WHAT COMES AFTER THE AGENCY REPORTS ARE PUBLISHED?

An analysis of approaches to follow-up (ESG 2.3) and complaints and appeals (ESG 2.7)

AUTHORS: MILJA HOMAN, ALEXIS FÁBREGAS ALMIRALL
EDITORS: ANNA GOVER, GORAN ĐAKOVIĆ
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Executive summary

This analysis concentrates on quality assurance agencies' approaches to follow-up (as required by ESG 2.3) and to complaints and appeals procedures (ESG 2.7) as part of their external quality assurance activities. It provides an insight into the variety of approaches across the European Higher Education Area as well as reflection on how panels identified these approaches in terms of showcasing the examples of good practice or persistent difficulty. For this purpose, the external review reports of 22 quality assurance agencies from 13 countries have been studied, including one agency operating at European level. The external reviews were conducted in the period of 2020-2022 and followed the review methodology of ENQA Agency Reviews.

On the agencies' approach to follow-up, the paper emphasises that the follow-up should be present and meaningful across all types of procedures conducted by an agency and applicable to all evaluated programmes/institutions, regardless of the outcome of the original review procedure and/or whether the agency is itself responsible for any final decision. The two key findings in this regard are that the follow-up procedure should be an integral part of the original review process, and that panels particularly praise those follow-up processes that incorporate an enhancement aspect, rather than only checking the implementation of previous recommendations.

Regarding ESG 2.7, the paper identifies that a significant number of agencies still experience difficulties with the requirements of this standard, but the issues experienced are not the same for appeals as they are for complaints. For appeals, panels are recommending changes in the existing procedures whereas for complaints, the recommendations refer almost exclusively to the need to establish and/or formalise a complaints procedure. In addition, the analysis underlines the persistent confusion regarding the two terms, the possible reasons for this, and discusses the impact of the local legal framework, system, or cultural context on how the agency addresses the requirements of this standard.

While acknowledging the diversity of approaches implemented by the agencies for both topics covered by the study, the paper at the same time notes that the procedural nature of the standards (and the ESG as such) might be limiting the diversity of external QA approaches within the EHEA. Finally, the analysis also reveals some inconsistencies regarding the assessment made by ENQA panels and the need to continuously monitor this, as proven valuable by the establishment of the ENQA Agency Review Committee.

Contents

Introduction

Following the requirements of the Standards and Guidelines for quality assurance in the European Higher Education Area (ESG), external quality assurance should not end with an external review report and review decision. Important parts of the implementation of such processes are established procedures for a consistent follow-up (ESG 2.3) as well as clearly defined opportunities for complaints and appeals (ESG 2.7). The guidelines of ESG 2.3 describe that the report by the experts should *"provide[s] 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."*[1]. ESG 2.7 in turn concerns the complaints and appeals processes, which according to this standard *"should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions"*[2]. Important division is made in the guidelines of this standard between the two processes. A complaints procedure concerns the conduct of the process or those involved in it whereas an appeals procedure concerns the formal outcome[3].

This analysis concentrates on the agencies' approaches to follow-up as well as to complaints and appeals procedures as part of their external quality assurance activities. The analysis is based on evidence drawn from ENQA Agency Reviews conducted in 2020-2022. The analysis aims to provide an insight into the variety of agencies' approaches to the topic across the European Higher Education Area (EHEA) as well as reflection on how panels identified these approaches in terms of showcasing the examples of good practice or persistent difficulty.

The three main questions that guided this analysis were:

1. **What are the common approaches** deployed by agencies in relation to follow-up (ESG 2.3) and to complaints and appeals (ESG 2.7)?
2. **What are the areas for improvement** for agencies in developing their approaches regarding these processes, in relation to the requirements of the ESG?
3. **Are there identifiable good practices** regarding these processes?

The topic of this analysis has been selected following feedback from ENQA's Agency Review Committee. The Committee, which is responsible for safeguarding that the agency reviews are conducted in accordance with the Guidelines for ENQA Agency Reviews, noted in 2021 that these areas would benefit from further exploration in order to support ENQA's review coordinators in ensuring the consistency of agency reviews in future. This would be particularly beneficial in the area of follow-up (ESG 2.3) as there is significant diversity in how this standard is interpreted and implemented by agencies and assessed by review panels. Furthermore, the analysis on ESG compliance by the European Quality Assurance Register for Higher Education (EQAR)[4] shows that a considerable number of agencies have received a judgment of partial compliance on complaints and appeals (ESG 2.7) therefore a more thorough analysis on the approaches should provide evidence and inspiration for agencies to reflect on their internal policies and

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[1] ESG p. 19 https://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf
[2] ESG p. 20 https://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf
[3] ESG p. 20 https://www.enqa.eu/wp-content/uploads/2015/11/ESG_2015.pdf: *"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."
[4] Analysis of Register Committee Decisions and Quality Assurance Agencies' Compliance with the ESG (2021): https://cloud.eqar.eu/s/6ZPEWTFsXiCR4FG

processes, as well as strengthen ENQA's own understanding of the most common challenges in order to provide further support and advice to agencies through peer-learning.

Agencies carry out a variety of external quality assurance (QA) activities in line with the part 1 of the ESG, among which are evaluation, review, audit, assessment, accreditation or other similar activities at programme or institutional level. In this analysis the terms external QA activity and evaluation are used interchangeably and refer to any type of activity on learning and teaching in higher education that falls within the scope of the ESG.

Sample and methodology

The analysis is based on the external review reports of full reviews conducted by ENQA in the EHEA in 2020-2022[5]. For data comparability, the analysis has not considered targeted or partial reviews as not all these reviews include the selected standards, or they do not cover all the activities carried out by the agency[6]. Altogether the external review reports of 22 quality assurance agencies[7] from 13 countries[8] have been included in the study, including one agency operating at European level. The sample was considered large enough to show the variety of countries and agencies across the EHEA while keeping the data for analysis manageable.

All sections in the agency review reports for each of the selected standards have been analysed (evidence, analysis, conclusion, commendations, recommendations, and suggestions for further improvement). The evidence and analysis sections have been used to learn about agencies' approaches. To identify good practice, the commendations and analysis parts were studied. Lastly, panel recommendations and suggestions for further improvement were analysed to identify challenges and areas for improvement.

It should be noted that the reporting styles and level of detail within the review reports are subject to some variability, which presents some limitations to the analysis and results. For this reason, the analysis aims at primarily identifying broader themes or examples of good practices in a qualitative manner, however, quantification has been used for instance to show how many agencies have received recommendations, suggestions for further improvement or commendations. However, it should be noted that looking purely at the number of recommendations is not on its own a reliable indicator of the extent of areas for attention by the agency as a single recommendation may cover several issues or they may be addressed individually in separate recommendations. Quantitative data regarding the number of the themes or good practices are not provided as these could be misleading and even inaccurate, since not all reports describe these practices at the same level of detail.

Compliance judgments by the panels have not been considered since both of the analysed standards consist of several requirements under each standard, and the judgements on compliance do not necessarily

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[5] Those reviews that were carried out in 2022 were included in the analysis if their external review report was published by March 2023.
[6] In targeted reviews, standards of Part 2 of the ESG are only considered for external QA activities that were launched or changed since the agency's last full review against the ESG.
[7] External review reports of the following quality assurance agencies have been considered for this analysis: AAQ, Switzerland; ACCUEE, Spain; ACPUA, Spain; ACQUIN, Germany; AEQES, Belgium; AI, Denmark; ANQA, Armenia; AQAS, Germany; ASHE, Croatia; AVAP, Spain; ECAQA, Kazakhstan; ECCE, Germany (European); FIBAA, Germany; FINEEC, Finland; GAC, Germany; HAHE, Greece; Hcéres, France; IAAR, Kazakhstan; IQAA, Kazakhstan; NEAA, Bulgaria; UKÄ, Sweden; ZEvA, Germany. The full names of the agencies are provided in Annex 1.
[8] Armenia, Belgium, Bulgaria, Croatia, Denmark, Finland, France, Germany, Greece, Kazakhstan, Spain, Sweden, Switzerland.

indicate that an agency is not meeting the requirement of the specific aspects covered by this analysis. For instance, ESG 2.3 covers, in addition to follow-up, a self-assessment report, site visit, and report as part of an external QA process at any agency. Agencies may have thus received recommendations or suggestions for improvement regarding any aspect of the standard. Therefore, for identifying areas for improvement, the recommendations and suggestions for further improvement have been the main source of evidence, rather than the final decision on compliance.

Finally, it should be noted that the approaches described under each standard are not exhaustive, and they are not necessarily used exclusively by the agencies mentioned as examples. The extracts from the review reports are provided only to illustrate the variety of approaches and as examples of these to a reader.

Since the review reports under analysis are already public[9] and the analysis aims to identify good practices and support QA agencies through peer-learning, the agencies have not been anonymised in the analysis. Throughout the report, the agencies are referred to by their acronym. Full agency names and country can be found in Annex 1 of this report.

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[9] Available on the ENQA website: https://www.enqa.eu/review-database/

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
>
> Guidelines (extract):
>
> 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.

Agencies have different approaches to conducting follow-up as part of their external QA activities depending on the nature of the activity and on the decision (if any) made following the procedure, including whether the decision includes conditions or not. In other words, the same agency may deploy a different type of follow-up depending on the activity in question and its outcomes, and not all external QA activities of an agency include a follow-up.

The common approaches to follow-up across agencies include using follow-up reports, and in some cases site visits, and seminars or annual meetings with evaluated institutions or the broader higher education sector. These approaches are discussed below together with reflection on cases when there is no follow-up or a conditional follow-up. Next, the analysis focuses on the roles and responsibilities, and timelines, related to a follow-up, and discusses the purposes, outcomes, and impact of follow-up. Finally, examples of good practice and areas for improvement are addressed.

Types of follow-up activities
Follow-up reports

The analysed sample of agencies' review reports indicates that follow-up reports prepared by the higher education institutions (HEIs) after the external QA activity are the most common approach to follow-up regardless of the type of activity. Some ENQA agency review reports include more details on the content and aims of the follow-up reports, while others stay on a more general level without describing the nature of these reports. Those that describe the content and aims mostly explain that follow-up reports focus on the reaction to recommendations from the expert reports and follow up on the improvement plans or action plans prepared by the HEIs after the evaluation. Some agencies also ask HEIs to describe substantial changes that have taken place since the evaluation.

Example 1: *"Institutions undergoing institutional or programme accreditation should submit a written report to IQAA every year on achievements and developments that occurred during the year in maintaining the internal system of quality assurance. The report includes a plan of corrective actions for the implementation of the areas of improvement and elimination of comments. Institutions should highlight the compliance with follow-up while preparing the reports and analyse the effectiveness of the implemented actions."* (IQAA 2021)

Site visit

Some agencies also implement a site visit or a monitoring visit as part of their follow-up procedure. The site visit may be an activity in addition to the follow-up report, or some agencies include these only as part of the follow-up process for those HEIs/programmes that have had severe shortcomings identified in their evaluation.

Seminars, conferences and annual meetings

A third common activity, although less frequent in the analysed sample, is the organisation of various types of seminars, conferences and final meetings between the agency and the evaluated HEIs to provide platforms for peer-learning, sharing of practices and joint discussions across the higher education sector. On this note, the analysis shows that a distinction should be made between: 1) the meetings that include the agency and an individual HEI to follow-up specifically on the evaluation, and 2) a meeting/seminar/conference organised for many/all HEIs to discuss sector-wide issues. The second group of events can furthermore be separated into seminars just for evaluated institutions/programmes, which might focus on common issues arising from the evaluation cycle, or more general conferences for the whole higher education sector, to address broader issues.

For instance, ECCE's follow-up comprises annual monitoring reports which are subsequently discussed during the agency's annual meetings in the presence of the decision-making body and representatives of the accredited programmes. The joint discussions provide a mutual learning environment and facilitate the sharing of good practice among accredited programmes.

Another example is FINEEC's two approaches to organising seminars. Firstly, the HEI organises a final seminar together with the agency, usually within a month of the evaluation decision. This seminar is

intended to give the institution's staff and students the opportunity to openly discuss the audit results and conclusions with representatives of FINEEC and the panel. Secondly, FINEEC organises regular enhancement seminars for HEIs approximately three years after their evaluation to provide feedback on the HEIs' work and to provide the higher education sector with an opportunity to share good practices on quality assurance work. ECCE's and FINEEC's follow-up conferences were noted as good practices by their respective review panels.

No follow-up and/or follow-up dependent on the evaluation outcome

Follow-up measures may vary depending on the evaluation outcomes, as demonstrated by the case of UKÄ:

> *"In institutional reviews, HEIs that have had their quality assurance processes approved are followed up through dialogue meetings, surveys, conferences and in other ways. HEIs with "quality assurance processes approved with reservations" are followed up in the assessment criteria judged as unfulfilled, for the assessment areas that are deemed as not satisfactory. The HEI is to present the measures it has taken no later than two years after the decision. UKÄ appoints an assessment panel that follows up the measures. Additional material and online interviews are included in the follow-up if needed. For HEIs with 'Quality assurance processes under review', a new, complete review of the HEI's quality assurance processes is planned to be carried out in which all assessment areas deemed as not satisfactory will be followed up. UKÄ and the HEI will in dialogue decide on the time for the follow-up review, and when the HEI will present the measures it has taken."* (UKÄ 2020)

Some agencies also conduct several different external QA activities, and the follow-up may be carried out differently for each activity, including some that do not comprise of a follow-up, perhaps due to their specific nature or because follow-up is considered to be covered in other procedures.

> Example: *"HEI initial accreditation, partner HEI evaluation, training school accreditation and teaching staff evaluation system audit are all based on a self-assessment and end with a report but do not include a follow-up and / or a site visit. The panel agrees, overall, with ACPUA that this is justified by the specific nature of these processes."* (ACPUA 2020)

From the analysis of the sampled reports, one problematic area appears to be instances where agencies omit follow-up in cases of a positive evaluation and when there are no conditions attached to the decision. For instance, AI does not conduct a follow-up for HEIs or programmes that have received a positive evaluation (valid for six years), but only to those with a conditionally positive evaluation. In cases of a positive outcome, the follow-up is only carried out once the HEI or programme is again due to be reviewed as part of the national cycle. Thus, the agency leaves it for HEIs to act on the non-binding recommendations. The ENQA panel did not see it as an issue that no external follow-up was carried out after positive evaluations and considered that there were clear provisions in place for the relevant situations requiring a follow-up:

> *"[…] There is the possibility of follow-up procedures in all significant types of reviews. This follow-up is not compulsory in the case of unconditional accreditation, as a result of the dialogue between AI and HEIs, but it is compulsory in relation to conditionally positive accreditation and refusal of accreditation. The review panel considers that this shows that AI has taken seriously into account the recommendations of the previous ENQA review panel and that there are clear provisions in place for the relevant situations requiring a follow-up."* (AI 2021)

On the other hand, AAQ has a similar approach in place where the follow-up procedure only applies to HEIs or programmes that received an evaluation with conditions. There is no follow-up for HEIs or programmes that received a positive evaluation, valid for seven or eight years. In the AAQ case, the ENQA panel considered that, in addition to verifying the implementation of conditions, a follow-up procedure is *"an important part of a full accreditation process as well as of the role of an Agency to support HEIs in the*

development of their internal quality assurance system". Thus, the panel recommended the agency to include a procedure for regular follow-up for all its evaluation processes, regardless of the final outcome.

Recent evaluations of agencies working in the German system demonstrate a similar situation. For instance, AQAS and FIBAA carry out follow-up for evaluations that received conditions but not for those that received only recommendations. Both agencies received recommendations from their respective ENQA panels to implement a consistent follow-up for recommendations as part of the ongoing evaluation process instead of using recommendations as a starting point for the next review cycle. GAC has a similar approach, and the ENQA panel also expressed concerns about this:

> *"The panel agrees with other ENQA panels working in the German system that [implementing follow-up only in the case of conditions] is insufficient, especially concerning the long accreditation cycle of 8 years with possibilities of extension."* (GAC 2021)

Agencies may have specific rationale not to implement a follow-up for (all) their procedures besides the evaluation decision being without conditions or due to the specific nature of an activity. Some reasons include: a) follow-up procedures would be too burdensome for both HEIs and the agency, due to lack of (human) resources needed to handle the follow-up reports (Hcéres for programme evaluations and evaluations of doctoral schools); b) HEIs' feedback and resistance towards introducing a formal follow-up between a positive accreditation and the next accreditation (AI); and c) agencies not considering the follow-up as their responsibility (German agencies in relation to the overarching national procedures).

Despite this, the analysed cases show that ENQA panels consider the follow-up to be a vital part of the external QA activity and in most cases should not be considered solely for those HEIs or programmes that received conditional decisions. However, the examples above demonstrate at least one instance of apparent inconsistency in how this was viewed by the panel, indicating that this issue may need to be further monitored by ENQA review coordinators during reviews and by the Agency Review Committee when scrutinising reports to ensure consistency in the application of the ESG, as well as being taken up in the training for experts.

Roles and responsibilities of the involved parties
The analysed sample indicates that there is a variety of approaches among agencies regarding the parties involved in the follow-up procedures and their roles and responsibilities. Again, not all ENQA reports discuss these arrangements in detail, but the examples provide some insight into the possible approaches, including the agency's staff involvement, the external experts' role, and the role of the agency's decision-making bodies or other bodies. Where the follow-up procedure involves a site visit, external experts are usually engaged for this, often including some of those who conducted the original evaluation. In the case of ANQA, where the monitoring visit is conducted by an agency staff member, the panel recommended that experts should be involved. External experts are less likely to be involved if the follow-up involves only documentary evidence, although ECAQA is an example of an agency that uses members of the original panel to review the action plan and annual report prepared by the HEI. There is also a differentiation as to whether the follow-up documentation is dealt with only by agency staff (Hcéres) or also by the agency's decision-making body (ECCE, ANQA and ECAQA). In the case of ASHE there is a separate follow-up committee that meets on a regular basis and addresses all follow-up reports in order to provide feedback to the HEIs and suggest to the decision-making body decisions on possible corrective measures. This approach was seen as good practice by the panel. The involvement of a formal decision-making body in reviewing the follow-up is most common in circumstances where there were formal conditions to the initial evaluation and a decision is required as to whether those conditions have been met.

A few other cases examples include:

Example 1: In IQAA's case *"two-three years after a positive decision of the Accreditation Council, the agency conducts a visit to a number of higher educational institutions with a small team (coordinator, 1-2 experts from the initial external expert group, if possible), depending on the number of programmes"* (IQAA, 2021)

Example 2: In UKÄ's case *"in programme evaluations, HEIs with programmes under review will have one year to address deficiencies and submit an action report to UKÄ. To review the HEI's report of measures taken, UKÄ will appoint a panel of assessors which, if necessary, can request additional documentation and require an interview if they consider that the material does not suffice to make an assessment. When the panel considers that it has adequate documentation, the taken actions are evaluated and a report is then submitted to UKÄ. Supported by the panel's report, UKÄ will decide if the programme maintains high quality or if the degree-awarding powers are to be revoked."* (UKÄ, 2020)

In some cases, the roles and responsibilities were not clearly articulated in the agencies' protocols, and this was noted as problematic by the panels:

Example: *"The follow-up is at SAC's [Swiss Accreditation Council] discretion and, apart for the 24 months maximum deadline for follow-up on decisions with conditions, no information is available on the expected format and who (experts, AAQ, SAC) is in charge of the assessment. It would probably help institutions and experts to have a complete understanding of the external quality assurance processes run by AAQ."* (AAQ 2020)

The division of roles and responsibilities can also be related to the existence of different bodies in the wider higher education system, which is the case in Germany. When the final decision on procedures in Germany is made by the GAC, GAC is also responsible for the follow up, even if the initial procedure was carried out by another QA agency operating in Germany. In these cases, the agency that carried out the evaluation would not be involved in the follow-up. Based on the sample, the panels evaluating the German agencies took somewhat different approaches in their considerations of the responsibilities in the system. For instance, the AQAS panel considered in its analysis the following:

Example: *"Since 2018, when the Interstate Study Accreditation Treaty came into force and […] the final decision on accreditation in national procedures has been taken over by GAC, AQAS has been able to carry on follow-up activities only to observe corrections of deficiencies identified during the reviews, which are considered part of the same review cycle. The panel acknowledges this being a limitation imposed by the German legislation. Yet, notwithstanding this fact, the agency is free to define its follow-up process for what is in its powers and is encouraged to do so."* (AQAS 2021)

The ACQUIN panel concluded along somewhat similar lines on the matter:

Example: *"Domestically, ACQUIN states that follow-up is the responsibility of the GAC because the latter takes accreditation decisions. The panel cannot concur with this view and wishes ACQUIN to establish its own systematic procedure for follow-up process in programme and system accreditation procedures irrespective of the GAC activities."* (ACQUIN 2021)

On the other hand, the ZEvA panel did not consider the matter to be problematic and considered the agency compliant with the follow-up requirement of the ESG 2.3. This demonstrates an instance of apparent inconsistency in how this was viewed by the ENQA panel, which may have been due to the fact that this was one of the first German agency reviews in 2021 and the practice of more detailed reference to precedence was, at that time, still being developed within the ENQA Secretariat as a mechanism to support the review panels.

Timeline and periodicity

There are variations in the timeline and periodicity for conducting the follow-up. The periodicity is often linked to the type of decision the HEI has received, for instance, there is a quicker monitoring in place should the decision come with conditions or if the decision is valid for a shorter period than the maximum possible.

Purposes, outcomes, and impact of follow-up

The analysed cases provide some interesting examples on the variety of purposes, outcomes and impact of follow-up by QA agencies.

From the examples given so far, it can be concluded that the follow-up procedures have different kinds of purposes, some of them focusing on a compliance and monitoring oriented exercise (e.g., follow-up reports and site visits concentrating on conditions and recommendations) while others apply an enhancement-approach (e.g., seminars and conferences). In practice, as with most external QA activities, the follow-up procedures combine both the enhancement and accountability aspects, though the balance varies in favour of one or the other. The purpose and type of follow-up activity are clearly linked to the intended outcome, which also has to relate to the purpose of the external QA activity in the first place, ranging from licencing and accreditation decisions to recommendations for improvement with no formal consequences.

An observation can also be made on the impact of the formal outcome of the follow-up procedures, ranging from no formal outcome to possibly revoking accreditation decisions. For instance, in the review of ANQA, the panel noted that follow-up reports are submitted for consideration by the agency's decision-making body for informative purposes only (i.e., the decision-making body can give comments or recommendations solely), without having any impact on the agency's formal decision.

The next observation is closely related to the previous one and touches upon the balance between the resources required to implement a follow-up, versus the benefit for the HEI involved. For instance, the Hcéres panel questioned the agency's approach to follow-up for institutional evaluations where HEIs need to submit a follow-up report two years after the evaluation. In this particular case, the report is analysed and filed by the staff and addressed together with the HEI's self-assessment report by the review panel only during the next review cycle. The Hcéres panel considered the following on this approach:

A possible solution to balancing the required resources and the impact of follow-up was explored in the external review of ASHE, where a separate body was created to oversee the follow-up. Such a body ensures that every follow-up report is be considered, and that the agency closes the feedback loop with the higher education institution in question.

On the other hand, for instance in the case of Kazakh agencies (e.g., ECAQA and IAAR), the decision-making bodies could withdraw or suspend the accreditation if recommendations are not addressed in the follow-up. The IAAR panel did not consider this approach to be problematic while the ECAQA panel considered the following on the practice:

> Example: *"The arrangement whereby this phase may lead to a decision to suspend or withdraw the accreditation can perhaps provide an additional incentive to HEIs to implement recommendations from a review. However, as a result, post-accreditation monitoring is closer to an accreditation review (even though it focuses on areas for improvement) in its own right than to a follow-up to a review. Refusal or suspension of accreditation at the follow-up stage, based on the review of an annual report, would invalidate the original accreditation decision, despite the fact that an institution or programme has been accredited for a full validity period (five years, or three years or five years in the case of CPD programmes). This may also raise the question, whether the institution or programme concerned met the standards to a sufficient extent to justify the original decision granting full (rather than conditional) accreditation."* (ECAQA 2021)

These Kazakh cases illustrate the need to strengthen the efforts by the ENQA Agency Review Committee as well as by the review coordinators to ensure the consistency of the reviews, particularly regarding agencies operating in the same system.

Examples of good practices and areas for improvement

Three agencies received commendations regarding follow-up, two of them related to organising conferences as peer-learning opportunities:

> Example 1: *"The Annual Monitoring process, including short reports on the follow-up of the accreditation procedure, followed by a group discussion on relevant topics, provide a valuable peer-learning process."* (ECCE 2022)
>
> Example 2: *"The review panel finds the practice of organising the follow-up in the form of an enhancement-focused seminar commendable, as it enables the higher education institutions to share good practices and learn from each other."* (FINEEC 2021)
>
> Example 3: *"The revision of the follow-up procedures and introduction of a separate Follow-up Committee for considering the follow-up reports has increased the trust towards ASHE processes as enhancement led and development oriented."* (ASHE 2021)

However, the large number of recommendations relating to follow-up indicates that this was an area needing improvement for over half of the agencies in the sample. Namely, 12 out of 20 agencies received one or more recommendations related directly to follow-up. The most common themes of such recommendations are a) implementing the follow-up consistently across all external QA activities, regardless of the outcome, and b) initiating follow-up procedures where none are currently implemented.

> Example 1: *"During the planned revision of the methodologies and procedures, ensure that the consistent follow up is included in all EQA procedures."* (NEAA 2022)
>
> Example 2: *"The panel recommends AAQ to include a regular follow-up procedure, not only for decisions of accreditation with conditions, considering the length of the accreditation validity and the lighter second cycle considered."* [sic] (AAQ 2020)
>
> Example 3: *"The panel recommends UKÄ to establish a pre-defined follow-up mechanism for programmes with a positive assessment in the appraisals of degree awarding powers aiming at supporting these programmes in maintaining high quality. The panel also recommends UKÄ to more clearly define the follow-up procedures for those institutions and programmes that have received a positive assessment in the institutional reviews and in the programme evaluations."* (UKÄ 2020)

Another area for improvement seems to relate to communication. Panels have made recommendations related to providing more clarity and information about the processes, to detail the approaches in the agency's protocol, and to keep informing stakeholders in a more adequate manner.

> Example: *"The panel recommends improving the Regulations on post-accreditation monitoring (Follow up), in order to provide more clarity and information about the process, the annual reports, the site visit after two years, the role of the Accreditation Council, the consequences if the actions defined by the higher educational institutions are not well implemented."* (IQAA 2021)

Other, more specific, recommendations include involving external experts in the follow-up process (ANQA), the revision of follow-up arrangements so that the process does not resemble a subsequent review with a risk of invalidating the original evaluation decision (ECAQA 2021) and developing follow-up procedures more in line with the agency's improvement-oriented approach (ACQUIN 2021).

Additionally, two agencies received a suggestion for further improvement related to follow-up:

> Example 1: *"The panel suggests that when the follow up site visit needs to review standards where the role of the students are relevant, a student should be included in the reduced panel."* (IQAA 2021)

> Example 2: *"The review panel suggests that AVAP explores other ways for ensuring follow-up, apart from implementing the "study programme follow-up" procedure."* (AVAP 2022)

The examples presented here point to the need to closely monitor and value the analysed follow-up approaches in relation to their fitness for purpose and not in an operational vacuum.

Lessons learnt

The evidence presented above demonstrates the variety of approaches in the design and implementation of follow-up. The analysis and reflection by review panels, as well as the final concrete recommendations and commendations, point to two clear issues for the agencies to be aware of.

Firstly, panels are particularly looking for consistency and integration of the follow-up processes into the external QA activities of the agencies. Follow-up should be present and meaningful across all types of procedures conducted by an agency and applicable to all evaluated programmes/institutions, regardless of the outcome of the original review procedure and/or whether the agency is itself responsible for any final decision. Thus, specific emphasis should be given to the finding that the follow-up procedure should be an integral part of the original review process. As such, the outcomes of this analysis show that simply addressing the previous recommendations in the subsequent regular cyclical review is not considered as sufficient by panels.

Secondly, panels particularly praised those follow-up processes that incorporated an enhancement aspect, rather than only checking the implementation of previous recommendations. The examples provided point to the follow-up processes as being the part of the evaluation that can relatively easily provide added value to institutions and programmes and can be further elaborated to include elements beyond those required in the basic legal framework. Incorporating a peer learning element among groups of programmes or institutions is one way of doing so. This approach might become increasingly relevant as QA systems mature and HEIs go through multiple cycles of external QA.

For ENQA itself, the evidence suggests that there has been some inconsistency in how panels assess some specific issues. However, as follow-up is only one of several aspects addressed under ESG 2.3, these inconsistencies may not be sufficient to translate into inconsistencies in overall compliance judgments for the standard. Furthermore, many of the reports examined for this analysis were published before the

establishment of the Agency Review Committee, which has a specific task of ensuring consistency between reviews. Although this aspect was previously addressed by the ENQA Board through their scrutiny of the review reports, the creation of a separate Committee to do this work and improved information tools to support them, has put it in greater focus. Nonetheless, ENQA should pay further attention to this issue, particularly when it comes to the evaluation of agencies that work within the same legal framework. This may be done by strengthening the role of the Review Coordinator (ENQA staff member) and their use of the Book of Precedents to inform panels of previous treatment of similar situations. More recent feedback suggests that the work of the Agency Review Committee has been a valuable addition to further ensuring the consistency of judgments.

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.

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.

The standard requires that agencies have procedures for both complaints and appeals. In this study, evidence, analysis and conclusions from the external review reports are analysed separately to the extent possible for both processes, while the research also shows that the two are not always possible to separate easily, and importantly not all agencies have separate procedures for both but rather deal with them as a joint process.

The analysis also shows that terminology is sometimes confused both by the agencies and the panels. It can be that in the local language there is no distinction between complaints and appeals, or other terms are used instead or additionally. In the ENQA reports some mixing of the terms (complaints and appeals) is also evident, possibly following the terminology used by the agency. In order to enhance readability for external readers and provide clear evidence for decisions on compliance, this issue of terminology is something to pay careful attention to both by the panels as well as the ENQA coordinators when screening the reports.

Processes, roles and responsibilities

Based on the analysis made, there is not a single approach in how the agencies in the sample arrange the composition, roles and responsibilities of the complaints and appeals bodies. Some agencies have separate bodies for each while a similar number of agencies have these as a joint committee. Sometimes agencies have only a complaints body and/or procedure while those for appeals are lacking or the other way around. In the case of appeals, these absences might be due to the local legal framework that places the final decision out of the scope of the agency or to the design of QA activities that might not have a formal outcome. For complaints, these absences are frequently related to the use of informal approaches to address any dissatisfaction with the conduct of the QA processes.

Complaints

The analysis shows that there is almost an equal number of agencies with a joint complaints and appeals body as those with a separate body dealing only with complaints. Unfortunately, the available information in the reports does not make it possible to identify clear benefits of one approach over the other. However, it might be interesting to explore further whether systems with a body dealing with both procedures require additional effort from agencies to ensure that the difference between complaints and appeals is clear for institutions and other stakeholders.

Some agencies have decided not to establish a specialised body for dealing with complaints. Instead, the matters are addressed within the agency by the management or staff.

> Example 1: *"Complaints are handled directly by the president of Hcéres and, according to the information on Hcéres' website, should be submitted directly to him."* (Hcéres 2021)
>
> Example 2: *"If the institution finds that the cooperation with the accreditation panel is not progressing satisfactorily, the institution can contact the project owner from AI. If the institution is not satisfied with the project owner's position on any objections, the institution can always approach AI's Executive Director."* (AI 2021)

The Hcéres panel did not consider it problematic that the complaints were addressed to and handled by the agency president whereas the AI panel recommended to establish a separate body that could analyse the HEIs' complaints within the remit of the agency. The panel gave further reflections on the possible composition of the body:

> Example: *"This could be composed of individuals knowledgeable of the Danish QA and HE systems and familiar with Danish legal system, but not involved in the specific review procedure. Given the size of the HE system and the potential risk of conflicts of interest, it could be desirable to have at least part of the members of that body coming from other HE systems."*

Some agencies have chosen a mixed model that combines the approaches described above. for example, having a separate complaints body but with the first consideration on issues being made at another level of the agency (e.g. by the management, decision-making body, staff) or by the expert.

> Example 1: *"Complaints concerning issues related to the process of the accreditation (i.e. the administration process or standards of professional behaviour) should be directed in writing to the Chair of the QAAC [Quality Assurance and Accreditation Committee] no later than 14 working days from the last day of the site evaluation visit. All other complaints should be directed in the first instance to the Secretary (normally the Executive Secretary) of the Council. The Secretary will refer complaints not relating to the process of accreditation to the Executive for an initial response. Should the complainant not be satisfied with the initial response of Executive, The Complainant will be referred to an independent Complaints Panel."* (ECCE 2022)
>
> Example 2: *"An institution under review which is not satisfied with ECAQA's services can make an oral complaint to the review coordinator or the chair of an EEC [External Expert Commission] during a site visit conducted as part of an external evaluation. […] If the issue concerned is not resolved forthwith, the institution can file a written complaint with the agency. […] Complaints are handled by the Complaints Commission."* (ECAQA 2021)
>
> Example 3: *"The university forwards the complaint to AQAS management. In a first instance, an informal solution to the raised problem in sought through direct discussions with the university representatives. If this attempt is unsuccessful, the matter is referred to the Management Board. If the resolution of the Board is not accepted by the university, the Complaints Commission is asked to deal with the complaint"* (AQAS 2021)

Based on the evidence and analysis made by the panels, it seems that dealing with issues at a lower, and frequently less formal, level allows for a smoother resolution of problems experienced by an institution, as pointed out in some of the review reports:

> Example 1: *"The fact that no complaints have been addressed by the Commission seems to be due to the fact that eventual complaints are solved at earlier stages of the process."* (IAAR 2021)
>
> Example 2: "*Overall, stakeholders indicate they appreciate the way the agency considers their feedback. […] The positive interaction seems to some extent prevent institutions from submitting formal complaints. Most issues are dealt with much earlier in the process through clear engagement between AQAS and institutions*" (AQAS 2021)

Finally, in the case of ACCUE, complaints are not dealt with within the agency due to legislative restrictions, however, the panel considered that this should not be an obstacle to formalise the complaints process as noted in the report:

> Example: *"Complaints are under the regional legislation who centralizes all the elements for the public administration of the Canary Islands. […] Complaints are centralized by the Ministry and collected through a public link. […] Regarding complaints, ACCUEE applies the legal requirements with no additional internal process. The panel recommends the Agency to formalize the complaints process, including the information of when and how the Ministry sends it to the Agency and to communicate on it through its protocols in order to ensure HEIs are informed satisfactorily."* (ACCUEE 2022)

Appeals

A majority of the agencies included in the analysed sample have established an internal body responsible for dealing with appeals from HEIs. As previously mentioned, this body might have only responsibility for appeals or might also deal with complaints.

Frequently, the committee dealing with appeals has a permanent nature. That is, it is in continuous existence and members are appointed for a specific term (usually ranging from one to four years). This approach provides agencies with an opportunity to build institutional memory and ensure consistency in the management of appeals. However, other agencies (ANQA, HAHE, ECAQA) have a process to establish ad-hoc committees to deal with each individual appeal. In the case of ECAQA, the agency explained that this configuration had been chosen to avoid possible conflicts of interest:

> Example: *"As the Director General explained to the panel, the appointment of an ad-hoc committee for each appeal filed ensures that its members have no conflict of interest, and such an arrangement is also in place at HEIs in Kazakhstan"* (ECAQA 2021)

It should be noted that review panels do not share the same views concerning the suitability of appointing ad-hoc committees. While this was not considered problematic during the review of ANQA, the panel in charge of the review of ECAQA pointed out a possible lack of consistency:

> Example: *"However, with new members appointed for each appeal, the agency is unlikely to ensure consistency in considering appeals cases. A standing commission which includes, for example, two international experts as permanent members, and the other members selected on an ad-hoc basis for each appeal, would have the advantage of preventing a potential conflict of interest and ensuring a consistent approach"* (ECAQA 2021)

Concerning the composition of the bodies in charge of appeals, the most common members tend to be representatives of academia. However, some agencies have also taken steps to include student representatives in its appeals bodies (GAC, AQAS, IAAR, ACPUA, AVAP, FIBAA).

In addition, a few agencies have also included other groups:

- Members of the agency staff (HCÉRES)
- Labour market representatives (AQAS)
- Representatives of other QA agencies (GAC, AQAS)
- International experts (ACPUA)

However, not all the agencies have a body to deal with appeals. In two cases (AI, NEAA) the local legal framework introduces restrictions on where and how the decisions of the agency can be appealed:

Example 1: *"According to the Danish Public Administrative Law, decisions made by administrative bodies such as the AC are final and cannot be referred to other administrative authorities, which means that the Minister or other parties, cannot interfere or reverse the AC's decision concerning accreditation. However, institutions can appeal to the Ministry if they feel the panel's assessment is inconsistent with criteria…Finally, HEIs may also appeal to the Danish Ombudsman if they disagree with the decision of the MHES [the Ministry] regarding the institution's appeal."* (AI 2021)

Example 2: *"NEAA carried out an in-depth analysis of Bulgarian legislation in the field of education, following which NEAA concluded that it was not possible to grant the Complaints Committee the functions of an arbitration body as this, according to the information provided in SAR, contradicts national legislation on the evaluation and accreditation of HE, which provides only judicial procedures for appealing accreditation decisions made by NEAA."* (NEAA 2022)

In the case of AI, the panel did not see this as problematic as the agency had sufficient processes to address concerns with the evaluation process, including the content of the draft report. Concerning NEAA, the panel still recommended to introduce an internal step allowing institutions to question the formal outcomes before taking legal action:

Example: *"That, in order to have some formal, internal input into the process for appealing the decisions of its AC, it reconsiders the comment made by the ENQA Board in its decision letter of 12th March 2018 that, "…the Board…encourages NEAA to consider whether it could introduce an internal step allowing institutions to question the formal outcomes with the agency first before taking legal action."* (NEAA 2022)

Final decision

In terms of the final decision on the outcome of the HEIs' complaint or appeal, there are two possibilities identified in the sample analysed. In some agencies it is the appeal/complaint body that has the final decision, and in other agencies the appeal/complaint body analyses the case and then provides a recommendation or a conclusion to the agency's decision-making body.

Complaints

As far as it can be concluded from the information provided, the only agency in the sample whose complaints body takes the final decision on the outcome of complaints is IAAR. The agency applies the same procedure for appeals. The rest of the agencies do not grant the final decision-making powers on complaints to their complaint bodies. In some reports the agencies' complaints bodies are described as advisory bodies:

Example: *"The review panel met with the Chair of the Complaints Committee who confirmed the Complaint committee's role as an advisory and intermediary one that provides advice and information to both the complainant and the AC within the limits of its competences. It has no legal competence and the Complaint Committee is governed by its own internal regulations as to the extent of its competences on which it can express an opinion or provide advice."* (NEAA 2022)

Appeals

Concerning appeals, the situation is quite similar to the one described above for complaints. Only a minority of agencies from the considered sample (AQAS, IAAR) have granted final decision-making powers to its appeals bodies:

> Example 1: *"The university submits the appeal to the AQAS Head Office, which forwards it to the Standing Commission [main decision-making body]. The Standing Commission analyses the appeal and makes a decision. If the university is unhappy with this decision, the Complaints Commission deals with the appeal and makes the final decision"* (AQAS 2021)
>
> Example 2: *"The decision of the Commission is deemed as final and communicated to the appellant or complainant."* (IAAR 2021)

For the rest of the analysed agencies, the appeals bodies have an advisory role. In these cases, the appeals bodies provide recommendations to the body in charge of accreditation/evaluation decisions:

> Example 1: *"They [appeal's committee] review the appeal and make a recommendation back to the EAC [Evaluation and Accreditation Council]"* (HAHE 2022)
>
> Example 2: *"The Appeals Commission makes a recommendation to the Accredtation Council to uphold the appeal or the original decision and the Council takes the final decision"* (ECAQA 2021)
>
> Example 3: *"The Self-Assessment Report and the Rules of Procedure confirm that the Appeals Commission had an advisory function and that the ZEvA Commission retains responsibility and authority for making decisions in response to an appeal of its original decision"* (ZEvA 2021)

In addition, some of the analysed agencies foresee an additional legal avenue for institutions not satisfied with the resolution of their appeal (ACCUEE, ECAQA, FIBAA). Panels do not see this as problematic and in most cases it is a legal right of an HEI to pursue their case through the court if internal procedures have been exhausted. However, as previously mentioned, in the case of NEAA, the panel recommended implementing an internal mechanism for appeals to precede the existing legal procedures.

Examples of good practices and areas for improvement
ESG 2.7 has two clearly differentiated requirements. One is to establish complaints and appeals processes. The other is to communicate about it to the institutions.

On the first requirement (definition of procedures), only one agency received a commendation *("ASHE has introduced a permanent Complaints Committee within the agency.")*. However, this is not explicitly good practice and rather the panel is praising the efforts of the agency to address the recommendation of the previous review and meet the standard under the existing legal framework in Croatia.

However, some positive aspects – beyond fulfilling the requirements of this standard – can be found in the evidence and analysis parts of the reports. For instance, student involvement in the complaints body was praised in the ECAQA report, and for ACPUA, the panel positively highlighted the links between its complaints procedure and its internal quality assurance system.

Furthermore, although the ENQA reports confirmed that the existence of informal approaches should not be seen as an alternative to formal complaints and appeals procedures, some panels have pointed out some advantages to having informal steps first before launching a formal procedure, such as permanent contact with stakeholders, a strong service attitude, or a solution-oriented culture:

> Example 1: *"There was consensus that feedback is well-received at FINEEC. The panel clearly felt a cultural component of dialogue orientation that enables to raise issues and to strive for compromise and consensus"* (FINEEC, 2021)

Concerning the second requirement (communication), no good practices were flagged in the reports examined, whereas several recommendations were made, which are discussed in more detail below.

The relative lack of commendations and clearly identified good practices regarding complaints and appeals overall may be related to the relatively procedural nature of this standard, without much room for innovation. However, it is also indicative of the fact that ESG 2.7 is a standard that clearly presents challenges for agencies, as evidenced by the number of recommendations linked to both appeals and complaints.

The analysis shows that 14 agencies out of 22 received one or two recommendations under this standard. Out of these, six agencies received a recommendation related solely to complaints process, seven agencies received one or two recommendations related solely to appeal process and six agencies received one or two recommendations that related to both complaints and appeals. There are some overlaps of agencies in the above-mentioned distinctions; in other words one agency may have received separate recommendation(s) on appeals and complaints respectively as well as joint recommendation(s) on both processes.

Furthermore, several suggestions for further improvement have been made under this standard. The sample reveals that ten agencies out of 22 received one or two suggestions under this standard. Out of these, six agencies received one or two suggestions related to complaints only, three agencies received a suggestion concerning appeals only and two agencies received one or two suggestions that covered both complaints and appeals.

Complaints

Most of the recommendations or suggestions concerning complaints relate to establishing or formalising the complaints process as well as communicating clearly about it.

As discussed above, some agencies rely on rather informal ways of handling problems. While this might be supported by the institutions, several panels see that complaints processes can be further formalised.

One recommendation is made to establish a complaints process that is separate from the one of appeals (AVAP) and one about establishment of a separate body to analyse the institutions' complaints within the remit of the agency (AI). One suggestion is made to reflect on the complexity of the complaint process (IQAA) and one about revisiting the (re)appointment of the complaints commission members and their rotation (AQAS).

Appeals

The issues addressed by recommendations and suggestions related to appeals are even more varied and many are connected to the specific operating context of the agency. However, they can be roughly grouped into six topics.

First, the requirement to establish an internal appeals process so there is a possibility to question the formal outcomes within the agency before taking legal action (NEAA and AAQ). In relation to this point, the panel suggested AAQ to ensure that an internal appeals procedure remained in place even if the system experienced legal changes:

Example: *"The panel suggest AAQ to ensure that the SAC Appeal Committee or if necessary, a new Appeal procedure under AAQ's responsibility will co-exist with the appeal to court and therefore to maintain the internal appeals procedure in order to continue fulfilling the requirements of this standard."* (AAQ 2020)

Second, the establishment of a permanent committee. ACCUEE and AVAP were recommended to establish a separate committee from the committee that made the decision. ECAQA received a recommendation to appoint some permanent members to its appeals body.

Third, the appointment procedures as well as the composition of the appeals body. ECAQA was recommended to clarify the appointment procedure and the exact composition of the appeals body, while ECCE was recommended to review the composition to ensure the independence of its appeals body. Also in relation to the composition, ANQA received a suggestion regarding the involvement of students in the appeals body.

Fourth, the powers and responsibilities of the appeals body. UKÄ was recommended to provide its appeals body with the possibility to define possible courses of action to correct errors in quality assurance procedures (instead of limiting its role to checking if an error has occurred). One panel also recommended turning the appeals body into a full decision-making body instead of an advisory one (ECAQA).

Fifth, the scope of the appeals procedures and the need to ensure that all quality assurance processes are covered by it:

Example 1: *"The Appeals Regulations should include the possibility to appeal all elements in the decisions of the Accreditation Council."* (IQAA 2021)

Example 2: *"FINEEC is encouraged to open its appeal process in a way that all decisions can be appealed."* (FINEEC 2021)

Finally, some agencies received also recommendations concerning the definition and communication of the appeals processes (which are sometimes in combination with their complaints procedures):

Example 1: *"GAC should publish a formal description of the appeals and complaints procedure, with clearly described escalation steps."* (GAC 2021)

Lessons learnt

The results of this analysis show that ESG 2.7 remains an area where a significant number of agencies experience difficulties. Eight out of 22 analysed agencies were judged to be partially compliant. In addition, 5 out of 22 were considered substantially compliant with this standard[10]. The recommendations made by panels do not provide a clear indication of whether appeals or complaints are the most challenging aspects of the standard. In this regard, out of 21 recommendations, 9 could be considered as related to appeals, 6 related to complaints, 5 addressed both aspects, and finally, one referred to a specific aspect of an agency[11].

However, looking at the nature of these recommendations is possible to argue that the issues experienced are not the same. For appeals, panels are recommending changes in the existing procedures, such as enlarging the grounds for appeals, separating the decision-making of the accreditation and the appeals process, or amending the composition of the appeals body. On the other hand, for complaints, the recommendations refer almost exclusively to the need to establish and/or formalise a complaints procedure. This situation might be explained by the reliance on informal approaches to address possible dissatisfactions with the conduct of QA processes, which might not be adequate for appeals due to the formal nature of the appeal, that is, questioning the final outcome of the process.

Concerning, appeals and complaints, there are some additional aspects that should be highlighted. First, although complaints and appeals are individually defined in the guidelines of ESG 2.7, there is still some confusion regarding the terms used. This confusion can be due to several reasons. First, the lack of differentiated terms to refer to complaints and appeals in the local language, as seems to be the case for German. Second, the existing legal framework. In some systems, because of legal restrictions, there is no possibility of appealing the final decision other than before a court. In these cases, agencies might switch to alternative terms, including complaints, to refer to any internal appeals processes. Third, some agencies have decided to implement a single process for addressing both complaints and appeals. This decision is not necessarily in contradiction with the expectations of standard 2.7, however, it brings a risk that both terms will end up being used interchangeably and there may be confusion by stakeholders between the two processes. Finally, there are some agencies that include the procedure for the factual accuracy check of draft reports under the remit of complaints and appeals. In these cases, it would be advisable to separate the procedure for ensuring the accuracy of reports, which could be seen as part of the existing QA processes, from the procedures put in place to state the dissatisfaction about the conduct and final outcome of the process. In general, it can be considered that there is a role for ENQA to play in facilitating knowledge and understanding on the difference between the two elements of this standard, and this analysis may itself present a good source of inspiration for agencies that are (re-)designing their approaches.

Second, as previously mentioned, a number of agencies have recourse to informal means to address complaints and appeals, particularly the former. Several panels have indicated that exchanges and meetings

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[10] The analysed sample includes external review reports written before the change in the compliance scale used by ENQA that took place in 2021 and that merged the categories of compliant and substantially compliant.
[11] This recommendation referred to the need to consider the functions of an internal committee once it stops dealing with complaints and appeals.

between institutions and agencies have enabled them to find solutions to issues and removed the need to submit a formal complaint or appeal. The degree of informality does not seem to be related to the characteristics of the QA system in which the agency operates. The existence of such informal mechanisms is not problematic and can be indicative of a strong interaction and trusting relationship between the agency and its stakeholders. However, in terms of compliance with ESG 2.7, these informal mechanisms cannot replace the establishment of formal procedures to address complaints and appeals.

Related to the previous point, some of the analysed agencies have flagged the use of feedback mechanisms (surveys or questionnaires at the end of the process) as an opportunity for institutions to express issues with the conduct of the process. The implementation of regular feedback mechanisms can contribute to the development of a strong internal quality assurance system at the agency level and might help identify possible opportunities to improve the external QA processes. Nevertheless, these surveys should also not be considered a substitute for a formal complaint procedure.

Finally, as mentioned above, the local legal framework can significantly influence the way the agency implements the standard and, in some cases, can cause an agency considerable challenges in reaching compliance with this standard, particularly in terms of appeals against the outcome of the external QA process. In some systems, the final decision is not taken by the agency, but by other entities (Ministry, Council of Universities, etc.). In these cases, most agencies have managed to find alternative solutions to be compliant with this standard and have implemented mechanisms to allow institutions to question the final decision of the agency, even if the outcome takes the form of a recommendation towards the separate decision-making entity.

Conclusions

A common element observed in the implementation of standards 2.3 and 2.7 is the diversity of approaches implemented by the agencies. In some cases, this diversity might be related to purpose and characteristics of the external quality assurance activities implemented by the agency. For example, the impact, outcome or even the periodicity of the follow-up might be dependent on the nature of the activity as well as the type of decision that the HEI has received. However, there are also some external factors that might affect the implementation of these standards. The existing legal framework, the structure of the QA system, or the cultural context can have an influence on how the agency addresses the requirements of these standards. For example, certain agencies have traditionally relied on informal mechanisms to address dissatisfactions with the conduct of QA procedures due to a strong dialogue culture prevailing in the system. The existence of these mechanisms is not problematic provided that they do not impede the existence of more formalised procedures for complaints and appeals.

As previously mentioned, the legal framework is another element that impacts the compliance with these standards, particularly regarding standard 2.7. Sometimes, the existing rules might restrict where and how the decisions of the agency can be appealed. Some agencies have managed to find alternative solutions to be compliant with this standard, and these efforts are to be commended and encouraged. However, such cases also point to the need for strong dialogue and cooperation across the higher education sector, including the national authorities, in order to find workable solutions and identify areas where legal changes could be considered in the future.

This thematic analysis has helped identify some good practices that might provide inspiration to agencies reflecting on their activities. Follow-up appears to be an area in which agencies can provide further value to institutions and include elements beyond those required in the basic legal framework. For example, some agencies are using their follow-up procedure to provide an arena for peer learning among institutions. Regarding complaints and appeals, the procedural nature of the standard might limit the options for implementation. However, some agencies are putting in place approaches to facilitate the resolution of conflicts as well as strengthening the link between these procedures and the internal quality assurance mechanisms in place. On the other hand, this report has also shed light on the challenges experienced by agencies when addressing the requirements of these standards. Consistency and integration of the follow-up procedures into the external quality assurance activities are key elements regarding standard 2.3. For complaints and appeals, some agencies are still experiencing confusion between the two terms. In addition, as previously mentioned, both the legal framework and cultural aspects can affect the implementation of standard 2.7.

The analysis has also revealed some inconsistencies regarding the assessments made by panels. ENQA has always had mechanisms in place to review the consistency of external review reports, previously by the Board and since 2021 by the Agency Review Committee. The Committee was established as a follow-up action after the 2019 external review of ENQA Agency Reviews, with the aim to create new tools and processes to strengthen the quality and consistency of the review reports. ENQA will ensure that the evidence obtained in this analysis feeds into the further work of the Agency Review Committee as well as the training of agency reviewers and ENQA coordinators.

Annexes

Annex 1: List of agencies included in the analysis

Agency	Acronym	Country
Swiss Agency of Accreditation and Quality Assurance	AAQ	Switzerland
The Canarian Agency for Quality Assessment and Accreditation, Santa Cruz de Tenerife	ACCUEE	Spain
Aragon Agency for Quality Assurance and Strategic Foresight in Higher Education	ACPUA	Spain
Accreditation, Certification and Quality Assurance Institute	ACQUIN	Germany
Agency for Quality Assurance in Higher Education	AEQES	Belgium
The Danish Accreditation Institution	AI	Denmark
National Centre for Professional Education Quality Assurance Foundation	ANQA	Armenia
Agency for Quality Assurance through Accreditation of Study Programmes	AQAS	Germany
Agency for Science and Higher Education	ASHE	Croatia
Valencian Agency for Assessment and Forecasting	AVAP	Spain
Eurasian Centre for Accreditation and Quality Assurance in Higher Education and Health Care	ECAQA	Kazakhstan
The European Council on Chiropractic Education	ECCE	Germany (European)
Foundation for International Business Administration Accreditation	FIBAA	Germany
Finnish Education Evaluation Centre	FINEEC	Finland
German Accreditation Council	GAC	Germany
Hellenic Authority for Higher Education	HAHE	Greece
High Council for the Evaluation of Research and Higher Education	Hcéres	France
Independent Agency for Accreditation and Rating	IAAR	Kazakhstan
Independent Agency for Quality Assurance in Education	IQAA	Kazakhstan
National Evaluation and Accreditation Agency	NEAA	Bulgaria
The Swedish Higher Education Authority	UKÄ	Sweden
Central Agency for Evaluation and Accreditation	ZEvA	Germany

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