

DEVELOPMENT OF EXTERNAL QUALITY ASSURANCE

in line with the European Standards and Guidelines

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Organisations that prepared the new ESG

- ENQA - European Association for QA in HE
- ESU -European Students' Union
- EUA - European University Association
- EURASHE - European Association of HEIs in HE
- Education International – trade union of education
- BUSINESSEUROPE – European employers' association
- EQAR - European QA Register for Higher Education



new ESG: purposes and principles

ESG:

- set a **common framework for QA** at European, national and HEIs' level;
- **enable the assurance and improvement** of quality of higher education in the EHEA;
- **support mutual trust**, thus facilitating recognition and mobility;
- **provide information on QA** in the EHEA.

ESG are based on 4 principles

- **HEIs have primary responsibility** for the quality;
- **QA takes account diversity of:**
 - Higher education systems,
 - HEIs,
 - programmes and
 - students;
- QA **supports** development of **quality culture**;
- QA **takes into account needs/expectations** of students, stakeholders and society

2.1 Consideration of internal QA

Standard: External QA should address the effectiveness of the internal QA (ESG Part 1).

Guidelines:

- **QA** is based on the **HEIs' responsibility for the quality** of their programmes and other provision; therefore it **external QA recognises and supports** HEIs responsibility for **internal QA**.
- **External QA includes** consideration (*рассмотрение*) of the standards of Part 1.

It could be done **differently** may be addressed differently, **depending on the type of external QA** [evaluation, review, audit, assessment, accreditation or other]

2.2 Designing methodologies fit for purpose.

Standard: External QA should be designed to ensure its fitness to achieve the aims set for it, while taking into account relevant regulations. Stakeholders are involved in design and improvements of QA

Guidelines:

In order to ensure effectiveness and objectivity external QA must have clear aims agreed by stakeholders.

The aims, objectives and implementation of processes will:

- bear in mind the **workload and cost** for HEIs;
- support HEIs to improve quality;**
- allow HEIs to **demonstrate** its **improvements;**
- result information on **outcomes and follow-up;**

External QA can operate more flexibly if HEI demonstrates the effectiveness internal QA.

2.3 Implementing processes

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

- a self-assessment;
- a site visit;
- a report resulting from the assessment;
- a consistent follow-up.

Guidelines: QA is carried out **professionally, consistently** and ensures its **acceptance and impact**.

Documentation is complemented by interviews with **stakeholders during a site visit**.

The findings of the assessment are summarised in a report written **by a group of external experts**

QA does **not end** with the report.

Agencies have a **consistent follow-up process** for considering the **actions in terms of the internal QA** .

2.4 Peer-review experts. Standard: External QA is done by groups of experts that **include students**

Guidelines:

- Core of external QA is the **expertise provided by peers**
Experts represent perspectives of **HEIs, academics, students** and **employers/professionals**

Experts:

- are **carefully selected**;
- have **skills and are competent to perform** the task;
- undergo **training** and/or **briefing**.
- Agency ensures the **independence of the experts**
- agency ensures a **mechanism of no-conflict-of-interest**.
- The involvement of **international experts** in external QA

2.5 Criteria for outcomes. Standard: Judgements made should be based on explicit and published criteria and applied consistently

Guidelines

- In the interests of equity and reliability, **criteria** are interpreted consistently and are **evidence-based**.
- Depending on the external QA system, **outcomes** may take different forms: **recommendations, judgements or formal decisions**.

2.6 Reporting

Full reports by experts should be published, accessible to the academic community, external partners and others. Any decision based on the report should be published together with the report.

Guidelines:

Report must be clear and concise and it **cover** :

- context;
- QA procedure, including experts involved;
- evidence, analysis and findings;
- conclusions;
- features of good practice in HEI;
- recommendations for follow-up action.

HEI can indicate errors of fact before publication

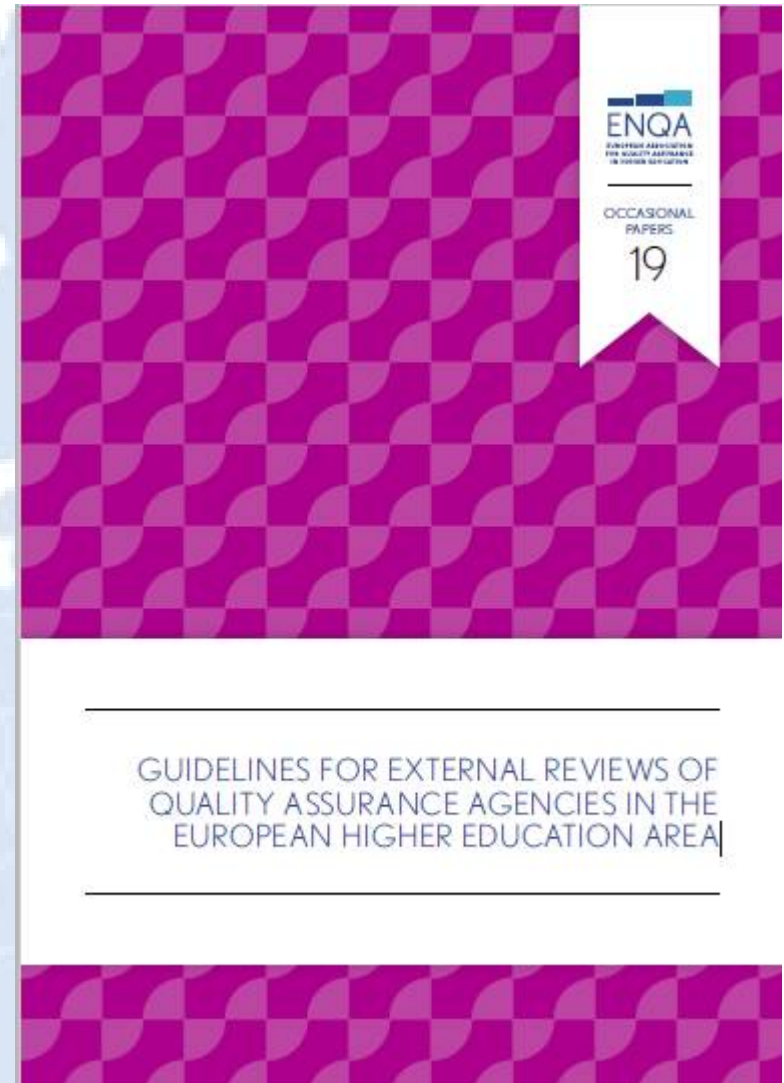
2.7 Complaints and appeals. Standard:
Appeals processes should be clearly defined as part of the design of external QA processes and communicated to the HEIs.

Guidelines:

- process is **clearly defined** and is used **consistently**
- procedure allows an HEI to state its **dissatisfaction about the conduct of the process or those carrying it out.**
- **HEI can question the formal outcomes**, if it can demonstrate that:
 - **outcome is not based on sound evidence,**
 - **criteria have not been correctly applied,** or
 - **processes** have not been consistently implemented.

"Guidelines for external reviews of quality assurance agencies in the European Higher Education Area"

ENQA Occasional paper 19



<http://www.engq.eu/index.php/publications/papers-reports/occasional-papers/>

Procedure to become member of ENQA and/or enter EQAR register

- The assesment of the agency for entering EQAR register and becoming ENQA member **is nearly the same**
- ENQA appoints an international expert team*,
- ENQA board makes a recommendation for EQAR
- EQAR Commmity makes the decision on enclusion of the agency to the Register
- **5 experts: Chairman, Secretary (drafts report), 3 experts of which 1 is student**



[Link to glossary](#)

ENQA Criterion 1 – Activities (ESG 3.1)

External QA activities (institutions or programmes) on a **regular basis**.

Assessment of agency should take into account the presence and effectiveness of the external QA processes described in Part 2 of the ESG.

The external QA activities may involve evaluation, review, audit, assessment, accreditation or other similar activities and should be part of the core functions of the member.

ENQA Criterion 2 – Official status of the agency (*new* ESG 3.2)

Agency should:

- be officially **recognised** by authorities in the **EHEA** as **agency responsible for external QA**
- have an established **legal basis**.
- **comply with requirements** of the in the country **where they operate**.

Criterion 3 ENQA – Resources (*new* ESG 3.5)

Agencies must

- have **adequate resources**, both **human and financial**, to enable them **to organise and run** their external QA processes in an effective and efficient manner.
- have **appropriate provision** for **development of**
 - **procedures and**
 - **staff.**

ENQA Criterion 4 – Mission statement of the agency (*new ESG 3.1*)

- **Publiced** mission statement should describe
 - **goals and objectives of the QA processes,**
 - **division of labour** with HEIs and stakeholders
 - cultural and historical **context of agency's work**
- Mission statement should make clear that
 - **external QA is a major activity** of the agency and
 - **approach to achieving goals/ objectives**
- Mission is translated into a **clear policy** and **management plan**

ENQA Criterion 5 – Independence (*new ESG 3.3*)

Agency will **have to demonstrate** independence must be **guaranteed in legislative acts**;

Agency should have

- autonomous responsibility for **operations;**
conclusions and recommendations

independence of

- developing **procedures and methods,**
 - appointment of **experts** and
 - determination of the **outcomes of its QA processes;**
- Stakeholders **can be consulted,** but the **final outcomes of the QA are responsibility of the agency**

ENQA Criterion 6 – Criteria and processes used by the agency (*new ESG 3.6*)

Discussed at the Part 2 standards

- The criteria and procedures should be **pre-defined and publicly available**.
- Assessment is done by a **group of experts**, including a **student member(s)**,
- Site **visits** as **decided by the agency**;
- **Publication** of the report, **including decisions** and recommendations;
- **follow-up procedure** to review actions taken by the subject [HEI, programme, groups of programmes] of the QA process.



ENQA Criterion 6 – External QA criteria and processes used by the members (*new ESG 3.6*)

Agencies must insure that

- they pay **attention to** their declared **principles**,
- ensure that their requirements and processes **are managed professionally**,
- conclusions and decisions are reached **in a consistent manner**,
- If QA decisions **have formal consequences**, **agency should have an appeals procedure**.
- form of the **appeals procedure** should be **according with the constitution of the agency**.

Criterion 7 ENQA– Accountability (*new* ESG 3.6)

Agency should have own accountability:

policy for QA of the agency itself;

Agency demonstrates that it has:

- agency's processes and results **reflect its mission**;
- **no-conflict-of-interest mechanism**;
- reliable mechanisms that **ensure the quality** of the work **subcontractors**;
- **internal QA mechanism of the agency**;
- **feedback mechanism** to underpin **its own improvement**.
- **mandatory cyclical external review**

ENQA Criterion 8 – Consistency of judgements, appeals system and contribution to ENQA aims

- I - Attention to its declared principles at all times,**
 - Requirements and processes are **managed professionally, staff training**
- II Agency should have an appeals procedure.**
- III. Agency should contribute actively to the aims of ENQA.**

Procedure to become member of ENQA and/or enter EQAR register

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Review of agency: Before visit

- Between the request to visit is typically 12 months
- Experts selceted before visit 4-6 months
- Self-assement report is submitted, experts start analyzing 8-12 weeks
- Expert's telephone conference on the first results of the analysis 6-8 weeks
- Secretary makes the outline of the export report and add first findings 2-4 weeks
- Experts discuss and agree on work sharing and approach during the visit and discuss findings of preliminary 1 day

Visit

2-3 days

DURING THE SITE VISIT (2-3 DAYS)

ACTION	TIME
A panel meeting takes place as the penultimate session of the site visit. At this meeting the team reviews the evidence presented, and draw preliminary findings and, if possible, put these into the "skeleton" report.	Last day of the visit
The panel has a final meeting with the representatives of the agency in which the preliminary findings of the review are communicated.	Last day of the visit

AFTER THE SITE VISIT

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

Thanks for your attention

