

15TH ENQA TRAINING OF AGENCY REVIEWERS

ENQA - THE ASSOCIATION OF QA AGENCIES IN THE EHEA

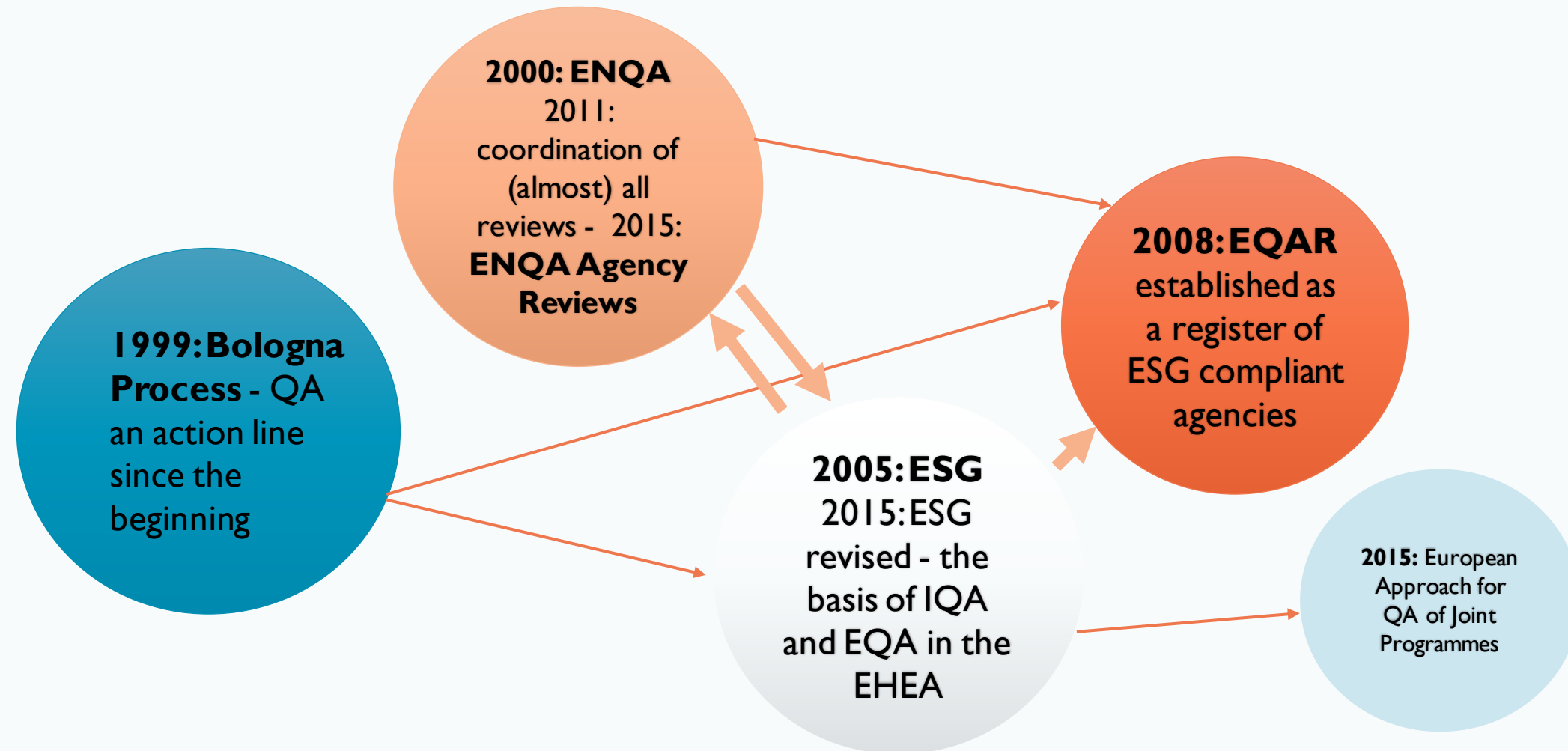
GORAN DAKOVIC, HEAD OF AGENCY REVIEWS
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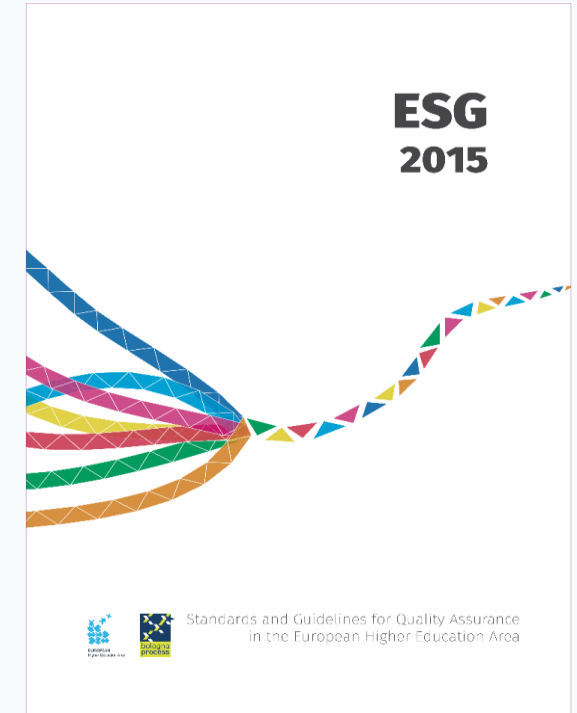
enqa.

EUROPEAN QUALITY ASSURANCE FRAMEWORK



THE ESG

- Written by the stakeholders, adopted by the ministers (2015)
- Composed of three parts:
 - Part 1 - Internal QA within HEIs
 - Part 2 - External QA by QAAs
 - Part 3 - Internal QA and operation of QAAs
- ESG are a document that needs to be read as a whole:
 - Introductory part is of central importance!
 - Parts 1, 2 and 3 build on each other
- Four main purposes:
 - Set a common framework for QA in Europe
 - Enable assurance and improvement of quality
 - Support mutual trust
 - Provide info on QA



WHAT ARE THE STANDARDS AND GUIDELINES?

- **Generic principles** → allow for diversity of implementation; need to be “translated” into different context without losing their meaning
- **Standards** “set out agreed and accepted practice...and should be taken account of and adhered to by those concerned”
- **Guidelines**
 - “explain why the standard is important”
 - “describe how standards *might* be implemented”.
 - “set out good practice ... (but).. Implementation *will* vary depending on different contexts”
 - If do things in another (good) way, OK → explain “why?”

HOW TO USE THE STANDARDS AND GUIDELINES?

- The big challenge of the ESG and for the reviewers: **not a checklist!**
- **Interpretation** by programmes, HEIs, agencies, ENQA, EQAR... (leave your package home: no one way to do it!)



ESG 2.1 CONSIDERATION OF INTERNAL QUALITY ASSURANCE

- Standards of Part I may be addressed in different ways, not necessarily to the same extent in various procedures that Agencies implement – depending on the type and aims of external QA activity (programme vs. institutional review)
- Agencies are expected to map coverage of ESG Part I in **every type of external QA that is subject to review under the Terms of Reference.**

STANDARD:

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

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Reports should at least address:

- Do the agency's evaluations, audits and accreditations address the effectiveness of internal QA processes?
- Are standards 1.1 – 1.10 (see Annex 1) effectively translated into the agency's evaluation/audit/accreditation criteria?
- How did the panel verify that the agency's external QA processes address all the standards of ESG Part 1 in practice?

Where agencies have several distinct activities, it is expected that the external review report relates specifically to each activity under each standard of Part 2.

Where several activities/processes are complimentary and clearly linked to each other – i.e. in a way that institutions or programmes systematically take part in all of them – they should be treated as a “package” for the purposes of ESG 2.1 and 2.2, which relate to the overall design. (Example: all institutions in a system undergo a periodic institutional audit and periodic programme accreditation. There is no need to re-check in programme accreditation those aspects of ESG Part 1 that are covered in the institutional audit.)

ESG 2.2 DESIGNING METHODOLOGIES FIT FOR PURPOSE

- Agencies should **present the existing mechanisms to evaluate** whether the procedures function well and to make improvements if needed
- The focus should not be the number or regularity of changes in methodologies and processes, but the **reasons for these changes**, e.g. amendments made after the piloting, inspiration coming from feedback analysis etc.
- Involvement of stakeholders – academics, students, employers – assumes a large consultative process on design/improvement of EQA in order to assure its relevance to the given context and impact produced (link to ESG 3.6)

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.

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Reports should at least address:

For activities that are owned by the agency itself:

- How does the agency develop, review and update its processes and criteria?
- Are the methodologies fit for the purpose as set by the agency itself?
- How are stakeholders involved in the design and continuous improvement?

For activities within a framework not determined by the agency itself (e.g. national legal framework, European quality label, ...):

- How does the agency satisfy itself that it can implement the set framework in compliance with the ESG?
- How does the agency translate the set framework into specific processes and criteria?
- Are the methodologies fit for the purpose set by the framework?
- How are stakeholders involved in the design and continuous improvement of those parts of the methodology under the agency's control?

Interpretations:

1. If the agency works in different jurisdictions it should take into account the relevant regulations of the jurisdiction in which the reviewed institution is based.

ESG 2.3 IMPLEMENTING PROCESSES

- If some procedures deviate from the usual model there has to be explanation and justification provided (e.g. if the site visits is not a part of the process)
- There could be various approaches to follow-up, agency decides in light of its mission and as appropriate in its context. BUT the next review should not be interpreted as follow-up!
- Processes should be useful (identification of main stakeholders and their views on the usefulness)
- Good practice: recommendations, methodologies that support follow-up; special events.
- Linked to 2.2, 2.4, 2.5, 2.6...

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.

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Reports should at least address:

- Are the agency's external QA processes pre-defined and published?
- Are the processes implemented consistently?
- How are the key features in the standard implemented by the quality assurance agency in each of its activities?
- If no site visits are used, how does the agency validate the evidence provided by institutions?
- If responsibility for one or several element(s) of the process is assigned to another body, how do the agency and that other body interact in implementing the process?

Interpretations:

2. A "consistent follow-up" means that the agency should at least verify the implementation of any conditions imposed with or attached to its decisions; the form of any other follow-up, e.g. of recommendations or suggestions, is at the agency's discretion.
3. If a site visit is organised as a video conference or similar, it should be ensured that the expert group is in a position to validate the evidence provided by institutions and to carry out interviews of different stakeholders as it finds appropriate.

ESG 2.4 PEER-REVIEW EXPERTS

- At least one student member in any panel for EQA
- Role of students: How does an agency demonstrate that students are equal members of the panel? Do they participate in decision making?
- How wide is the range of experts? Who are/should be in panels depending on the nature of the process? What about international experts? (guideline – but a “strong” one)
- Is it clear, what the expert selection criteria and methods are for each QA activity?
- How is no-conflict-of-interest guaranteed?
- Also: opinions of stakeholders and experts themselves (training etc.)

STANDARD:

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

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Reports should at least address:

- How are the agency's groups of experts composed and what is the rationale for their composition? If there is substantial differentiation between experts, how are the roles and responsibilities assigned and distributed?
- Do all expert groups include (a) student(s) as required by the standard?
- How does the agency ensure (e.g. in its training or briefing) that experts have appropriate skills and competences?
- How does the agency prevent that experts have a conflict of interest?

Interpretations:

4. In reviews across borders the agency should ensure that the groups include experts with sufficient knowledge of the higher education system where the review takes place.

ESG 2.5 CRITERIA FOR OUTCOMES

- To consider:
 - Agencies should have tools to ensure consistency of decision making: reports should **demonstrate how the agency ensures consistency of outcomes.**
 - Important – proper training for experts. Not only explaining the procedures but also **instructing them thoroughly how to apply criteria** (understanding and interpretation)
- Close link to 2.4 – as well as to 2.2 and 2.3

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.

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Reports should at least address:

- How are the agency's criteria for each of its activities published?
- What methods does the agency employ to ensure consistency in the application of its criteria?

ESG 2.6 REPORTING

- To consider:
 - Summary reports not enough – need to publish full (expert) reports.
 - Full reports published also for CBQA activities if within the scope of the ESG.
 - What measures/internal procedures has the agency in place to ensure the reports are clear (“reader friendly”) and accessible? (see also ESG 3.6)
 - How is the quality and consistency of the content ensured (e.g. by training, guidance, report templates)?
 - Who are the reports for? How does the agency know if they are useful and usable for those primary target groups? Who else reads them?
 - Good practice: summary reports (to better serve the needs of different target groups)

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.

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Reports should at least address:

- How are reports made accessible to the public for all types of reviews?
- How does the agency ensure that its reports are clear and understandable to the general academic community, external partners and other interested individuals?
- Whether decisions by the agency are published together with the report, if applicable?

Interpretations:

7. All reports should be published in full, including those that resulted in a negative decision or conclusion; the publication of summary reports alone (rather than full reports) does not fulfil the requirement of the standard.
8. If decisions are taken by other bodies, the agency should facilitate access to those.
9. Reports have to be published for all ESG-type evaluations of institutions or programmes, irrespective of whether they take place in the agency's base country or elsewhere, within the EHEA or beyond.
10. The wording "by the experts" implies that the experts should have authority over the final report, irrespective of who actually writes it.

ESG 2.7 COMPLAINTS AND APPEALS

- To consider:
 - Possibility to appeal any formal decision – agency must have a predefined process for that.
 - Possibility to complain – to raise any issues of concern e.g. to state dissatisfaction about the conduct of the process. Also a predefined process.
 - Even if the procedure leads to recommendations and no decisions, there should be a possibility to contest the outcomes and procedures such as conduct of people involved e.g. experts, staff of the Agency etc.
 - Going to the court should not be the only option! (Internal, lower threshold processes needed too)

STANDARD:

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

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Reports should at least address:

- How does the agency handle concerns by institutions about the conduct of the process or those carrying it out (i.e. complaints as described in the guidelines)?
- How can institutions question the formal outcome (e.g. report, decision, judgement, recommendation) of the process if they 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 (i.e. appeal as described in the guideline)?
- Are the appeals and complaints process(es) easily accessible and clearly communicated to institutions?

Interpretations:

11. The agency may have specific processes for complaints and appeals, or a single process that incorporates both. It is decisive that both appeals and complaints (as defined in the guidelines) can be made, irrespective of how these are called in the agency's local language.
12. Agencies need to provide own, internal processes for complaints and appeals. It is not sufficient if a decision can only be appealed in a court of law.
13. It is in the nature of an appeal that it should be considered by another body than the one whose decision/report is appealed. If that is not the case, the appeals process is considered not effective.
14. The appeal instance's power may be limited to referring a decision/report back for a new consideration, without being able to change the decision/report itself.



ESG 3.1 ACTIVITIES, POLICY AND PROCESSES FOR QUALITY ASSURANCE

- To consider:
 - There should be a clear link between agency's mission, strategy and annual work plans (strategy should translate into the daily work of the agency).
 - Stakeholder involvement in the governance and work
 - QA activities “as defined in Part 2” → increasing complexity!

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.

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Remark:

Standards 2.1 – 2.7 should be addressed in a distinct chapter, and each standard separately for each different ESG activity. The conclusions on these standards should not influence the conclusion re. standard 3.1.

Reports should at least address:

- How do the agency's goals and objectives translate into its daily activities?
- How are the different stakeholders¹¹ involved in the agency's governance and work; does the panel consider the level of involvement sufficient?
- How does the agency ensure a clear distinction between external quality assurance and its other fields of work, if applicable (i.e. clear communication and preventing conflict of interest; Annex 2 should be taken into account in that regard)?.

ESG 3.2 OFFICIAL STATUS

- To consider:
 - By which public authorities is the agency formally recognised as a quality assurance agency?
 - Document(s) (law, regulations or equivalent) demonstrating the legal basis for the agency and describing the central tasks assigned to it.
 - Document(s) demonstrating other kinds of official recognition.
 - Are outcomes of the Agency's processes accepted by public authorities?

Linked to 3.3

STANDARD:

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

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Reports should at least address:

- What is the legal status/personality of the agency?
- In which higher education system(s) is the agency formally recognised as a quality assurance agency?

Interpretations:

17. In some jurisdictions it is a prerequisite to be registered on EQAR in order to be formally recognised by a (national) public authority. In such a case, the agency is not expected to be formally recognised as a quality assurance agency before it is registered on EQAR.

ESG 3.3 INDEPENDENCE

- To consider:
 - **Organisational**, **operational** and **independence of outcomes**
 - It is not enough to present official documents and general information:
 - an in depth analysis demonstrating operational independence, especially if agency's independence is not obvious from its structures and status.
 - consider in greater detail how operational independence is safeguarded in practice = de facto independence
 - ... but also safeguarded on paper
 - Cross-check: perceptions from the stakeholders
 - Remember: not only from ministries, but also from HEIs and other stakeholders!
 - If the agency has other activities than external QA (e.g. seminars, consultancy), adequate policies and processes should be in place to safeguard 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.

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Reports should at least address:

- **Organisational independence:** what are the provisions guaranteeing independence in official documentation, in particular as regards to how the agency's governing bodies are nominated and appointed, and what are the rules and conditions for dismissing its members?
- **Operational independence:** how independent is the agency in managing its own staff, in defining its own procedures and methodologies and in the recruitment, nomination and appointment of experts?
- **Independence of formal outcomes:** how does the agency prevent undue influence of institutions or stakeholders on the findings, analysis, conclusions and recommendations?
- **If (further) decisions are taken by other bodies on the basis of the agency's outcomes, how is a clear and transparent distinction ensured**

between the agency's report/recommendation and the decision(s) of such other bodies?

Interpretations:

18. Independence is at risk when one single actor or stakeholder has a "controlling stake" in the agency, e.g. by the ability to decide on a majority of members in a governing body.
19. Including different stakeholder perspectives in the agency's decision-making bodies does not infringe with the agency's independence, provided that the respective individuals are not appointed as organisational representatives but in their personal capacity.

ESG 3.4 THEMATIC ANALYSIS

- To consider:
 - Thematic reports should present the general findings of EQA activities and not any other kind of information about the agency or its performance
 - factual and descriptive annual reports do not qualify as thematic reports!
 - The regularity of the reports can depend on the scope of the agency's activities, but the agency should **have a clear plan for when and how to carry out these analyses**, e.g. at the end of each review cycle; after each cluster of evaluations; selecting thematic topics (how?) every 3-4-5 years, etc. → ideally not only ad hoc projects!
 - How are the topics selected? Who reads them? Are they useful for the sector?

STANDARD:

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

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Reports should at least address:

- Does the agency publish analyses that are based on and draw from the findings from its quality assurance activities?
- How does the agency ensure that such analyses are conducted regularly?

ESG 3.5 RESOURCES

- To consider:
 - Agencies should demonstrate a **good balance between their financial and human resources and the volume and type of their activity.**
 - Agencies should have adequate and appropriate **resources to carry out all activities connected to their mission** including:
 - to improve continuously (e.g. investment in staff development, IQA)
 - to carry out information activities (adequate website, info materials, events)
 - to carry out thematic analysis
- “do not have time”, or “do not have the right people” are **not good excuses** for not doing thematic analysis, info activities, follow-up, training of experts, etc.

STANDARD:

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

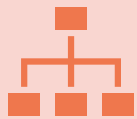
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Reports should at least address:

- Does the agency have sufficient financial and human resources to carry out its activities within the scope and in line with the ESG?
- Are the resources sustainable for the foreseeable future?

ESG 3.6 INTERNAL QUALITY ASSURANCE AND PROFESSIONAL CONDUCT



Internal quality processes and organisational culture, in particular integrity of their activities, are paramount to the Agencies who evaluate quality of others.



The processes for internal quality assurance need to be **formal and regular**, and not just informal.



IQA policy

STANDARD:

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

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Reports should at least address:

- How does the agency's internal QA system guarantee the quality and integrity of its activities, translated into the work performed by its review panels, different decision-making committees and councils, and any other internal bodies on whose reports/work it bases its final decisions?
- How does the agency assure the quality and integrity of the work performed by partners, subcontractors or other agencies on whose reports/results it bases its decisions? (if the case)
- How does the internal QA system foster continuous improvement within the agency?

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Interpretations:

21. The processes for internal quality assurance need to be formal and regular, and not just informal.
22. Integrity of an agency's activities includes that it uses the EQAR and ESG "labels" only in connection with activities that are within the scope of the ESG and have been subject to an external review; Annex 2 should be taken into account in that regard.
23. Where agencies themselves only implement parts of the process and rely on input/preparatory work carried out by other agencies, they should ensure that such input/preparatory work is carried out in line with the ESG. For partners or subcontractors that are also EQAR-registered agencies it can be assumed that their external QA activity is ESG-compliant. In other cases the registered agency is expected to demonstrate how it assured itself of the partner's compliance with the ESG.
24. The standard also implies that flags, instances of partial compliance and recommendations (raised in a previous external review by a panel or by the Register Committee) have been responded to appropriately.

ESG 3.7 CYCLICAL EXTERNAL REVIEW OF AGENCIES

- Mandatory by legislation or voluntary?
- An external review is important as an accountability measure, but it also represents an opportunity for the Agency to think and evaluate its own work.
- How does the agency use the external review process to improve and develop?

STANDARD:

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



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The cyclical review of an agency is a prerequisite for (continued) EQAR registration and inherently fulfilled by the agency undergoing a review.

TRIANGULATION

- Analysis of SAR and documentation
- Oral evidences (agency staff and stakeholders)
- Forming experts' own opinion, discussing and taking judgment



fair-minded

truthful
fair-minded
even-handed
neutral

nonpartisan

impartial
neutral
fair

equitable

neutral
honest
probing

just
unbiased
just

fair
just
nonpartisan

balanced
inquiring
neutral
objective

unprejudiced
detached
honest

even-handed
objective
open-minded