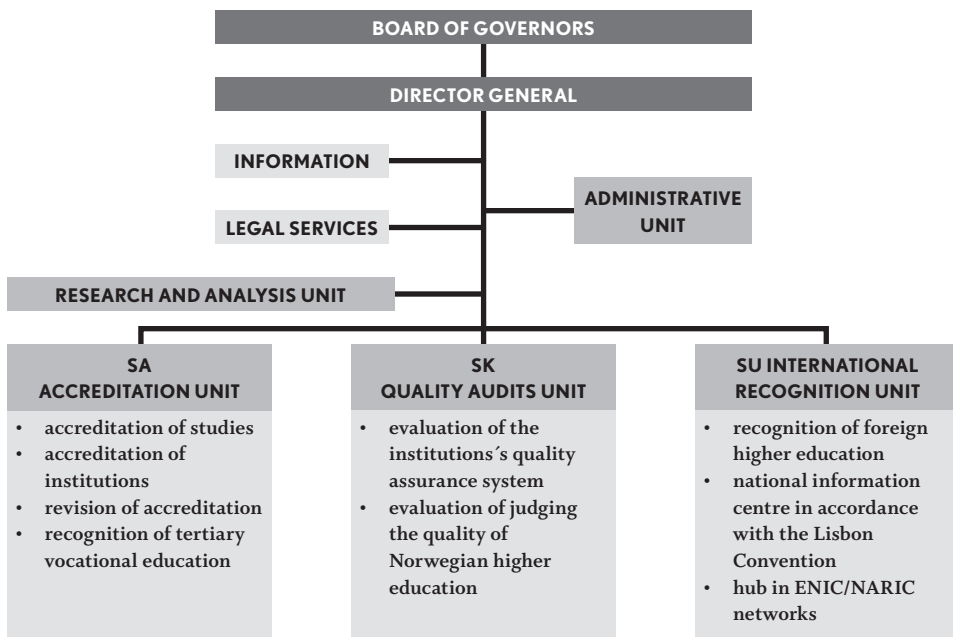


Figure1.NOKUT's organisation chart and areas of activity.

5.3 Basic features of the quality assurance system

The quality assurance system is an integrated system for the quality assurance and development of all NOKUT's activities. The system is rooted in the agency's management and has a fixed annual cycle (see Figure 2).

Basic quality assurance work mostly takes place in NOKUT's organisational units. By building on the unit level, closeness to the tasks and broad involvement in the quality work is ensured. The tasks of the units are clearly specified and requirements have been established for the performance of the work and its documentation. This permits systematic assessment of the performance, with an emphasis on the handling instances of non-conformance.

The annual cycle in the quality work has two phases: Documentation and reporting from the units (Figure 2, 2c) provide the basis for an overall assessment of the quality of NOKUT's work (Figure 2, 4).

The highest level in the cycle's reporting system is an annual quality report for NOKUT, approved by the Board.

While the system contains general guidelines for the conduct and reporting of quality work in the units, the detailed assurance mechanisms are prepared, performed, documented and assessed largely at the unit level. This is warranted by differences in the duties of the units. Preferably, any corrections and improvements in work practices and assurance routines will be made at the unit level, but have to be recorded in writing and reported in the units' annual quality reports.

NOKUT'S QUALITY ASSURANCE SYSTEM

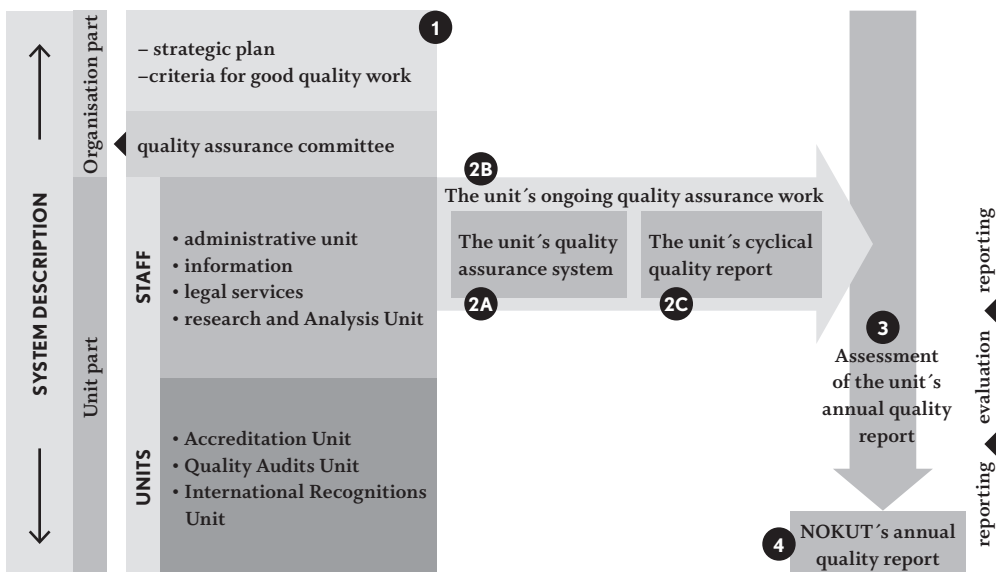


Figure 2. The quality assurance system for NOKUT consists of four main components: A system description (1), the units' quality assurance work, including reporting (2), assessment of the units' annual quality report (3) and NOKUT's annual quality report (4).

The quality assurance system consists of four elements (Fig. 2):

- a. *System description* – gives an overall presentation of a unit’s operative tasks, describing how the work is performed. The description clarifies responsibilities for various parts of the work, including the assurance against non-conforming practices and the implementation of any measures. It also specifies how the processes shall be documented, evaluated and reported.
- b. *Quality work* – covers the mechanisms that are put in place in order to quality assure the various operative tasks, with reference to the documents (procedure descriptions, guidelines, etc.) that have been prepared. This part of the quality assurance system covers both ongoing processes; the recording of non-conformances for different types of tasks and activities, and documentation that is the basis for allocation of resources and cyclical in-house evaluation and reporting. The quality work also covers development of the system description.
- c. *Reporting* – Guidelines for the cyclical reporting of the unit’s quality work.

5.4 Aims for the quality assurance system

The quality assurance system shall ensure that:

- NOKUT’s tasks are carried out efficiently, with stability and high quality in accordance with goals and guidelines;
- instances of poor quality in the work shall be uncovered or prevented and that weaknesses in the work processes are improved.

The quality assurance system shall:

- cover all work processes;
- ensure that quality work is performed systematically and regularly;
- be rooted in management, with clearly defined responsibilities and authorisations;
- include regular assessments of the need to develop and change the actual performance of NOKUT’s operative tasks and quality assurance mechanisms;
- be carried out with broad participation and active internal communication.

5.5 Criteria for good quality in NOKUT’s work

A general criterion for good quality in NOKUT’s work is that the work shall be in accordance with NOKUT’s strategic plan and the stated goals of the quality assurance system, under which:

- the work is carried out in accordance with approved procedures and guidelines;
- procedures and guidelines for the work are in accordance with the recognised international practise in the area;
- the work is carried out with consistency and equal treatment;
- the work is carried out independently of stakeholders;
- the work is carried out with openness and clear communication externally;
- the work is carried out so that external parties can benefit from process and result.

Further criteria or indicators of good quality in specific work processes will be specified in the procedure or performance descriptions for each process or performance.

5.6 Quality work at the unit level

5.6.1 THE UNITS

The units in the quality work are identical with the agency’s organisational units:

- Office of the Director General;
 - administrative unit
 - information
 - legal advice
 - research and analysis unit
- Accreditation Unit;
- Quality Audits Unit;
- International Recognitions Unit.

5.6.2 GUIDELINES FOR QUALITY ASSURANCE IN THE UNITS

Quality assurance shall be based on the tasks for which the unit is responsible. The units must therefore describe their activities in the form of defined tasks. Reporting of quality and results must relate to these tasks.

Concerning the quality assurance of any specific task the unit must consider:

- whether or not the task shall have a fixed procedure description;
- how the performance of the task is to be monitored and assessed. (For example, how the performance is supervised, whether performance indicators will be used, whether non-conformance thresholds should be defined so that any non-conformances can be recorded and counted or whether the task is of such a nature that it will best be assessed qualitatively).

For those tasks that are expressly mentioned in NOKUT's mandate, the unit shall obtain external assessments about quality and goal attainment in the work from users and/or other involved parties. External assessments shall be made visible and incorporated into the unit's annual report.

Responsibility for the quality assurance of all activities in the unit lies with the Head of the unit. Employees are responsible for performing assigned tasks. All units must have a quality coordinator who coordinates the unit's work on quality assurance.

The unit must have a written system description that adheres to general NOKUT guidelines and identifies the elements of the annual quality assurance cycle. The description must also refer to underlying documents, such as: procedure descriptions, guidelines, templates, standard letters and forms.

5.6.3 PROCEDURE DESCRIPTIONS FOR THE QUALITY ASSURANCE OF REPEATED PROCESSES

Processes that reoccur with some regularity shall have procedure descriptions or guidelines for satisfactory performance.

There shall be routines for the monitoring of the same processes, including the systematic documentation that procedures and guidelines are being followed.

Procedure descriptions, templates and other form documents and documentation of actual quality assurance shall be open to inspection.

5.6.4 QUALITY ASSURANCE OF MATTERS WITHOUT PROCEDURE DESCRIPTION

Tasks that do not follow a procedure description shall also be quality assured. This may include tasks not particularly characterised as being processes, or tasks performed just once. The assessment shall be undertaken in relation to goal attainment.

The unit must also make an annual assessment of how matters that are secondary in relation to the unit's basic tasks affect the performance of these tasks. Examples of such matters are; NOKUT's overall organisation plan, internal cooperation and social climate in the unit, the availability and use of resources in the unit, cooperation with other units, external relations and communication, other framework conditions, competency requirements and measures for the enhancement of competencies.

5.6.5 QUALITY ASSURANCE ROUTINES FOR JOINT FUNCTIONS

Some duties and processes will be shared by all or several units. This applies, for instance, to; filing, publication and information routines, rules and routines for general administrative procedure, including how electronic enquiries are handled etc. The person responsible for the relevant joint function shall prepare necessary routine descriptions while quality assurance of the actual use takes place, and is documented in the various users' units.

5.6.6 THE UNITS' ANNUAL INTERNAL ASSESSMENT

Each year the unit shall undertake an overall assessment of its own activities including:

- the effect of measures implemented on the basis of earlier quality assurance reports;
- the performance of work processes as compared with procedure descriptions and guidelines;
- other tasks that are performed without a fixed procedure description;
- other matters of significance for the performance of the work;
- whether quality assurance routines are necessary and sufficient;
- quality and results in the unit's work as seen in relation to tasks and goals;
- the need for new quality improvement measures.

The results from the internal assessment shall be expressed in a brief report patterned on the above points. Reports shall be submitted from the following units: Office of the Director, Accreditation Unit, Quality Audits Unit and International Recognitions Unit.

Where the work follows a procedure description, the number of significant departures from satisfactory procedure should be stated in the report. In the same manner, other significant departures from the work procedure should be reported, particularly when NOKUT has received a complaint or negative evaluation of its work from the outside.

The report shall describe how the internal assessment was undertaken. Assessment and reporting shall be carried out with equal participation from all employees in the unit. The unit may request that external persons be involved in the internal assessment. The report shall be ready no later than 15 January of the following year.

5.7 Quality work at the organisation level

The Director General has the overarching responsibility that NOKUT will perform its tasks with high quality and in accordance with regulations and guidelines that are laid down by the Board and the political authorities. Unit managers are responsible for the quality of the unit's specific activities and for presenting an annual report about quality work in the unit.

5.7.1 QUALITY ASSURANCE OF PROJECTS INVOLVING MANY UNITS

Projects involving many units shall be quality-assured through an integrated plan for quality assurance. Responsibility for quality assurance rests with the unit in charge of the project and shall be documented and reported in this unit's quality report.

5.7.2 ANNUAL QUALITY ASSESSMENT

The annual quality assessment for NOKUT as a whole shall be based on the reports from the individual units and should, to some degree, review the assessments and claims that are expressed in them. Quality work on the organisational level shall (at least) cover assessments of:

- the effect of measures implemented on the basis of earlier quality assurance reports;
- the units' quality assurance of work processes;
- overall quality and goal attainment in the performance of NOKUT's tasks, with identification of any areas with particularly strong or poor quality;
- the need for further quality improvement measures.

Assessments and findings shall be contained in an annual report that expresses the overall assessment of the quality and quality assurance of NOKUT's work. The report shall:

- cover each of the points that apply to the annual quality assessment (bullet points above);
- cover any additional topics on the demand of the Board or the Director General;
- make an overall assessment of how the quality assurance system works and, if needed, recommend improvements.

5.8 Organisation and documentation

5.8.1 ORGANISING AND ANNUAL CYCLE

The task of NOKUT's Quality Assurance Committee is to contribute to the integrated coordination of quality assurance in NOKUT's activities and propose changes that can develop the quality assurance system.

More specifically, the tasks of the committee are to:

- assess whether the unit reports have been carried out in accordance with current guidelines;
- prepare proposals for an integrated annual quality assurance report based on the units' reports, (see 3.3);
- ensure that the quality system and the electronic quality manual are updated at all times.

The quality assurance committee is composed of the units' quality coordinators, with the administrative manager acting as Head. The committee has six members including the manager.

The draft annual quality report will be discussed by the management group who will assess, in particular, the totality of the quality assurance work, the scope of non-conformances and their correction, and the need for system development.

On this basis, the director shall submit the annual report to the Board for its decision.

The annual quality report for NOKUT shall be discussed by the Board by 1 March of the following year. The report shall be published on NOKUT's website by 15 March.

5.9 External assessments

External assessments should be integrated into many of the quality assurance routines, for instance, in the form of feedback from experts, institutions, applicants or other partners.

The board can decide to undertake an external evaluation of all or parts of NOKUT's quality assurance work. Such external evaluation should have international representation among the experts.

5.10 Documentation

Records

Records function as a central document bank for quality assurance work in relation to all activities subject to recordkeeping. The quality assurance system shall not lead to double storage.

Electronic folder for the quality assurance system

The quality assurance system shall have its own electronic address. At this address you will find main documents for the QA system at the organisation and unit level, references to underlying documents and annual quality reports for NOKUT.

The units' area in an electronic folder for the quality assurance system

The units' internal (not subject to recordkeeping requirements) documents, such as work plans, project plans, procedure descriptions, templates and checklists shall be stored under the unit's area in an electronic folder for the quality assurance system.

Chapter 6: The EVA Barometer – a performance indicator

Signe Ploug Hansen, Special Adviser

6.1 Abstract

Feedback from external stakeholders is an important part of the internal quality assurance of quality assurance agencies. Since the establishment of the agency in 2000, the Danish Evaluation Institute (EVA) has, as part of its internal quality assurance system, developed and regularly distributed a number of questionnaires to get external feedback on the work of the agency. In 2005, EVA developed a tool, the EVA Barometer, suitable for summarising the information obtained from these questionnaires. The idea was to create an inclusive and joint expression of the external satisfaction with the operation of the institute and, not least, allowing EVA to view emerging trends over time.

This article describes the background and purpose of the EVA Barometer, the barometer concept and the construction of it. The article also provides potential users of the barometer concept with an overview of the prerequisites for applying the concept and some advice on how to get started. The article closes with a presentation of the experienced value and expected future of the EVA Barometer.

6.2 Background and purpose of the EVA Barometer

EVA seeks to ensure the quality of all its core activities. The quality assurance system provides the basis for the accumulation of internal knowledge and monitors internal compliance with established policies. In addition, the quality assurance system constitutes a basis for decisions on the amendment of policies and procedures. As part of its quality assurance system EVA has, over the years, gathered internal as well as external feedback on the work of the agency. Using questionnaires, EVA continuously monitors the quality of and satisfaction with different aspects of its work to obtain knowledge about to what extent EVA's processes and results reflect its mission and goals. Furthermore, the questionnaires inform and support EVA in its further development and improvement actions.

By 2004, no less than 18 internal and external surveys were conducted on either an annual or ad hoc basis, as shown in table 1. Initially, the results of the different questionnaires presented in the table were reported separately. However, as the range of questionnaires – and particularly the external ones – became more extensive, EVA experienced a need to develop a tool suitable for summarising the information obtained from these questionnaires. This led to the construction and publication of the first EVA Barometer in 2005. Before the end of 2008 a second one will be published. In general, the questionnaires have provided EVA with a lot of important and detailed feedback. The Barometer presented EVA with an interesting additional perspective, outlining an inclusive and joint expression of the external satisfaction with the work of the institute. With the tool, the external satisfaction with the operation of the institute can also be studied over longer time periods.

EXTERNAL OR SEMI EXTERNAL SURVEYS		INTERNAL SURVEYS	
Annual surveys	Ad hoc surveys	Annual surveys Assessment of:	Ad hoc surveys Assessment of:
Evaluation of EVA by the external experts assigned to the external quality assurance activities of the agency	User evaluation of EVA's conferences and courses in (self-) evaluation	The cooperation with consultancy firms (subcontractors)	The management
Evaluation of EVA by the quality assured institutions and programmes	User evaluation of EVA's electronic QA tools	The evaluation processes and internal cooperation	The physical working environment
Evaluation of EVA by clients	Key stakeholders knowledge about and assessment of EVA's activities	The concept for personal development interviews	The psychological working environment
	Evaluation of EVA by the Committee of Representatives	The system for negotiation of salary increases	The organisational structure
	Evaluation of EVA by the Board	The yearly two day staff & management seminar	
		Internal courses	

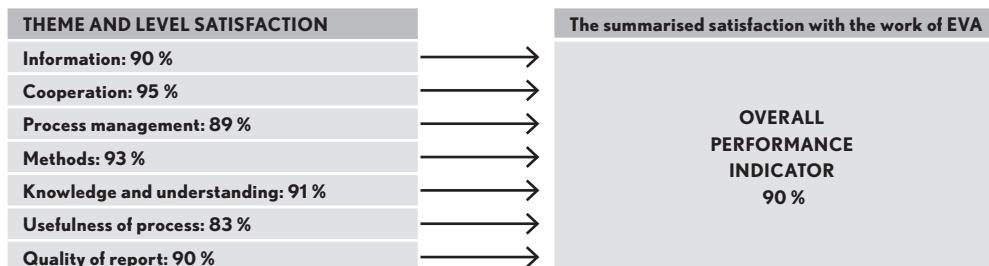
Table 1: External and internal surveys conducted by EVA

6.3 The barometer concept and the construction of it

A barometer is an instrument which is commonly used for weather, as high air pressure in a region indicates fair weather while low pressure indicates that storms are more likely. By substituting “air pressure” with “satisfaction” the barometer becomes - in the case of EVA - a tool to be used to indicate whether the agency has a “good” performance (high level of satisfaction) or a “bad” performance (low level of satisfaction) in the eyes of external stakeholders.

With reference to the results of the first EVA Barometer, figure 1 illustrates how the EVA Barometer is constructed.

Figure 1: The construction of the EVA barometer



The figure summarises the external stakeholders' perception of the performance of EVA in relation to seven themes. The seven themes cover areas of prime concern to EVA:

- the quality of information provided by EVA;
- EVA's abilities in terms of cooperation;
- EVA's abilities in terms of process management;
- EVA's knowledge & abilities in terms of evaluation methods;
- EVA's sector specific knowledge and understanding;
- the usefulness of the quality assurance process;
- the quality of the final evaluation report.

The overall level of external satisfaction with the work of EVA – the overall performance indicator - is identified by calculating the average level of satisfaction based on the data related to each of the seven themes. As shown in figure 1, the levels of satisfaction as regards the individual themes were ranging from 83 % to 90 % in 2005. In practise, the overall satisfaction level is calculated by constructing a dataset including all the responses relating to each of the seven themes. As the number of responses related to each of the themes varies, the average satisfaction levels for the themes have to be weighted accordingly, in order to provide a valid overall performance indicator.

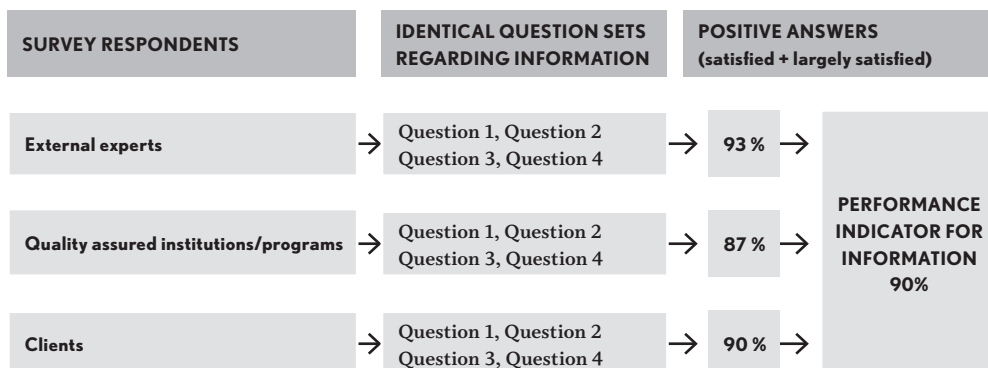
In the questionnaires each of the themes are typically covered by four questions in order to obtain feedback on several aspects within the theme. The example below illustrates the questions related to the information theme, which are included in each of the questionnaires.

1. How satisfied or dissatisfied were you with EVA's information about:
2. The process of the project?
3. The content of the project?
4. The method(s) applied?
5. Your workload?

Possible answers: *Satisfied, Largely satisfied, Largely dissatisfied, Dissatisfied.*

Using the data from the first EVA Barometer concerning the information theme as an example, figure 2 illustrates how the performance indicator for each of the themes is constructed.

Figure 2: The construction of the performance indicator for information



The first column shows the three groups of external stakeholders who automatically receive questionnaires after a quality assurance activity or other type of process led by EVA has been finalised. The number of respondents from each group varies, since the number of EVA activities varies over the years. The second column illustrates that the questions are identical across the questionnaires. The percentages in the third column exemplify the overall level of satisfaction when the answers related to one theme are compiled. Finally, the overall level of satisfaction related to one theme is presented with a performance indicator value, in this case for information.

In order to provide valid overall performance indicator and due to differences in the number of respondents, the performance indicator for each theme is – like the overall performance indicator - calculated by constructing a dataset including the responses to all the questions relating to the theme.

Apart from being an overall performance indicator, the EVA Barometer thus provides a performance indicator for each of the seven themes.

6.4 Prerequisites

The creation of the EVA Barometer has been possible due to the fact that EVA has many isolated questionnaires with many overlaps in terms of both the themes in focus and the questions posed in relation to each of the themes. In order to be able to apply the concept and create a valid barometer, EVA's experience suggests that it is necessary to have:

- a. a number of equally relevant questionnaires focusing on the same themes related to the performance of the agency;
- b. several questions related to each theme in each of the questionnaires;
- c. identical questions in each of the questionnaires;
- d. methodological and technical competencies to design the barometer, construct questionnaires and analyse data.

It should also be mentioned that the experience of EVA is that achieving sufficient “value for money” requires some years of stability concerning the relevant groups of respondents and content of the questionnaires and thus in fact stability concerning the activities of the agency.

In adopting the barometer concept, it is advisable to first:

1. identify relevant themes considering the mission and goals of the agency;
2. identify relevant groups of respondents considering the themes;
3. formulate a number of questions related to each theme that are expected to be equally relevant and suitable for the different groups of respondents;
4. ensure that the questions in the questionnaires make sense by testing them among potential respondents;
5. start using the new questions in all relevant questionnaires at the same time.

If the data used to construct the barometer does not relate to the same specific quality assurance activities etc., valid conclusions about the performance of the agency are difficult to reach.

6.5 Conclusions

The EVA Barometer was introduced to reduce the information overload created by an increased volume of external feedback. The purpose of the EVA Barometer was to express the satisfaction level across the external questionnaires and achieve an overall view of EVA's performance, as well as its performance in terms of the themes of prime concern to EVA. Furthermore, it had to provide clear and simple information to public authorities and the general public about the performance of the agency as seen from the perspective of external stakeholders.

The conclusion is that the EVA Barometer has served this purpose. Nevertheless EVA is currently considering whether the methods used to obtain feedback from external stakeholders ought to be shifted towards a more qualitative approach which, of course, will make the barometer concept impossible to use.

Paradoxically, one reason for the likely shift relates to the fact that the feedback obtained through the questionnaires is generally very positive and has become more so over the years. Having reached a very high level of positive feedback from external stakeholders, EVA is, thus, currently experiencing that neither the individual questionnaires nor the EVA Barometer provide the institute with sufficient action-oriented information. Another reason is that, similar to other quality assurance agencies, EVA's tasks have changed over time and continue to do so. The tasks of quality assurance agencies are becoming increasingly varied, and thus it can be a challenge to identify relevant groups of respondents across the activities and to formulate questions equally relevant for all kinds of projects. At present, EVA is therefore considering interviews and other qualitative approaches as a way to identify areas where improvement may be relevant and to get more thorough feedback from external stakeholders of many different kinds.

Chapter 7: Quality assurance of ZEvA

Florian P. Fischer, deputy managing director

7.1 Business Objectives of ZEvA

The Zentrale Evaluations- und Akkreditierungsagentur Hannover (ZEvA / Central Evaluation and Accreditation Agency) rests on over 10 years of experience. In Germany, the ZEvA holds a unique position among other accreditation agencies with its two divisions of evaluation and accreditation. The ZEvA does pioneer work concerning the advancement of the German accreditation system. On demand of the universities, the programme accreditation can be prefixed with a system assessment which evaluates task management on the level of the management and the administration of the higher education institute. By this, a quality assuring impulse is initiated which has positive effects on the following programme accreditation. The ZEvA possesses clear structures.

Systematic and formalised processes, information and communication processes contribute to quality assurance. The following are especially emphasised:

- organisation efficiency;
- shortening case duration;
- close documentation of cases and procedures;
- task sharing and seizing responsibility;
- cost effectiveness and good cost-value ratio;
- internal or external assessment of process quality;
- consideration of all work processes and fields of activity.

To guarantee coherence, consistency and reasoning for evaluation and decision making is a main quality aim. Therefore the peers and the ZEvA undertake regular feedback cycles. The decision-making competences of employees, management, scientific head and Accreditation Commission are clearly defined. The employees work independently based on job specification and job assignment, which correspond with their qualifications.

7.2 Quality aims

AIM	METHOD
Customer satisfaction	Effective quality management; user acceptance analysis through evaluation of the procedures.
Expertise, adequacy of decisions and reliability	Making model decisions accessible as glossary of resolutions; Insuring quality of the peers through feedback with the accreditation commission and the team; Further education for peers and employees.
Efficiency and effectiveness	Adherence to delivery dates Promotion for system assessment and cluster accreditation Internal controlling of procedures Consultation and publication for universities Securing resources.
Securing of process principles	Second set of eyes principle; project management separated from planning/ controlling and organisation controlling Internal feedback, with other agencies and with the accreditation council Responsibility and division of labour Truthfulness Use for students in the foreground.

7.3 ZEvA proceedings (procedures of the accreditation department only)

3.1 Executive management process (Scientific head and managing director)					
3.2 CORE PROCESS ACTIVITIES OF ACCREDITATION DEPARTMENT					
3.2.1 Sub-process start proceedings until transmission of the preliminary survey	3.2.2 Sub-process Site visit and survey report	3.2.3 Sub-process decision of the accreditation commission	3.2.4 Sub-process accreditation notification	3.2.5 Sub-process implementation of obligations and decision after suspended accreditation	3.2.6 Sub-process objection and complaint
3.3 CORE PROCESS REVIEW REPORT					
3.4 CORE PROCESS DECISION PROCEDURE OF THE ACCREDITATION COMMISSION					
3.5 Supporting processes					
3.5.1 SP Acceptance survey	3.5.2 SP Administration	3.5.3 SP Marketing, distribution, public relations		3.5.4 SP further education / training	

7.3.1 EXECUTIVE MANAGEMENT PROCESS (SCIENTIFIC HEAD AND MANAGING DIRECTOR)

Scientific Head and Managing Director decide – at their regular meetings – about questions concerning current business and task management. In cases of overriding importance, they decide about inspection along the milestone plans of accreditation and evaluation. Management of consultations, decision preparation and decision realisation of commission and workgroups are also taken care of. Furthermore, the Managing Director is responsible for internal and external communication, organising and managing supporting processes and personnel management. The Scientific Head and the Managing Director are responsible for the further development of quality assurance and the internal core processes. For this the results of the user acceptance analysis are also used. The Scientific Head and the Managing Director also represent ZEvA in Lower-Saxony, nationally and internationally.⁵

7.3.2 CORE PROCESS ACTIVITIES OF ACCREDITATION DEPARTMENT

Procedure execution happens according to the plan of procedure within the framework of the milestone plan, whereby ZEvA's employed referees play an important part in procedure and decision preparation. The following activities have to be emphasised: correspondence with universities, peers and accreditation commission (SAK), preliminary survey of documents and preliminary notification survey, preparation and writing minutes of the site visit, formulation of the decision recommendations with feedback of the accreditation commission and peers, writing minutes of the SAK decisions, approval of SAK notifications with coordination of the management and the Scientific Head.

⁵ Related tools and documents:

- data management system
- annual working plan and timetable of employees, consisting contracts
- rules and solutions of the Conference of the Ministers of Education, the Accreditation Council, the German Länder, the ZEvA Accreditation Commission
- glossary of accreditation commission decisions
- project files
- template documentation for accreditation application, commentary
- template survey report, guideline for peer groups

In their meetings, Managing Director and referees decide about operational questions of their cases and projects as well as about questions of general concern. Therefore, the following meetings are held: every two weeks a meeting for all referees (Jour fixe), every two weeks individual consultations of referees and management, five times a year preliminary meetings to the commission meeting (one day), five commission meetings per year (one day) and five SAK debriefings (lasting several hours).

The web-based data management system (based on MySQL and PHP dynamic websites) which integrates case data, and data of the procedure development, personal data, communication data and documents server, supports the procedure.

7.3.2.1 Sub-process start of proceedings until forwarding of the preliminary survey

The ZEvA closes a contract with the university on the basis of the accreditation application. Cost, timeframe and size of peer group are here, amongst others, decided on. In cluster, accreditation experience has shown that the number of professional affine study programmes (similar faculty culture) and the maximum number of members of a peer group have to be thoroughly matched. Afterwards, the university hands in a draft of the documentation for the accreditation application. A preliminary survey is drafted on its basis (whether the university gave every necessary specification, and whether it is significant and complete). Furthermore, the described study programme is surveyed in consideration of its compatibility with KMK/HRK structure guidelines and requirements of the ZEvA. The assessment as regards content and fact is left to the following peer review. The university is sent a notification on the preliminary survey.⁶

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES / COMPLAINTS
Consultation of university	Precedent to the contract: contract negotiations, subject matter	Referee or managing director	Managing director	Presetting of managing director in individual cases, consultation
Contract and framework of deadlines	Resources available	Head of administration	Managing director	Change of contract
deadlines – detailed internal planning	Annual plan of employees is matched with ZEvA 's	Referee	Referee, managing director	Shift of resources, in case of need change of contract
Appointment of peer	Assessment of qualification and impartiality	Referee	SAK	Allow for temporal scope for changes in schedule
Preliminary survey	Identifying all relevant deficiencies Sufficiency of files/ documents	Preliminary survey or referee	Preliminary survey and referee	Discussion with peers, university, possible statement for the SAK

⁶ Related tools and documents:

- data management system
- annual working plan and timetable of employees, consisting contracts
- template of contracts
- decisions and requirements of the Standing conference of the Ministers of Education, the Accreditation Council, the German Länder, the ZEvA Accreditation Commission
- glossary of Accreditation Commission Decisions
- template documentation for accreditation application, commentary
- template survey report, guideline for peer groups
- draft of peer contract
- templates for correspondence
- checklists

7.3.2.2 Sub-process peer review and survey report

In the phase of external peer assessment, the study programme is reviewed by experts on the basis of documentation and an on-site review. Then a recommendation for the decision on accreditation is given. The university organises the on-site peer review in coordination with ZEvA. A date is fixed with peers and university and the schedule for the on-site review is coordinated. Around four weeks before this date, the peers will receive the documentation of the university, for preparation. During the on-site review, the peers are given the chance to discuss - with the responsible people -technical organisation of the study programme also regarding its content, the question whether it can be studied and the necessary requirements. They are accompanied by a referee of the ZEvA, who makes sure that the procedure of the case is according to the rules. The referee is responsible for the documentation of results of conversations as well as for drawing up the raw version of the survey report. The peer who is in charge consults his group within three weeks about the final version. The university receives the report, without the final vote, and is allowed to send a statement until four weeks before the SAK meeting.⁷

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES / COMPLAINTS
Site visit – minutes – raw version of survey report	Proceedings compliant to rules. All relevant questions have been asked and answered. Outline is according to the guidelines. Intended recommendations and requirements are in tune with the corresponding parameters.	Referee	Peer Group	Discussion with group of peers, possibly managing director
Finalise the survey report	Quality audit observations are coherent and reasonable	Referee	Peer Group	Consultation with peer group, possibly accreditation commission and managing director

7.3.2.3 Sub-process activity of the accreditation commission

When the survey report of the peers is on-hand, a decision can be made. The management controls the process based on the agenda agreed upon in the contract. The managing director decides before every SAK meeting about the agenda. A limit is decided on, so that no more cases per SAK meeting are resolved upon than can actually be adequately discussed. Cases, whose documents are not complete at the day of preliminary discussion, are taken from the agenda. Documents for the meeting and the agenda are sent to the accreditation commission four weeks preceding the meeting, after discussion with managing director and scientific head. Two weeks preceding the SAK meeting, referees come together with management and scientific head for discussion and adoption of the pre-formulated SAK decisions on basis of the documents

⁷ Related tools and documents:
 • data management system
 • template survey report
 • templates for correspondence
 • checklists

of the meeting. The decision recommendations subsequently are send to the SAK for further conference preparation.⁸

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES / COMPLAINTS
Agenda SAK	Is matched with contracts and annual plan and is concordant with the intended timing. All documents are on hand completely and are formally unobjectionable.	Referee	Managing director	Deposing of agenda item
Draft resolution SAK	Accordance with decisions and requirements of the Standing Conference of the Ministers of Education and Cultural Affairs of the Länder in the Federal Republic of Germany and SAK reference decisions are given.	Referee	Managing director and scientific head	Annotation in the minutes

7.3.2.4 Sub-process accreditation notification

The scientific head moderates the discussion and opens the voting of the draft resolution. Handouts are only allowed in cases of urgency. Minutes are written within five workdays after the SAK meeting, notifications within three weeks. In cases of disagreement of the universities concerning the SAK decisions, complaints are firstly directed to the SAK for a follow-up, and secondly to a group of three former peers who were elected for three years by the SAK in March 2007 (Board of Complaint). After completion of the case, a summarised report is send to the accreditation council by ZEvA. It is also accessible for everyone, who is interested, on a public webpage. Additionally, all accredited study programmes are listed on the ZEvA's homepage.⁹

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES /COMPLAINTS
SAK minutes	Accordance with guidelines and decisions	Minute taker and referee	Scientific head and managing director	Change
Forwarding of notifications	“Second set of eyes”- principal is maintained. Texts concur with decisions and guidelines.	Referee, Secretary	Managing director, scientific head	Bringing forward again presentation in the SAK, possible decision of the board of complaint
Publications on homepage and Accreditation Council	Texts concur with decisions and guidelines.	Referee, Secretary	Managing director	Change

8 Related tools and documents:
 • data management system
 • application documents
 • survey reports
 • draft resolutions
 • templates for correspondence, protocols and files•

9 Related tools and documents:
 • data management system
 • templates for notifications
 • templates for correspondence
 • templates for documents, issued with the seal of the accreditation council
 • templates for publications (short version of study course and decision)

7.3.2.5 Sub-process implementation of obligations and decision after suspended accreditation

In case of suspended accreditation or accreditation with obligations, the university has to confirm the fulfilment of requirements, and/or has to present changed documents again to the SAK within 18 months. If this is not followed, accreditation can be refused in the future. One of the important aims of the data management system is to control these processes.¹⁰

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES /COMPLAINTS
Second presentation to the commission	After suspended accreditation: confirmation of fulfilling obligations by peers and accreditation commission	Peers, referee	Decision of SAK	Consultation
Certifying of fulfilling obligations only	Confirmation of fulfilling obligations by peers	Peers, referee	Managing director	Consultation
Publications on homepage and Accreditation Council	Texts concur with decisions and guidelines.	Referee, Secretary	Managing director	Consultation, Change

7.3.2.6 Sub-process complaints and objections

Making complaints concerned with case decisions is allowed. They have to be directed towards the scientific head before the accreditation decision of the SAK is reached. Scientific head and management will reach the final decision together.

Entering an objection against the decisions of accreditation of the SAK is allowed. It has to be directed within six weeks after receiving the accreditation notification towards the scientific head of the ZEvA. The objection is decided on, after the statement of the management - by a revision board. The revision board is comprised of three members familiar with the rules of accreditation and who cannot be members of the SAK or participants in the case at the same time. The revision board is appointed by the SAK, following a proposition of the scientific head. The decision of the revision board is finalised by the SAK. These rules are subject to the contract of ZEvA with the universities about the procedure of accreditation cases.¹¹

¹⁰ Related tools and documents:
 • data management system
 • templates for notifications
 • templates for correspondence
 • templates for certificates of accreditation, issued with the seal of the accreditation council
 • templates for publications (short version of study course and decision)

¹¹ Related tools and documents:
 • data management system
 • templates for notifications
 • templates for correspondence

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES / COMPLAINTS
Complaint	Reasonable grounds – received before the SAK decision	Scientific head, managing director	Managing director	Consultation
Objection	Reasonable grounds – received in time; statement of revision board received	Revision board; managing director	Decision of SAK	Consultation

7.3.3 CORE PROCESS PEER REVIEWS AND PREPARATION OF SURVEY REPORT

Each group of peers consists of at least four people: one representative of a university, of a university of applied science, of the professional field and of the students. The representative of the other type of university is not needed when the study programme, which is reviewed, is not offered at the other type of university. The university is asked to agree upon the subject composition of the peer group with the ZEvA, but not allowed to nominate and suggest particular peers. The SAK decides on the personal composition of the peer group, while considering the suggestion of the agency.

Criteria for choice are: The spectrum of subjects of the study programme to be accredited should be, as far as possible, roughly represented; the participation of professors with experience in leading and experience in study, and teaching (relevant self-administration is desirable); the peers support the Bologna Process; their personal and professional sovereignty must be guaranteed.

To assure realisation of the case according to contract, and to document the impartiality of the peers, the ZEvA makes contracts with the peers concerning their cooperation. After the site visit, the peers compose a report together, in which the recommendations for the SAK are argued and accounted for. Content and formal layout orientate themselves – as well as the documentation of the university – by the catalogue for criteria of the German Council of Accreditation.¹²

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES / COMPLAINTS
Preparation of survey report	The peer contract has been met. Intended recommendations and requirements are in tune with the corresponding parameters. Statements are correct and concrete ways of action are presented and justified.	Referee; Group of peers	Group of peers	Consultation with member of the SAK who is close to the subject, group of peers, possibly management

¹² Related tools and documents:

- data management system
- template survey report
- templates for correspondence
- checklist

7.3.4 CORE PROCESS MEETINGS AND DECISIONS OF THE STANDING ACCREDITATION COMMISSION (SAK)

The decision-making body of the ZEvA is the Standing Accreditation Commission (SAK), which after debate makes the final decision about the accreditation of a study programme. A further task is to pass and adjust principles of decision-making for comparable circumstances. The SAK consists of 13 representatives of universities and universities of applied science, professionals and students who are entitled to vote, as well as 13 locums.

The formation, which guarantees that the greater areas of study within the university system are sufficiently represented, is decided by the members of the European Institute for Quality Assurance in Higher Education (EIQA). This association was established by 28 universities, initiated by the ZEvA. Its aim is to assure quality in teaching and study at universities, and to speak for the international acknowledgement of educational standards in tertiary education. By now, about 40 universities joined the association, as well as professional organisations of academic professions, scientific societies and accreditation organisations.

The SAK makes decisions on the basis of the accreditation application, of the report on the peer review, a possible statement of the university and a recommendation of the scientific head and the management. The specifications of the Accreditation Council are decisive for the resolutions of the SAK. One of the following decisions can be reached by the SAK:

- limited accreditation;
- limited conditional accreditation:
- refusal of accreditation.

The university is informed, in writing, about the decision and is sent a notification in the case of accreditation. In principle, the accreditation is carried out subject to revocation, if the information given in the documentation or the peer review is changed, or if the university decide substantial change of accredited programs. The decisions are put on record. The record has to be formulated in such a way that notifications can be written based on it.¹³

MILESTONES	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES /COMPLAINTS
Minutes SAK	Decisions are in tune with the corresponding guidelines and model decisions, with which the SAK applied and interpreted the guidelines. It has been produced promptly	SAK	Scientific head, followed by approval through SAK decision	Consultation with management, possibly SAK

¹³ Related tools and documents

- data management system
- documents for accreditation application
- survey reports
- templates for the record

7.3.5 SUPPORTING PROCESSES

7.3.5.1 Supporting process user acceptance analysis

Following every case of accreditation and evaluation, the universities, peers and referees are asked about their satisfaction concerning the following items: case procedure, adherence to dates, organisation, composition and competence of peer group, flow of information, usefulness of guidelines, consultation and support by the ZEvA, decisions and statements.

The data interpretation is done by the managing director. This gives the ZEvA and its customers an opportunity to optimise procedures. User acceptance analysis therefore becomes a part of the management core procedure. It allows the management of the ZEvA to draw consequences for activity and development organisation. An evaluation concerning the process is done within the agency by one-on-one interviews of management and referees.¹⁴

STEPS OF PROCEDURE	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES / COMPLAINTS
Letters to peers and universities with notification and questionnaire	Information follows promptly after issuing of notification	Referee; Secretary	Referee	Consultation with managing director and referees
Returning of the completed questionnaires	Completed questionnaires have been returned	Managing director	Managing director	Consultation with managing director and referees

7.3.5.2 Supporting process finance and project controlling, secretary

The administration is responsible for the management of financial and personal resources. There is a clear demarcation between commercial controlling - for which the administration and managing director are responsible - and project controlling, which is done by the referees, administration and managing director. The leading responsibility for the referees, administration and secretary is with the managing director.

In-house controlling evenly allocates cases and projects on the basis of hours per year of each referee by means of intended expenditure of time. The capacities, which are assessed by recording the hours per year and cases, are projected into the future including current cases. The projection support contract negotiations with the universities. Therefore, there is no contract without a timetable, which closely schedules on the week the preliminary survey and the mile stones site visit and SAK.

The secretary is particularly responsible for the support of the site visits by travel organisation, and drawing up accounts for journeys as well as for the appendant peer correspondence, for the assigned correspondence with peers, universities, ministries and accreditation council, as well as the issuing and sending of notifications.¹⁵

¹⁴ Related tools and documents:

- templates questionnaires
- templates for correspondence

¹⁵ Related tools and documents:

- data management system
- templates for correspondence

STEPS OF PROCEDURE	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES /COMPLAINTS
Organisation of resources and dates, contract layout, controlling, accounting	Matching of planning with state of processing, transparency for all participants	Administration	Managing director	Consultation, adjustment
Travel organisation, accounting, correspondence, mail, controlling dates, in general telephone, fax and e-mail correspondence, notifications	Effective procedure without time delay, professional documentation with transparency for all participants	Secretary	Referee, managing director	Consultation, adjustment

7.3.5.3 Supporting process marketing, distribution, public relations

The ZEvA actively makes an effort to secure its position in the competition of accreditation agencies to acquire customers and contracts. Therefore, the ZEvA has to communicate its profile, service portfolio and procedures to the universities.

The ZEvA's profile, which has to be communicated, is defined by its history and achievements. It was founded by the universities in Lower-Saxony. 10 years of experience in the fields of evaluation and accreditation give the ZEvA the expertise for further-developing the accreditation procedure. This is seen in combination of internal quality assurance of universities with external evaluations. Concerning the re-accreditation of Bachelor and Master study programmes, the ZEvA makes an effort to establish lean procedures in the German and European accreditation system, whose emphasis is placed on supporting university administration in internal quality management. It is applied in accordance with the criteria of *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*, which were decided on by the European educational ministers in Bergen in May 2005, as well as with the *Code of Good Practice (CGP)*, which the ZEvA committed to as member agency of the *European Consortium for Accreditation (ECA)* in 2004.

Target groups of the ZEvA are: university executive boards, deans of faculties and departments, members of faculties and departments, as well as the professional public. An additional target group with high relevance are peers. They are important multipliers, whose contentment with the cases of the ZEvA directly affects the position on the market of the ZEvA.

The most important marketing objectives are: increasing publicity, clarifying customer benefits, securing contentment with the work of the ZEvA, and winning over new customers and securing existing ones.

Discussions with peers and referees help the management to determine topics concerning further training programmes. These are regularly offered at least half-yearly by ZEvA and EIQA. They serve case quality and case security as well as further development of accreditation and evaluation procedures in the German and European context. As a rule, they take place as workshops for peers and universities and the results are published.

Additionally, two-day internal conferences are held every six months with employees, scientific head and managing director. Here, questions are discussed and

decisions are made - which are connected with operative business - are concerned with the integration of advanced guidelines into practice and serve internal training and quality assurance.¹⁶

STEPS OF PROCEDURE	COMMENT - ACCEPTANCE CRITERIA	PLAYERS	APPROVED BY	RULE IN CASES OF NEED FOR ACTION/MISTAKES /COMPLAINTS
Putting together subjects and working-plan for peer training	Programme arranged with scientific head, managing director and external lecturers/trainers	Referee, managing director, lecturer/trainer	Managing director	Consultation, adjustment
At least 2 trainings per year	Organisation in the ZEvA assured.	Secretary	Referee	Consultation, adjustment
2 internal conferences per year	Agenda and responsibilities for preparation are arranged with scientific head and managing director	Scientific head, managing director	Managing director, secretary	Consultation, adjustment

¹⁶ Related tools and documents
• no extra documents

ANNEX 1

ENQA seminar hosted by AQU Catalunya " Internal QA-systems and the ESG"

MONDAY, 14 APRIL 2008

Venue: Hotel HCC Montblanc, Barcelona, Spain

- 12:00 Welcome and introduction to the programme
Opening address from the hosting agency:
Javier Bará Temes, Director of Catalan University Quality Assurance Agency (AQU)
- Opening address from ENQA:
Gemma Rauret, Director of National Agency for Quality Assessment and Accreditation of Spain (ANECA), ENQA Board Member
- Introduction to the programme:
IQA steering group
- 12:30 **Session 1: Using ISO 9001 in IQA**
Cecilia de la Rosa, ANECA
Núria Comet Señal, AQU
- 14:45 **Session 2: Towards EFQM in IQA?**
Henri Ponds and Mirjam Woutersen, Accreditation Organisation of the Netherlands and Flanders (NVAO)
- 15:45 **Session 3: Gaining benefit from ISO 9001 and EFQM in the IQA of an agency**
Birgit Hanny, Accreditation Agency Specialised in Accrediting Degree Programs in Engineering, Informatics, the Natural Sciences and Mathematics (ASIIN)
- 17:15 **Session 4: The IQA system of NOKUT**
Tove Blytt Holmen, The Norwegian Agency for Quality Assurance in Education
- 19:30 Guided visit to the Gaudi House, departure from the Hotel
- 21:00 Dinner at the restaurant El Principal del Tragaluz

TUESDAY, 15 APRIL 2008

- 08:30 **Welcome and election of the next IQA Steering Group**
- 09:00 **Introduction to the workshops on the European standard and guidelines on IQA**
IQA Steering group (who also chair the workshops). Participants should select two workshops A or B and C or D when registering for the event.
- 09:15 **First round of parallel workshops:**
- A. Published policy**
Workshop chair: Signe Ploug Hansen, Danish Evaluation Institute
- B. Processes and results in relation to mission and goals of quality assurance**
Workshop chair: Mirjam Woutersen
- 11:00 **Second round of parallel workshops:**
- C. No-conflict-of-interest mechanism in relation to the work of experts and quality of activities and material produced by subcontractors**
Workshop chair: Josep Grifoll, AQU Catalunya
- D. Internal feedback & reflection and external feedback**
Workshop chair: Anne Crausaz, Center for Accreditation and Quality Assurance of the Swiss Universities (OAQ)
- 13:30 **Presentation of the EVA Barometer**
Signe Ploug Hansen
- 14:00 **Presentation of CTI's system to assure the traceability of evaluation documents**
Anne-Marie Jolly, Commission des Titres d'Ingénieur
- 14:30 – 15:00
Seminar ends: Conclusions from the workshops
Teemu Suominen, ENQA
- Conclusions from the event** by Gemma Rauret
- Plans for the future, event feedback arrangements**
New and outgoing IQA Steering Group
- Closing address** by Javier Bará Temes

Annex: Accountability procedures in the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)

STANDARD:

Agencies should have in place procedures for their own accountability.

GUIDELINES:

These procedures are expected to include the following:

1. **A published policy for the assurance of the quality of the agency itself, made available on its website;**
2. **Documentation which demonstrates that:**
 - the agency 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;
 - 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. 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.
3. **A mandatory cyclical external review of the agency's activities at least once every five years.**



A meeting between the staff members of the ENQA member agencies was held in Copenhagen in April 2007, in which the implementation of the internal quality assurance (IQA) systems in the ENQA member agencies was addressed. The present report is a product of “Internal QA -systems and the ESG” seminar in Barcelona in April 2008 that also constituted the first annual meeting of the ENQA IQA Group. Among other issues, the European standard (and ENQA membership criterion) on accountability procedures was extensively discussed in the seminar.



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