

Guidelines for ENQA Agency Reviews

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1 Introduction

An external review against the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG) is a prerequisite for application to become a member of ENQA, the European Association for Quality Assurance in Higher Education. It is also a requirement for agencies wishing to apply to the European Quality Assurance Register¹ (EQAR), as set by the Bologna Process Communiqué of London, 2007:

“applications for inclusion on the [European Quality Assurance Register] should be evaluated on the basis of substantial compliance with the ESG, evidenced through an independent review process endorsed by national authorities, where this endorsement is required by those authorities”².

Since 2011 ENQA has coordinated in principle all reviews for the purpose of ENQA membership application to ensure greater consistency and quality of the review reports. With the increased number of reviews to be coordinated by ENQA, and to ensure that the reviews remain a meaningful process of enhancement and development for the quality assurance agencies in subsequent review rounds, the ENQA Board established a specific working group in June 2014 to revise ENQA’s review methodology and these guidelines. The present guidelines describe the revised review model, the main principles for the ENQA Agency Reviews and - most of all - work as a practical handbook for agencies and external reviewers. The ENQA Agency Reviews are designed to meet the expectations of both the ENQA Board, for membership applications, and of EQAR, for the purpose of registration. In addition, the ENQA Agency Reviews may be used for other purposes where an agency needs to formally demonstrate its compliance with the ESG, such as in different national contexts. The ENQA Agency Reviews is thus a process to stimulate trust in quality assurance and quality of higher education internationally and to support and add to the legitimacy of the agency at the national level (where relevant).

The ESG form the basic framework for quality assurance in the European Higher Education Area (EHEA) and serve as the reference tool for the ENQA Agency Reviews. The model and performance of the ENQA Agency Reviews are, as far as possible, prescribed by the standards in Part 2 of the ESG, i.e. the standards describing how an agency should organise its external quality assurance activities. External reviews may have serious consequences for agencies, not only in terms of granting access to membership of ENQA, and inclusion in EQAR, but also in terms of indirect judgments on credibility, quality, and other predications of entire external review systems, or even the higher education system of a country or region. Thus, the ENQA Agency Review process aims at being consistent and trusted, with a constant attention to the quality assurance and improvement of the method itself.

ESG 2.2 Designing methodologies fit for purpose

STANDARD:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulation. Stakeholders should be involved in its design and continuous improvement.

With the revised model for ENQA Agency Reviews, and the present revised guidelines, ENQA aims to present to QA agencies that are interested in an ESG review with a clearer, better-structured, more efficient, and more useful approach to external quality assurance of QA agencies. These guidelines are

¹ www.eqar.eu

² Bologna Process London communiqué (2007). *Towards the European Higher Education Area: Responding to challenges in a globalised world*. Available at: http://www.ehea.info/Uploads/Declarations/London_Communique18May2007.pdf.

intended to support all individuals and entities involved in the review process and, most importantly, the agencies under review and the external reviewers.

2 Main characteristics of the ENQA Agency Review

2.1 Purpose and organisation of the review

In accordance with the ENQA membership criteria laid down in ENQA's Statutes and Rules of Procedure, member agencies are required to undergo external reviews against the ESG, as adopted by the European ministers in charge of higher education first in Bergen in 2005 and in their thoroughly revised version in Yerevan in 2015. Quality assurance agencies in the EHEA should undertake an external review at least once every five years. ENQA membership is open to QA agencies which are able to demonstrate, through an external review, their substantial compliance with the ESG.

Consequently, the principal aim of the ENQA Agency Reviews is to assess an agency's compliance with the ESG in order to enable it to apply for membership in ENQA. At the same time, the ENQA Agency Reviews may be used, and are in fact used also for other purposes, in particular for application of registration to EQAR. In fact, ENQA Agency Reviews also comply with EQAR's requirements for external reviews.

ENQA may also coordinate ESG compliance reviews of agencies which do not wish to or cannot apply for ENQA membership, such as QA agencies outside the European Higher Education Area (EHEA.) The terms of non-EHEA agencies/agencies not wishing to apply for ENQA membership will be negotiated with the agency in question separately, but will comply in terms of content and procedures with these guidelines.

To be eligible for an ENQA Agency Review, the agency should have been operational in quality assurance for at least two years and should have completed at least five review reports.

2.2 Reviews for ENQA membership coordinated by other organisations

As of 1 July 2011, the reviews of all agencies wishing to apply for or reconfirm their membership in ENQA are coordinated by ENQA in order to guarantee a higher level of consistency of the reviews. However, ENQA accepts also reviews coordinated by other entities. In cases where the review is not conducted by ENQA, the agency should provide the ENQA Secretariat with the identity and contact details of the body coordinating the review before the start of the process. The review coordinator, the draft terms of reference, and the review panel should be approved by the ENQA Board, so that compatibility with the requirements of the ENQA Agency Review guidelines can be verified. This is to help ensure that the outcomes of the review process meet the requirements of the ENQA Board in assessing compliance with the ESG.

Certain elements will be required of a review for it to be acceptable to the ENQA Board to demonstrate that the agency is in compliance with the ESG, namely:

- the management of the review process must be completely independent of the agency itself;
- all parts of the review's management and process must be transparent and therefore easily open to examination by the ENQA Board;
- the report produced must be sufficiently detailed to provide satisfactory assurance to the ENQA Board of the robustness of the review;

- the report must provide sufficient, verified information which clearly shows how the agency understands the requirements of the ESG and complies with them.

NB. In the case of reviews not coordinated by ENQA, the Secretariat will not be in the position of providing personalised support to the agency under review and/or the review panel.

2.3 Principles

The review will be based on the following principles:

- the review is an evidence-based process carried out by independent experts;
- the information provided by the agency is assumed to be factually correct unless evidence points to the contrary;
- the review is a process of verification of information provided in the self-assessment report (SAR) and other documentation and the exploration of any matters which are omitted from that documentation;
- the process is transparent and outputs are published;
- the level of conformity with the ESG required for ENQA membership is that of “substantial compliance”, not rigid adherence (see section 6.4.2.1).

2.4 Remit of the review

The reviews will cover all quality assurance activities of the agency under review, regardless of whether they are carried out in the agency’s predominant country/region of operation, in other countries of the EHEA, or outside the EHEA, and regardless of whether they are compulsory or voluntary in nature.

The first ESG review of an agency will pay specific attention to the policies, procedures, and criteria in place. Full evidence of concrete results in all areas may not be required at this stage (such as completed reports of system-wide analyses). However, the agency must be able to document (as in action plans with timetables) how they are able to achieve results according to all standards by the next review.

The second and subsequent reviews will require clear evidence of results in all areas. In addition, further reviews will need to acknowledge progress from the previous review. This is a mandatory element in both the SAR and the panel report.

It should of course be noted that all reviews – whether first, second, or subsequent - must always have a developmental approach and aim at constant enhancement of the agencies.

NB. The panel is expected to review the current status of an agency and not planned or foreseen developments which, for example, may affect the legal status of an agency and its operations in a substantive way.

2.5 The main steps of the ENQA Agency Review process

In line with the requirements of the ESG, ENQA Agency Reviews are composed of four main elements: self-assessment, external evaluation, external review report, and follow-up.

ESG 2.3 Implementing processes

STANDARD:

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include

- a self-assessment or equivalent;
- an external assessment normally including a site visit;
- a report resulting from the external assessment;
- a consistent follow-up.

The ENQA Agency Review is initiated by an application from an agency that wants to be granted or to renew ENQA membership. ENQA may also accept requests for reviews against the ESG for purposes other than membership (including reviews of agencies outside the EHEA). The agency should contact the ENQA Secretariat to initiate the review process about 15 months prior to the expected completion of the review process (and about 10 months before the expected date of the site visit). From this moment onwards, each review is assigned to an ENQA Secretariat staff member who will act as the review coordinator. This person serves as the main contact person for the agency and the review panel throughout the process and will support all those involved during the different stages of the process.

During the initial phase, ENQA and the agency agree on the terms of reference of the review, including the activities to be subjected to the review as well as the overall timelines. Agencies wishing to apply also to EQAR will need to contact EQAR prior to the finalisation of the terms of reference and thus before the formal start of the actual review process.

Self-Assessment

The first main stage of the review process is the production of the self-assessment report (SAR) by the agency under review. In order to be accepted and processed by ENQA, the SAR shall follow a guide of content provided in these guidelines, covering all indicated elements. The SAR will be analytical in nature, and in the case of a second or subsequent reviews, the agency is also expected to make explicit reference to the recommendations from previous reviews, underlining the related developments. It will also highlight changes and developments in relation to the other criteria.

The ENQA Secretariat will carry out an administrative scrutiny of the SAR to verify that it meets the requirements of these guidelines. In cases where it does not, the agency will be asked to modify the SAR accordingly before being able to proceed with the review process.

External evaluation

When the SAR, composed in line with the ENQA guidelines, has been accepted by the ENQA Secretariat, the ENQA Board will commission a panel of independent reviewers to carry out the review process. The mandate for the review panel is to evaluate the agency's activities and to advise the ENQA Board whether an agency is acting in substantial compliance with the ESG. The panel will be able to do so through a thorough assessment of the SAR, study of additional material such as information available on the agency's website, and through a site visit to the agency.

The purpose of the site visit is to verify information provided in the SAR and to gain new knowledge about the agency under review. It is also an opportunity for the agency to engage in an exchange regarding its activities and development. An ENQA Secretariat staff member will participate in the site visit to ensure the integrity of the process and that the requirements of the ENQA review guidelines are met. This is expected to support the consistency of the review processes.

The site-visit will take place at the earliest six weeks after the ENQA Secretariat has accepted the SAR.

The external review report

Based on the information collected, through documentation and the site visit, the review panel drafts the external review report (ERR) and sends it to the ENQA Secretariat. The ERR is written using the ENQA Agency Review Template. The panel's judgement on compliance is provided for each standard with the following grading: fully compliant, substantially compliant, partially compliant, or non-compliant. Before sending the report to the reviewed agency for factual corrections, the ENQA Secretariat review coordinator checks the report for consistency, clarity, and language.

After the factual check by the agency, the review panel finalises the report, which is then submitted to ENQA. In addition to the review report, the agency applying for membership is asked to provide a letter outlining its motivation in applying for membership and the ways in which they expect to contribute to the work and objectives of ENQA during membership.

The ENQA Board takes the decision on membership based on the evaluation and recommendations given in the final ERR. When the overall conclusion of the evaluation is that the agency under review complies substantially with the ESG, the agency is accepted or reconfirmed as a member of ENQA. ENQA publishes all the ERRs regardless of whether the decision was negative or positive as soon as the Board has taken its final decision. The membership is valid five years from the date of the Board decision.

Follow-up

All agencies are required to submit a follow-up report at the latest two years after the ENQA Board's decision. The purpose of this follow-up is to engage the agency in a constant process to assess and enhance its own quality and quality work. The report will address all standards on which the panel and/or the ENQA Board has made recommendations and demonstrate how it has decided to address them. In addition, any significant changes or developments in the agency or its area of operation should be described briefly.

Furthermore, the agency may take advantage of an additional follow-up visit by two reviewers from the original review panel (whenever possible). The specific objective of the follow-up visit is to generate a stronger, enhancement-oriented dialogue that ordinarily might be difficult to truly integrate in the compliance-focused site visit. The follow-up site visit is voluntary, but its cost is included in the overall review fee. The agency should inform the ENQA Secretariat about 10-12 months before the expected date of the follow-up visit should they not wish to avail of this opportunity. Otherwise, the ENQA review coordinator will contact the agency to organise the follow-up visit and will engage the reviewers to carry out the task.

Both the agency's follow-up report and the short report by the reviewers is published together with the already-published ERR.

The details of each of these steps are described below in sections 3-7.

3 Terms of reference for the review

Immediately after the ENQA Secretariat has accepted the request to coordinate an agency review, ENQA and the agency under review draft and agree on the terms of reference and preliminary timetable for the review. Should the agency wish to apply also for EQAR registration using the same

review report, the agency must contact EQAR prior to the finalisation of the terms of reference to agree on the activities to be included in the review process. The terms of reference for the review are published on the agency's website. The terms should:

- Clearly identify that the purpose of the review is confirmation on compliance to the ESG, for ENQA membership purposes or (if it is also known at this stage) state that the review is also to be used for other purposes, most importantly as application for registration to EQAR. If the review will also be used for application to EQAR, the agency should seek EQAR's approval of the terms of reference prior to their finalisation (see Annex I);
- Clearly identify the activities of the agency that are going to be the subject of the review. All quality assurance activities of an agency under review that fall under the scope of the ESG should be included in the review whether they are carried out in the agency's own jurisdiction or in other countries/systems, and whether the activities are of obligatory or voluntary nature (each of the quality assurance activities that are included in the ENQA Agency Review need to be addressed clearly in the SAR and the ERR.)
- Clearly outline how the review is going to run: the number of reviewers, administrative arrangements, approximate timing, language issues and arrangements for interpretation if necessary, etc.
- Mention any relevant background information/preceding events (e.g. previous membership applications) about the review.

The terms of reference and timetable for the review form the basic outline of the review process itself. For the ENQA Agency Reviews they are an annex to a contract between ENQA and the agency. The contract specifies, in addition, the fee payable and procedures for payment. It also contains information on the procedures to be used in the event of an appeal.

In cases, where the review is not coordinated by ENQA, there will be a separate agreement on terms of reference between the agency, ENQA, and the review coordinator as described in section 7.5. The ENQA review coordinator completes the timetable in cooperation with the review panel as soon as the members are appointed.

4 Production of the self-assessment report (SAR)

4.1 Form and content of the self-assessment report

An essential part of the review process for the agency is the preparation of its self-assessment report (SAR) and the supporting documents. This is the agency's opportunity to reflect on how it measures up to the ESG and to gather the key documentation which supports its claim of compliance. As the self-assessment documents normally provide a substantial portion of the evidence which the review panel draws on in forming its conclusions, it is also important that the report provides clear information, sufficient reflections, critique, and analysis and that its contents can be corroborated by documentary and/or oral evidence about the ways in which the agency meets the ESG. This allows the review team to prepare lines of enquiry in advance of the site visit.

The contents of SARs may vary depending on the agency's range of activities, its geographical area of operation, its history and background of reviews, and so on. However, agencies must make sure to include a description and assessment of all the quality assurance activities to be evaluated by the

panel³ covering for each type of activity each of the standards in the ESG parts 2 and 3 individually. For each standard the agency should indicate how they interpret and comply with it, including sufficient evidence and analysis on the effectiveness of the agency's approach. The SAR is also expected to contain a brief description of the relevant higher education system in which the agency predominantly operates as well as of the agency's quality assurance activities abroad (where relevant.)

Where the ENQA Board has previously identified areas for development, and expressed recommendations in the letter confirming ENQA membership, these are expected to be followed up and taken into consideration in the SAR, indicating how the agency has acted on the recommendations. Any progress made in the areas mentioned in the letter, or other areas, should be mentioned.

ENQA expects that the SAR not only states what has been achieved, but also provides a reflection on the practices that could contribute to enhancing the agency's activities in the future. In other words, the SAR should be both backward and forward looking, as well as provide an accurate picture of the current situation.

In order to harmonise the contents of the self-assessment, in terms of level of detail, thoroughness, and evaluative character, a self-assessment document is expected to follow the guide of content provided by the ENQA Secretariat (see Annex II). The self-assessment document should contain in particular, and in addition to the ESG individually addressed, the following elements:

- a brief description of the national higher education system and history of the agency
- a SWOT analysis
- the external QA activities undertaken by the agency, as well as its cross-border quality assurance activities
- a description of the evaluation method
- the internal quality assurance procedures
- the international activities
- information and opinions of stakeholders
- a feedback report analysis on quality and consistency of the services of the agency
- the main findings of previous review(s) and actions taken (where relevant)

The agency may enclose as annexes to the report the most crucial documentation (within reason, not more than ten annexes) it thinks may help the panel in its analysis of the report. Further documents may be prepared by the agency for the site visit or requested by the review panel before or during the site visit. The SAR, annexes, and additional documents for the site visit should be in English and made easily available to the panel.

NB. The assessment report (SAR) should be self-standing and self-explanatory. The main purpose of the annexes is to provide further background to the issues described but should not be necessary for the basic understanding of the evidence provided.

4.2 Scrutiny of the self-assessment report

The ENQA review coordinator checks the SAR prior to sending it to the review panel to ensure that it conforms to these guidelines and includes all elements listed in the guide of content. Should this not be the case, the agency is asked to revise the report and a fee is charged to the agency. The agency will be given four weeks to provide the Secretariat with a revised report. The scrutiny of the report by

³ ESG (2015): *The term «quality assurance» is used in this document to describe all activities within the continuous improvement cycle (i.e. improvement and enhancement activities)*

the ENQA review coordinator is of a technical nature and will not include any assessment on the compliance of the agency with the ESG.

When the report is sent to the review panel, should the panel consider that it is lacking relevant, thorough, and evaluative information, the review chair and secretary may ask that the agency to revise the report. In such a case, the ENQA Secretariat must be informed prior to the request being made. The agency publishes the completed SAR on its website and submits it to the ENQA review coordinator after any additional changes have been made at the panel's request.

5 Appointment of the review panel

A review panel can perform its independent function most successfully when it comprises members who between themselves have a wide range of professional experience in higher education and quality assurance. ENQA Agency Reviews include at least four external reviewers, including:

- one or two quality assurance professionals, of which at least one should be currently employed by a QA agency and both having been engaged in quality assurance within the past five years
- (an) academic(s) at a higher education institution
- (a) student member(s)

When requested by the agency under review or when considered particularly pertinent, other stakeholder members (for example, a representative of the labour market) may be included instead of the second quality assurance professional or in addition to the four panel members.

One of these reviewers will be appointed as the panel's chair and one as its secretary.

5.1 Nomination of reviewers

ENQA receives nominations of reviewers from its member agencies, as well as from a number of European stakeholder organisations, namely the European University Association (EUA), the European Students' Union (ESU), the European Association of Institutions in Higher Education (EURASHE) and Business Europe. In each case the nominating organisation/individual should know the nominee personally. Nominations are submitted to the ENQA Secretariat together with a curriculum vitae of the nominated person(s). ENQA sends regular requests for nominations to its members and the stakeholder organisations, although non-solicited nominations may also be considered.

ENQA needs reviewers with different backgrounds and profiles. The ENQA member-nominated reviewers are usually quality assurance professionals such as former or current senior QA agency staff, or serving or recent past members of the Boards/Councils of QA agencies. However, ENQA-nominated reviewers may also be administrative staff of higher education institutions (such as quality assurance officers, for example), academics with sound experience in quality assurance, or representatives of the labour market.

EUA- and EURASHE-nominated experts may be administrative or academic staff members at higher education institutions or other experts able to represent the interests of higher education institutions. ESU-nominated experts are current students in higher education, and Business Europe nominees are representatives of the labour market.

NB. The reviewers are expected to be fluent in English (both written and oral) as the main working language of the review.

5.2 Training of reviewers

According to the needs of the expert pool and at its own discretion, ENQA invites nominated experts to ENQA reviewer training sessions. In order to ensure that the agency reviews are rigorous, fair, transparent, and consistent, such training is obligatory for all potential ENQA reviewers, independent of the organisation that has nominated them (ENQA, ESU, EUA, EURASHE, or BusinessEurope). Based on the lessons learned, feedback, and materials from completed reviews, the training sessions provide reviewers with the necessary knowledge and guidance on the use of the ESG, on the ENQA Agency Review process, and on compliance assessment. In addition, the future panel members are briefed on the expectations of the ENQA Board on the reviews and the related reports, and provides a forum to discuss the way in which ENQA understands the requirements of the ESG for QA agencies.

Only reviewers who have attended an ENQA reviewer training session are included in the ENQA pool of trained experts and may be appointed to panels of ENQA Agency Reviews. Nomination to the ENQA pool is not a guarantee of being invited to a training, as this is done on the basis of the needs of the reviewer pool (profile, nationality, language competences, gender, and expertise). While most of the trained reviewers are invited to become members of a review panel within 1-2 years of the training, attendance of a training does not automatically guarantee an invitation to take part in a review process.

5.3 Appointment of reviewers

The selection and appointment of reviewers for a review process is always carried out by the review coordinator (and not by the agency being reviewed) to avoid conflicts of interest and to preserve the integrity of the process.

When appointing reviewers for a review process, the key requirement is that the members of the panel should be totally independent of the agency under review and have a sufficient level of knowledge, experience, and expertise to conduct the review to a high standard. Experts are required to notify the ENQA review coordinator in writing of any connection or interest, which could result in a conflict, or potential conflict, related to the review. Furthermore, experts are required to notify the ENQA review coordinator as soon as possible of any changes in, or additions to, the interests already disclosed which occur during the review process. If experts are unsure as to whether an interest should be disclosed, they should discuss the matter with the ENQA review coordinator.

For ENQA Agency Reviews at least one of the reviewers is an ENQA nominee (most often the QA professional[s]). At least one of the reviewers is appointed from the nominees of either EUA or EURASHE (representing higher education institutions), and the student member is always selected from among the ESU-nominated reviewers. If requested, the labour market representative may come from the Business Europe nominees or from ENQA. An additional panel member may be included in the panel at the request of the agency under review. In this case an additional fee to cover the reviewer's fee and travel expenses is applied.

In addition, when appointing a panel, the following selection criteria are applied:

- All panel members must have been trained by ENQA (see section 5.2).
- At least two panel members come from outside the national system of the agency under review (if relevant): international member(s) of the panel can provide very valuable insights for the review and help to establish its credibility.

- The chair and the secretary may not come from the same country, and the chair should not come from the country of the agency under review (in the case of nationally or sub-nationally based agencies).
- At least one member of the panel has good knowledge and understanding of the higher education and quality assurance system in which the agency (predominantly) operates.
- At least one panel member has fluent knowledge of the main working language of the agency and/or the language of the country in which the agency (predominantly) operates.
- Gender balance is taken into consideration to the greatest extent possible. A panel never has only male or only female members.
- No current or recent (at least five years) former members of staff of the agency under review can take part in the review panel.
- Current members of the ENQA Board are not eligible to serve as reviewers in the ENQA Agency Reviews.
- The chair will have previous experience in taking part in an ENQA review panel.
- The secretary will have previous experience in taking part in an ENQA review panel.

In addition, whenever possible, at least one panel member will not have previously participated in an ENQA Agency Review.

Information on the roles and duties of the different panel members can be found under section 7 below. The agency under review is given the opportunity to comment on the selected panel members and signal any possible conflict of interest or bias.

The review panels must be approved by the ENQA Board, whether the review is coordinated by ENQA or another entity. The Board should be provided with the CVs of all panel members as well as a brief explanation about how the panel meets the requirements for ENQA Agency Reviews in terms of composition, profiles, experience, and skills as described above.

After the panel has been established, the ENQA review coordinator introduces the panel members to each other and facilitates contact between the chair and secretary and the agency's contact person for the review process.

6 The site visit

6.1 Objectives

The site visit has a number of key objectives:

- to enable the review panel to share, face-to-face, the impressions gained from the SAR;
- to explore in meetings and interviews with the key individuals at the agency under review, the agency's compliance with the ESG;
- to explore through additional documentation the agency's compliance with the ESG;
- to engage in a dialogue with the agency on its operations and ESG compliance;
- to formulate the panel's preliminary findings regarding compliance with the ESG and communicate these to the agency;
- to produce material for the draft report as a solid basis for further development after the site visit.

To enable the site visit to reach these objectives, it is essential that the visit is very well prepared and that the process and the panel's time are managed efficiently and effectively. It is essential that the panel hold the interviews and the panel's own meetings in a room that ensures confidentiality (i.e. it

has to be separate and sufficiently sound proofed) and it is advised that the panel may enjoy its breaks, including all meals, privately. It is the responsibility of the agency to ensure that this is made possible.

The length of the visit should be determined at the beginning of the review process when the terms of reference are completed and have been agreed. In most cases, it is likely that a visit duration of at least 2.5 days is necessary for a review panel to reflect on and fully validate the self-assessment, as well as to clarify any points at issue. The time required will, however, depend on the country and agency in question, and may thus vary between reviews.

In some cases, and with the consent of both the agency under review and the chair of the review panel, an external observer may attend the site visit. The conditions regarding the participation of observers are specified in the Protocol for external observers on ENQA coordinated reviews (Annex III).

NB. The review panel should receive the SAR prepared by the agency, and checked by the ENQA Secretariat, as soon as possible after their appointment. It is important to leave at least four weeks available to the panel between the date of receipt of the SAR and the date of the site visit (see section 8 for timeline).

6.2 Before the site visit

6.2.1 Information available

Well ahead of the site visit, the agency under review is required to supply relevant information to the ENQA review coordinator for distribution to the panel. This information should be provided in English and be easily available. This can be done, for example, by creating a protected webpage on the agency's website where relevant documentation may be uploaded.

The panel should carefully study the material available before the site visit and use it to determine the main lines of enquiry for the site visit and for the production of the draft outline of the review report. The documentation to be submitted to the panel includes:

- Agency's self-assessment report, including annexes (see section 4)
- Any previous reviews or reports
- If the agency, or any part of the agency, has undergone any previous external reviews, or has been the subject of research or study, the corresponding reports should be submitted to the ENQA review coordinator prior to the review. Any eventual progress report(s) written by the agency as a follow-up of the previous review should also be made available to the panel. This includes the follow-up report prepared for ENQA by those agencies that are current ENQA members, as well as the related ENQA Board correspondence.
- Publicly available information
- Review panel members also need to familiarise themselves with the publicly available information about the agency, primarily its website and published documents (such as review reports produced by the agency).
- Information on the national legal framework
- A description of the legal framework of the higher education system in the country where the agency is based/predominantly operates (where relevant) is very useful for the review panel to better understand the relation between the agency and the relevant national context. Such information can be made available on the agency's website or in the SAR or can be distributed by the agency to the review panel upon request.

NB 1. Panels should systematically review the feedback reports prepared by the agency on their different processes and consider the complaints that the agency may have received so that eventual issues arising may be addressed during the site visit.

NB 2. It is recommended that the chair and the secretary, with input from the other panel members, request additional documentation where deemed necessary and already identified, in advance of the visit. Eventual additional documents, for which the need arises in the meeting or which may not be available electronically, may be asked for and should be provided on the spot during the site visit. The main source of information during the site visit should thus be the interviews with the leadership, staff, and stakeholders.

6.2.2. Preparatory teleconference

A preparatory teleconference will be organised between the review panel and the ENQA review coordinator to discuss the whole process of the review, and more specifically:

- the purpose of the review;
- the roles and responsibilities of panel members;
- the use and understanding of the ESG and judgement of compliance;
- the link between evidence and information, analysis, and conclusions in the review report;
- timeline and management of the site visit;
- drafting of the report;
- submission of the final review report and the decision-making process.

The preparatory teleconference also presents an important opportunity for the panel members to be introduced to each other.

The preparatory teleconference is compulsory and usually takes place three to four weeks before the site visit. The call lasts about 60-90 minutes, and its costs are reimbursed by ENQA afterwards (together with the site visit travel claim). The call is organised and chaired by the ENQA review coordinator.

NB. It is important that the panel members participate in the call from a quiet location where they can take part without being disturbed.

A separate preparatory teleconference will be held between the secretary and the ENQA review coordinator soon after the appointment of the panel for the purpose of a smooth overall organisation of the review process and to discuss its practical aspects.

It is recommended that the review chair and secretary meet or hold a teleconference after having both independently read the SAR. This is useful to tease out specific issues and to prepare a list of matters on which clarification is needed.

6.2.3 Preparation of material and setting the programme of the site visit

For the purpose of developing well-structured lines of enquiry and the schedule for the site visit, it is strongly advised that the panel members draft a mapping grid, based on the ESG (Annex IV and Annex V). The site visit programme will be prepared by the chair and the secretary, in cooperation with the agency under review, and based on advice from the ENQA review coordinator. While the precise structure of the site visit - and the number and types of people to be interviewed - will depend on the context of the agency, on the quality of the SAR, and the number and types of issues that need special

attention during the site visit, the suggested outline may provide support in designing the site visit programme (see Annex VI). For the profiles of typical interviewees, see also 6.3.2 below.

It is also strongly advised that the secretary draft an outline version of the panel's report prior to the site visit. This will save time during the visit (and afterwards) and will make it easier to identify areas that will require further information, enquiry, or clarification and to ensure that no gaps remain after the site visit.

6.2.4 The use of an “agency resource person”

In order to ensure that the panel reaches a sufficient understanding of the specific national/legal context in which an agency operates, or of the specific quality assurance system to which it belongs, the panel may request to make use of an “agency resource person” during the site visit. This person would typically be a senior member of staff with sufficient knowledge on the history and present situation of the agency and the quality assurance and higher education system in question (and would likely not be the person in charge of the organisation of the review process at the agency). The panel may wish to organise a pre-visit meeting with the agency contact person (e.g. right before the start of the site visit) to clarify elements related to the overall system and context, so that time during the interview sessions may be used in full for verification of the agency's ESG compliance. The agency contact person may also be invited to provide further clarification in between interview sessions or at the end of the first and/or second day of the site visit.

The request to use such a “resource person” needs to be made to the ENQA review coordinator (who arranges the contact with the agency) at least two months prior to the site visit.

6.3 During the site visit

6.3.1 Panel kick-off meeting

The whole panel meets on the day/morning before the site visit (before, after, or in conjunction with the meeting with the “agency resource person” as described above in section 6.2.4). The panel members discuss the schedule of the visit (including panel meetings, meetings/interviews, and time to study documentation), the specific roles of each reviewer during the site visit, their impressions gained from the pre-visit information, and any highlighted lines of enquiry on which the panel wishes to focus, i.e. the areas of the ESG of which the site visit may need to particularly focus. Although the review needs to address *all* the ESG, by developing “lines of enquiry” the panel is able to target its efforts where there is greatest concern about the level of compliance, or where information provided in the SAR and other documentation provides less comprehensive evidence. At this point, the panel might identify any additional documentation which it would like to have access to during the site visit. In contrast, it may be evident from the information available before the site visit that the agency clearly fulfils some of the criteria, and these areas may warrant only a briefer exploration and verification during the site visit.

During the kick-off meeting, the panel decides on the agenda for the first meetings or interviews and formulates tentative outline agendas for the remainder. The basic structure of the meetings, i.e. who will ask the questions and in what order, should be decided at the latest by this time.

The kick-off meeting is also an opportunity for the ENQA review coordinator to remind the panel about the requirements of these guidelines and to highlight some elements that may require specific attention during the site visit. Likewise, the panel is encouraged to clarify any open questions with the ENQA review coordinator at this point.

6.3.2 Meetings or interviews with key agency personnel and stakeholders

The site visit is conducted in English. If the agency wishes to use interpreters during the interviews, it should let the panel and the ENQA review coordinator know at least one month prior to the visit (see section 8) in which interviews an interpreter will be necessary. The timing of the meetings with an interpreter should be adjusted accordingly. All other interviews, i.e. those for which the use of an interpreter has not been specifically requested and agreed, should be carried out in English. The panel needs to approve the interpreters, who must be external to the agency's operations. The agency bears the costs of interpretation.

During the site visit, it is strongly advised that the review panel should meet, among others, all staff members who have contributed to writing the SAR; the management and leadership of the agency; staff members involved in quality assurance activities; reviewers engaged by the agency; and a range of stakeholders (such as reviewed institutions and/or programmes, academics, students, labour market representatives, relevant higher education authorities, etc.). When building the programme, care should be taken to ensure that each group and/or person may feel as free as possible to express their views and opinions on the agency's work. Therefore e.g. staff members should be interviewed separately from the leadership, reviewers separately from review coordinators, students separately from academics, etc. The size of the groups for any meeting/interview session should be kept limited. Experience has proven that group sessions with more than six people are less helpful, especially if the time allowed is short.

It is often helpful for the panel to reserve the last interview slot for the leadership of the agency to clarify any remaining issues after the other interviews.

At the beginning of each meeting, the review chair should:

- introduce the panel members and ask for introductions from those present;
- outline the areas to be covered during the interview and in what order;
- agree on the finishing time of the meeting.

After each meeting or interview, the panel discusses briefly where the meeting has taken the review – what is presently known and what still needs to be investigated. This should assist the review secretary in drawing up a list of, or completing a mapping grid on, the key outcomes of the meeting for later reference. The panel should then refine the list of themes/questions for the subsequent meetings, if necessary. In practice this means that the panel should have around 10 minutes in between interviews for private conversation. Typically, a panel would, in addition, hold a longer private meeting at the end of the first and second days of the site visit to map areas still to be covered and adjust, if needed, the interview questions for the following day(s).

N.B. Eventual additional documents, for which the need arises in the meeting or which may not be available electronically, may be asked for and should be provided on the spot during the site visit; however, the main source of information during the site visit should be the interviews with the leadership, staff, and stakeholders.

6.3.3 Final panel meeting

Just before the end of the site visit, the panel meets to draw together its conclusions based on the information presented. At this point it is useful to take time to work through each aspect of the ESG and confirm the panel's key findings and any areas of concern.

6.3.4 Final meeting with the agency

The site visit concludes with a final de-briefing meeting involving the panel members, staff, and Council/Board members of the agency, as decided by the panel. The chair can outline the panel's opinion on the fulfilment of the ESG (not its judgement on the granting or (re)confirmation of ENQA membership) and explain the next steps in the review process. The purpose of the final meeting is to provide some immediate feedback to the agency without prejudice to the formulation of compliance in the final report and to the ENQA Board decision.

6.4 After the site visit

It should be noted that the agency may not submit new information to the panel after the site visit. All relevant information should be provided to the review panel either before or during the site visit. After the site visit, only factual comments on the draft review report are possible. The agency should also refrain from contacting the panel members or the ENQA review coordinator on matters related to the content of the review report prior to its completion.

6.4.1 Feedback system

After the completion of the report, but before the decision on membership by the ENQA Board, the ENQA Secretariat gathers feedback from (i) panel members and (ii) the agency through a feedback questionnaire on the review process.

In addition, the chair is expected to provide - if appropriate, in cooperation with the secretary - an informal feedback letter to the ENQA Board on the review process, including feedback on the overall operation of the review; usefulness of preparation activities; frankness and completeness of the documentation provided by the agency; the quality of the dialogue experienced during the site visit; coordination by ENQA; and the report-drafting process. This should be sent to the ENQA Secretariat at the latest together with the completed review report.

6.4.2 Production and publication of the external review report

The main outcome of the review process is the external review report (ERR) by the expert panel. The ERR is drafted by the review secretary, in collaboration with the chair and the rest of the panel members, on the basis of the SAR, the site visit, and the review panel's findings.

The purpose of the ERR is to:

- **provide** the ENQA Board with sufficient information on the ESG compliance of the agency under review and to enable the Board thus to take a decision regarding the agency's membership in ENQA;
- **be perceived** by the agency as a fair and relevant document for the consolidation and further development of the agency;
- **give sufficient information** to EQAR for listing in the register (where relevant);
- **serve as a source of reliable and transparent information** for other agencies and other interested stakeholders.

The structure of the ERR is provided as a template in Annex VII, which gives more detailed guidance on what should be included in each of the sections. For all ENQA Agency Reviews, the ERR must be submitted using the provided template.

Even when the sole purpose of the review is to assess the agency's compliance with the ESG for purposes of ENQA membership application, the review panel may include in its report any additional reflections or developmental recommendations that it may wish to offer. If these are extensive, they can be included in the optional additional section of the report (see Annex VII), or if brief, as part of the conclusions.

6.4.2.1 Writing up findings

To enable the ENQA Board to make an assessment of the ESG compliance of the reviewed agency and to reach a sound conclusion, it is important that the findings section is written in a way that reveals both the evidence for and the reasoning/analysis behind the panel's conclusions. Under each criterion the panel should carefully describe the relevant evidence available and provide an analysis of the evidence and an assessment of compliance. The reports must be written in clear and correct English, be well structured, and use correct terminology for compliance assessment.

The following main elements should be kept in mind:

- All ESG standards of parts 2 and 3 need to be fully covered;
- Each ESG standard should be discussed separately;
- Under *each* ESG standard, the report should include:
 - (i) **EVIDENCE:** a short description of the evidence gathered – *making reference to meetings or documentation explored and - where relevant- to changes implemented since the previous review;*
 - (ii) **ANALYSIS:** a consideration of how far, based on the evidence available, the agency does (or does not) meet the ESG standard and eventual reasons or explanations for lack of compliance;
 - (iii) **CONCLUSION (judgement on compliance):** explanation of how compliant the agency is, in the opinion of the panel (based on the evidence and analysis), with the ESG standard:
 - **Fully compliant:** the agency is entirely in accordance with the ESG standard, which is implemented in an effective manner.
 - **Substantially compliant:** the agency is to a large extent in accordance with the ESG standard, the principle/spirit of which is followed in practice.
 - **Partially compliant:** some aspects or parts of the ESG standard are met while others are not. The interpretation of the ESG standard is correct, but the manner of implementation is not effective enough.
 - **Non-compliant:** the agency fails to comply with the ESG standard.
 - (iv) **RECOMMENDATIONS (if any) and COMMENDATIONS**

NB 1. The link between evidence, analysis, and conclusions should be mutually supportive and provide the ENQA Board members, who take the decision on membership based on the review report, with clear information on how the panel reached its conclusion on compliance. Furthermore, the recommendations should logically follow from the judgement on compliance. The well presented evidence-analysis-conclusion-recommendation format enables the ENQA Board to see how and why conclusions have been reached based on the evidence available to the review panel. In other words, the judgment must clearly follow from the evidence and analysis provided, and statements such as

“the panel is convinced that the agency is fully compliant” or “it was clear from the interviews that the agency fully complies” are not sufficient, if not supported by evidence and analysis.

NB 2. Progress, in respect to any previous review, should be clearly indicated through analysis on how the agency has addressed the provided recommendations (both by the panel and by the ENQA Board).

NB 3. The role of commendations, in addition to recommendations, is important to highlight and promote good practice and excellence in external quality assurance, and the panel is thus asked not only to highlight areas that require further development but also areas in which the agency has excelled.

6.4.2.2 Judgements expected

ENQA requires graded compliance to be practiced by the panel. The purpose of graded conclusions is to give a nuanced picture of compliance, primarily to the agency, but also to ENQA. The panel is expected to comment on the overall compliance of the agency with the ESG. The overall level of compliance required for ENQA membership is substantial compliance (see section 2.3). Where an agency is found to be either partially compliant or non-compliant with a standard, the reasons for this should be explained. Full or substantial compliance may be impossible for some agencies, owing to restrictions placed on them by the very nature of their work and/or legislation in place in their (predominant) country(ies) of operation. The ENQA Board will take these restrictions into consideration where duly explained and documented.

NB. As the judgement on compliance with each ESG standard is either fully/substantially/partially compliant or non-compliant, wordings such as “full compliance has not been achieved” or “not yet fully compliant” should not be used.

6.4.2.3 Drafting process

For the sake of both efficiency and accuracy, it is important that the report is drafted throughout the review process rather than solely after the site visit. Several of the sections may be written in an outline form before the site visit takes place, based on the SAR and other information available to the panel. The secretary is advised to add notes to the draft report during the course of the site visit, building on the outcomes of the meetings and further scrutiny of documentary evidence.

The secretary is in charge of providing the first post-visit draft of the report. However, the panel may decide that each member contributes with some written material from the early stages of the writing of the report onwards. In any case, and as a minimum requirement, all panel members should carefully proofread the draft report and return it to the secretary with any comments or amendments before the set deadline.

After revision of the draft by the secretary, and after agreement from the chair, the report is submitted to ENQA. The ENQA review coordinator checks and confirms that the report is submitted using the provided template and that it is in line with the requirements of these guidelines. After this check, the secretary will submit the report – without the judgements on compliance - to the agency for comment on factual accuracy and grave misunderstandings only. The agency is given sufficient time to do this (usually 2-3 weeks). The agency should not submit any additional material or documentation at this stage.

Any further revisions to the report based on the agency's comments are agreed between the chair and secretary, in consultation with the panel. The final version of the report is then submitted by the secretary (or the review coordinator if not ENQA) to the ENQA Secretariat, for the attention of the Board, and to the agency. The final report should normally be around 40 pages in length (excluding essential annexes).

NB. The report is not final and may not be used by the agency until the ENQA Board has confirmed the validity of the report. The decision on the validity of the report is independent from any eventual decision on ENQA membership (the ENQA Board validates also reports not used for ENQA membership if coordinated by ENQA).

In case of a review coordinated by another entity, a report drafted in a language other than English should be translated under the supervision of the chair before submission to ENQA.

6.4.3 Decision-making process

The agency submits the completed report, together with a letter explaining its reasons for applying for/requesting to renew their ENQA membership (including their expectations of and contribution to the Association), to the attention of the ENQA Board.

ENQA's General Assembly has delegated to the Board the consideration of review reports and subsequent decisions in respect to membership. The Board uses ERRs to reach a conclusion on whether an agency is in substantial compliance with the ESG. The process for the scrutiny of the reviews is provided in detail in the Scrutiny form for reconfirmation of or application for Full/Associate Membership (see Annex VIII). The main steps of the process are, however, the following:

- The report is distributed by the ENQA Secretariat to an ENQA review committee;
- Each member of the review committee produces an individual analysis of the report and a recommendation to the Board in the format of a scrutiny form;
- The Board takes a decision on the basis of the review report and the scrutiny by the review committee. The Board is not, however, obliged to follow the recommendations of the review panel nor of the review committee. The Board makes its decision in light of the gathered evidence.
- Should the Board deviate from the recommendations of the panel and/or the recommendation of the review committee, the reasons shall be specified in the Board's letter to the agency, which is to be published on the ENQA website together with the review report.

The possible outcomes of the Board's decision on whether the agency is in substantial compliance with the ESG – and thus can be admitted or reconfirmed as a member of ENQA – are the following:

1. The agency is considered to be **in compliance** with the ESG and is admitted/reconfirmed as a member of ENQA.
2. The agency is considered as **not sufficiently in compliance** with the ESG.
 - I) In the case of **new applicants**, the agency will receive a letter outlining the main recommendations and areas to be addressed before a new review may be carried out. The minimum period before a second review after an unsuccessful one is usually two years. During this time, the agency may – and is encouraged to - become (or remain) an affiliate of ENQA.
 - II) In the case of **current members**, the agency will be designated as a “member under review”. This means that the membership is not renewed, but the agency may continue to be an ENQA member (and maintain its membership rights) for a “grace

period” of maximum two years, within which they need to make the necessary changes to reach a sufficient level of compliance with the ESG and undergo an additional partial review to verify progress. The details of the procedure for a partial review are described in the ENQA policy for partial reviews (Annex IX).

The Board will conclude with a negative decision when it considers that there is non-compliance at any standard. Other than that, the decision is based on a holistic assessment and is not the result of a mathematical equation.

6.4.4 Request for additional information or site visit

If the report’s contents, or the way in which the review was conducted, do not, in the Board’s opinion, allow it to come to a conclusion, the Board may decide what additional information is required. This may comprise further documentary evidence, additional information from the review panel (or the review coordinator) or the agency itself, or information to be acquired during an additional visit to the agency (lasting normally one day), carried out by the chair and the secretary if needed, to complete the assessment on compliance. In the event that a second site visit is required by the Board, the agency will be given the opportunity to accept or refuse another site visit. In case of acceptance, an additional fee plus travel and subsistence costs are recoverable from the agency (see section 9).

The Board’s powers in respect to membership matters, and the rules relating to appeals against a decision of the Board, are contained in the ENQA Statutes.

After the completion of a review process, the final report, together with the Board’s decision and the related recommendations, is published on the websites of ENQA and the reviewed agency.

6.5 Follow-up

In order to provide better developmental support to the agency, the follow-up report (due two years after the Board’s review decision) is obligatory and complemented by a small-scale site visit to the agency (two members of the original panel, whenever possible). This visit will be used to discuss issues, based on the ESG, considered of particular importance or a challenge by the agency. As such a conversation is carried out separately from the “compliance-review”, the benefits are expected to be greater for the agency. The price of this visit is included in the review fee (see section 9), so that no extra fee is charged to the agency.

6.5.1 Follow-up report

An agency is requested to submit a follow-up report usually within two years of the Board’s positive decision on membership. This may be reduced to one year in cases where urgent action is considered necessary. The purpose of this follow-up is to engage the agency’s continuous awareness of its own quality and quality work. The follow-up report is expected to address the recommendations from the ENQA Board and from the review panel. In addition, the agency may also highlight other developments or changes in the agency’s activities and processes that may be relevant in view of its ESG compliance. The report is to be submitted spontaneously by the agency within the timeframe provided in the Board’s membership decision. The follow-up report will be sent to the ENQA Secretariat, to the attention of the ENQA Board. The follow-up report will be published on the ENQA website as additional material to the review report as soon as it has been considered by the ENQA Board.

6.5.2 Follow-up visit

The ENQA Agency Review fee includes a voluntary follow-up visit by two reviewers from the original review panel (where possible). The follow-up visit will not have the objective of checking the agency's ESG compliance, but rather to generate a stronger enhancement-oriented dialogue that might be difficult to truly integrate in the ordinary site visit. The agency may suggest specific areas of interest to be discussed with the reviewers and may focus on areas in which the agency is struggling to meet the requirements of the ESG, or to discuss specific sub-sections of one or more ESG standards. The two experts who attend the follow-up visit will not be engaged in the following full review of the agency to avoid possible conflicts of interest.

The additional voluntary site visit will take place two years after the completion of the review process and will last one day. The agency may request to not have a follow-up visit performed by informing the ENQA Secretariat at least 10 months before the approximate timing of the follow-up visit. However, due to the non-investigative nature of the follow-up visit, most agencies are likely to benefit from this additional service.

7 Roles and responsibilities

The review panel is composed of four members, of which two are assigned the specific duties of the chair and the secretary.

Each member of the panel is expected to actively contribute to the work of the team. Therefore, experts are advised to carefully consider their workload before accepting the assignment. Failure to actively contribute to the panel and its duties, for whatever reason, is deemed a breach of the ENQA Code of Conduct for Review Experts (Annex X) and may lead to a reduction of the expert fee proportionate to the work not yet completed/contribution yet to be provided. The ENQA Board will assess the need for intervention on a case-by-case basis and will take the feedback of the ENQA review coordinator and/or the chair into account.

7.1 Review chair

It is the responsibility of the chair of the review panel to take overall responsibility for the review, the assessment of the agency against the ESG, and the production and quality of the report and to ensure the terms of reference of the review are respected. More specifically, the chair shall:

Before the site visit

- Liaise with the secretary and the agency to establish a provisional timetable of activities for the site visit;
- Review the documentation, including the SAR and any other information available prior to the site visit, to ensure it is complete and adequate for the needs of the panel;
- Request additional documentation from the agency, in agreement with the other panel members, prior to the site visit where necessary;
- Agree on the lines of enquiry to be pursued during the site visit, with contributions from the rest of the panel;
- Work with the secretary to produce an outline report.

During the site visit

- Chair all meetings and discussions;
- Ensure that all lines of enquiry identified are satisfactorily answered;
- Ensure that all panel members participate in the visit actively and in a balanced way, following the agreed sharing of tasks;
- Ensure that these guidelines are respected throughout the review process.

After the site visit

- Comment on the initial draft report produced by the secretary;
- Review any changes suggested by the ENQA Secretariat in view of respecting the requirements of these guidelines;
- Review any changes suggested by the agency after it has commented on the draft report;
- Sign off on the final report;
- Provide – if appropriate and in cooperation with the secretary – an informal feedback letter to the ENQA Board on the review process, including feedback upon the overall operation of the review, usefulness of preparation activities, frankness and completeness of the documentation provided by the agency, the quality of the dialogue experienced during the site visit, and the report-drafting process, at the latest when submitting the final review report.

At all times

- Identify possible misunderstandings of concepts within the review panel;
- Inform the coordinator about any eventual breach of contract by the agency or any of the reviewers and alert the coordinator to any concerns regarding the integrity of the review process.

7.2 Review secretary

The secretary is a full member of the panel of equal status to the other members, but with specific and different duties. The work of the secretary requires an experienced person (having a good knowledge of international quality assurance in higher education and of the ESG, as well as excellent communication and English writing skills), with adequate time available to carry out the tasks both before and after the site visit.

It is the specific responsibility of the secretary of the review panel to:

Before the site visit

- Act as chief liaison person during the course of the review process with the ENQA review coordinator, the agency, and the local technical assistant (if any);
- Liaise with the chair and the agency to set up a provisional timetable of activities for the site visit;
- Ensure that the timing of the site visit is feasible and that the facilities provided by the agency correspond to the needs of an independent review process;
- Distribute documentation, including the SAR, received from the agency/ENQA review coordinator to the rest of the review panel;
- Work with the chair to produce an outline report;
- Produce a mapping grid of the ESG;
- Produce a short briefing paper for the panel outlining the background of the review and the lines of enquiry that have been agreed.

During the site visit

- Act as the panel’s chief liaison person with the agency during the course of the site visit;
- Take notes during the meetings and during the panel’s private discussions;
- Keep a record of matters which require further clarification and bring these to the attention of the panel;
- Ensure a friendly but professional atmosphere during the meetings so that all interviewees may feel comfortable during meetings with the members of the review panel;
- Support the chair in ensuring that the previously agreed timetable (including possible sections with interpretation) is respected;
- Alert the ENQA review coordinator to any significant problems encountered during the site visit, so that remedial steps may be taken as soon as possible.

After the site visit

- Produce a draft of the review report based on the documentation provided and the notes taken during the site visit, as well as – if agreed – on the written contribution from the panel members;
- Circulate the draft report to the other panel members for comments, observations, and further contributions;
- After incorporating any additional suggestions, supply the draft report to the ENQA Secretariat to check for its alignment with these guidelines;
- After incorporating any suggested changes, supply the draft report to the agency to check its factual accuracy;
- Include the agency’s amendments (if any and if accepted by the review panel) in the draft report;
- Produce a final version of the report and submit it to the review panel, the agency, and the review coordinator using the ENQA Agency Review Template (Annex VII).
- If requested, draft (together with the chair) an informal feedback letter to the ENQA Board on the overall review process.
- Amend the report at the request of the ENQA review coordinator or the ENQA Board.

The secretary keeps the ENQA review coordinator informed of progress throughout the review.

7.3 Panel members

It is the responsibility of the members of the review panel to:

Before the site visit

- Review the documentation, including the SAR and any other information available prior to the site visit;
- Indicate to the chair if any essential documentation should be requested from the agency in addition to that which was provided with the SAR prior to the site visit;
- Respond swiftly to emails from the ENQA review coordinator, the secretary, and the chair regarding the review process in question;
- Make appropriate travel arrangements, ensuring that the most economic and feasible option is used, and inform the secretary of the planned arrival and departure times;
- Contribute to developing the lines of enquiry to be pursued during the site visit.

During the site visit

- Participate actively in all meetings and discussions and contribute to pursuing the lines of enquiry as agreed in the site visit kick-off meeting.
- Take occasional notes during the meeting in order to be able to constructively contribute to the panel’s judgement on the agency’s ESG compliance.

After the site visit

- Contribute to the drafting of the report as agreed within the review panel and under the coordination of the review secretary;
- Carefully proofread the initial draft report produced by the secretary and give any comments or amendments before the set deadline;
- Contribute to the amendment of the review report if requested by the ENQA review coordinator or the ENQA Board.

7.4 ENQA review coordinator

ENQA assigns a trained and experienced staff member of the ENQA Secretariat as an ENQA review coordinator for each of the reviews coordinated by ENQA. The main tasks of the review coordinator are:

- Draft and agree on the terms of reference and the contract with the agency;
- Select and employ the review panel (including the elaboration of contracts and of non-conflict-of-interest declarations) following the ENQA Board consideration and decision on the panel’s composition;
- Serve as an initial liaison between the review panel and the agency under review;
- Support the panel in the practical arrangements for the hotels and meals of the panel during the site visit and liaise on these with the contact person at the agency under review;
- Discuss with the agency the process and its practical arrangements to ensure they comply with these guidelines;
- Pre-check the SAR;
- Attend the site visit to monitor the integrity of the process and to ensure that ENQA’s expectations of the review are considered and met;
- Check that the draft final report meets the ENQA guidelines;
- Receive and file the final review report;
- Forward the review report to an ENQA review committee;
- Pay reviewers’ fees and reimburse travel and accommodation expenses;
- Receive and analyse feedback on the review process.

NB. The review coordinator is not a member of the panel. He/she will thus not participate actively in the interviews during the site visit, will not contribute to the actual drafting of the report, and will not carry out any other tasks assigned to the panel secretary or other panel members.

7.5 An external review coordinator

In cases where the review is not coordinated by ENQA, the review coordinator is responsible for:

- Liaising with the ENQA Board during the course of the review process;
- Submitting the terms of reference and the contract to the ENQA Board;
- Sending the final review report to the ENQA Secretariat for scrutiny by a review committee of the ENQA Board.

The review coordinator should have a high and verifiable level of independence from the agency under review in order to avoid any risk of conflict of interests. A reciprocal review process, where two agencies organise the review of each other, is not permissible, because this method is unlikely to meet the requirements of externality and independence and may give rise to conflicts of interest.

8 Timeline

The following timeline gives an indication of the schedule that a review might follow. A specific timetable is established for each review undertaken. It should be noted that the review process may take 12-15 months from the first request by the agency until the completion of the procedure. This may be of particular relevance for agencies whose membership needs to be renewed or those agencies which intend to use the review for purposes in addition to ENQA membership, such as registration to EQAR or for national purposes.

Before the site visit

| Action | Time |
|--|--|
| The agency informs the ENQA Secretariat, that it wishes to go through an external review. In the cases in which ENQA cannot be the coordinator of the review, the agency should provide the ENQA Secretariat with the identity and contact details of the body coordinating the review, as well as the reasons why the review cannot be coordinated by ENQA. | 12-15 months before the intended end of the review process |
| The ENQA Board approves the review coordinator (if not ENQA). | 10-12 months before the site visit |
| Terms of reference, protocol and preliminary timetable for the review are drafted by and agreed between ENQA and the agency. | 10-12 months before the visit |
| The agency starts to produce its SAR. | 10-12 months before the site visit |
| The review coordinator (if not ENQA) submits the terms of reference, protocol and preliminary timetable for the review to the ENQA Board for consideration. | 5-8 months before the visit |
| The agency submits its SAR along with any other documentation of relevance to the review coordinator. | 4-5 months before site visit |
| ENQA Secretariat carries out a pre-check of the SAR to ensure it meets the requirements of the provided guidelines. If meets the requirements, it is sent to the panel secretary for further distribution to the panel members, together with the review guidelines and the code of conduct. | 3-4 months before site visit |
| If the SAR does not meet the requirements, the agency is requested to make the necessary modification and re-submit the SAR within one months from the request by the coordinator. After that, the SAR is forwarded to the panel secretary for further distribution to the panel, together with the review guidelines and the code of conduct. | 2-3 months before site visit |
| The review coordinator (if not ENQA) nominates the review panel and submit the panel's composition to the ENQA Board for consideration. | 3-7 months before the visit |

| | |
|--|-----------------------------|
| The review coordinator appoints the review panel in accordance with ENQA policy. | 2-6 months before the visit |
| The secretary agrees the site visit schedule with the chair and agency. | 6-10 weeks before the visit |
| A telephone briefing gathering the review panel and the review coordinator takes place to discuss the process of the whole review, to ensure a shared understanding of the tasks of the review panel and the objectives of the review, and to point out eventual specific issues related to the review. The review coordinator submits to the panel any background information and documents about the review. | 6-8 weeks before the visit |
| The chair reviews the documentation provided by the agency and makes an initial identification of lines of inquiry with reference to the terms of reference of the review and the information received from the agency. These are developed further in consultation with the rest of the review panel. The chair, in consultation with the secretary and the panel members will request the agency to provide additional documentation if considered important at this stage. | 4-6 weeks before the visit |
| The secretary produces an outline report in collaboration with the chair and a briefing paper outlining the background, schedule and draft lines of inquiry for the review and circulates this to the review panel. | 2-4 weeks before the visit |
| Briefing meeting of the panel. The panel members discuss the schedule of the visit and agree how the lines of inquiry will be dealt with. | Day before the visit |

During the site visit (2-3 days)

| Action | Time |
|--|-------------------------------|
| After the first day of the visit, the panel meets to assess the gaps to be covered in the remaining interview sessions and identify eventual additional document or interviews required. | End of first day of the visit |
| A panel meeting takes place as the penultimate session of the site visit. At this meeting the team reviews the evidence presented, and draw preliminary findings and, if possible, put these into the "skeleton" report. | Last day of the visit |
| The panel has a debriefing meeting with the representatives of the agency in which the preliminary findings of the review are communicated. | Last day of the visit |

After the site visit

| Action | Time |
|--|-------------------------|
| The secretary produces the initial draft review report and circulates it to the chair and panel members. | 2 weeks after the visit |

| | |
|--|---|
| The panel members review the draft and suggest any comments, or amendments, and provide these to the secretary. | 3 weeks after the visit |
| The secretary produces a revised draft which, after agreement from the panel, is submitted to the ENQA Secretariat to check on its compliance with the guidelines. | 4-6 weeks after the visit |
| The secretary produces a revised draft (if required) which, after agreement from the panel, is submitted to the agency for comment on its factual accuracy. | 6-8 weeks after site visit |
| The agency submits any amendments to the report relating to factual accuracy to the secretary for consideration. | 8-10 weeks after the visit |
| The secretary produces a final version of the report. | 10-12 weeks after the visit |
| The secretary submits the final review report to the panel, the agency and the review coordinator. | 12 weeks after the visit |
| The coordinator (if not ENQA) submits the final review report to the ENQA Secretariat. | 10-12 weeks after the visit |
| The ENQA Secretariat asks the panel members and the agency to fill in a feedback questionnaire on the review process. | 1-2 weeks after the receipt of the final report |

9 Financial issues

ENQA charges the agency a fee to meet the full costs of the review. This includes elements to cover expert fees, travel and accommodation expenses, and an administrative fee for the coordination of the review. The fee also includes the costs of the voluntary follow-up visit to the agency by two panel members approximately two years after the completion of the review process.

The amount of the fee is stated in the review contract between ENQA and each panel member. The expert fees and ENQA administrative overhead are determined by the ENQA Board; travel and accommodation expenses are charged at cost. The approximate total of the whole review is payable by the agency to ENQA on signature of the contract. ENQA does not undertake any further preparations for the review until the payment has been received.

The current (2015) fees for ENQA-coordinated reviews, with a review team of four experts and the ENQA review coordinator are the following:

| | |
|---|----------------------------|
| Fee of the chair | 4,500 EUR |
| Fee of the secretary | 4,500 EUR |
| Fee of the two other panel members | 4,000 EUR (2,000 EUR each) |
| Fee of two panel members for follow-up visit | 1,000 EUR (500 EUR each) |
| Administrative and coordination costs of the ENQA Secretariat | 7,000 EUR |
| Experts Training fund | 1,400 EUR |
| Approximate travel and subsistence expenses | 6,000 EUR |

| | |
|---|-------------------|
| Approximate travel and subsistence expenses follow-up visit | 1,600 EUR |
| Approximate total | 30,000 EUR |

NB. The travel costs (both for the actual site visit as well as for the voluntary follow-up visit) will be paid as real costs. Should the travel costs remain under the provision, the agency will be reimbursed the difference. Should the travel costs be above the €6000 provision, the agency shall pay the difference to ENQA. In the case of the follow-up visit not taking place, the travel costs reserved for this purpose will be reimbursed to the agency. The expert fee provision is, however, non-reimbursable.

In the event of a second, short site visit aimed at completing the assessment of compliance (see section 6.4.4), an additional fee of €500 per expert is recoverable from the agency to compensate the additional work, as well as all travel and subsistence costs.

10 Understanding the European Standards and Guidelines (ESG) for ENQA membership

It is important that all ENQA membership reviews are undertaken rigorously, fairly, transparently, and consistently. It is therefore necessary that review panels are briefed about the way in which the ESG are understood and used by ENQA. To this end, ENQA organises training courses for experts of agency reviews (see section 5.2). In addition, ENQA has established an ENQA IQA working group composed of representatives of member agencies with the objective of analysing the findings of the ENQA Agency Review reports in order to capture, from practice, the way in which ENQA member agencies, the ENQA agency reviewers, and the ENQA Board understand the requirements of the ESG as they apply to European QA agencies. The information collected will feed into the reviewer training process and to the improvement of the ENQA Agency Review process on a regular basis.

The ESG are available in Annex V of the present guidelines. Please note that the ENQA Agency Reviews address all standards of parts 2 and 3 of the ESG. The agency's willingness to contribute to the aims and objectives of ENQA are not assessed through the external review, but are expressed in the letter to be submitted by the agency to the ENQA Board when applying for membership.

11 Appeals procedure

ESG 2.7 Complaints and appeals

STANDARD:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions (here: the agencies)

Guidelines:

... .. In an appeals procedure, the institution (here: the Agency) questions the formal outcomes of the process, where it can demonstrate that the outcome is not based on sound evidence, that criteria have not been correctly applied or that the procedures have not been consistently implemented.

If an agency wishes to appeal the decision of the Board or the judgement by the review panel that it is not compliant with the ESG, the ENQA Appeals and Complaints Committee will hear the appeal. Current ENQA Board members are not eligible to serve as members of the Appeals and Complaints

Committee, but one of them should normally be a former member of the Board. The details of the appeals procedure are provided in the ENQA Rules of Procedure (Annex XII).

The ENQA Board reserves the right to modify the present guidelines at its discretion.

Adopted by the ENQA Board
October 2015

Annexes

Annex I: Flowchart for ENQA Agency reviews and their use for EQAR application

| | |
|---|---|
| Inform ENQA about the willingness to undergo a review | Month 0 |
| Draft of terms of reference (ToR) and contract by ENQA | Month 1 |
| Application to EQAR (verification of eligibility) | Month 1 |
| Clarification on the agency's activities to address in the external review (with EQAR and ENQA) | Month 1 |
| Agreement on final ToR | Month 2 |
| Appointment of review panel members by ENQA | Month 2 |
| Self-assessment completed by the applicant | Month 3 |
| Pre-screening of SAR by ENQA with possible request of revised version | Month 3-4 |
| Preparation of site visit schedule and indicative timetable by the applicant | Month 4-5 |
| Briefing of review panel members by ENQA | Month 6 |
| Review panel site visit | Month 7 |
| Draft of evaluation report by the panel to ENQA | Month 8 |
| Pre-screening of final report by ENQA coordinator | Month 8 |
| Draft of evaluation report to agency and statement of the agency to review panel if necessary | Month 8-9 |
| Submission of final report by the panel to ENQA | Month 9-10 |
| Consideration of the report by ENQA Board and response of the applicant | ENQA Board meeting |
| Publication of report by ENQA | After ENQA Board decision officially sent to agency |
| Submission of report by the applicant to EQAR | Annual deadlines 15 March and 15 September |
| Possible clarification request by EQAR (to agency, panel or coordinator) | Before the meeting of the EQAR Register Committee |
| Consideration of the application by the Register Committee | Register Committee meeting |
| Publication of report by EQAR | After decision officially sent to agency |

ENQA 

EQAR 

ENQA/EQAR 

Annex II: Guide of content for the self-assessment report

The self-assessment report should follow the provided main structure:

1. INTRODUCTION

2. DEVELOPMENT OF THE SELF-ASSESSMENT REPORT (SAR)

Describe the means the agency has used to develop and produce the SAR (appointment of a team, involvement of stakeholders, etc.).

3. HIGHER EDUCATION AND QA OF HIGHER EDUCATION IN THE CONTEXT OF THE AGENCY

Describe the higher education system and the evaluation of higher education in your country/context (as relevant).

4. HISTORY, PROFILE AND ACTIVITIES OF THE AGENCY

Describe the history, profile and all activities of the agency as well as its position and status in the national context (where relevant) and its compliance with the national requirements.

5. SWOT ANALYSIS

Analyse the strengths, weaknesses, opportunities and threats of the agency.

6. HIGHER EDUCATION QUALITY ASSURANCE ACTIVITIES OF THE AGENCY

Describe the external QA activities undertaken by the agency including its possible cross-border QA activities.

7. AGENCY'S QUALITY ASSURANCE PROCESSES AND THEIR METHODOLOGIES

Provide details on the quality assurance processes and their methodology applied by the agency including: the different steps of the process; an account of the selection process and role of external experts; any relevant documentation.

8. AGENCY'S INTERNAL QUALITY ASSURANCE

Describe the agency's internal QA procedures.

9. AGENCY'S INTERNATIONAL ACTIVITIES

Give information on the agency's international activities, if applicable (e.g. involvement in international projects, external relations abroad, membership in international networks, etc.). N.B. cross-border QA activities should be addressed in the chapters 10 and 11 together with all other QA activities of the agency.

10. COMPLIANCE WITH EUROPEAN STANDARDS AND GUIDELINES (PART 3)

Address each standards individually for each different QA activity of the agency. In case the procedure for cross-border QA is differing, please describe it here as well.

10.1 ESG STANDARD 3.1 ACTIVITIES, POLICY AND PROCESSES FOR QUALITY ASSURANCE

10.2 ESG STANDARD 3.2 OFFICIAL STATUS

10.3 ESG STANDARD 3.3 INDEPENDENCE

10.4 ESG STANDARD 3.4 THEMATIC ANALYSIS

10.5 ESG STANDARD 3.5 RESOURCES

10.6 ESG STANDARD 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

10.7 ESG STANDARD 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES

11. COMPLIANCE WITH EUROPEAN STANDARDS AND GUIDELINES (PART 2)

Address each standards individually for each different QA activity of the agency. In case the procedure for cross-border QA is differing, please describe it here as well.

11.1 ESG STANDARD 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

11.2 ESG STANDARD 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

11.3 ESG STANDARD 2.3 IMPLEMENTING PROCESSES

11.4 ESG STANDARD 2.4 PEER-REVIEW EXPERTS

11.5 ESG STANDARD 2.5 CRITERIA FOR OUTCOMES

11.6 ESG STANDARD 2.6 REPORTING

11.7 ESG STANDARD 2.7 COMPLAINTS AND APPEALS

12. INFORMATION AND OPINIONS OF STAKEHOLDERS

Outline the information and opinions of the agency's key stakeholders. More substantial analysis can be added as an annex (e.g. a feedback analysis on the quality and consistency of the services of the agency).

13. RECOMMENDATIONS AND MAIN FINDINGS FROM PREVIOUS REVIEW(S) AND AGENCY'S RESULTING FOLLOW-UP (for second and subsequent review only)

Address the previously made recommendations by the ENQA Board and/or by the review panel and show how the agency has followed-up on them and in a more general approach, provide a short summary of the main findings of the previous review(s) and subsequent actions taken by the agency.

14. CURRENT CHALLENGES AND AREAS FOR FUTURE DEVELOPMENT

GLOSSARY OF TERMS

ANNEXES

Enclose the most crucial documentation (within reason, not more than ten annexes) you consider may support the analysis of the report as well as a recent analysis of feedback received from stakeholders and any cases of complaints, if applicable.

Annex III: Protocol for external observers on ENQA Agency Reviews

Background

The ENQA Secretariat receives a number of requests to observe site visits of ENQA Agency Reviews from persons interested in acquiring a broader understanding of a review process.

An individual may be allowed to observe a visit to an agency where there is a need to understand the review method and to obtain a better understanding of the process in general for any professional purposes.

After the site visit, the observer will be asked to provide feedback on the process.

The following principles apply for the observing of a visit. These principles require an agreement by the agency under review.

Guiding principles

The key principles which guide the ENQA Secretariat in enabling external parties to observe a visit are:

- Preserving the integrity of the review process;
- Ensuring minimal inconvenience to the agency being observed and prior agreement of the agency;
- Prior agreement of the review panel concerned;
- Appropriate experience and understanding of higher education by the observer;
- A clear purpose for the observation.

General principles for the conduct of observation of a visit are as follows:

- The visit should not have more than one observer;
- The observer shall receive in advance of the visit a copy of self-assessment report (SAR);
- The observer shall have the opportunity to be briefed by the review secretary in advance of the visit;
- any questions and/or issues arising from the visit shall be discussed with the secretary following the completion of the visit, and not during it;
- The observer may observe only those meetings, including dinners, for which attendance was agreed upon by the panel and the agency;
- The observer should remain silent throughout and not participate in record-keeping (taking written notes or using any electronic means of recording) or any other related activities; (s)he must not participate in the review panel's private meetings, nor discuss evidence and its evaluation with any panel members;
- During the course of the visit, the observer should raise any questions which arise with the Chair or Secretary in private, sensitive to the needs not to place demands upon these team members which will deflect them from the central role of review management;
- The observer is not allowed to have the report until the procedure has ended, i.e. before it has been approved by ENQA. (S)He is not allowed either to have notes from any panel member in the meantime;

- The observer is not allowed to make annotations upon any materials consulted during the visit and will leave behind at the agency all materials relating to the review.

Formal agreement

Protocol to be signed by the external observer in advance of observation of a visit

I hereby agree to observe the following:

- I will ensure that no annotations are made upon any materials consulted during the visit, except for those which were received in advance of the visit;
- I will leave behind at the agency all materials relating to the review. Where advance material is not retained, I must ensure that any materials upon which annotations have been made are shredded;
- I will be able to read the review report only when the procedure has ended, i.e. after it has been approved by ENQA;
- I will not use any electronic recording tools;
- I will cover all the expenses incurred for the observation visit, including meals.

Accepting that ENQA regards all information which concerns the agency being reviewed as confidential information which it is entitled to protect, I will not, at any time during or after the visit, do any of the following without the prior written consent of the ENQA Secretariat:

- disclose, by way of press release or otherwise, to any third party any confidential information;
- use, either for my own benefit or for that of any other person, any confidential information.

Name of the expert:

Agency under review:

Date:

Signature:

Annex IV: European Standards and Guidelines for Quality Assurance in the European Higher Education Area (parts 1, 2, and 3)

Part 1: Standards and guidelines for internal quality assurance

1.1 Policy for quality assurance

Standard:

Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.

Guidelines:

Policies and processes are the main pillars of a coherent institutional quality assurance system that forms a cycle for continuous improvement and contributes to the accountability of the institution. It supports the development of quality culture in which all internal stakeholders assume responsibility for quality and engage in quality assurance at all levels of the institution. In order to facilitate this, the policy has a formal status and is publicly available.

Quality assurance policies are most effective when they reflect the relationship between research and learning & teaching and take account of both the national context in which the institution operates, the institutional context and its strategic approach. Such a policy supports

- the organisation of the quality assurance system;
- departments, schools, faculties and other organisational units as well as those of institutional leadership, individual staff members and students to take on their responsibilities in quality assurance;
- academic integrity and freedom and is vigilant against academic fraud;
- guarding against intolerance of any kind or discrimination against the students or staff;
- the involvement of external stakeholders in quality assurance.

policy translates into practice through a variety of internal quality assurance processes that allow participation across the institution. How the policy is implemented, monitored and revised is the institution's decision.

The quality assurance policy also covers any elements of an institution's activities that are subcontracted to or carried out by other parties.

1.2 Design and approval of programmes

Standard:

Institutions should have processes for the design and approval of their programmes. The programmes should be designed so that they meet the objectives set for them, including the intended learning outcomes. The qualification resulting from a programme should be clearly specified and communicated, and refer to the correct level of the national qualifications framework for higher education and, consequently, to the Framework for Qualifications of the European Higher Education Area.

Guidelines:

Study programmes are at the core of the higher education institutions' teaching mission. They provide students with both academic knowledge and skills including those that are transferable, which may influence their personal development and may be applied in their future careers.

Programmes

- are designed with overall programme objectives that are in line with the institutional strategy and have explicit intended learning outcomes;
- are designed by involving students and other stakeholders in the work;
- benefit from external expertise and reference points;
- reflect the four purposes of higher education of the Council of Europe (cf. Scope and Concepts);
- are designed so that they enable smooth student progression;
- define the expected student workload, e.g. in ECTS;
- include well-structured placement opportunities where appropriate;⁴
- are subject to a formal institutional approval process.

1.3 Student-centred learning, teaching and assessment

Standard:

Institutions should ensure that the programmes are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.

Guidelines:

Student-centred learning and teaching plays an important role in stimulating students' motivation, self-reflection and engagement in the learning process. This means careful consideration of the design and delivery of study programmes and the assessment of outcomes.

The implementation of student-centred learning and teaching

- respects and attends to the diversity of students and their needs, enabling flexible learning paths;
- considers and uses different modes of delivery, where appropriate;
- flexibly uses a variety of pedagogical methods;
- regularly evaluates and adjusts the modes of delivery and pedagogical methods;
- encourages a sense of autonomy in the learner, while ensuring adequate guidance and support from the teacher;
- promotes mutual respect within the learner-teacher relationship;
- has appropriate procedures for dealing with students' complaints.

Considering the importance of assessment for the students' progression and their future careers, quality assurance processes for assessment take into account the following:

- Assessors are familiar with existing testing and examination methods and receive support in developing their own skills in this field;

⁴ Placements include traineeships, internships and other periods of the programme that are not spent in the institution but that allow the student to gain experience in an area related to their studies.

- The criteria for and method of assessment as well as criteria for marking are published in advance;
- The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved. Students are given feedback, which, if necessary, is linked to advice on the learning process;
- Where possible, assessment is carried out by more than one examiner;
- The regulations for assessment take into account mitigating circumstances;
- Assessment is consistent, fairly applied to all students and carried out in accordance with the stated procedures;
- A formal procedure for student appeals is in place.

1.4 Student admission, progression, recognition and certification

Standard:

Institutions should consistently apply pre-defined and published regulations covering all phases of the student “life cycle”, e.g. student admission, progression, recognition and certification.

Guidelines:

Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems.

It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided.

Institutions need to put in place both processes and tools to collect, monitor and act on information on student progression.

Fair recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning, are essential components for ensuring the students’ progress in their studies, while promoting mobility. Appropriate recognition procedures rely on

- institutional practice for recognition being in line with the principles of the Lisbon Recognition Convention;
- cooperation with other institutions, quality assurance agencies and the national ENIC/NARIC centre with a view to ensuring coherent recognition across the country.

Graduation represents the culmination of the students’ period of study. Students need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

1.5 Teaching staff

Standard:

Institutions should assure themselves of the competence of their teachers. They should apply fair and transparent processes for the recruitment and development of the staff.

Guidelines:

teacher's role is essential in creating a high quality student experience and enabling the acquisition of knowledge, competences and skills. The diversifying student population and stronger focus on learning outcomes require student-centred learning and teaching and the role of the teacher is, therefore, also changing (cf. Standard 1.3).

Higher education institutions have primary responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively. Such an environment

- sets up and follows clear, transparent and fair processes for staff recruitment and conditions of employment that recognise the importance of teaching;
- offers opportunities for and promotes the professional development of teaching staff;
- encourages scholarly activity to strengthen the link between education and research;
- encourages innovation in teaching methods and the use of new technologies.

1.6 Learning resources and student support

Standard:

Institutions should have appropriate funding for learning and teaching activities and ensure that adequate and readily accessible learning resources and student support are provided.

Guidelines:

a good higher education experience, institutions provide a range of resources to assist student learning. These vary from physical resources such as libraries, study facilities and IT infrastructure to human support in the form of tutors, counsellors and other advisers. The role of support services is of particular importance in facilitating the mobility of students within and across higher education systems.

The needs of a diverse student population (such as mature, part-time, employed and international students as well as students with disabilities), and the shift towards student-centred learning and flexible modes of learning and teaching, are taken into account when allocating, planning and providing the learning resources and student support.

Support activities and facilities may be organised in a variety of ways depending on the institutional context. However, the internal quality assurance ensures that all resources are fit for purpose, accessible, and that students are informed about the services available to them.

In delivering support services the role of support and administrative staff is crucial and therefore they need to be qualified and have opportunities to develop their competences.

1.7 Information management

Standard:

Institutions should ensure that they collect, analyse and use relevant information for the effective management of their programmes and other activities.

Guidelines:

Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system. Information gathered depends, to some extent, on the type and mission of the institution. The following are of interest:

- Key performance indicators;
- Profile of the student population;
- Student progression, success and drop-out rates;
- Students' satisfaction with their programmes;
- Learning resources and student support available;
- Career paths of graduates.

Various methods of collecting information may be used. It is important that students and staff are involved in providing and analysing information and planning follow-up activities.

1.8 Public information

Standard:

Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to date and readily accessible.

Guidelines:

Information on institutions' activities is useful for prospective and current students as well as for graduates, other stakeholders and the public.

Therefore, institutions provide information about their activities, including the programmes they offer and the selection criteria for them, the intended learning outcomes of these programmes, the qualifications they award, the teaching, learning and assessment procedures used the pass rates and the learning opportunities available to their students as well as graduate employment information.

1.9 On-going monitoring and periodic review of programmes

Standard:

Institutions should monitor and periodically review their programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews should lead to continuous improvement of the programme. Any action planned or taken as a result should be communicated to all those concerned.

Guidelines:

Regular monitoring, review and revision of study programmes aim to ensure that the provision remains appropriate and to create a supportive and effective learning environment for students.

They include the evaluation of:

- The content of the programme in the light of the latest research in the given discipline thus ensuring that the programme is up to date;
- The changing needs of society;

- The students' workload, progression and completion;
- The effectiveness of procedures for assessment of students;
- The student expectations, needs and satisfaction in relation to the programme;
- The learning environment and support services and their fitness for purpose for the programme.

Programmes are reviewed and revised regularly involving students and other stakeholders. The information collected is analysed and the programme is adapted to ensure that it is up-to-date. Revised programme specifications are published.

1.10 Cyclical external quality assurance

Standard:

Institutions should undergo external quality assurance in line with the ESG on a cyclical basis.

Guidelines:

External quality assurance in its various forms can verify the effectiveness of institutions' internal quality assurance, act as a catalyst for improvement and offer the institution new perspectives. It will also provide information to assure the institution and the public of the quality of the institution's activities.

Institutions participate in cyclical external quality assurance that takes account, where relevant, of the requirements of the legislative framework in which they operate. Therefore, depending on the framework, this external quality assurance may take different forms and focus at different organisational levels (such as programme, faculty or institution).

Quality assurance is a continuous process that does not end with the external feedback or report or its follow-up process within the institution. Therefore, institutions ensure that the progress made since the last external quality assurance activity is taken into consideration when preparing for the next one.

Part 2: Standards and guidelines for external quality assurance

2.1 Consideration of internal quality assurance

Standard:

External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the ESG.

Guidelines:

Quality assurance in higher education is based on the institutions' responsibility for the quality of their programmes and other provision; therefore it is important that external quality assurance recognises and supports institutional responsibility for quality assurance. To ensure the link between internal and external quality assurance, external quality assurance includes consideration of the standards of Part 1. These may be addressed differently, depending on the type of external quality assurance.

2.2 Designing methodologies fit for purpose

Standard:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

Guidelines:

ensure effectiveness and objectivity it is vital for external quality assurance to have clear aims agreed by stakeholders.

The aims, objectives and implementation of the processes will

- bear in mind the level of workload and cost that they will place on institutions;
- take into account the need to support institutions to improve quality;
- allow institutions to demonstrate this improvement;
- result in clear information on the outcomes and the follow-up.

The system for external quality assurance might operate in a more flexible way if institutions are able to demonstrate the effectiveness of their own internal quality assurance.

2.3 Implementing processes

Standard:

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include

- a self-assessment or equivalent;
- an external assessment normally including a site visit;
- a report resulting from the external assessment;
- a consistent follow-up.

Guidelines:

External quality assurance carried out professionally, consistently and transparently ensures its acceptance and impact.

Depending on the design of the external quality assurance system, the institution provides the basis for the external quality assurance through a self-assessment or by collecting other material including supporting evidence. The written documentation is normally complemented by interviews with stakeholders during a site visit. The findings of the assessment are summarised in a report (cf. Standard 2.5) written by a group of external experts (cf. Standard 2.4).

External quality assurance does not end with the report by the experts. The report provides clear guidance for institutional action. Agencies have a consistent follow-up process for considering the action taken by the institution. The nature of the follow-up will depend on the design of the external quality assurance.

2.4 Peer-review experts

Standard:

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

Guidelines:

At the core of external quality assurance is the wide range of expertise provided by peer experts, who contribute to the work of the agency through input from various perspectives, including those of institutions, academics, students and employers/professional practitioners. In order to ensure the value and consistency of the work of the experts, they

- are carefully selected;
- have appropriate skills and are competent to perform their task;
- are supported by appropriate training and/or briefing.

The agency ensures the independence of the experts by implementing a mechanism of no-conflict-of-interest.

The involvement of international experts in external quality assurance, for example as members of peer panels, is desirable as it adds a further dimension to the development and implementation of processes

2.5 Criteria for outcomes

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

Guidelines:

External quality assurance and in particular its outcomes have a significant impact on institutions and programmes that are evaluated and judged.

In the interests of equity and reliability, outcomes of external quality assurance are based on pre-defined and published criteria, which are interpreted consistently and are evidence-based.

Depending on the external quality assurance system, outcomes may take different forms, for example, recommendations, judgements or formal decisions.

2.6 Reporting

Standard:

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

Guidelines:

The report by the experts is the basis for the institution's follow-up action of the external evaluation and it provides information to society regarding the activities of an institution. In order for the report to be used as the basis for action to be taken, it needs to be clear and concise in its structure and language and to cover

- context description (to help locate the higher education institution in its specific context);
- description of the individual procedure, including experts involved;
- evidence, analysis and findings;
- conclusions;
- features of good practice, demonstrated by the institution;
- recommendations for follow-up action.

The preparation of a summary report may be useful.

The factual accuracy of a report is improved if the institution is given the opportunity to point out errors of fact before the report is finalised.

2.7 Complaints and appeals

Standard:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

Guidelines:

In order to safeguard the rights of the institutions and ensure fair decision-making, external quality assurance is operated in an open and accountable way. Nevertheless, there may be misapprehensions or instances of dissatisfaction about the process or formal outcomes.

Institutions need to have access to processes that allow them to raise issues of concern with the agency; the agencies, need to handle such issues in a professional way by means of a clearly defined process that is consistently applied.

A complaints procedure allows an institution to state its dissatisfaction about the conduct of the process or those carrying it out.

In an appeals procedure, the institution questions the formal outcomes of the process, where it can demonstrate that the outcome is not based on sound evidence, that criteria have not been correctly applied or that the processes have not been consistently implemented.

Part 3: Standards and guidelines for quality assurance agencies

3.1 Activities, policy and processes for quality assurance

Standard:

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

Guidelines:

To ensure the meaningfulness of external quality assurance, it is important that institutions and the public trust agencies.

Therefore, the goals and objectives of the quality assurance activities are described and published along with the nature of interaction between the agencies and relevant stakeholders in higher education, especially the higher education institutions, and the scope of the agencies' work. The expertise in the agency may be increased by including international members in agency committees.

A variety of external quality assurance activities are carried out by agencies to achieve different objectives. Among them are evaluation, review, audit, assessment, accreditation or other similar activities at programme or institutional level that may be carried out differently. When the agencies also carry out other activities, a clear distinction between external quality assurance and their other fields of work is needed.

3.2 Official status

Standard:

Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.

Guidelines:

In particular when external quality assurance is carried out for regulatory purposes, institutions need to have the security that the outcomes of this process are accepted within their higher education system, by the state, the stakeholders and the public.

3.3 Independence

Standard:

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

Guidelines:

Autonomous institutions need independent agencies as counterparts.

considering the independence of an agency the following are important:

- Organisational independence, demonstrated by official documentation (e.g. instruments of government, legislative acts or statutes of the organisation) that stipulates the independence of the agency's work from third parties, such as higher education institutions, governments and other stakeholder organisations;
- Operational independence: the definition and operation of the agency's procedures and methods as well as the nomination and appointment of external experts are undertaken independently from third parties such as higher education institutions, governments and other stakeholders;
- Independence of formal outcomes: while experts from relevant stakeholder backgrounds, particularly students, take part in quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the agency.

Anyone contributing to external quality assurance activities of an agency (e.g. as expert) is informed that while they may be nominated by a third party, they are acting in a personal capacity and not representing their constituent organisations when working for the agency. Independence is important to ensure that any procedures and decisions are solely based on expertise.

3.4 Thematic analysis

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

Guidelines:

In the course of their work, agencies gain information on programmes and institutions that can be useful beyond the scope of a single process, providing material for structured analyses across the higher education system. These findings can contribute to the reflection on and the improvement of quality assurance policies and processes in institutional, national and international contexts.

A thorough and careful analysis of this information will show developments, trends and areas of good practice or persistent difficulty.

3.5 Resources

Standard:

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

Guidelines:

It is in the public interest that agencies are adequately and appropriately funded, given higher education's important impact on the development of societies and individuals. The resources of the agencies enable them to organise and run their external quality assurance activities in an effective and efficient manner. Furthermore, the resources enable the agencies to improve, to reflect on their practice and to inform the public about their activities.

3.6 Internal quality assurance and professional conduct

Standard:

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

Guidelines:

Agencies need to be accountable to their stakeholders. Therefore, high professional standards and integrity in the agency's work are indispensable. The review and improvement of their activities are on-going so as to ensure that their services to institutions and society are optimal.

Agencies apply an internal quality assurance policy which is available on its website. This policy

- ensures that all persons involved in its activities are competent and act professionally and ethically;
- includes internal and external feedback mechanisms that lead to a continuous improvement within the agency;
- guards against intolerance of any kind or discrimination;
- outlines the appropriate communication with the relevant authorities of those jurisdictions where they operate;
- ensures that any activities carried out and material produced by subcontractors are in line with the ESG, if some or all of the elements in its quality assurance activities are subcontracted to other parties;
- allows the agency to establish the status and recognition of the institutions with which it conducts external quality assurance.

3.7 Cyclical external review of agencies

Standard:

Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.

Guidelines:

A periodic external review will help the agency to reflect on its policies and activities. It provides a means for assuring the agency and its stakeholders that it continues to adhere to the principles enshrined in the ESG.

Annex V: Mapping grid for panel members

| | | | | Issues for discussion | For Session number |
|---|--|------------------|--------------------|-----------------------|--------------------|
| ESG Part 3: Standards and guidelines for quality assurance agencies | 3.1 Activities, policy and processes for quality assurance | Standard: | Guidelines: | | |
| | 3.2 Official status | Standard: | Guidelines: | | |
| | 3.3 Independence | Standard: | Guidelines: | | |
| | 3.4 Thematic analysis | Standard: | Guidelines: | | |
| | 3.5 Resources | Standard: | Guidelines: | | |
| | 3.6 Internal quality assurance and professional conduct | Standard: | Guidelines: | | |
| | 3.7 Cyclical external review of agencies | Standard: | Guidelines: | | |

| | | | | | |
|---|---|------------------|--------------------|--|--|
| ESG Part 2: Standards and guidelines for external quality assurance | 2.1 Consideration of internal quality assurance | Standard: | Guidelines: | | |
| | 2.2 Designing methodologies fit for purpose | Standard: | Guidelines: | | |
| | 2.3 Implementing processes | Standard: | Guidelines: | | |
| | 2.4 Peer-review experts | Standard: | Guidelines: | | |
| | 2.5 Criteria for outcomes | Standard: | Guidelines: | | |
| | 2.6 Reporting | Standard: | Guidelines: | | |
| | 2.7 Complaints and appeals | Standard: | Guidelines: | | |

Annex VI: Planning schedule for meetings

| [DD.MM.YYYY] | | | | |
|---------------|---|---|------------------------|-------------------|
| As necessary | Review panel's kick-off meeting and preparations for day I | | | |
| [DD.MM.YYYY] | | | | |
| TIMING | TOPIC | PERSONS FOR INTERVIEW | ISSUES TO BE DISCUSSED | LEAD PANEL MEMBER |
| 30 minutes | Review panel's private meeting | | | |
| 45 minutes | Presentation about the higher education system in which the agency (predominantly) operates | Name, title | | |
| 45 minutes | Meeting with the team responsible for preparation of the self-assessment report | Name 1, title Name 2, title Name 3, title | | |
| 10-15 minutes | Review panel's private discussion | | | |
| 45 minutes | Meeting with the CEO and the chair of the Board | | | |
| 10-15 minutes | Review panel's private discussion | | | |
| 45 minutes | Meeting with representatives from the Senior Management Team | Name 1, title Name 2, title Name 3, title | | |
| 60-90 minutes | Lunch (panel only) | | | |
| 45 minutes | Meeting with department 1 | Name 1, title Name 2, title Name 3, title | | |
| 10-15 minutes | Review panel's private discussion | | | |
| 45 minutes | Meeting with department 2 | Name 1, title Name 2, title Name 3, title | | |

| As necessary | Wrap-up meeting among panel members and preparations for day II | | | |
|---------------|--|---|------------------------|-------------------|
| | Diner (panel only) | | | |
| [DD.MM.YYYY] | | | | |
| TIMING | TOPIC | PERSONS FOR INTERVIEW | ISSUES TO BE DISCUSSED | LEAD PANEL MEMBER |
| 30 minutes | Review panel private meeting | | | |
| 45 minutes | Meeting with ministry representatives (where relevant) | Name 1, title Name 2, title Name 3, title | | |
| 10-15 minutes | Review panel's private discussion | | | |
| 45 minutes | Meeting with heads of HEIs | Name 1, title Name 2, title Name 3, title | | |
| 10-15 minutes | Review panel's private discussion | | | |
| 45 minutes | Meeting with representatives from the reviewers' pool | Name 1, title Name 2, title Name 3, title | | |
| 60-90 minutes | Lunch (panel only) | | | |
| 45 minutes | Meeting with employer representatives | Name 1, title Name 2, title Name 3, title | | |
| 10-15 minutes | Review panel's private discussion | | | |
| 45 minutes | Meeting with student representatives | Name 1, title Name 2, title Name 3, title | | |
| As necessary | Wrap-up meeting among panel members: preparation for day III and provisional conclusions | | | |
| [DD.MM.YYYY] | | | | |

| TIMING | TOPIC | PERSONS FOR INTERVIEW | ISSUES TO BE DISCUSSED | LEAD PANEL MEMBER |
|---------------|---|-----------------------|------------------------|-------------------|
| 30-60 minutes | Meeting among panel members to agree on final issues to clarify | | | |
| 60 minutes | Meeting with CEO to clarify any pending issues | | | |
| 90 minutes | Private meeting among panel members to agree on the main findings | | | |
| 60-90 minutes | Lunch (panel only) | | | |
| 60 minutes | Final de-briefing meeting with staff and Council/Board members of the agency to inform about preliminary findings | | | |

Annex VII: External review report template

EXECUTIVE SUMMARY

This section states the aims and purposes of the review and provides a brief description of the agency subject to review. It summarises the degrees of compliance with the various ESG standards and provides the panel's recommendation. This box to be deleted before publishing.

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INTRODUCTION

The reason for commissioning the review should be included below. This box to be deleted before publishing.

This report analyses the compliance of [agency's name] ([agency's name in native language], [agency's abbreviation]) with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG). It is based on an external review conducted in [period in months (from self-analysis until the finalisation of the review report), year].

BACKGROUND OF THE REVIEW AND OUTLINE OF THE REVIEW PROCESS

BACKGROUND OF THE REVIEW

ENQA's regulations require all member agencies to undergo an external cyclical review, at least once every five years, in order to verify that they act in substantial compliance with the ESG as adopted at the Yerevan ministerial conference of the Bologna Process in 2015.

As this is [agency's name] first external review, the panel is expected to pay particular attention to the policies, procedures, and criteria in place, being aware that full evidence of concrete results in all areas may not be available at this stage.

Or

As this is [agency's name] [second/third/etc.] review, the panel is expected to provide clear evidence of results in all areas and to acknowledge progress from the previous review. The panel has adopted a developmental approach, as the *Guidelines for ENQA Agency Reviews* aim at constant enhancement of the agencies.

MAIN FINDINGS OF THE [YEAR OF PREVIOUS REVIEW] REVIEW

If the agency underwent a previous review, a summary of the conclusions/levels of compliance should be mentioned here (with a mention of the corresponding annex). This box to be deleted before publishing. In the case of a first review, this section can be deleted.

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REVIEW PROCESS

This section describes how the review was carried out, e.g. what was the work method employed, how consensus was reached within the Panel, what were the administrative support arrangements, etc.). This box to be deleted before publishing.

The [year] external review of [agency's name] was conducted in line with the process described in the *Guidelines for ENQA Agency Reviews* and in accordance with the timeline set out in the Terms of Reference. The panel for the external review of [agency's name] was appointed by ENQA and composed of the following members:

- Name (Chair), position, country;
- Name (Secretary), position, country;
- Name, position, country;
- Name, position, country

Please also mention above which of the panel members was an ESU nominated student member, which one was a nominee of EUA/EURASHE and, if applicable, which of the panel members was a representative of the employers/world of work. This box to be deleted before publishing.

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Please note that ENQA's editing guidelines require the words "agency", "review panel", "review", etc. to not be capitalised. This box to be deleted before publishing.

Self-assessment report

This section includes a description of the self-assessment process, overview of SAR and an evaluation of its contents. This box to be deleted before publishing.

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Site visit

This section offers a summary of the activities of the site visit and a generic list of stakeholders who were interviewed (the specific list of interviewees is in the annex). This box to be deleted before publishing.

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HIGHER EDUCATION AND QUALITY ASSURANCE SYSTEM OF THE AGENCY

HIGHER EDUCATION SYSTEM

This section contains a description/history of the higher education system in which the agency predominantly operates (where relevant). This box to be deleted before publishing.

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QUALITY ASSURANCE

This section provides a description of the history/role of quality assurance in the aforementioned higher education system/context (where relevant) and the main actors involved, as well as their relationships. For non-nationally and non-regionally placed agencies the role and relationship to eventual related national/regional agencies should be described. This box to be deleted before publishing.

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[AGENCY]

This section explains the history/establishment/foundation of the agency. This box to be deleted before publishing.

[Agency's name] was established...

[AGENCY]'S ORGANISATION/STRUCTURE

This section explains the organisation/structure and governance of the agency. This box to be deleted before publishing.

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[AGENCY]'S FUNCTIONS, ACTIVITIES, PROCEDURES

This section explains the functions/activities/procedures of the agency in its "home" jurisdiction and abroad (if applicable). Should include a description of the international activities of the agency (other

than quality assurance activities/cross-border activities which need to be addressed and described with the other quality assurance activities of the agency). This box to be deleted before publishing.

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[AGENCY]'S FUNDING

This section explains the funding of the agency. This box to be deleted before publishing.

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FINDINGS: COMPLIANCE OF [AGENCY] WITH THE STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA (ESG)

ESG PART 3: QUALITY ASSURANCE AGENCIES

ESG 3.1 ACTIVITIES, POLICY, AND PROCESSES FOR QUALITY ASSURANCE

Standard:

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

[Year of previous review] review recommendation [quoted, if any]

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Evidence

In this part of the text, evidence on implementation of not only standards, but guidelines as well should be given with explicit reference to the written documents (SAR, agency methodologies, review reports, analytical papers, legislation, etc.), oral testimonies (of agency staff and other stakeholders), and any other available evidence when and if applicable.

Analysis

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[Panel commendations]

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[Panel recommendations]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 3.2 OFFICIAL STATUS

Standard:

Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.

[Year of previous review] review recommendation [quoted, if any]

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Evidence

In this part of the text, evidence on implementation of not only standards, but guidelines as well should be given with explicit reference to the written documents (SAR, agency methodologies, review reports, analytical papers, legislation, etc.), oral testimonies (of agency staff and other stakeholders), and any other available evidence when and if applicable.

Analysis

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[Panel commendations]

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[Panel recommendations]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 3.3 INDEPENDENCE

Standard:

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

[Year of previous review] review recommendation [quoted, if any]

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Evidence

In this part of the text, evidence on implementation of not only standards, but guidelines as well should be given with explicit reference to the written documents (SAR, agency methodologies, review reports, analytical papers, legislation, etc.), oral testimonies (of agency staff and other stakeholders), and any other available evidence when and if applicable.

Analysis

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[Panel commendations]

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[Panel recommendations]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 3.4 THEMATIC ANALYSIS

Standard:

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

[Year of previous review] review recommendation [quoted, if any]

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Evidence

In this part of the text, evidence on implementation of not only standards, but guidelines as well should be given with explicit reference to the written documents (SAR, agency methodologies, review reports, analytical papers, legislation, etc.), oral testimonies (of agency staff and other stakeholders), and any other available evidence when and if applicable.

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 3.5 RESOURCES

Standard:

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT

Standard:

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES

Standard:

Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG PART 2: EXTERNAL QUALITY ASSURANCE

ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

Standard:
External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the ESG.

Under this standard, the report should describe and analyse the way in which the agency addresses the IQA system of the institutions and a mapping of the standards used by agency against the ESG Part 1 standards 1.1 – 1.10. This box to be deleted before publishing.

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

Standard:

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations.

Stakeholders should be involved in its design and continuous improvement.

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 2.3 IMPLEMENTING PROCESSES

Standard:

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include:

- a self-assessment or equivalent
- an external assessment normally including a site visit
- a report resulting from the external assessment
- a consistent follow-up

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 2.4 PEER-REVIEW EXPERTS

Standard:

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 2.5 CRITERIA FOR OUTCOMES

Standard:

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 2.6 REPORTING

Standard:

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

[Year of previous review] review recommendation [quoted, if any]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ESG 2.7 COMPLAINTS AND APPEALS

Standard:

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

[Year of previous review] review recommendation [quoted, if any]

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[Panel commendations]

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Panel conclusion: (fully/substantially/partially/non-compliant)

ADDITIONAL OBSERVATIONS (optional section)

Even when the sole purpose of the review is to assess the agency's compliance with the ESG for purposes of ENQA membership application, the review panel may include in its report any additional reflections or developmental recommendations that it may wish to offer. If these are extensive, they can be included in this optional additional section of the report, or if brief, as part of the conclusions. This box to be deleted before publishing.

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CONCLUSION

SUMMARY OF COMMENDATIONS

[A list of commendations in relation to each ESG standard if applicable]

OVERALL FINDINGS AND RECOMMENDATIONS

[A list of recommendations in relation to each ESG standard if applicable]

In light of the documentary and oral evidence considered by it, the review panel is satisfied that, in the performance of its functions, [agency's name] is in compliance with the ESG. The panel therefore recommends to the Board of ENQA that [name of agency] should have its membership in ENQA granted/confirmed for a [further] period of five years.

(If applicable:) The ESG where full compliance has [have] not been achieved is [are]:

XXX

and the agency is recommended to take appropriate action, so far as it is empowered to do so, to achieve full compliance with these [this] standard(s) at the earliest opportunity.

Or

In light of the documentary and oral evidence presented herein, the review panel does not consider that, in the performance of its functions, [name of agency] complies with the ESG for the following reasons:

- XXX
- XXX
- XXX

SUGGESTIONS FOR FURTHER DEVELOPMENT

The panel would like to make some general and more detailed suggestions, extending beyond strictly interpreted ESG and/or linking several ESG, which [agency's name] may wish to consider when reflecting on its further development. Some of them have already been signalled in the previous sections.

ANNEXES

ANNEX 1: [YEAR OF PREVIOUS REVIEW] AND [YEAR OF PRESENT REVIEW] EXTERNAL REVIEWS: A COMPARATIVE OVERVIEW OF THE FINDINGS

| ENQA Criterion/ESG | [Year of earlier review] review | | [Year of present review] review | |
|---|---|-------------------|---|-------------------|
| | Level of compliance | Recommendation(s) | Level of compliance | Recommendation(s) |
| ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE (FORMERLY ESG 2.1) | Fully/Substantially/partially/non-compliant | | Fully/Substantially/partially/non-compliant | |
| ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE (FORMERLY ESG 2.2 AND ESG 2.4) | | | | |
| ESG 2.3 IMPLEMENTING PROCESSES (FORMERLY ESG 2.6 AND 3.7) | | | | |
| ESG 2.4 PEER-REVIEW EXPERTS (FORMERLY ESG 3.7) | | | | |
| ESG 2.5 CRITERIA FOR OUTCOMES (FORMERLY ESG 2.3 AND 3.7) | | | | |
| ESG 2.6 REPORTING (FORMERLY ESG 2.5) | | | | |
| ESG 2.7 COMPLAINTS AND APPEALS (FORMERLY ESG 2.7 AND 3.7 [GUIDELINE]) | | | | |
| 3.1 ACTIVITIES, POLICY AND PROCESSES FOR QUALITY ASSURANCE (FORMERLY ESG 3.1, 3.3, AND 3.5) | | | | |
| 3.2 OFFICIAL STATUS (FORMERLY ESG 3.2) | | | | |

| | | | | |
|--|--|--|--|--|
| 3.3 INDEPENDENCE (FORMERLY ESG 3.6) | | | | |
| 3.4 THEMATIC ANALYSIS (FORMERLY ESG 2.8) | | | | |
| 3.5 RESOURCES (FORMERLY ESG 3.4) | | | | |
| 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT (FORMERLY ESG 3.8) | | | | |
| 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES (FORMERLY ESG 3.8 [GUIDELINE]) | | | | |

ANNEX 2: PROGRAMME OF THE SITE VISIT

Schedule of the meeting

ANNEX 3: TERMS OF REFERENCE OF THE REVIEW

Including a description of the main stages and timescale of the review

ANNEX 4: GLOSSARY

This section provides an alphabetical listing of the abbreviations mentioned in the report, to be written out in their first use in the text and abbreviated each time thereafter. This box to be deleted before publishing.

| | |
|-------------|--|
| ENQA | European Association for Quality Assurance in Higher Education |
| ESG | <i>Standards and Guidelines for Quality Assurance in the European Higher Education Area, 2015</i> |
| HE | higher education |
| HEI | higher education institution |
| QA | quality assurance |
| SAR | self-assessment report |

...

ANNEX 5. DOCUMENTS TO SUPPORT THE REVIEW

DOCUMENTS PROVIDED BY [THE AGENCY]

[list]

OTHER REFERENCE SOURCES USED BY THE REVIEW PANEL [IF ANY]

[list]

Annex VIII: Scrutiny form

[Agency XX] review report scrutiny form

Completed by Review Committee:

Template A – Recommendation to the ENQA Board

| | |
|---|--|
| Summary analysis of the final report | |
| <i>Summary of the strengths and weaknesses identified in the final report in terms of:</i> | |
| <ul style="list-style-type: none">- Integrity of the review process and quality of the report- Compliance with ESG | |
| | |
| Recommendation to the Board | |
| | To grant/renew Membership |
| | To request further information in relation to the findings outlined above |
| | The final report provides sufficient evidence to conclude that the agency does not adequately comply with the ESG . To reject the application and: I) (In case of new applicants) give recommendations and outline areas to be addressed before a new review may be carried out (usually not earlier than after 2 years). II) (In case of current members) recommend to make the necessary changes to reach a sufficient level of compliance with the ESG and undergo an additional partial review to verify progress (within 2 years). |
| | The final report and/or the review itself does not provide enough evidence to draw conclusions on the agency's compliance with the majority of the ESG standards. Full membership is not granted/renewed and the review should be rejected as unacceptable . |
| Comments on the recommendation | |
| | |

Template B – Findings

Analysis of the final review report

I. Integrity of the review process and quality of the report

Has the review been conducted in accordance with the Guidelines for ENQA Agency Reviews?

Yes No

If not, what shortcomings have you identified?

Comments:

Do all parts of the expert review report provide sufficient, clear and verified information/evidence to support the conclusions?

Yes No

If not, what shortcomings have you identified?

Comments:

Have you identified any discrepancy between the panel's conclusions and the evidence brought forward in its report?

Yes No

If yes, which conclusions are divergent from the evidence?

Comments:

II. Compliance with the ESG

The findings are structured in accordance with the Parts 2 and 3 of the European Standards and Guidelines for Quality Assurance in the European Higher Education (ESG) as adopted by the European Ministers in charge of higher education in Yerevan in 2015. Each standard is followed by guidelines (in italics) which provide additional information about good practice and explain in more detail the meaning and importance of the standard. Although the guidelines are not part of the standards themselves, the standards should be considered in conjunction with them.

For each standard, please indicate whether you are in agreement with the panel about their analysis and conclusion. If not, please indicate which level of compliance you think would be more adequate and explain why.

The current Guidelines for ENQA Agency Reviews provide that the levels of compliance are:

Fully compliant: *the Agency is **entirely in accordance** with the ESG standard, which is implemented in an effective manner.*

Substantially compliant: *the Agency is **to a large extent** in accordance with the ESG standard, the **principle/spirit** of which is followed in practice.*

Partially compliant: ***some aspects** or parts of the ESG standard are met while others are not. The interpretation of the ESG standard is correct, but the manner of implementation is not effective enough.*

Non-compliant: *the Agency **fails to comply** with the ESG standard.*

Activities, policy and processes for quality assurance (ESG 3.1)

“Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.”

To ensure the meaningfulness of external quality assurance, it is important that institutions and the public trust agencies.

Therefore, the goals and objectives of the quality assurance activities are described and published along with the nature of interaction between the agencies and relevant stakeholders in higher education, especially the higher education institutions, and the scope of the agencies’ work. The expertise in the agency may be increased by including international members in agency committees.

A variety of external quality assurance activities are carried out by agencies to achieve different objectives. Among them are evaluation, review, audit, assessment, accreditation or other similar activities at programme or institutional level that may be carried out differently. When the agencies also carry out other activities, a clear distinction between external quality assurance and their other fields of work is needed.

Panel’s judgement on compliance:

Your judgement:

Comments:

Official status (ESG 3.2)

“Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.”

In particular when external quality assurance is carried out for regulatory purposes, institutions need to have the security that the outcomes of this process are accepted within their higher education system, by the state, the stakeholders and the public.

Panel’s judgement on compliance:

Your judgement:

Comments:

Independence (ESG 3.3)

“Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.”

Autonomous institutions need independent agencies as counterparts.

In considering the independence of an agency the following are important:

- *Organisational independence, demonstrated by official documentation (e.g. instruments of government, legislative acts or statutes of the organisation) that stipulates the independence of the agency's work from third parties, such as higher education institutions, governments and other stakeholder organisations;*
- *Operational independence: the definition and operation of the agency's procedures and methods as well as the nomination and appointment of external experts are undertaken independently from third parties such as higher education institutions, governments and other stakeholders;*
- *Independence of formal outcomes: while experts from relevant stakeholder backgrounds, particularly students, take part in quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the agency.*

Anyone contributing to external quality assurance activities of an agency (e.g. as expert) is informed that while they may be nominated by a third party, they are acting in a personal capacity and not representing their constituent organisations when working for the agency. Independence is important to ensure that any procedures and decisions are solely based on expertise.

Panel's judgement on compliance:

Your judgement:

Comments:

Thematic analysis (ESG 3.4)

"Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities."

In the course of their work, agencies gain information on programmes and institutions that can be useful beyond the scope of a single process, providing material for structured analyses across the higher education system. These findings can contribute to the reflection on and the improvement of quality assurance policies and processes in institutional, national and international contexts.

A thorough and careful analysis of this information will show developments, trends and areas of good practice or persistent difficulty.

Panel's judgement on compliance:

Your judgement:

Comments:

Resources (ESG 3.5)

“Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.”

It is in the public interest that agencies are adequately and appropriately funded, given higher education’s important impact on the development of societies and individuals. The resources of the agencies enable them to organise and run their external quality assurance activities in an effective and efficient manner. Furthermore, the resources enable the agencies to improve, to reflect on their practice and to inform the public about their activities.

Panel’s judgement on compliance:

Your judgement:

Comments:

Internal quality assurance and professional conduct (ESG 3.6)

“Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.”

Agencies need to be accountable to their stakeholders. Therefore, high professional standards and integrity in the agency’s work are indispensable. The review and improvement of their activities are on-going so as to ensure that their services to institutions and society are optimal.

Agencies apply an internal quality assurance policy which is available on its website. This policy

- *ensures that all persons involved in its activities are competent and act professionally and ethically;*
- *includes internal and external feedback mechanisms that lead to a continuous improvement within the agency;*
- *guards against intolerance of any kind or discrimination;*
- *outlines the appropriate communication with the relevant authorities of those jurisdictions where they operate;*
- *ensures that any activities carried out and material produced by subcontractors are in line with the ESG, if some or all of the elements in its quality assurance activities are subcontracted to other parties;*
- *allows the agency to establish the status and recognition of the institutions with which it conducts external quality assurance.*

Panel’s judgement on compliance:

Your judgement:

Comments:

Cyclical external review of agencies (ESG 3.7)

“Agencies should undergo an external review at least once every five years in order to demonstrate their compliance with the ESG.”

A periodic external review will help the agency to reflect on its policies and activities. It provides a means for assuring the agency and its stakeholders that it continues to adhere to the principles enshrined in the ESG.

Panel’s judgement on compliance:

Your judgement:

Comments:

Consideration of internal quality assurance (ESG 2.1)

“External quality assurance should address the effectiveness of the internal quality assurance processes described in Part 1 of the ESG.”

Quality assurance in higher education is based on the institutions’ responsibility for the quality of their programmes and other provision; therefore it is important that external quality assurance recognises and supports institutional responsibility for quality assurance. To ensure the link between internal and external quality assurance, external quality assurance includes consideration of the standards of Part 1. These may be addressed differently, depending on the type of external quality assurance.

Panel’s judgement on compliance:

Your judgement:

Comments:

Designing methodologies fit for purpose (ESG 2.2)

“External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.”

In order to ensure effectiveness and objectivity it is vital for external quality assurance to have clear aims agreed by stakeholders.

The aims, objectives and implementation of the processes will

- *bear in mind the level of workload and cost that they will place on institutions;*
- *take into account the need to support institutions to improve quality;*
- *allow institutions to demonstrate this improvement;*
- *result in clear information on the outcomes and the follow-up.*

The system for external quality assurance might operate in a more flexible way if institutions are able to demonstrate the effectiveness of their own internal quality assurance.

Panel's judgement on compliance:

Your judgement:

Comments:

Implementing processes (ESG 2.3)

"External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published. They include

- a self-assessment or equivalent;*
- an external assessment normally including a site visit;*
- a report resulting from the external assessment;*
- a consistent follow-up."*

External quality assurance carried out professionally, consistently and transparently ensures its acceptance and impact.

Depending on the design of the external quality assurance system, the institution provides the basis for the external quality assurance through a self-assessment or by collecting other material including supporting evidence. The written documentation is normally complemented by interviews with stakeholders during a site visit. The findings of the assessment are summarised in a report (cf. Standard 2.5) written by a group of external experts (cf. Standard 2.4).

External quality assurance does not end with the report by the experts. The report provides clear guidance for institutional action. Agencies have a consistent follow-up process for considering the action taken by the institution. The nature of the follow-up will depend on the design of the external quality assurance.

Panel's judgement on compliance:

Your judgement:

Comments:

Peer-review experts (ESG 2.4)

"External quality assurance should be carried out by groups of external experts that include (a) student member(s)."

At the core of external quality assurance is the wide range of expertise provided by peer experts, who contribute to the work of the agency through input from various perspectives, including those of institutions, academics, students and employers/professional practitioners.

In order to ensure the value and consistency of the work of the experts, they

- are carefully selected;*
- have appropriate skills and are competent to perform their task;*

- are supported by appropriate training and/or briefing.

The agency ensures the independence of the experts by implementing a mechanism of no-conflict-of-interest.

The involvement of international experts in external quality assurance, for example as members of peer panels, is desirable as it adds a further dimension to the development and implementation of processes.

Panel's judgement on compliance:

Your judgement:

Comments:

Criteria for outcomes (ESG 2.5)

"Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision."

External quality assurance and in particular its outcomes have a significant impact on institutions and programmes that are evaluated and judged.

In the interests of equity and reliability, outcomes of external quality assurance are based on pre-defined and published criteria, which are interpreted consistently and are evidence-based. Depending on the external quality assurance system, outcomes may take different forms, for example, recommendations, judgements or formal decisions.

Panel's judgement on compliance:

Your judgement:

Comments:

Reporting (ESG 2.6)

"Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report."

The report by the experts is the basis for the institution's follow-up action of the external evaluation and it provides information to society regarding the activities of an institution. In order for the report to be used as the basis for action to be taken, it needs to be clear and concise in its structure and language and to cover

- context description (to help locate the higher education institution in its specific context);
- description of the individual procedure, including experts involved;
- evidence, analysis and findings;
- conclusions;
- features of good practice, demonstrated by the institution;
- recommendations for follow-up action.

The preparation of a summary report may be useful.

The factual accuracy of a report is improved if the institution is given the opportunity to point out errors of fact before the report is finalised.

Panel's judgement on compliance:

Your judgement:

Comments:

Complaints and appeals (ESG 2.7)

"Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions."

In order to safeguard the rights of the institutions and ensure fair decision-making, external quality assurance is operated in an open and accountable way. Nevertheless, there may be misapprehensions or instances of dissatisfaction about the process or formal outcomes.

Institutions need to have access to processes that allow them to raise issues of concern with the agency; the agencies, need to handle such issues in a professional way by means of a clearly defined process that is consistently applied.

A complaints procedure allows an institution to state its dissatisfaction about the conduct of the process or those carrying it out.

In an appeals procedure, the institution questions the formal outcomes of the process, where it can demonstrate that the outcome is not based on sound evidence, that criteria have not been correctly applied or that the processes have not been consistently implemented.

Panel's judgement on compliance:

Your judgement:

Comments:

Annex IX: ENQA partial reviews of “members under review”

Background – ENQA members under review

In order to be granted membership or to be reconfirmed as member of ENQA, quality assurance (QA) agencies are required to successfully undergo an external review against the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG 2015) every five years. Members who fail to reconfirm their membership may be assigned the status of a “member under review”. This status allows the member to benefit from its membership rights within ENQA for a transitional period of a maximum of two years, signalling however the agency’s less than substantial overall compliance with the ESG. A new applicant to ENQA may not make use of this arrangement.

Context for the additional reviews – ENQA Rules of Procedure

Regarding the status of “member under review” the ENQA Rules of Procedure state the following:

- (2) *“A further, partial review shall be carried out by the Board [of ENQA], or its nominated reviewers, at the end of the two-year period (or sooner, if the member agency so requests) and shall focus on the deficiencies mentioned in the report of the first review...”*

- (3) *“The Board will take a decision regarding the renewal of membership based on the outcomes of the partial review. Should the outcome of the partial review be positive, membership shall be valid for five years from the date of the Board’s decision in which the status of member under review was granted.”*

- (4) *“An agency that, in the opinion of the Board, following the further review, still does not comply with the ESG and thus ENQA’s criteria for membership shall, by confirmation of the General Assembly, be debarred from ENQA.*

(ENQA Rules of Procedure, Article 7)

- The Rules of Procedure **leave the timing open** to accommodate the wishes of the agency and enables anticipating the process to any moment within the two-year period.
- The Rules of Procedure **do not make any requirements regarding the panel members** (number, position, etc.), which could also be members of the ENQA Board.
- The **content of the review will focus on the deficiencies mentioned**. There are no references to whether and to what extent other standards should be looked at. Interpretation might be that they need not be looked at, unless perhaps if they have direct connection to the standards under scrutiny.

Main features of an additional partial review

The content and extent of the additional partial review will depend on the deficiencies or problem areas in the previous (unsuccessful) review report. Indeed, some agencies may have only one or two elements where change/progress needs to be shown, while others may need a more comprehensive approach (compare e.g. a hypothetical case of an agency substantially or fully compliant on all elements but non-compliant in one, to an agency whose system is overall not built in alignment with the ESG).

Consequently, the number of reviewers, the extent of the self-assessment report (SAR) and the additional review report, as well as the need for a site visit (and its duration) may vary between the partial reviews. Consequently also the cost of the partial review will vary taking into considerations these elements, and in particular the costs of a site visit.

Content

All elements identified as causes of concern by the ENQA Board as well as all elements identified by the panel as partially or non-compliant will be covered by the additional partial review. The Agency shall also indicate in the SAR should there have been significant changes regarding any other standards since the last full review, and also these elements will be included in the review process.

The SAR and additional review report by the experts will address the identified elements/standards. Should the evidence be easily and reliably gathered without a site visit, this part of the process will be omitted.

Panel

A review panel of 3-4 people will be employed for the task. The panel will include at least one academic, one student, and a representative of a QA agency. Wherever possible, one or more of the panel members will have participated in the previous full review, in order to facilitate the acquisition of a comprehensive picture of the agency.

Reviewers will come from the ENQA pool of trained reviewers.

Site visit

The duration and the programme of the site visit will depend on the number of type of elements to be looked at by the review panel. In practice this is likely to mean a visit of 1-2 days. Other arrangements such as a visit by the panel chair only, or no visit at all (only study of the SAR and additional documentation) may also be considered if appropriate.

Validity of the report and of ENQA membership

The additional review report will be annexed to the latest full review report. The validity of ENQA membership and of the report is limited to five years from the completion of the previous full review report, independently of when the additional partial review will have taken place.

Annex X: ENQA Code of Conduct for review experts

I. Introduction

1.1 Purpose of the Code of Conduct

The ENQA Agency Reviews are designed to assess a quality assurance agency's compliance with the *Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)*.

ENQA has a responsibility to ensure that all ENQA Agency Reviews are prepared to the highest achievable standards. This means that all experts involved in the review process should manifest integrity and follow the principles of good review practice. With the present Code of Conduct, ENQA aims to ensure ethical and responsible conduct by experts in undertaking ENQA Agency Reviews.

This Code of Conduct (the "Code") describes rules of good behaviour relating to the agencies' external review procedure, and more particularly to the conduct of the site visit. It is intended to assist all review panel members, including the Chairs and Secretaries, by providing general guidance on the expected standards of good behaviour and defining more specifically the experts' responsibilities. However, it cannot be exhaustive and is not intended to cover every possible situation which may arise and all activities of each review panel member.

The present Code is intended to be used in the ENQA Agency Reviews (i.e. reviews coordinated by ENQA). The Board of ENQA recommends, however, using this Code also in external reviews of ENQA member agencies conducted by other entities.

1.2 Application

The Code is to be viewed as the minimum principles with which reviewers (i.e. all members of the review panel) should comply and experts are expected to conduct reviews within the spirit of the Code. In case of any doubt concerning the applicability of a particular section of the Code, experts should be in contact with the ENQA Secretariat.

ENQA expects that all reviewers involved in ENQA Agency Reviews are familiar with and adhere to the Code and its contents, and commit themselves to respect the rules contained in this document. Upon signature of their review contract, experts indicate that they accept the present Code of Conduct.

Any evidence concerning a serious breach of the Code or unprofessional conduct not mentioned in this Code may lead to an immediate termination of an expert's contract in the review and prohibition to perform future reviews in the subordination of ENQA. The debarred expert will be replaced by another expert where possible. An alleged breach of this Code or any unprofessional conduct not mentioned in this Code will be handled by the ENQA Board on a case-by-case basis.

1.3 Terminology

For the purposes of this Code:

"Confidential information" means information that was obtained as a consequence of conducting the review and that is not publicly available.

Confidential information includes any information (financial, legal, etc.) that the Agency treats as confidential.

“Integrity” means acting honestly and ethically, being objective and maintaining independence.

“Conflict of interest” means the following: (1) a “real conflict of interest” means that the expert has personal or organisational interests which might influence the performance of its review duties and responsibilities; (2) an “apparent conflict of interest” means any situation where it can be reasonably perceived that the expert’s private interests might influence the performance of its duties and responsibilities. A review panel member who has worked in the agency under review within the last five years constitutes an example of conflict of interest.

“Misconduct” means an intentional or negligent failure to observe the rules of conduct set by this Code. There is misconduct when an expert has engaged in unprofessional or incompetent conduct.

II. Code of Conduct

A. Reviewers’ duties

In the conduct of all external reviews, all members of the Review Panel are at all times required to observe the following general principles and to conduct themselves in a manner that does not bring ENQA into disrepute.

Confidentiality and discretion

- Safeguard all information made available to you, especially communication containing details of a personal nature, in strictest confidence.
- Exercise maximum discretion with regard to all matters relating to the review, in particular in disclosing to anyone external to the panel any confidential information acquired during the review process.
- Not to disclose any information concerning the evaluation procedure without the written approval of the ENQA Secretariat.

Conflict of interest

- Act with strict impartiality and objectivity.
- Identify and declare any real or apparent conflict between your personal interests, whether direct or indirect, and ENQA’s interests.
- In the case of an actual conflict, notify ENQA in writing and do not participate further in any processes related to the review in question.
- Inform ENQA immediately of any changes in or additions to the interests already disclosed which occur during the term of your contract.
- In case of doubt as to whether a conflict exists, refer the matter to the ENQA Secretariat for guidance.

Integrity

- Be honest and act with propriety and accountability when conducting the review.
- (Review Secretary) Report any cost or timescale overruns as they become manifest.
- Do not offer or accept under no circumstances any undue reward or extra attention. If you are experiencing or witnessing such an offer, report the incident to the ENQA Secretariat immediately.

- All review experts must refrain from any form of review misconduct. Report to the ENQA Secretariat a breach of this Code in writing, when you know or suspect that a review panel member or a member of the agency's staff has engaged in misconduct.

Finances

- Follow the ENQA financial guidelines, practice economy in the use of resources and ensure that the review runs within its allocated budget.
- Carry out the practical (travel, etc.) arrangements of the site visit in good time before the visit to ensure economical prices.

B. Principles of good practice

ENQA encourages all reviewers to adhere to the following principles of good practice in carrying out their work.

Openness and cooperation

- Be as open and clear as possible in the discussions you have with the agency and other stakeholders during the site visit.
- Always crosscheck and question the findings and evidence received.
- Be tolerant and courteous in all your dealings with agency's staff and stakeholders.
- Respect the varied cultures and backgrounds of each participant in the review process.
- Respect and contribute to establishing a good and productive working environment, in which each panel member is an equal partner, takes responsibility, shows commitment and cooperates.
- (Review Chair) Always exercise your authority in a fair and responsible manner.

Communication

- During meetings, ask questions in a friendly, constructive manner. Remember to remain critical.
- Raise concrete questions and avoid personal questions.
- (Review Chair) Ensure that the views of all participants are valued and taken into the account and foster open exchange of opinions.
- (Review Chair) At the end of each meeting, recapitulate the main topics covered in the discussion in order to make sure that all issues have been brought to debate and thank all participants for their contribution.
- (Review Chair) Make sure that there are no unsettled issues or questions by the end of every meeting and by the end of the review process.
- (Review Chair and Secretary) Ensure that everyone in the agency, especially those having low English skills, feel comfortable during meetings with the review panel.

Commitment to competency and professionalism

- Exercise and maintain professional competence at all times.
- Dress appropriately throughout the review.
- Do not deliberately withhold information in your possession unless it is confidential information.

- Participate only in assignments which you are qualified and competent to perform. If you consider yourself to be insufficiently expert to properly conduct the review, make this clear to the ENQA Secretariat in writing.
- Be well prepared in advance for meetings (examine the documentation provided by the Agency thoroughly and any other information available prior to the site visit, get information on the interviewees, etc.).
- (Review Chair) Keep the time schedule.
- Give full attention to the meetings (turn off mobile phones, etc.).
- Do not debate with other Panel members during meetings, an agreement should be reached beforehand or in-between meetings.
- Participate in all meetings and discussions.
- Take notes at the meetings attended and the Panel's private discussions.

Annex XI: Financial guidelines for ENQA Agency Reviews

Financial guidelines ENQA Agency Reviews

1. General information

The ENQA Secretariat is responsible for the financial management of the ENQA Agency Reviews. The contact details of the Secretariat are as follows:

Maria Kelo, Director
European Association for Quality Assurance in Higher Education (ENQA)
Avenue de Tervuren 36-38, bte 4
BE-1040 Brussels
E-mail: maria.kelo@enqa.eu
Internet: www.enqa.eu
Phone: +32 2 735 00 18
Mobile: +32 492 31 10 52
Fax: +32 2 735 61 53

All claims for reimbursement of travel expenses related to the review should be submitted, together with original receipts and boarding passes, to the following address:

ENQA Secretariat
Avenue de Tervuren 36-38, bte 4
BE-1040 Brussels

2. Reimbursement of the travel and accommodation costs

The experts are expected to pre-finance their travel costs (flight/train) and they should inform the ENQA Review Coordinator concerning their arrival and departure times. When the pre-financing of the travel costs is not possible (e.g. in the case of the student members), the expert should contact the ENQA Secretariat to find an alternative solution well on time ahead of the site visit. The ENQA Review Coordinator organises the hotel accommodation with the help of the agency and pays directly the costs related to hotel, meals and eventual local transportation during the site visit.

Should any additional costs occur, ENQA reimburses the experts only for the travel, accommodation, insurance and meal costs relating directly to the site visit, upon receiving the relevant documentation. The ENQA Secretariat cannot reimburse any costs for which the receipts are missing. No per diems are provided and therefore the expert should remember to retain all receipts. Travel and insurance costs are based on the actual costs incurred. Economy class fares must be used when travelling by air, while business class is acceptable when travelling by train and for long-distance (non-European flights) and upon prior agreement of the ENQA Secretariat. All travel related costs should be kept reasonable.

There are **two** ways in which **to claim for** travel expenses:

- a) **Official invoice.** An official invoice has to be used in the case where the organisation of the expert has paid for his/her travel and accommodation expenses and **these expenses will be**

reimbursed to the account of the organisation, not to the expert. The official invoice from the organisation has to include **specification of costs and copies of the travel documentation and of the receipts** (the originals are not needed in the case of an official invoice). The invoice can be sent to the ENQA secretariat as an email attachment or by post.

- b) Travel claim form.** Expert should use the travel claim form provided by the ENQA Secretariat when s/he has paid the travel and accommodation expenses him/herself and they **will be reimbursed to his/her private account**. In this case, the **original receipts and boarding passes** have to be attached to the travel claim form, it has to be signed by the expert and sent by post. If the original documentation is missing, the ENQA secretariat, due to its accounting procedures, will not be able to make the reimbursement. All other currencies used must be converted into Euros by the expert him/herself. The expert should state the appropriate currency rate on the travel claim form.

Both the travel claim and the official invoice **have to include the following bank details**:

- Name of the bank;
- Address of the bank;
- Name of the account holder;
- Bank account number;
- SWIFT and IBAN codes.

3. Payment of the expert fees

The fee is paid by the ENQA Secretariat after the successful completion of the review, i.e. after the final decision of the Board of ENQA. A form is provided by the ENQA Secretariat for claiming the fee.

4. Deadline for claiming the expenses

All the direct expenses have to be claimed from the ENQA secretariat **within 30 days after the site visit**. ENQA Secretariat **cannot reimburse claims that arrive after this deadline**.

Annex XII: ENQA Rules of Procedure

Adopted by the General Assembly on 23 October 2015

Preamble

This document complements the Statutes of the Association by defining the practical and technical rules and procedures governing the operations of the Association. It shall be interpreted at all times in such a manner as to give precedence to the Statutes.

CHAPTER 1 – SCOPE

Article 1

In accordance with Articles 6, 10 and 34 of the Statutes, these Rules of Procedure define practical and technical matters and procedures governing the operations of the Association.

Article 2

Should there be a difference in interpretation between the Statutes and the Rules of Procedure, the former shall prevail.

Article 3

Once approved by the General Assembly, the Rules of Procedure shall take effect immediately. Each Member shall be responsible for compliance with these Rules of Procedure.

Article 4

These Rules of Procedure apply to:

- **Members and affiliates**
- **The proceedings of the General Assembly;**
- **The ENQA Board and other constituent bodies (committees, working groups);**
- **The Secretariat.**

CHAPTER 2 – MEMBERS

Article 5

As stated in Article 5 of the Statutes, membership is open to European quality assurance bodies in the field of higher education that are conducting quality assurance activities as understood in the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG), and that act in compliance with them.

Article 6 – Membership criteria

- (1) The agencies are required to demonstrate compliance with Parts 2 and 3 of the *European Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG) as adopted by the European Ministers in charge of higher education in Yerevan in 2015, in all their quality assurance activities.
- (2) The degree of compliance with the ESG is assessed through an external review. The terms of reference and panel composition of a review must be approved by the Board of ENQA before the start of the review process whether or not the review process is coordinated by ENQA.
- (3) Membership is granted by a decision of the Board, to be endorsed by the General Assembly. The membership is valid for a period of five years.
- (4) If a member does not undergo an external review within five years of membership being granted or renewed, it shall, by decision of the General Assembly, cease to be a member of ENQA.

Article 7 – Membership under review

- (1) If, as a result of an external review, the Board judges the member not to comply with the ESG and thus meet the criteria for membership, it shall be given two years to conform with the criteria, during which time the agency shall be designated as a “Member under review”.
- (2) A further, partial review shall be carried out by the Board, or its nominated reviewers, at the end of the two-year period (or sooner, if the member agency so requests) and shall focus on the deficiencies mentioned in the report of the first review. The details of the partial review process are detailed in the ENQA procedure for partial reviews.
- (3) The Board will take a decision regarding the renewal of membership based on the outcomes of the partial review. Should the outcome of the partial review be positive, membership shall be valid for five years from the date of the Board’s decision in which the status of member under review was granted.
- (4) An agency that, in the opinion of the Board, following the further review, still does not comply with the ESG and thus ENQA’s criteria for membership shall, by confirmation of the General Assembly, be debarred from ENQA.
- (5) “Members under review” maintain their membership rights and duties during the period of membership under review (maximum of two years).

Article 8 – Membership application procedure

- (1) Detailed procedures and requirements on the external review process are set out in the ENQA Guidelines for external reviews. The requirements set out in the guidelines apply also to reviews not coordinated by ENQA.

- (2) If an agency wishes to go through an ENQA Agency Review (i.e. a review process coordinated by ENQA), the request shall be made in the form of a letter addressed to the Director of the ENQA Secretariat. The letter shall include an estimate of the timeline for the self-evaluation and the site visit. The request for an ENQA Agency Review should be made at least 12 months prior to the expected end of the membership application process.
- (3) Organisations seeking membership in ENQA are requested to submit their application to the ENQA Secretariat for distribution to the members of the Board no less than 30 days prior to a scheduled meeting of the Board at which the application is to be considered.
- (4) An application for membership with ENQA shall be addressed to the Board of ENQA and shall include:
 - an independent external review report on the agency's compliance with the ESG, carried out in a manner and to a standard acceptable to the Board (details of the requirements are set out in the ENQA Guidelines for external reviews);
 - a letter indicating the motivation for becoming a member and how the applicant agency intends to contribute actively towards ENQA's objectives.
- (5) When the membership application has been received, the ENQA Secretariat distributes the letter and the external review report to a Review Committee of the ENQA Board. The Review Committee produces an analysis of the report and a recommendation to the Board regarding membership.
- (6) The application letter, the review report, as well as the analysis and recommendation(s) by the Review Committee, are examined by the Board of ENQA at their meeting. The Board takes a decision in light of the available evidence gathered in the external review report on the agency's compliance with the ESG, and the letter explaining the agency's interest in being a member of ENQA. If the Board is unable to reach a conclusion, they reserve the right to request further evidence from the agency and/or the review panel.
- (7) The decision of the Board is communicated to the agency in written form. If the request for membership is rejected, the reasons for the decision are also communicated.
- (8) The agency is notified of the annual membership fee.
- (9) The member is added to the ENQA mailing list and its profile details are uploaded in the member directory. The member is given full access to ENQA's services and networking opportunities. It is entitled to use the ENQA logo in accordance with the regulations governing the use of the ENQA Trademark which are available on the ENQA website.

Article 9 – Fees

- (1) As stated in Article 34 of the Statutes, the membership fee is decided by the General Assembly on a proposal from the Board. The fee in vigour can be found on the ENQA website. It is payable within three months of receipt of notification of a successful request. Organisations that are granted membership part-way through the year shall pay the pro-rata amount of the annual fee based on the quarter in which they join.

- (2) ENQA Membership with full rights shall be obtained only after the payment of the due membership fee, in accordance with Article 34 of the Statutes.

Article 10 – Material changes

Members are required to notify ENQA with the shortest delay of any change that might affect the agency's compliance with the ESG, such as changes in the legal status of the agency, the legal framework in which the agency operates, its funding mechanism, its methodology, or its area of operations.

CHAPTER 3 – AFFILIATES

Article 11

The Board of ENQA encourages organisations worldwide that have an interest in quality assurance of higher education, but for whatever reason are unable to apply to become members, to consider and seek affiliation with ENQA.

Article 12

- (1) Affiliation is granted by a decision of the Board, to be endorsed by the General Assembly, if the applicant:
- is a bona fide organisation
 - has a genuine interest in the quality assurance of higher education in the European Higher Education Area (EHEA)
 - fits the definition of an affiliate as given in the Statutes of ENQA
- (2) The Board shall also consider whether it is in the interests of ENQA and its membership to enter a formal relationship with the applicant body.
- (3) Should the Board be unable to reach a conclusion, they reserve the right to request further evidence – oral or written – from the applicant.

Article 13 – Application procedure

- (1) Organisations seeking affiliation with ENQA are requested to submit their application to the Secretariat for distribution to the members of the Board no less than 15 working days prior to a scheduled meeting of the Board at which the application is to be considered.
- (2) An application for affiliation with ENQA shall be made in the form of a letter addressed to the Board of ENQA and shall include:
- A motivation letter indicating interest in becoming an affiliate of ENQA, signed by a legal representative of the organisation;

- An organisational overview document providing information such as the constitution, mission, summary of current activities, goals, and governance structure. Examples could include an annual report or other public information document. The key information shall, however, be included in the application letter;
 - A statement, which may be contained in the motivation letter, indicating that the organisation has reviewed the Statutes of ENQA and agrees to abide by them;
 - Contact details, including the website address if available.
- (3) The decision of the Board shall be communicated to the applicant in written form. The letter shall explicitly mention that the affiliate is not entitled to call themselves ENQA members and has no voting rights. If the request for affiliation is rejected, the reasons for the decision shall be communicated to the applicant.
- (4) Once the application is accepted, the organisation's profile, as submitted in the application, is uploaded on ENQA's website in the Affiliate directory. The organisation shall be:
- notified of the annual affiliation fee;
 - added to the ENQA mailing list;
 - given access to some of ENQA's services and networking opportunities;
 - entitled to use the ENQA Affiliate logo.
- (5) The affiliation is granted at the discretion of the Board, and there is no right of appeal.

Article 14 – Fees

- (1) As stated in Article 34 of the Statutes, the affiliation fee is decided by the General Assembly on a proposal from the Board. The fee is payable within three months of receipt of notification of a successful request. Organisations that are granted affiliation part-way through the year shall pay the pro-rata amount of the annual fee based on the quarter in which they join.

CHAPTER 4 – GENERAL ASSEMBLY

Article 15 – Voting procedures

- (1) In the event of a vote - other than for the election of the Board, the President, and the Vice-Presidents - the voting procedure used may be either open or closed (secret). A closed ballot shall be used if one or more Members present so request.
- (2) Spoilt ballots shall be counted as votes cast. Abstentions shall not be counted as votes cast.

CHAPTER 5 – PRESIDENT AND VICE-PRESIDENTS

Article 16 – The President

- (1) The President of the Association is also the Chair of the Board.

(2) In addition to the functions of the President as stated in Article 28 of the Statutes, the responsibilities of the President shall also include:

- elaborating the strategic planning of the General Assembly meetings together with the Vice-Presidents and the Director;
- representing ENQA externally;
- carrying out any resolutions, decisions, or specific mandates given by the General Assembly or the Board;
- observing the financial situation of the Association;
- ensuring, together with the Director, that the annual work plans and budgets are followed;
- assuming any other reasonable responsibilities deemed necessary by the Board.

(3) The responsibilities of the Chair of the Board shall include:

- casting the deciding vote in the Board when no majority decision can be reached;
- planning, together with the Vice-Presidents and the Director, the agendas of the Board meetings;
- checking with the Director the material for the Board meetings and for any other events;
- following up on the Board meetings (communication of decisions, etc.) together with the Secretariat.

Article 17 – The Vice-Presidents

The responsibilities of the Vice-Presidents shall include:

- carrying out such reasonable duties as the President may request;
- carrying out the strategic planning of the Board, the General Assembly, and any other meetings and events together with the President and the Director.

CHAPTER 6 – TREASURER

Article 18

The Treasurer supervises the finances of the Association and shall present the annual accounts for the preceding year and propose the annual budget for the following year to the General Assembly for approval.

CHAPTER 7 – DIRECTOR

Article 19

Under the direct supervision of the Board, the Director shall be responsible for the general supervision and daily management of the Secretariat, as well as for the execution of the decisions taken by the Board and the General Assembly.

In addition to the provisions of Article 32 of the Statutes, the responsibilities of the Director shall include:

- monitor that the activities are done in observation of ENQA relevant procedures;
- employ and dismiss staff of the Secretariat;
- prepare documents for the Board and General Assembly meetings and record meetings of the Association;
- communicate with members;
- liaise with stakeholders and partners;
- collect annual membership and affiliation fees, as well as any other financial contributions to the activities of the Association;
- manage the website and archives of ENQA.

CHAPTER 8 – APPEALS AND COMPLAINTS COMMITTEE

Article 20

- (1) The Committee shall hear appeals against decisions of the Board on membership that are related to compliance with the ESG.
- (2) The Committee shall hear complaints that are related to:
 - The conduct of procedures in respect to membership matters;
 - The integrity of the external review and decision-making process on the basis of which the agency was admitted as a member in ENQA.

Article 21 – Composition

- (1) The Appeals and Complaints Committee shall comprise four representatives of members, one of whom shall be designated as an alternate member. No member of the Committee shall at the same time be a member of the Board, but at least one of the members shall be a former member of the Board. No member of the Committee shall have had previous involvement with the appellant.
- (2) In appointing members to the Appeals and Complaints Committee, the General Assembly shall have regard to the following criteria:
 - Experience of the review procedure gained by having served on a review panel;
 - International experience gained by being involved in international activities in various regions;
 - Managerial position held within an agency for at least five years.

Article 22 – Mandate

Members of the Committee are appointed by the General Assembly for a three-year term. No member of the Committee shall serve continuously for more than six years.

Article 23 – Operation

- (1) The Chair of the Committee shall be selected by the Committee.
- (2) The Committee shall take decisions with a simple majority.
- (3) In cases of conflicts of interest involving one of the members of the Committee, the alternate member shall be asked to replace the member affected by the conflict of interest.

Article 24– Appeals procedure

- (1) An appeal or complaint shall only be considered as official if substantiated and supported by appropriate evidence, references, and examples. An appeal or complaint shall clearly and concisely set forth the grounds for the appeal/complaint referring to specific standards or guidelines of the ESG or to specific sections of the ENQA Guidelines for External Reviews.
- (2) An appeal or complaint shall be submitted to the ENQA Secretariat in writing by email, fax, or regular mail within two calendar months from the date of receipt of the Board’s decision. The ENQA Secretariat shall acknowledge the receipt of appeals and complaints within seven days.
- (3) The evidence supplied must be in plain text or pdf format, in English, and where the original is in another language, a certified copy in English must be submitted. Evidence shall be directly relevant and proportionate to the concerns raised.
- (4) On receipt, an appeal shall be reviewed by the Secretariat to determine whether eligible grounds and supporting evidence have been presented. Where this is not the case, the appeal may either be rejected or a request for further information or evidence made.
- (5) The ENQA Secretariat shall forward the appeal or complaint to the consideration of the Board. ENQA reserves the right to ignore submissions that are bogus or obviously unsubstantiated. The Board shall distribute the appeal/complaint documentation to the Committee. The Committee shall be requested to submit a report within a month of the receipt of the appeal or complaint.
- (6) All appeals are considered on the basis of documentation only, submitted by the appellant.
- (7) The Committee shall examine the appeal and undertake any further investigations which it considers necessary, as soon as reasonably practicable. This may involve obtaining documents or papers from the appellant or speaking to members of the appellant agency.
- (8) After considering the evidence, the Committee may decide:

- To dismiss the appeal;
- To uphold the appeal and require the Board to reconsider its decision, taking into account the findings of the Appeals Committee.

(9) The Board's decision on the appeal shall be taken in light of the Committee's report and shall be final and non-appealable.

(10) Appellant agencies shall be notified in writing of the Board's decision within five working days of the date of its meeting.

(11) The Board reserves the right to not continue with the operation of appeals procedures if the appeal is pursued in an abusive, offensive, defamatory, aggressive, or intimidating manner.

Article 25 – Fee for appeals

The fee required to accompany a statement of appeal is 1,000.00 euro. The appeal fee shall be reimbursed if the appeal is successful.

CHAPTER 9 – POLICY WORKING GROUPS

Article 26 - Operation

- (1) The procedure for setting up and running a working group is outlined in the ENQA Project Management System.
- (2) The composition of working groups may be open to all ENQA members or restricted (on invitation).
- (3) Signing up to a working group is voluntary, but confirmation of attendance to a meeting is considered as a firm commitment, for the sake of good operation of the group and practical arrangements.
- (4) The meetings shall be hosted by the ENQA Secretariat or if wished, by agencies taking part in the working group. The costs of the venue and catering shall be covered by the host. The groups may also consider alternative ways of holding meetings, including video conferencing.

CHAPTER 10 – PUBLICATION POLICIES

Article 27

The Association publishes full external review reports on its website, whether the review being full or partial, and regardless of the review outcome and decision on membership by the Board. Full review reports are published together with the letter from the Board on membership, the self-evaluation report of the agency, and the explanatory letter from the review panel chair, if any.

Article 28

The Association publishes review follow-up reports submitted by agencies and related letters from the Board.

Article 29

The minutes of the Board and General Assembly meeting are published in the restricted area of the website and may thus be consulted by the members of the Association at any time.

CHAPTER 11 – COOPERATION WITH KEY PARTNER ORGANISATIONS

Article 30

In accordance with its broad objective to function as a policy forum developing and proposing standards, procedures, and guidelines on quality assurance in the EHEA, and to maintain and develop co-operation with other appropriate European stakeholder organisations, ENQA is committed to a continuing cooperation with key European partner organisations. These include the European University Association (EUA), the European Association of Institutions in Higher Education (EURASHE), the European Students' Union (ESU), the European Quality Assurance Register for Higher Education (EQAR), Education International (EI), BusinessEurope, the European Commission (EC), and the Bologna Follow-up Group (BFUG).

CHAPTER 12 – FINANCIAL PROVISIONS

Article 31 – Auditor

The General Assembly shall appoint an auditor on a proposal from the Board. The auditor is appointed for a period of three years. The term is renewable.

Article 32 – Fees

Members and affiliates of ENQA may be asked to pay a fee to participate in workshops, projects, and other activities organised by ENQA.

Article 33 – Arrear payments

- (1) The ENQA Secretariat shall issue invoices for membership/affiliation fees by the end of January each year. Invoices shall be paid by the end of March of the respective year.
- (2) If a member/affiliate fails to meet the above deadline, the Secretariat shall request, with a written reminder, the payment to be made by mid-May.
- (3) If a member/affiliate still fails to make the payment after this first reminder, the Secretariat shall inform the Board. The Board shall officially urge the member/affiliate with a second reminder, sent through the Secretariat, to make the due payment by the end of June or face an immediate termination of ENQA membership/affiliation.

- (4) Should membership/affiliation be terminated, the agency shall not be allowed to reapply for the following two years unless extraordinary circumstances prevented the payment in the first place.

CHAPTER 13 – FINAL PROVISIONS

Article 34

The President shall be responsible for the implementation of these Rules of Procedure.

Article 35 – Amendment of the Rules

The Rules may be amended by a vote of two-thirds of the General Assembly, at which at least two-thirds of the members are present.