Module 3

Conducting the process of external quality assurance
External quality assurance:  
Toolkit for the TEMPUS project (WP1)

These modules were prepared by IIEP staff and consultants to be used in training workshops or by individuals as self-study materials. IIEP is also using this material for its distance education courses.

The set of modules is available at www.iiep.unesco.org
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<th>Full Form</th>
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<tr>
<td>AERES</td>
<td>French Evaluation Agency for Research and Higher Education</td>
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<td>AAU</td>
<td>Academic Audit Unit (New Zealand)</td>
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<td>ACICS</td>
<td>Accrediting Council for Independent Colleges and Schools (USA)</td>
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<td>AICTE</td>
<td>All India Council for Technical Education</td>
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<td>AUQA</td>
<td>Australian Universities Quality Agency</td>
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<td>BAN-PT</td>
<td>Badan Akreditasi Nasional - Perguruan Tinggi (National Accreditation Board for Higher Education, Indonesia)</td>
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<td>CEE</td>
<td>Central and Eastern European</td>
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<td>CEEC</td>
<td>College Education Evaluation Commission (Quebec, Canada)</td>
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<td>ENQA</td>
<td>European Association for Quality Assurance in Higher Education</td>
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<td>EQA</td>
<td>External quality assurance</td>
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<td>EUA</td>
<td>Association européenne de l’université (European University Association)</td>
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<tr>
<td>FHR</td>
<td>Austrian Fachhochschule Council</td>
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<td>HAC</td>
<td>Hungarian Accreditation Committee</td>
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<td>HE</td>
<td>Higher education</td>
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<tr>
<td>HEFCE</td>
<td>Higher Education Funding Council of England</td>
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<td>HEI</td>
<td>Higher education institution</td>
</tr>
<tr>
<td>ICAR</td>
<td>Indian Council for Agricultural Research</td>
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<td>IIIEP</td>
<td>International Institute for Educational Planning</td>
</tr>
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<td>INQAAHE</td>
<td>International Network for Quality Assurance Agencies in Higher Education</td>
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<td>NAAC</td>
<td>National Assessment and Accreditation Council (India)</td>
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<td>NBA</td>
<td>National Board of Accreditation (India)</td>
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<td>NOKUT</td>
<td>Norwegian Agency for Quality Assurance in Education</td>
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<td>NWCCU</td>
<td>North West Commission for Colleges and Universities (USA)</td>
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<td>NZUAU</td>
<td>New Zealand Universities Academic Audit Unit</td>
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<td>OAQ</td>
<td>Swiss Center of Accreditation and Quality Assurance in Higher Education</td>
</tr>
<tr>
<td>PAASCU</td>
<td>Philippine Accrediting Association of Schools, Colleges and Universities</td>
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<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
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<td>QAA</td>
<td>Quality Assurance Agency</td>
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<tr>
<td>RAE</td>
<td>Research Assessment Exercise (UK)</td>
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<td>VC</td>
<td>Visiting Committee</td>
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Presentation of the module

Welcome to Module 3 “Conducting the process of external quality assurance” of our course on External Quality Assurance.

Module 3 outlines the organizational options of the quality assurance process. Although consensus exists on the key elements, each stage has several options with major consequences.

Objectives of the module

This module will:

• describe the main elements of the various quality assurance practices followed in different countries;
• explain the commonalities and different options available in each practice;
• illustrate with case studies the factors that influence the specific organizational options of different countries; and
• highlight the implications of various options, presenting examples from the experiences of different countries.

Outcomes

On completion of this module you are expected to be able to do the following:

• appreciate the various options in organizing the quality assurance process;
• understand the considerations and contextual factors that influence the options chosen by different countries;
• analyze the implications of the various options; and
• make a realistic assessment of the system that would be effective in your national context for the chosen objective.

Questions for reflection

• Why is there so much diversity in conducting the EQA process?
• If the practices serve the common purpose of ‘quality assurance’, what are the common elements that connect them, despite variations?
• What happens after the quality assurance process? What are the implications of the quality assurance outcomes?
• What options have or should be implemented in my country to comply with the specificities of my national context?
• How do/should they differ in their approaches to other options outlined in this module? For what reasons?
Module 3. Conducting the process of external quality assurance

Introduction

Previous modules presented the major approaches to quality assurance. Building on these discussions, this module will present the various options available to a quality assurance agency (QAA). In a complex and diverse world with linguistic, political, economic and cultural diversities, higher education systems and policies in different countries are diverse. Consequently, quality assurance practices are diverse and in many different combinations, in order to serve different purposes.

More specifically, based on the national contexts and other considerations, quality assurance agencies have varying policies for dealing with aspects such as establishing initial conditions; defining criteria for quality, self-assessment and external review; training for quality assurance; decision-making; and reporting by the agency. Through case illustrations, this module will present the different ways in which quality assurance agencies deal with these aspects.

While practices differ, there is agreement on the essentials. This ensures the soundness of the quality assurance framework. Most quality assurance exercises emphasize two facets. These are self-assessment, based on a set of predetermined criteria, and an external review carried out by a team of experts. While this is desirable, it is not always possible, often because the higher education system contains too many units to be quality assured. Moreover, a combination of self-assessment and external peer review is a somewhat lengthy and costly process. However, it should always be an objective in view, at least for the mid- or long-term. This scenario, marked by different types of practices together with common core elements, has encouraged experimentation in many controversial issues in quality assurance. The debate that surrounds some of these issues and the reasons for the choices made by some agencies will be discussed in this module.

Obviously, the various options have different implications. This module will highlight some significant outcomes and their consequences. The full case studies listed in the section ‘References and further reading’ will be very useful to appreciate these discussions as well as to consider the discussions in your national context.

In summary, analyzing the various options and lessons learnt is essential if we are to appreciate the quality assurance developments that have taken place.
MODULE 3: Conducting the process of external quality assurance
Common core elements

Quality assurance agencies use the term ‘quality assurance’ to denote different practices. Each of these practices serves different purposes and exercises the responsibility of quality assurance in many ways. Module 1 presented some of the definitions and approaches. The definitions of the various approaches are not sharp. In practice, quality assurance agencies follow a combination of the basic approaches. This is due to various factors, but is mainly to suit the national contexts in which agencies operate and the purpose they wish to serve.

While the approach to quality assurance varies to serve different national contexts, there is agreement on the essentials. Whatever their basic options, most quality assurance systems have certain common features:

- they base assessment on predetermined and transparent criteria;
- they use a combination of self-assessment and external review. The extent to which self-assessment serves to evaluate may vary. Many of the specialized or professional accreditors just ask for information, without requiring analysis or evaluative judgments on the part of the programmes being assessed;
- they emphasize public disclosure of the outcome (although the extent of public disclosure varies from disclosure of only the final outcome to disclosure of the full assessment report); and
- they ensure validity of the assessment outcome for a specific period of time.

Around these common features, the quality assurance agencies follow a three-stage process. The first stage consists of the institution (or programme) providing the relevant information related to pre-determined, well-publicized criteria. In most cases, this is also accompanied by a self-assessment that provides a critical analysis of the information. The second stage is a site visit of an external review team for validation of the self-assessment or institutional report that results in the report/recommendation to the quality assurance agency about the quality of the institution/programme. The third stage is the final decision by the agency on the review team’s recommendations and disclosure of the outcome that is valid for a certain period of time. The final decision may be based on the external review team’s recommendation and a review of the self-assessment, or on a combination of either or both as well as other relevant information that the quality assurance agency has on the institution or programme. An attempt is made in the following pages to describe the basic elements of these stages.

1. Preparing a self-assessment report

A number of terms are often used to refer to more or less similar elements, such as ‘self-study’, ‘self-evaluation’, ‘self-analysis and ‘self-assessment’. The term ‘self-assessment’ is used in the following discussions. Self-assessment is the central element in most EQA procedures.
Box 1: Self-evaluation as a crucial phase in the evaluation process EUA (European University Association)

The IEP emphasizes self-evaluation as a crucial phase in the evaluation process. The self-evaluation phase has two aspects that are equally important: the self-evaluation process and the self-evaluation report:

- The self-evaluation process is a collective institutional reflection and an opportunity for quality improvement of any aspect of the institution. Institutions are urged to take this opportunity to involve all members of the institution in this process.

- The self-evaluation report is one outcome of the self-evaluation process; it provides information to the evaluation team, with emphasis on the institution’s strategic and quality management activities.

- The goal of both the process and the report is to enhance the institutional capacity for improvement and change through self-reflection. This is a crucial phase in which careful consideration should be given to maximize the engagement of the whole institution.


All quality assurance agencies emphasize and recognize the value of having the people undergoing the exercise undertake an analytical and self-critical process. But many quality assurance agencies also recognize that it is not always possible or realistic to expect HEIs to carry them out.

There are many reasons for this:

- In the absence of a ‘culture of evaluation’, self-assessment is usually uncritical. While it may be useful to ask for an evaluative self-assessment report, agencies and external reviewers know that it is of very limited value in some systems;

- When the stakes are high (e.g. when quality assurance procedures may lead to sanctions, or approval is essential for the continuing operation of the programme or the institution), it is unrealistic to expect institutions to carry out a truly critical analysis; and

- When agencies operate internationally, they tend to prefer the provision of data, and to take care of the evaluation themselves.

A set of standards and criteria determined by the quality assurance agency forms the basis for the self-assessment. The agencies generally have national consultations and ensure wide participation of the stakeholders in developing the standards and criteria. There may be variations. Some agencies, for example, may apply only the predetermined criteria to all institutions and programmes (the standards-based approach). Others may conduct the review against an institution’s own goals and objectives (the ‘fitness-for-purpose’ approach), while the rest take an in-between stand. But the basis of quality assurance, in terms of the place given to an institution’s own goals and the standards set by the quality assurance agency, are made clear to the stakeholders prior to applying the quality assurance procedures. The institution (or programme) undergoing the process is asked to do a self-assessment and report on how it meets the standards set or criteria identified by the quality assurance agency.

Different situations could probably be seen as stages in the development of a self-assessment capability:

- The first level is the provision of basic data and information regarding each of the standards or criteria;
• The second level is the analysis and evaluation; and
• The third level, which is what should be achieved, is to report on the level of the standards or criteria actually being met.

The capacity to prepare an evaluative self-assessment report (third level) is the desirable stage in the development of quality assurance capacity among institutions. However, it puts many institutions in a very difficult position. This is because being able to do a good self-assessment is difficult and takes time. Capacity for it needs to be developed.

Under self-assessment, academics and administrators within the department/institution discuss the strengths and weaknesses in their units and identify causes for possible weaknesses based on a catalogue of either open questions or indicators to be collected. They usually decide for themselves on strategies to be used, aiming at quality improvement. This has the advantage of directly involving competent professionals who will be in charge of implementing reform action. In the long term, it helps set up a culture concerned with quality. It may also strengthen community spirit, which is often lacking in academia.

Box 2: The self-evaluation group EUA (European University Association)

To ensure the success of the self-evaluation, the institution will set up a self-evaluation group that represents a broad view of the institution. The self-evaluation group should have the following characteristics:
• The group is small (max. 10 members) to ensure that it is efficient.
• Its members are in a good position to judge strengths, weaknesses, opportunities and threats (SWOT).
• It represents the major constituencies in the institution (academic and administrative staff and students) to maximize involvement of all major stakeholders.
• The rector should not be part of the group.
• It selects a chairperson and an academic secretary to write the report under the chairperson’s responsibility.
• It decides on the distribution of tasks.
• It plans and coordinate the work.
• It provides opportunities for a broad discussion of the self-evaluation within the institution to promote a broad identification with the report.

The institutional leadership will:
• Clarify the responsibility of the self-evaluation group towards staff members who are not in the team;
• Support and encourage the process along the way by explaining its purpose across institution;
• Appoint a contact person to the IEP evaluation team and the IEP secretariat.

The self-evaluation will result in a report submitted to the external evaluation team under the responsibility of the rector. This rector must accept responsibility for both the self-evaluation process as well as the report even he doesn’t agree with all statements.


While this is certainly desirable, and EQA systems should try to develop self-assessment capabilities within HEIs, it must be recognized that it is not always possible for HEIs to carry out meaningful self-assessments. There are many reasons for this, ranging from the absence of adequate conditions (such as information systems, participation mechanisms, or a significant
number of full-time staff members) to the lack of a culture of evaluation. This may reduce self-study to an uncritical description of some of the required issues. It is also not always realistic to expect a critical self-study when stakes are high (for instance, when the existence of an institution depends on the quality assurance outcomes, or sanctions may be incurred).

But the underlying assumption in insisting on self-assessment is that an institution that really understands itself — its strengths and weaknesses, its potentials and limitations — is likely to be more successful in carrying out its educational mission than one without such self-awareness. Self-assessment is thus seen as the backbone of the quality assurance process. It is through the self-assessment report that the external review team tries to understand and tentatively evaluate the institution or programme prior to the site visit.

2. **External review**

External review is the other critical element that has become an internationally accepted component of quality assurance. An expert taking part in the quality assurance process is generally described as an ‘external reviewer’. External reviewers share the language, categories, rationale and codes of the discipline or profession of the programme (or institution) being assessed, and are therefore peers to the people they are visiting. At the same time, they are external to the programme or the institution and therefore provide an outsider’s perspective that enriches their own. Many agencies use the terms ‘external peers’, ‘peer review’ and ‘peer assessment’ in this sense. In the discussions that follow, the term ‘external reviewers’ will be used. In the information given in the boxes, the terms used are those of the quality assurance agency concerned. You will come across many usages, such as auditors, assessors, peers and the like.

When the institution submits its self-assessment report, a team of external reviewers constituted by the quality assurance agency analyzes it and validates its claims, generally by visiting the institution. The visit by the review team gives the institution an opportunity to discuss and find ways of consolidating and improving the academic environment. Although the effectiveness of peer review in quality assurance is still under debate in some countries, no better alternative has emerged in any of the quality assurance agencies.

The external review is expected to provide an outsider view and also, frequently, a validation of the conclusions drawn from the self-study. It uses professional judgment (national or international subject matter, experts or professionals, etc.). The review collects information by means of site visits and personal interviewing of internal and sometimes external stakeholders of the HEI. It is thus able to take account of the conditions under which certain results could be attained and to provide an external view.

3. **Decision-making and reporting the outcome**

Based on the report of the institution or programme and the recommendations of the review team, the agency takes the final decision. It may also make a recommendation for a decision that might be taken by a public authority (Ministry of Education). In all quality assurance mechanisms, there is an element of public disclosure of the outcome. However, the extent of such disclosure varies. It may go from disclosure of only the final outcome, as in the case of a typical accreditation, to disclosure of the full assessment report, as in the case of a typical audit. In general, in systems where the report is the only outcome, it is made public. In systems where there is a formal decision on accreditation status and a report, the extent of public disclosure varies. The outcome is generally valid for five to 10 years.
Decision-making may either simply require answering yes or no, or it may include supplementary elements such as ‘based on certain conditions’. Frequently, accreditation also involves a supplementary grading system that is an add-on to a simple yes or no decision. It is common practice to then publish the decision, with or without the expert report prepared by the peer team.

When HEIs do not agree with the final decision of the quality assurance agency, there can be an appeal or grievance. Module 4 will discuss the appeal mechanism in detail.

There is now wide consensus on a four-stage model as a basic choice in EQA within the quality assurance community. However, it is a cumbersome and costly approach. When quality assurance focuses on higher education programmes in relatively big systems, it becomes increasingly important to look for alternative, lighter and less costly models of EQA. Such alternative models may reduce the emphasis on any one of the phases, such as by basing self-study on the provision of statistics, or by conducting peer review at a distance. Or, they could simply drop one of the stages. Creative thinking in this respect will be important if EQA systems are expected to cover all higher education programmes in systems of a certain size.

Below Box 3 presents an extract from a study conducted on EQA systems among the members of the Central and Eastern European Network for Quality Assurance in Higher Education. This study confirms that the three-stage model is a widely prevailing modality in this region, but that variation is also a common element.

**Box 3: The accreditation process in Central and Eastern Europe**

<table>
<thead>
<tr>
<th>Brief description of the accreditation process</th>
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<tbody>
<tr>
<td>A comparison of the brief descriptions of the respective accreditation processes shows a high convergence towards a three-step approach:</td>
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<tr>
<td>- step: self-evaluation plus a self-evaluation report provided by the higher education institution;</td>
</tr>
<tr>
<td>- step: external evaluation (usually a site-visit);</td>
</tr>
<tr>
<td>- step: evaluation report and decision-making by the accreditation council (in some cases to be approved by the ministry).</td>
</tr>
<tr>
<td>Still, there are some interesting variations, three of which follow:</td>
</tr>
<tr>
<td>(a) In preliminary accreditation, where programmes are granted the right to begin operation, the Hungarian Accreditation Committee has an external evaluation procedure for study programmes to be established or launched that does not include a site-visit: “New programmes to be established or launched are evaluated via a written application package” (8).</td>
</tr>
<tr>
<td>(b) The National Council for Academic Assessment and Accreditation (Romania) offers distinct procedures for different purposes:</td>
</tr>
<tr>
<td>• “provisional operation license (authorization) for the newly established programmes or institutions;</td>
</tr>
<tr>
<td>• proper accreditation (3 years after a study cycle from the moment of getting the provisional operation licence);</td>
</tr>
<tr>
<td>• periodic quality evaluation every five years for the accredited institutions (13)”</td>
</tr>
<tr>
<td>(c) The Austrian Fachhochschule Council (FHR) has installed separate accreditation procedures both for the accreditation of new programmes and the reaccreditation of existing programmes, the main difference being the assessment of the implementation of recommendations for quality enhancement.</td>
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</tbody>
</table>

Activity 1

Discuss the capacity for self-evaluation in the higher education institutions of your country? Do you think that the material and cultural conditions for effective self-evaluation are in place? What measures will you propose to promote a culture for self-evaluation?
The options

Within the broad framework of the three generic stages discussed above, the quality assurance agencies choose among various options to serve different purposes. The most notable variations are found in the following process elements:

1. establishing initial conditions;
2. self-assessment;
3. external review;
4. decision-making and reporting by the agency;
5. implications of the outcome; and
6. follow-up.

The various options under these aspects are discussed in the following pages.

1. Establishing initial conditions

Most quality assurance agencies clearly define their area of operation. For example, a quality assurance agency that operates in the higher education sector would consider only programmes that lead to the award of a degree or institutions that are legally recognized as degree-granting institutions. It would not consider programmes offered at the secondary education level. The delineation may not be very clear in the case of post-secondary non-degree programmes, such as diplomas and certificates, and the providers of such offerings. For example, there are quality assurance agencies that consider post-secondary diplomas, as in the case of the professional council for teacher education in India.

In addition to the condition defining the area of operation, a quality assurance agency has two options in considering institutions or programmes for quality assurance. It can consider any institution/programme that falls under its responsibility (or ‘purview’), without a set of prerequisites. Or it might consider only those institutions or programmes that fulfil certain eligibility or initial conditions. This is closely related to another option: whether to make quality assurance a compulsory/mandatory or a voluntary option. These two options have already been discussed in Module 1.

2. Self-assessment

The agency must then determine the role it will assign to the self-assessment process. As was been mentioned above, the objective of most quality assurance systems is to help HEIs to conduct analytical, critical self-assessments. Unfortunately, this is not always possible. The quality assurance agency must be realistic and take into account actual conditions within the system.

- When higher education systems have become diversified and new providers have entered the field, it is usually necessary to establish quality assurance mechanisms that are closely linked to quality control. These mechanisms might make accurate, honest self-assessment reports quite unrealistic, since the stakes for HEIs are usually very high.
Therefore, clearly identifying and acknowledging the weaknesses might be perceived as dangerous by HEIs. The self-assessment report would therefore probably be biased or, at least, subject to a strong cosmetic treatment. A thorough quality assurance agency will take this into account. It will therefore not expect HEIs to do more than to provide a good set of information on the fields related to the quality criteria the agency has decided to use.

- When HEIs have developed beyond this stage, it is possible to increase expectations regarding their self-assessment abilities. Still, it is usually very useful to provide accurate and clear orientation about the basic information needed to sustain quality judgments, and to define the criteria to be applied.

- In highly developed HE systems, where the ‘fitness-for-purpose’ model is used, HEIs will be able to carry out self-critical and analytical self-assessments. They will also be able to develop useful and effective improvement plans.

The point in making these distinctions is that quality assurance agencies should, with realistic expectations, work with a clear goal in mind. This should be to help HEIs become responsible for the quality of their work and the educational offerings they provide to society. In emerging higher education systems, HEIs may need a lot of guidance from the quality assurance agency to prepare a meaningful self-assessment report.

In the initial phase of introducing EQA in a system, preparing the self-assessment report may pose a significant new challenge to HEIs (even to the ‘good’ ones). Over a period of time, HEIs might have developed reporting systems for other purposes. These may be totally different from what the self-assessment process requires. If HEIs are not helped to develop their capacity for conducting the self-assessment process, it might result in incomplete reporting. Usually the quality assurance agencies give guidelines to facilitate the HEIs in this process. There are considerable differences in the level of detail of the guidelines.

**Option 1: Providing brief guidelines**

Some quality assurance agencies provide only brief guidelines as to how the self-assessment process could be conducted and how the self-assessment report could be organized. This happens mostly in systems where the tradition of quality assurance – internal or external – is well established and where the ‘institutional goals and objectives’ are the starting points. This is, for example, the case of some institutional audits. This provides a lot of flexibility to HEIs to present themselves in ways appropriate to their mission and goals, within the broad framework given by the quality assurance agency. AQA (Academic Quality Agency for New Zealand universities) is a perfect example of providing brief guidelines.
Box 4: The Self-review Framework in New Zealand

Universities are free to conduct their self-review in whatever way they consider most appropriate and most efficient.

Given that quality assurance and quality enhancement processes in universities are now generally well developed, AQA expects that preparation for Cycle 5 audit should not burden universities with the preparation of significant new material other than the Self-review Report.

The self-review should be a reflection on current practice, with an honest evaluation of the audit questions:
- What is our university’s particular objective/commitment?
- What do we do to meet – or exceed – this objective/commitment?
- Do we actually succeed in meeting the objective/commitments?
- Do we succeed in meeting the AQA guideline statement (if this differs from our own objective)?
- How do we know? i.e., what is the evidence?
- What, if anything, are we going to do about this objective/commitment?

Of the above questions, the most critical one is likely to be “how do we know?” That is, the self-review and the audit which follows will be concerned with evidence – the nature of the evidence, its quality and usefulness, and how it is used.


Option 2: Providing a specific framework

When HEIs must adhere to more specific criteria, most quality assurance agencies will provide detailed guidelines and manuals. These might include a list of questions to be answered and tables to be presented with data in a particular way. Such specific frameworks can be more or less centred on quantitative data. In this approach, one added bonus for institutions is that it helps them to develop information systems. These may be used not only for supporting self-assessment, but also for management and institutional decision-making.

Most quality assurance agencies give guidelines about what is expected of a self-assessment report, to help HEIs appreciate the spirit of introspection. The fact that the self-assessment report is not to be a mere compilation of data on the achievements and functioning of the institution is emphasized by all quality assurance agencies. They also insist that the report must be analytical, evaluative and, hopefully, self-critical. Here is an example of specific framework given by NAAC (India).
Box 5: Detailed Formats Given by NAAC/India

- **Criterion V: Student Support and Progression**

1. Are there any overseas students: Yes ☐ No ☐
   If yes, how many? [ ]

2. a. **Student strength**
   (Provide information in the following format for the past 5 years)

<table>
<thead>
<tr>
<th>Student enrolment</th>
<th>UG</th>
<th>PG</th>
<th>M.Phil</th>
<th>Ph.D</th>
<th>Diploma/Certificate</th>
<th>Self-Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>T</td>
<td>M</td>
<td>F</td>
<td>T</td>
</tr>
<tr>
<td>No. of students from the same state where the institution is located</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of students from other states</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of NRI students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of overseas students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   M – Male, F – Female, T – Total

b. Dropout rate in UG and PG for the last two batches?

3. Student freeships and scholarships: (last year)

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<tr>
<th>Number</th>
<th>Amount</th>
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4. Does the institution obtain feedback from students on their campus experience? Yes ☐ No ☐

5. Major cultural events (last year data)

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<thead>
<tr>
<th>Organized</th>
<th>Participated</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No Number</td>
</tr>
<tr>
<td>Inter-collegiate</td>
<td></td>
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<tr>
<td>Any other (specify)</td>
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6. Examination results (past five years)

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<thead>
<tr>
<th>UG</th>
<th>PG</th>
<th>M. Phil</th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>% of passes</td>
<td>No. of first classes</td>
<td>No. of distinctions</td>
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MODULE 3: Conducting the process of external quality assurance

18
7. Number of students who have passed the following during the last five years

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<th>Test</th>
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<td>G-MAT</td>
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<tr>
<td>IAS etc.</td>
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<tr>
<td>Defense Entrance</td>
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<tr>
<td>Other services</td>
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<tr>
<td>Any other (specify)</td>
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8. Student Counselling Centre

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9. Grievance Redressal Cell

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10. Alumni – alumnae Association

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11. Parent-teacher Association

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<th>Yr. of Estb</th>
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12. Any others (specify)

Guidelines on the self-analysis (Evaluative Report) given in the manual:

... 

The evaluative report has to present a meaningful self-evaluation of the institution with reference to the core values and specific focus on assessment. It may be organized with the following three sections – an Executive Summary, Criterion-wise Evaluative Report and a brief Evaluation Report of Departments. The first two sections put together should not exceed 200 pages. Quantitative data given in the institutional data may be used only to demonstrate the evidence. The questions are intended to be given in descriptive format to facilitate evaluation by the Peer Team. Though some of the questions give an impression of ‘Yes’ or ‘No’ answers, the questions need to be responded in the narrative form, demonstrating strengths, weaknesses, efficiency, effectiveness, opportunities and threats of the overall functioning of an institution.

Source: National Assessment and Accreditation Council website

Quality assurance agencies also differ in the data they require from HEIs. Both qualitative and quantitative types of information may be required. The main emphasis in the self-assessment process is on qualitative analysis. Institutions may be asked to provide a number of quantitative data such as enrolment, drop out, average time of study and staff numbers. These data will be used mainly as evidence to validate the institutional claims made in the self-assessment report. But when the quality assurance is linked to approval or recognition outcomes, the emphasis may include both quantitative data and qualitative analysis of those data in order to ensure that the HEIs or programmes fulfil minimum requirements.

Some quality assurance agencies require the self-assessment report to be made public. They emphasize that the self-assessment reports should provide the stakeholders of higher education with valuable information on the institutions. Indeed, the institutions can learn from
each other’s procedures. Those countries that keep the self-assessment reports confidential argue that the institutions will be less willing to present self-critical and analytical reports if these are made public. The choice seems to depend on the national context, the purpose of quality assurance, the existence of a tradition of openness in the procedures, and competition among the institutions.

The two options given above – providing HEIs with brief guidelines and providing detailed guidelines and specific formats - are predominant. However, there are also other options in which the QAA helps the institution to organize the self-study process in the fashion that best suits its stage of development.

Linking up self-study with internal quality assurance systems and emphasizing the participatory process by involving the various constituents of the institution, are found in many approaches. Whatever approach is selected, broad areas are expected to be covered in the self-assessment process. Module 2 already discussed those areas.

Activity 2

Browse the web sites of the following quality assurance agencies and compare the options given to the institutions for their self-study process:

- Middle States Commission on Higher Education, USA (www.msche.org)

- North Central Association of Colleges and Schools (NCA-HLC)

- (www.northcentralassociation.org/)

- The Higher Learning Commission, USA (www.ncahigherlearningcommission.org)
3. **External review**

Once the self-assessment reports are received from the HEIs or programmes, the next step is to organize the external review, including the choice of reviewers; the instructions they receive; and the training they need.

**The role of external reviewers**

As with the self-assessment report, it is important that the quality assurance agency decide on the role it expects external review to play.

- In quality assurance systems emphasizing quality control, external reviews are mainly an evaluative exercise. Reviewers are expected to analyze the data provided by the institution, as well as other relevant information. Their visit will necessarily involve an actual assessment of the situation of the institution and a judgment on the way in which the institution meets the agency’s requirements. They are generally appointed by the agency, after some consultation with the institution.

- In quality assurance systems emphasizing accountability or public assurance, the reviewers will have a relatively accurate report from the institution to base their work on. Therefore, their responsibility will be not only to validate the self-assessment report. They will also have to take their own decisions on the fulfilment of the agency’s criteria or requirements.

- In quality assurance systems where improvement is the main concern, reviewers will probably focus more strongly on the validation of the self-assessment report and on the evaluation of the improvement plan presented by the institution or programme.

These considerations are essential when determining how to define who the external reviewers will be, how to select them, what kind of guidelines to provide for them, and how to train them.

**Constituting the review team**

The strength of EQA lies in identifying the competencies needed for the assessment responsibilities and in involving the right kind of experts with these competencies in the review teams. The quality assurance agencies identify experts who can act as external peers. The terms ‘external reviewers’ or ‘external peers’ have already been discussed in an earlier section of this module. It is important to note that they are peers in so far as they belong to the same discipline, or profession. They therefore share the same conceptual framework, the same language and categories of those visited. However, they are not necessarily peers in terms of the level of development of the programme or the institution.

The box below outlines the general and additional requirements for external reviewers as they are stipulated by the French national evaluation agency AERES.
The AERES expects its experts to work on the basis of common standards. The profiles of the experts selected vary depending on the evaluated institution. In all cases, the AERES' evaluation draws on collectively accountable, complementary skills.

Characteristics common to all the Agency’s experts

The AERES makes sure that the experts have certain characteristics in common, namely:

- for professor and researcher peers, who are by far the main participants in the evaluation, they are required to have recognised disciplinary skills, current or previous responsibilities in higher education, research or exploitation of research findings, and experience abroad.
- for “non-academic” experts, the AERES requires them to have proven competence in the review field in question (at least 5 years’ experience in this field).
- for students, the AERES requires them to have sound experience in research and higher education, to have held elective or associative responsibilities in their universities or enrolled in a master’s level degree at the very least.

Specific characteristics are also needed depending on the specific nature of what is being evaluated:

- Specific competencies of experts in the department for the evaluation of institutions
- Specific competencies for the department for the evaluation of research units
- Specific competencies for the department for the evaluation of programmes and degrees

Example: Specific competencies of experts in the department for the evaluation of institutions

The evaluation of an institution or research organization requires a very large variety of experts to be called on so that all the fields of evaluation are covered, from governance to research. Experts must meet one or more of the following criteria to be able to evaluate a higher education and research institution (universities, grandes écoles and grands établissements).

- Experience in managing higher education and research:
- A disciplinary skill: the scientific discipline must correlate with one of the disciplinary sectors of the evaluated institution. For evaluations on the institution’s training and research strategy, a total disciplinary match is not required.
- An administrative skill: staff management, public accounting, asset management (regional education authority secretaries-general, accountants, etc.)
- A business competence: director of human resources, manager, business manager in relation with higher education and research within businesses, etc.
- A competence in student life matters: current or former student vice-president, head of the Students’ Union (or equivalent), etc.

Source: www.aeres-evaluation.fr/Agence/Organisation/Experts-of-AERES2/Qualites-attendues

During the assessment visit, the reviewers interact with the various constituents of the institution, hold discussions, ask for relevant documents and make deductions. All this requires interpersonal abilities such as holding face-to-face interactions effectively, maintaining...
interpersonal relationships, and being objective and open-minded in taking decisions. Sometimes they may have to lead a sub-group, or work independently and assist the chairperson of the team. This can be done in a professional manner only if the reviewers have the ability to work in as well as to lead a small team. This also calls for the ability to work in tight time schedules and under strict deadlines, the ability to write clearly and effectively, and the ability to record evidence systematically. Care should also be taken to select only those experts who are known for their knowledge of a varied range of realities in higher education. Reviewers can be chosen to bring different types of expertise to a review team. This could include knowledge of management and finance, broad disciplinary knowledge, or knowledge of a specific aspect important to a programme or an HEI. Finally, they need to be known for their integrity in their judgment. It is not enough for the institution to have confidence in the expertise of the reviewers. Above all, it should be able to trust the reviewers.

To identify people with these abilities, QAAs usually rely heavily on nominations and informal ways of identifying the reviewers. They then provide them with orientation or training programmes. The following practices are observed among the agencies:

1. Reviewers are selected by nominations from HEIs. Some quality assurance agencies have developed guidelines for nominations. Within that framework, the HEIs can make nominations.
2. Reviewers are identified informally. After the first review, only those with good evaluations are asked to join new teams.
3. A formal roster or register is maintained of identified reviewers.
4. Applications are called for from those who might fit into the profile developed by the agency. Reviewers are selected after screening.
5. Potential reviewers are called for rigorous training programmes. Only those who clear the training programme with good evaluations are inducted into the review teams.
6. Review teams are constituted first. Each team is then provided with rigorous training, as in the case of Denmark.

While selecting external reviewers, the quality assurance agency must consider many points. These could include, for example, the provision being reviewed and the focus of the review. Depending on these considerations, the agency may need generalists, specialists or a mix of both.

**Option 1:** Reviewers as specialists

In the strict sense of the term they are academic professionals from within the academic field being evaluated. This narrow definition of ‘academic peers’ or ‘specialists’ is most often used in disciplinary evaluations. It may also be used if programme evaluations focus primarily on the academic content of the programme.

**Option 2:** Reviewers as generalists

Quality assurance agencies that undertake quality assurance of the institution as a whole look for reviewers who understand and appreciate the institutional context. They involve experts who, although accomplished in a special field or discipline, can serve as ‘generalists’. These reviewers are called generalists in the sense that they may not be used as subject specialists. However, they may be specialists in other aspects of higher education or organizational operations, such as finance and management.
Most quality assurance agencies involve only those who can be considered as ‘peers’ – either subject specialists or generalists in the sense discussed above. Depending on the nature of the process, suggestions to involve other stakeholders like the government, funding agencies, students, employers and the public can emerge during academic interactions. Some quality assurance agencies involve students or faculty from the institution or programme to be quality assured, or from other institutions as stakeholder representatives. While the role of students in the process of quality assurance is widely considered as important, methods and levels of involvement vary from one context to the other, in line with traditions and legislation. A member of the local community may also be involved as an observer. Programme accreditation of professional areas of studies may involve students or practitioners of the profession and institutional accreditation may involve external stakeholders such as employers. Thus, the purpose of quality assurance determines the definition of what a ‘peer’ is, and accordingly how the reviewers are chosen.

The involvement of students has been one of the areas where QA agencies tend to agree or disagree. While students are without any doubt one of the main beneficiaries of higher education services, they are also exposed on a daily basis to the quality of services they receive. As a consequence, they are important informants for reviewers. It is thus now widely acknowledged that students should be involved in QA processes, but the modalities are frequently a matter of debate. In CEEN countries, student involvement in external review teams is not a current practice.

**Box 7: Student involvement in the EQA process (CEEN countries)**

The ministers of education gathered in Berlin committed themselves to support further development and enhancement of quality assurance at institutional, national and European level. In their agreements, they also earmarked a couple of guiding principles, some of them setting clear objectives for further progress of the Bologna Process. Among others, the ministers agreed that the participation of students should be systematically introduced in the evaluation of programmes and/or institutions (Berlin communiqué 2003).

All agencies involve – or will soon do so – students in the evaluation and/or accreditation processes. However, as can be seen from the following, the form of participation of students in the activities of various CEEN agencies is obviously quite diverse:

- Seven agencies state that students are involved in the assessment procedures as interview partners on the side of the higher education institutions. Four of these agencies see the students exclusively in this role.
- Six agencies stress the role of student participation in the internal quality assurance procedures of the higher education institutions themselves. They especially highlight the involvement of students in the self-evaluation exercise.
- Three agencies involve students in the accreditation council, i.e. in the decision making. In the council of the Hungarian HAC, students have been represented since 1993, though without voting right.
- ACQUIN systematically includes students as members of the review team and provides student participation on almost every level of the assessment procedure. The Hungarian HAC states that students would participate as members of the review team from 2004; the Russian NAC plans the involvement of students as members of the review teams and as interview partners from 2005.

The qualifications and talents of the people who constitute the review teams are critical to the credibility of the whole process. Nonetheless, the professionalism with which the process is planned and implemented by the quality assurance agency is of equal importance to the success of the peer team. Even the most highly qualified team can be thwarted in its work if the agency is not clear in its expectations of the team. To address these concerns, many quality assurance agencies have established various safeguards and protocols for the selection of the right experts and for training them. Some of these involve very elaborate and rigorous training programmes. Others consist of simple briefings before the review begins. More on the training and briefing will be discussed in Module 4. While some agencies pay nominal fees for the reviewers when they join the review teams, others will provide no remuneration for the services as reviewers. However, the experience of participating in review teams is seen as professionally enriching and as a commitment to the national higher education system.

The quality assurance agency must constitute the team from the pool of experts, balancing many considerations. The composition and size of the peer team might depend on the nature of the unit to be quality assured, its size, clientele or funding, etc. There is no magic number for the size of the team. However, it should be big enough to have reviewers who can bring the necessary background to understand the provision being reviewed and be able to spend adequate time on assessing it. It should be noted that it is not possible for a single reviewer to be acquainted with all aspects of the functioning of an HEI or offering of a programme. Keeping this in mind, the agency should ensure a team composition that will result in a good collective team assessment. The aggregate of team skills would bring more fairness to assessment as a result of agreement between multiple points of view.

To maximize the outcome of collective team assessment, quality assurance agencies may like to consider three important aspects: i) academic and administrative expertise of relevance to the assessment visit; ii) competencies of the reviewers such as report-writing and leading interactions; and iii) personal traits that are essential to enhance teamwork such as the ability to work in groups and willingness to listen to others. The agency will need subject specialists for subject-based or programme-based assessments. However, for institutional assessment, it needs reviewers who understand the broader areas of institutional functioning. Other than these considerations, there are two options for constituting the review team.

**Option 1:** In-country reviewers

Most quality assurance agencies choose reviewers from within the country. This helps the team to understand the local context. However, it is not always a feasible option. This can be because the size of the higher education system is too small (and therefore links between eligible external reviewers and local academics are too strong); because there are no trained academics who can credibly act as external reviewers; or because, for different reasons, local academics will not be credible enough for HEIs. In these situations, it may be necessary to consider integrating international members in the external review team.

**Option 2:** International members in the review team

With many regional initiatives for co-operation among quality assurance agencies coming to the forefront, involvement of international reviewers is seen as a healthy practice to ensure the international comparability and acceptance of the assessment procedures. International presence also brings a new perspective to a country’s quality assurance processes and improves its professionalism. We will discuss this aspect further in Module 4.
Once the choice of reviewers is made, quality assurance agencies must check whether the reviewers have any conflict of interest with the institution to be assessed. They may be experts known for their integrity. However, to ensure and assure objectivity, some quality assurance agencies require them to certify that they have no involvement with the proposed institution, directly or indirectly through any close relatives, in the past or at present, as either an employee or a member of any official body as a consultant or a graduate. Here again, there are two options:

**Option 1:** HEIs are consulted about the review team

Consultation may take place at different levels. There are agencies where the pool or registry of reviewers consists of nominations from the HEIs themselves. In such cases, the quality assurance agency must necessarily choose reviewers from this pool of nominations. In some systems, the quality assurance agency checks with the HEI to be assessed for any objection it might have regarding any of the reviewers selected. When objections are reasonable, the quality assurance agency may make changes to the team composition. However, it would reserve the right to make final decisions about the team composition. Consulting the institutions in constituting the team is considered good practice, in order to uphold the spirit of quality assurance as an exercise in partnership with mutual trust.

**Option 2:** HEIs have no say in the constitution of the review team

In some cases, especially when the focus of quality assurance is quality control, the agency decides who the external reviewers will be, without consulting with the institution. This may be necessary, particularly when quality assurance mechanisms are being introduced and when the assessment of institutions or programmes is mainly intended to ensure compliance with threshold standards. However, it is highly recommended that institutions be consulted. Indeed, the recommendations of external reviewers may play an important role in the improvement of the institution or programme. If the institution or programme does not trust the reviewers, or considers them not to be reliable, for whatever reason, their opinions will be dismissed. An important part of their contribution will therefore be lost.

In particular, small countries do, however, face the difficulty to find academic reviewers who are experts in their disciplines and who have not had some contacts with the department being reviewed or the staff of that department.

As outlined in Box 8, some countries, such as Philippines stipulate that reviewers should undergo training prior to their inclusion to review teams, while others, such as CEE countries, are rather particular about specific experiences acquired prior to participating in a review.

**Box 8: Constituting the review team in the Philippines and Central and Eastern European Countries**

**Philippines**

Team members conducting the site visit are drawn from a pool of trained accreditors. Accreditors are known for their experience and expertise and have undergone a two-day training programme. Generalists usually head the team of accreditors, ranging from six to eight members, depending on the nature of the institution and the size of the college or program under survey. Each member is assigned a key area of the self-study report PAASCU has always had the tradition that, for valid reasons, an institution could request a change in the team line-up.

*Source: PAASCU Primer on Accreditation, 2006*
Central and Eastern European Countries

There is no clear cut definition of what an “expert” is. Agencies rather trust the experience and expertise of their own bodies, selecting, nominating, and appointing the experts. The selection of experts is done by standing expert committees that guarantee full objectivity in decision-making; or by the accreditation council. Proposals given by the institution to be accredited will usually be recognised. The experts’ key features are closely connected with their academic status, i.e. their academic reputation and expertise.

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<th>(1) AAIH/Albania</th>
<th>(2) AAC/India</th>
<th>(3) HRA/Hungary</th>
<th>(4) NEA/Yougoslavia</th>
<th>(5) AQUIN/Canada</th>
<th>(6) HAC/Republic of Macedonia</th>
<th>(7) HAC/Romania</th>
<th>(8) HAC/Russia</th>
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**WHAT KIND OF EXPERIENCE/ EXPERTISE IS REQUIRED FROM THE EXPERTS?**

- high (academic) reputation & expertise
- independence/external status/impartiality
- residence/“foreignness”
- expertise/experience in quality procedures
- professional position high professional level
- specialisation in the subject field
- stakeholder status

**WHO IDENTIFIES/SELECTS THE EXPERTS?**

- higher education institutions
- ministry
- professional societies
- experts selected from a database
- standing/expert committees
- accreditation council


After ensuring that the review team has no conflict of interest with the HEI or programme to be assessed, the quality assurance agency normally consults the HEI to fix the dates for the site visit.

**Conducting the review (site visit)**

The quality assurance agency must clearly define its expectations regarding the role of the external reviewers. As mentioned above, they can approach their work from different perspectives. It is the responsibility of the quality assurance agency to set the appropriate guidelines and inform both the institutions and programmes of the conditions for the external review.
This includes spelling out the responsibilities of both the quality assurance agency and the institution; the obligations of the reviewers regarding their work (such as adherence to the agency’s criteria, and strict commitment to the confidentiality of all that they learn in the process); the activities they will carry out, and the reports they must make to the agency and the institution. QAAs normally prepare detailed guidelines for the external reviewers. These also help to ensure consistency in the work carried out by different teams.

The reviewers are most often involved in the quality assurance process from the point when the self-assessment reports are submitted to the quality assurance agency. In most cases, the reviewers are responsible for the preparation of the site visit, in the sense that they decide who they want to meet and what themes to discuss with the different stakeholders and committees at the institution.

Box 9: Tasks of the group of experts and members of the OAQ [Switzerland]

The group of experts

The group of independent experts is selected by the OAQ in collaboration with the unit seeking accreditation. It generally comprises three to five members. Article 16 of the “Guidelines” lists the selection criteria that apply. The experts receive remuneration in accordance with the OAQ’s schedule of fees.

One member of the group who has particular experience in accreditation and evaluation is selected to head the group. He or she is responsible for coordinating the experts’ activities and writing the report on the external evaluation.

The experts bear joint responsibility for the specific task of evaluating the accreditation standards.

Contractual agreements subject to civil law will be concluded with the external experts; the agreements will detail what the OAQ expects of the experts.

The experts have the following tasks:
- To read the self-evaluation report closely and critically as a detailed preparation for the on-site visit;
- To participate in an on-site visit that generally lasts two days. The purpose of the visit is to check that the actual performance of the unit seeking accreditation meets the standard required;
- To present proposals designed to assure and enhance quality at the end of the on-site visit;
- To contribute to writing the external evaluation report.

Support from the OAQ

The OAQ undertakes to ensure the continuity of the self-evaluation process and the external evaluation process. During the on-site visit, the member of the OAQ assigned to accompany the group of experts makes sure that the external evaluation proceeds as intended.

Source: www.oaq.ch/pub/downloads/Leitfaden_Extern_e.pdf

The team visits the institution on mutually convenient days for validation of the self-assessment report and to carry out the responsibilities assigned by the quality assurance agency. The duration of the visit may depend on the size of the unit to be assessed and the level of assessment. Within a generic schedule, the schedule is modified to suit individual institutions. During the site visit, keeping in mind the assessment framework of the quality assurance...
agency, the review team undertakes three major activities. These include visiting (most or selected) units of the institution, interacting with various constituencies of the institution, and checking documentary evidence. The visit to units and interactions enhance the team’s knowledge of the institution.

In planning the site visit there are three major options:

**Option 1:** The review team or the chair of the team is involved in planning the visit.

Some quality assurance agencies require the chair of the team to have pre-visit discussions with the institution to be visited. To discuss the schedule of the visit and agree on what would be appropriate to understand the institution or the programme in its right context, the chair may make a preliminary visit to the institution. The co-ordinating officer from the quality assurance agency may or may not accompany the chair.

**Option 2:** The quality assurance agency makes all the arrangements for the visit.

In most quality assurance agencies, the direct communication between the review team and the institution starts only when the visit begins. Until then all communications of the institution are with the quality assurance agency. Any communication to the review team is made through the quality assurance agency or with a copy marked to the agency. It is the staff of the quality assurance agency who plan the schedule in consultation with the institution and the chair of the review team.

**Option 3:** The quality assurance agency organizes the visit under the instructions of the review team.

As always, there is a third option, in which the organization of the visit is carried out by the quality assurance agency, but under the instructions of the review team. Once the reviewers have read the self-assessment report, they communicate to the agency about the people they want to meet with, the sites they want to visit and the evidence they want to verify.

Here is an example on how to plan and conduct a site visit.

**Box 10: Conducting the review – site visit (Hungary)**

The Visiting Committee (VC) chairman makes recommendations for the composition of the committee and the Plenum of the Hungarian Accreditation Committee (HAC) approves these recommendations. The chairman and members of the VC then receive their letters of commission, which are signed by the chairman of HAC. The VC is usually comprised of three to five experts per faculty; these experts are distinguished and highly qualified persons who are familiar with the academic field of the faculty.

The chairman of the VC pays an instructional ‘pre-visit’ to the institution. At this meeting, the head of the institution and the chairman of the VC agree on the date and schedule of the three-day visit. This visit comprises the following: meetings with the heads of institutions and faculties; visits to departments, libraries and laboratories; assisting in lectures and seminars; meeting students. The VC then prepares the visit.

Members receive the accreditation guidelines, annexes and the first volume of the application for accreditation prepared by the institution (this copy is sent to HAC). They usually have one week to examine these documents. The chairman of the VC then assembles the members in order to prepare the visit and discuss the distribution of tasks (graduate level programme evaluation, faculty and institutional level tasks).
The three-day visit is carried out according to a previously accepted schedule and distribution of tasks. The VC chairman may organize a final meeting among all members of the VC to discuss their opinions. The chairman of the VC prepares a report on the visit.


After the visit or towards the end of the visit, the reviewers are responsible for the writing of the assessment report, sometimes with support from the quality assurance agency.

**Reporting strategy for the review team**

Often one member of the review team is made responsible for the drafting of the report in close co-operation with the other members of the team. Sometimes a representative of the quality assurance agency functions as secretary or convenor of the team and takes up the responsibility of preparing the report. There are therefore two major options:

**Option 1:** The quality assurance agency has a direct role in drafting the report.

The quality assurance agency staff member who joins the review team as convenor, co-ordinator or member-secretary is responsible for the team’s report, in close consultation with the members of the review team.

The quality assurance agency chooses this option according to its policy. In particular, it considers the size of the national systems of higher education, the size of the quality assurance agency, the amount of quality assurance work to be done and, consequently, whether it is possible to send a staff member to each of the review teams. For example, in the Australian Universities Quality Agency (AUQA), the report writing of the audit is the responsibility of the AUQA staff member who joins the audit team. This is possible since the AUQA must cover only 51 entities over a period of five years. The Academic Audit Unit (AAU) of New Zealand also follows the same pattern. In Canada, the College Education Evaluation Commission (CEEC) takes an active role in its assessment exercises. There, the teams are headed by one of the commissioners of the commission.

**Box 11: Reporting strategy**

**Role of agency staff in report writing (Australia)**

During the Audit Visit, particular responsibilities of the AUQA staff member include:

- Assisting the Chair in keeping to (or amending, as necessary) the planned programme;
- Liaising with the auditee’s nominated contact person throughout the Visit (including seeking further information or requesting additional meetings, as necessary);
- Assisting the Chair to ensure that all panel members fully understand the agreed agenda for each session;
- Supervising the work of the Audit Secretary who is employed by the AUQA to record a transcript of the interviews and discussions;
- Recording succinct summaries and notes of issues for clarification, re-consideration and reporting;
- In conjunction with the Chair, leading private panel meetings to ensure that they are an opportunity for panel members to discuss emerging issues;
• In conjunction with the Chair, guiding panel members towards decisions or conclusions which are appropriate and carefully considered;
• Advising as necessary on appropriate actions and conclusions for the panel to take or reach;
• Ensuring that administrative and logistical arrangements for the Visit proceed smoothly.

Following the Audit Visit, the AUQA staff member has responsibility for producing the Audit Report, in consultation with other panel members, the auditee and the AUQA Board, as appropriate. After the publication of the report, the staff member oversees the process of gaining feedback from other panel members and the auditee; is involved in the selection of items to be invited for consideration for the AUQA Good Practice Database; and reports on the audit to the AUQA Board. The AUQA staff member is also subsequently involved in considering the auditee’s Action Plan and Progress Report.

Source: Australian Universities Quality Agency web site.

Option 2: The quality assurance agency does not take a direct role

The review team chair or one of its members is responsible for preparing the report. In this case, a staff member of the agency may not join the team at all in any capacity. Even if an agency staff member joins the team as a co-ordinator, the policy of the agency may be such that the staff member does not take an active role in drafting the report. This is the option followed by the National Assessment and Accreditation Council (NAAC) in India. With 16,000 HEIs to be covered under institutional accreditation, where the accreditation outcome is valid for 5 years, the agency obviously cannot possibly take a direct role in report writing. The Chair of the review team has overall responsibility for doing so. Moreover, there is a heavy reliance on all the team members sharing this responsibility.

This option also makes it very clear both to the HEIs and the external reviewers that responsibility for evaluation rests with the external review team and not with the staff of the agency. In most cases, staff members are experts on procedural aspects. However, they do not fulfil the requirements to act as peers. Even if in some cases agency staff may provide secretarial, clerical or procedural support to a team, the team remains responsible for the report's contents.

Generally, the peer team shares the highlights of the assessment orally with the institution, in a concluding meeting of the site visit (called ‘exit meeting’). This may be followed by a detailed report or summary of conclusions from the quality assurance agency seeking institutional feedback. Some agencies restrict reviewers to a reporting role. Based on the analysis of the self-assessment report and during the site visit, the reviewers observe and assess in structured formats. They provide evidence of what they saw during the visit, but do not make judgments or recommendations. Instead, the agency has its own mechanism to assess the reviewers’ observations and reach a decision. This might help in reducing inter-team variance, since the agency will be able to weigh the evidence presented for a number of similar institutions or programmes. It might be criticized as playing a very direct intrusive role in the process where peer assessment is central.
4. Decision-making and reporting by the agency

When the quality assurance process focuses only on the assessment of an institution or programme, without any decision regarding compliance with standards or criteria, the report from the external review team may be the last stage. In some cases, the quality assurance agency may wish to provide its own report. On the other hand, when quality assurance involves a decision about the degree to which an institution or programme meets predefined standards or criteria, it is necessary for the quality assurance agency or its deliberative body to make a decision.

Reporting by the quality assurance agency

The agency’s quality assurance outcome is a crucial element in the eventual impact of the quality assurance processes. The major options found among quality assurance agencies in reporting the quality assurance outcomes are as below:

**Option 1: Declaration of a formal status only**

When the purpose of quality assurance is to certify whether an institution (or programme) qualifies for a certain status such as recognition as an institution of higher learning, or approval of its degree-granting programmes or eligibility for public funding, the outcome may be a simple yes/no or accredited/not accredited. This is the outcome of most licensing and accreditation models.

**When to opt for the ‘two-point scale outcome’?**

When quality assurance is expected to check a threshold level of quality or when the quality assurance outcome is used for simple decisions, the two-point or ‘binary’ scale would serve the purpose. This scale (accredited/not accredited) is generally found in systems in which quality assurance serves the purpose of regulation, approval or recognition. It states whether the institution or programme meets basic conditions, but is unable to recognize different levels of quality among those that do.

To the public, this would mean an assurance of external evaluation of the institution or programme. It would also mean that the institution or programme conforms to general expectations in higher education or a professional field. Moreover, it reduces the need for government intervention in the operation of the institution and provides students with an assurance that its educational activities have been found to be acceptable and therefore meet their needs. In higher education systems with credit-based courses, this outcome would help credit transfer between institutions when appropriate. If that is all quality assurance is expected to achieve, the binary scale is a good option. That is how accreditation typically began in professional areas of studies. To be licensed to practice in some professions, one must complete an accredited programme. These are simple decisions where attainment of or potential to maintain a certain level of quality becomes the deciding factor.

This might not often be the case. Indeed, QAAs may come across many different expectations to be fulfilled. In these cases, the other options would deserve consideration.
Option 2: Outcome on a multi-point scale

If the quality assurance exercise asks: “How good are your outputs?”, the typical outcome of such an exercise would be a multi-point grade, i.e. a grade composed of the collection of points obtained on multiple criteria. This could be numerical, literal or descriptive. In the UK, the Research Assessment Exercise (RAE) of the Higher Education Funding Council of England (HEFCE) falls under this category. HEFCE is now in the fourth round of RAE. For the RAE 2008, the outcome can be described by five levels defined in the Box 8. The method has been undergoing revisions. However, assessment – indicating the levels of quality – is central to the methodology.

The Institutional Audit by the UK’s QAA also comes closer to this approach. Reports of the Institutional Review contain a statement of the degree of confidence that the Agency considers may reasonably be placed in the continuing effectiveness of the institution's quality assurance arrangements. In the Academic Review, the QAA follows a similar strategy and these examples are given in the box below.

Box 12: Reporting the quality assurance outcome (UK)

Research Assessment Exercise (RAE)

Definitions of quality levels:
- Four star: Quality that is world-leading in terms of originality, significance and rigour.
- Three star: Quality that is internationally excellent in terms of originality, significance and rigour but which nonetheless falls short of the highest standards of excellence.
- Two star: Quality that is recognized internationally in terms of originality, significance and rigour.
- One star: Quality that is recognized nationally in terms of originality, significance and rigour.
- Unclassified: Quality that falls below the standard of nationally recognized work. Or work which does not meet the published definition of research for the purposes of this assessment.

(The 2008 RAE results will be published as a graded profile rather than a fixed seven-point scale.)

Institutional review on academic standards

Reviewers make a single, threshold judgement about academic standards. They take into account the points set out below to decide whether they have confidence or not in the academic standards of the provision under review:
- a 'confidence' judgement will be made if the reviewers are satisfied both with current standards and with the prospect of those standards being maintained into the future;
- a 'limited confidence' judgement will be made if standards are being achieved, but there is doubt about the ability of the college to maintain them into the future;
a 'no confidence' judgement will be made in relation to any of the matters listed below, in the academic standards of the provision under review if the reviewers feel that arrangements are inadequate to enable standards to be achieved or demonstrated.

Source: www.qaa.ac.uk/

When to opt for the ‘multi-point scale outcome’?

This would be suitable if the quality assurance agency wishes to focus on outcomes and levels of attainment. For example, if the quality assurance outcome is to be used by the government or funding body to decide on funding levels, the two-point scale outcome may not be enough. In such cases, the agency might opt for assessment where the levels of quality are expressed on a multi-point scale. Large systems with a lot of variation in quality might opt for the multi-point outcome.

A different way of looking at a ‘multi-point scale’ is to use a binary decision (accredited/not accredited), but specify different durations for the accredited status. This may be a good way of dealing with diverse institutions. If they are perceived to be reliable and able to ensure the quality of their work, accreditation may last for a longer period of time (5-10 years). If, on the other hand, they need closer supervision, they may be accredited for as little as two years.

Option 3: Accreditation as a multi-level process

In addition to qualifying the outcome of the accreditation process with a numerical or letter grade, some systems also consider this outcome to be a process which HEIs must undergo. After a first accreditation, the institution or programme may obtain a certain status. This will be enhanced when the unit of analysis is re-accredited. This is the case, for instance, in the US and in the Philippines. Different accreditation levels correspond to shorter or longer durations of the accreditation status as well as different types of privileges. Such a system is put in place in countries with highly divergent levels of quality. However, they also provide an extra incentive for institutions to strive for higher levels of quality.

Option 4: Report only

If the quality assurance exercise is clearly focused on how an institution monitors its academic standards and assures and enhances the quality of its offerings, it might result in a report, as in the case of a typical audit. The objectives of the institution or programme are taken as the starting point for the audit. The audit report explains how successful the institution is in trying to meet its stated objectives by putting appropriate processes in place.

When to opt for the ‘report only’?

When the focus of quality assurance is the processes of the institution or programme that ensure the quality of its provisions, the quality assurance agency might opt for the audit approach that results in a report. Due to the emphasis on the institution or programme’s internal processes, this method might be more useful for mature systems with well-established internal processes. Systems that intend to strengthen their internal processes for quality may also benefit from this.
**Option 5:** Combination of the above

Choosing an option for the reporting strategy is not as simple and straightforward as it may seem from the presentation above. It is a much more complex process that calls for attention to many factors. But each of the options given above is based on many different considerations. Moreover, the distinction between these options is not very sharp. An agency may use a combination of them, often taking the binary scale of accredited/not accredited as the base and adding one or more dimensions to the outcome.

For example, the outcome of the quality assurance procedure of the *Badan Akreditasi Nasional* - *Perguruan Tinggi* (BAN-PT) in Indonesia is a combination of options 1 and 2. The BAN-PT makes a formal accreditation decision along with a grade on a four-point scale—grade A to grade D. Grade A indicates that the course of study conforms to international standards; grade B indicates that the course is of good quality; grade C indicates that the course fulfills minimal requirements; and grade D means that it is not accredited. In India, the Accreditation Board (AB) of the Indian Council of Agriculture Research (ICAR) gives the accreditation outcome on a three-point scale—accreditation, provisional accreditation, or no accreditation.

**When to opt for a ‘combination of options’?**

One of the main reasons for variation in the combinations is probably the difference in the national educational systems. These variations may be in terms of the structure, policies, developmental stage and other players in higher education. This can lead to a difference in the focus or objective of the quality assurance mechanism. The combination also depends on international developments.

For example, the National Assessment and Accreditation Council (NAAC) in India opted for a nine-point scale and a report for its quality assurance outcome. It also makes a decision regarding accreditation status, due to the size of the higher education system. With more than 16,000 HEIs that vary greatly in quality, the quality assurance outcome required more classifications. In the same country, other quality assurance bodies follow different combinations of quality assurance processes, for different reasons. The National Board of Accreditation (NBA) of the All India Council for Technical Education (AICTE) accredits engineering and related programmes of study. Initially, it awarded grades to accredited programmes on a three-point scale—A, B and C. It has revised the grading pattern since January 2003 to a two-point system, i.e. Accredited and Not Accredited. This was done so that it would fall in line with other accrediting bodies at the international level, especially the signatories of the Washington Accord that ensures the mobility of engineers across borders. It also attaches periods of validity to its accreditation outcome that vary between three and five years. This adds an element of assessment about the levels of quality.

The accrediting agencies of the Philippines claim that “Due to the variations of quality, it was decided to offer accreditation at four different levels, each entailing specific benefits both in terms of administrative and financial deregulation, curricular autonomy and access to grants and subsidies or funding assistance. The higher the level of accreditation, the more the autonomy granted to the institution” (Arceo, 2003).

The reporting strategy is thus influenced by a combination of the national context, the overall objective of quality assurance, and international developments.
The above discussions lead to the following observations:

1. Accreditation on a two-point scale – accredited/not-accredited – is useful for simple decision-making. It is used as one of the eligibility criteria or as a pre-requisite for being given a certain status.

2. For large systems with wide variation in quality, expressing the outcome on a multi-point scale or as a multi-level process labels (i.e. expressing different levels of accreditation attained) may be useful. It is also useful in instances where the quality assurance outcome is used for different levels of sanctions such as implementing a funding formula or providing differential incentives based on quality.

3. A report alone may be useful when quality assurance looks into the processes that assure quality. It may also be useful for more mature systems with well-established internal processes. Systems that intend to strengthen their internal processes for quality may also benefit from this.

4. An appropriate combination of the options discussed above must be selected depending on the national context and the purposes which quality assurance must serve within that context.

**Activity 3**

Which combination of report and grading system would be appropriate to your context?

What do you think are the strengths and weaknesses of a ‘multi-point scale outcome’?

The report of the quality assurance exercise summarizes the conclusions and recommendations based on self-assessment and the site visit. But there are considerable national variations as to how the conclusions and recommendations are formulated. Some reports present only the results of the analysis, i.e. the judgment of the experts in the form of conclusions or recommendations. In other reports, the expert judgments are presented in the relevant analytical context, together with the reason why a specific recommendation is offered. Supporting documents are also made available.

On a national basis, the choices concerning the form of the reports may reflect traditional attitudes concerning the need for documentation of summary judgments. The scope and level of the target groups of the reports are also significant. The report that will reach and impress potential students, employers or other stakeholders in higher education must necessarily be different to the report targeted only at the academic community.
Decision-making by the agency

The report or recommendation by the review team is an important input to the quality assurance decisions of the agency. While some agencies consider only the review team’s report, others consider relevant information such as the self-assessment report by the institution. If one raises the questions ‘What inputs are taken into consideration regarding decisions on quality assurance?’ and ‘Who makes the final decision?’, there are at least three options for each issue.

**Option 1:** External review team’s recommendation only

The assumption here is that the team has analyzed all relevant information. Their recommendation is therefore sufficient as a basis for decision-making.

**Option 2:** External review team’s report and self-assessment report of the institution or programme

The assumption here is that while the external review report is an important input, the report prepared by the institution is also important enough to be considered on its own by the quality assurance agency or its board.

**Option 3:** External review team’s report, self-assessment report and other relevant information

The quality assurance agency may consider other relevant information such as general data on the institution or the programme. It may also consider data regarding other institutions or programmes that may help put the decision in perspective.

**Option 4:** External review team’s report, self-assessment report, other relevant information and institutional response

This is a variation of option 3, in which the institution’s response is given specific consideration in the decision-making process. Here, institutional response is more than just feedback about the site visit and the review team. Before the decision is made, the institution may be asked to respond on certain aspects that would feed into the final decision. The case of the North West Commission on Colleges and Universities (NWCCU) is given in the box below.

**Box 13: Decision-making by the quality assurance agency (USA)**

In arriving at a decision on candidacy, the Commission:

1. reviews the self-study and other institutional documents;
2. reviews the report of the evaluation committee;
3. reviews the institution’s written response to the evaluation committee report, if submitted;
4. discusses with the chair of the evaluation committee the report and confidential recommendation regarding candidacy; and
5. meets with the institution’s chief executive officer and invites him or her to make a statement on behalf of the institution.

Source: www.nwccu.org/Process/Decisions/Decisions.htm

Who makes the final quality assurance decision? This depends on the role the reviewers are expected to play in the quality assurance process – whether the reviewers can only advise the agency or whether they can also make judgments about quality.
**Option 1:** Review team makes recommendations and the agency approves

Most agencies rely heavily on peer assessment. Some of them rely on it to the extent that the review team’s recommendations become the only consideration for the agency’s decision. By the end of the site visit, the review team may be expected to share orally all or a part of its assessment about the institution (or programme). It may also be expected to submit a written report of its recommendations to the agency. In the normal course of the events, if there are no complaints about the objectivity of the team or the conduct of the team visit (and unless the agency has great misgivings), the recommendations of the review team are approved by the agency and declared as the final outcome. There may be mechanisms for appeal and further review. However, the review team’s assessment is the basis for the agency’s decision-making. If the quality assurance agency follows this model, it is essential that the reviewers be competent enough to take appropriate decisions. This becomes all the more crucial in large systems of higher education. It is also essential in quality assurance models in which agency staff do not join the site visit.

**Option 2:** Review team recommends and the agency decides

This is a slight variation of Option 1. Although the agency relies heavily on peer assessment, it considers a few other factors to ensure that the review has been carried out according to the agency’s guidelines. For example, the agency may look into the review report, the self-assessment report and the feedback from the institution about the conduct of the visit. After satisfying itself that the review has adhered to the quality assurance framework, the agency makes a final decision.

**Option 3:** Review team makes observations only

Some agencies require reviewers only to advise the agency. Or, they may be requested to report to the agency their impressions of the institution (or programme) with reference to the assessment framework. The governing body or a body appointed for this purpose considers the observations as one of the inputs in order to decide on the outcome. Box 9 describes the inputs that the agency might consider appropriate to include. For example, in many accrediting bodies in the USA, the institution routinely appears before the accrediting commission to argue its case.

**Option 4:** Board of the agency makes a recommendation based on the review report, but public authority makes a decision

Once decisions are made, the next issue at hand is to announce the decisions. Public disclosure vs. confidentiality of the decisions, and how much or what part of the evaluation is a public document, are contentious issues in many countries. There are valid arguments in favour of either strategy. However, the well-accepted trend is for systems to move towards public disclosure of more information to the relevant stakeholders.

The arguments against public disclosure of quality assurance reports are that the reports are first and foremost directed towards the institutions. Many institutions fear that a critical report might have a negative impact on areas such as student enrolment or external grants for teaching and research.

However, one positive argument for public reporting is that the reports contain valuable information on the quality of higher education. This information is potentially highly relevant for the general public. Another positive argument is that public reporting might actually further
commit the institutions to improving on weaknesses in order to avoid negative consequences of the reviews.

Options regarding public disclosure of the quality assurance outcome

Option 1: No public disclosure other than the accreditation or assessment decision.

Only the final outcome, in terms of the accreditation decision or the assessment result on a multi-point scale, may be made public. If there is a report, it may be for the institution only.

Option 2: Limited public disclosure

Only relevant parts of the report or the executive summary are for public disclosure. Parts of the report may be made available to relevant stakeholders, such as the government.

Option 3: Full public disclosure

All details are publicly disclosed, including the report. It should be noted that publishing the outcomes of the quality assurance process and making more information available to the public are seen as good practices of the quality assurance agencies. Nevertheless, it is important to balance the level of public disclosure with the effectiveness of the process, taking into account national and local conditions.

As quality assurance agencies come together and strengthen their co-operation, they agree to adhere to good practices. The International Network of Quality Assurance Agencies in Higher Education (INQAAHE) and the European Association for Quality Assurance in higher education (ENQA) apply a public disclosure policy to many of its members. The INQAAHE does not include publication of the reports in its guidelines. However, it expects quality assurance agencies to report openly on institutional review decisions and make the outcomes of the evaluation public in an appropriate way.

5. Implications of outcome

The outcome of quality assurance may be used by stakeholders for various purposes. Depending on the ownership, clientele and leaning towards accountability or improvement, the quality assurance outcome has different implications.

Option 1: Quality assurance outcome is linked to direct funding

In systems where the accountability concern dominates, the quality assurance outcome may be linked to funding. This is the case of BAN-PT of Indonesia. Some argue that any link to funding works well only if the funding is substantial. There may also be fears that a substantial funding link would only promote a compliance culture and improvement in areas that would fetch more funding. It may therefore not ensure that quality would improve. In many developing countries, the argument against the direct link to funding is that it may not do justice to increasing access to higher education, institutional diversity and traditional goals. If a positive outcome is necessary to get funding, quality assurance may end up being a very discriminatory process, making it impossible for poor institutions to get any funding to overcome their shortcomings and actually improve. Many who do not support linking substantial funding with the quality assurance outcome do recognize that if a small percentage of funding is linked to the quality assurance outcome, it will have a high indicative value but few negative consequences. This leads to the next option.
**Option 2:** Quality assurance outcome is linked to incentives

Rewarding excellence and linking a positive quality assurance outcome to funding for at least specific schemes has been accepted as a useful factor to motivate institutions. The Mongolian government’s decision to give student scholarships only to accredited institutions is a good example. In the US, where accreditation is voluntary, millions of dollars of federal funding and student aid funds are linked to accreditation. This makes accreditation a quasi-compulsory process.

**Option 3:** Quality assurance outcome provides prestige only.

In countries where the quality assurance outcome is not linked to direct funding, institutions may not experience funding sanctions or rewards immediately. However, the recommendations of the quality assurance agency might feed into shaping the funding policies and improvement plans of the government. The influence need not be linear, in the sense that it need not result in good HEIs getting more funding and low quality ones getting less. If the cause of low quality is traced to an improvement plan that deserves the support of the government, it might even result in the government allocating more for improvement purposes.

### 6. Follow-up

After the disclosure of the quality assurance outcome, it is expected that the institution will take whatever actions are necessary in relation to the recommendations or issues noted in the review. Funding links, incentives and sanctions may be a motivating factor for many HEIs to act on the review outcomes. However, in well-developed systems it is the professional commitment of the HEIs that leads to actions and improvement. It is worth considering three options for the follow-up strategy.

**Option 1:** Follow-up procedures are not included in the evaluation process

The responsibility and formal role of the evaluation agency end with the publication of the evaluation report. The institutions are responsible for planning and implementing follow-up measures. Depending on the nature of the recommendations, the ministries of education or other stakeholders may react to the evaluations.

**Box 14: Follow-up not included in the quality assurance procedure (Norway)**

The mandates for the external committees will demand that the final reports give the institutions advice on what measures may be introduced in order to maintain qualities, improve weakness and meet challenges.

It is however not the one of the operative tasks of the Network Norway Council (NNC) to see to it that the institutions act on the insights and the advice that come out of the evaluations. The responsibility still rests with the Ministry and with the institutions themselves. But the NNC will ask to be informed about follow-up measures and their results.

Judging from what happened after the evaluation of the University of Tromso, the Ministry will ask the institutions to draft action plans within half a year after the external report is presented to them and to discuss it with the Ministry.

**Option 2:** Follow-up is part of the quality assurance procedure

Quality assurance agencies may have built-in follow-up procedures with varying levels of rigour. Some may require binding action to be taken by the HEIs. In other cases, it may be a ‘soft touch’ based on the professional commitment that can be expected of the HEIs.

In Australia, the HEIs audited by the former AUQA were required to publish a ‘progress report’ 18 months approximately after the audit.

**Box 15: Follow-up built in the quality assurance procedure (Australia)**

Approximately 18 months after of the publication of the audit report, AUQA writes to auditees to request a Progress Report to AUQA against the recommendations and affirmations. The Progress Report must be made publicly available on the auditee’s own web site. AUQA will not attempt to ‘audit’ the report, but will focus on whether it clearly shows what the auditee has done in response to the recommendations and affirmations. If AUQA is not satisfied that the response is clear in this respect, it will request the auditee to improve the public response as necessary. When the Progress Report has been mounted on the auditee’s web site, the auditee will inform AUQA of the URL and AUQA will provide a link to the Progress Report from the AUQA web site.

**Process:**
- The auditee’s Progress Report is received by AUQA
- If possible, the Report is considered by the AUQA staff member on the original panel, and by the panel chair
- AUQA does not attempt to ‘audit’ the Report, but focuses on whether it clearly shows what the auditee has done in response to the recommendations
- AUQA applies the test: ‘Could an informed person, reading the recommendation or affirmation and the response, understand what had been done and whether it addressed the issue?’
- If AUQA is not satisfied that the response is clear in this respect, the Executive Director writes to the CEO of the auditee advising that the Report is unsatisfactory, the reasons, a date for rectification, and a willingness to discuss the issues.
- If the Progress Report is not rectified, the AUQA Executive Director reports to the AUQA Board, the Chair of the AUQA Board will write to the CEO of the auditee (with a copy to the relevant minister) and a consultation process will be set up, using a consultation group.
- The consultation group is two members from the auditee (selected by the auditee), one AUQA staff member, and one AUQA auditor (selected by AUQA)
- Result of the consultation are reported to AUQA Board for final determination
- The determination may be a mutually agreed course of action, that is then publicized with the Progress Report on the web site
- The determination may be a lack of agreement and therefore a report to the minister, possibly recommending a sanction.
- Satisfactory Progress Reports are posted on the auditee’s web site, with a link from the AUQA web site.

**Option 3:** This is the same as option 1, with a twist

Follow-up is the responsibility of the institution. However, as accreditation decisions have a limited duration, follow-up is a strong consideration at the re-accreditation stage. This option links the quality assurance cycles in various ways. The agency may choose to check on earlier recommendations and base its re-accreditation decisions on how the institution or programme has acted on those recommendations. More specifically, it may decide to concentrate on weaknesses identified in the earlier quality assurance cycle and how the institution or programme has fixed those weaknesses.

**Activity 4**

What type of stakeholders need to be involved in the accreditation process?

Browse the web sites of a few European quality assurance agencies and find out the accreditation procedures. Compare different models and choose those which are the most appropriate for your country? Explain your choices.

As more and more formal evaluation systems are established, the issue of appropriate and efficient follow-up procedures is becoming more critical. It could be argued that follow-up should be added to the essential methodological principles to be taken into account when establishing evaluation procedures.
Lessons learnt

Lesson 1: Diversities in quality assurance practices are due to differences in the national contexts

Higher education systems and policies in different countries, as well as the development stage that they have reached, are diverse. Consequently, quality assurance practices are also diverse. They may be in many different combinations to serve different purposes. More specifically, based on the national contexts and other considerations, quality assurance agencies have varying policies for dealing with certain aspects. These may include, among others: establishing initial conditions; defining criteria; guiding self-assessment; conducting external assessment; providing training for quality assurance; decision-making; and reporting on the quality assurance outcome and follow-up. A choice must be made according to the national context and the purposes the quality assurance mechanism is expected to achieve.

Lesson 2: The various practices of quality assurance have some common elements - self-study and peer review being the predominant commonalities

While practices differ, there is agreement on the essentials. This ensures the soundness of the quality assurance framework. Most quality assurance exercises require the institution (or programme) to provide the relevant information against pre-determined, well-publicized criteria. In most cases, this is also accompanied by a self-study. This is expected to provide a critical analysis of the information. While this is desirable, it is not always possible. However, it should always be an objective in view, at least for the mid or long-term. The information thus provided by the institution or programme is reviewed by an external team of experts. The quality assurance agencies use the recommendation or evaluation of the external review team in a variety of ways to make quality assurance decisions. Obviously, the various options have different implications. Analyzing the various options and the purposes they serve is essential in order to choose a model that is appropriate to a specific context.

Lesson 3: Selection and training of external peers must be conducted with care, given their important role in applying the quality model

Peer teams must be put together to represent a wide range of expertise. This is particularly important when accreditation is conducted at the institutional level. More and more countries involve professionals in peer teams. It is also good practice to establish a database of experts, especially in large higher education systems. Such a database should include those who took part in a peer team visit and proved to be adequate assessors. It is also good practice to provide peers with an external site-visit manual in order to conduct the visits and data collection in a transparent way. The level of professional autonomy that peers enjoy in their judgment varies from one system to the other. In some systems, peers tend to be rather free in their qualitative judgment. In others, experts must use a predefined quantitative grid.

Lesson 4: Reporting systems vary from a two-point scale to a detailed report with a multi-point grade

Choosing an option for reporting the quality assurance outcome is a complex process that calls for attention to many factors. The major options vary from declaring only the formal status (‘accredited’ or ‘not accredited’) to multi-point or multi-process outcomes. When quality assurance is expected to check a threshold level of quality, the binary scale outcome serves the purpose. It is generally found in systems where quality assurance is used for regulation, approval or recognition. It states whether the institution or programme meets basic conditions, but is unable to recognize different levels of quality among those that do. Large systems with a lot of variation in quality might opt for a multi-point outcome. A different way of looking at a
‘multi-point scale’ is to use a binary decision (accredited/not accredited), but to specify different durations for the accredited status.

The outcome can also lead to a multi-level process. After a first accreditation, the institution or programme may obtain a certain status, which will be enhanced when the unit of analysis is re-accredited. Such a system is put in place in countries with highly divergent levels of quality. It also provides a supplementary incentive for institutions to strive for higher levels of quality. Yet another option is to give only a report. If the quality assurance exercise is clearly focused on the processes by which an institution monitors its own academic standards and acts to assure and enhance the quality of its offerings, it might result in a report only, as in the case of a typical audit.

Each of the options is based on one of many different considerations that affect the choice. It should be noted that the distinctions between these options are not very sharp. An agency may have a combination of them, often taking the binary scale of accredited/not accredited as the base and adding one or more dimensions to the outcome. An appropriate combination of the above three options must be selected depending on the national context and the purposes of quality assurance within that context.

Lesson 5: Quality assurance outcomes are handled in a number of ways and the implications vary from country to country

The report or recommendation by the peer team is an important input to the quality assurance decisions of the agency. Depending on the role peers are expected to play in the quality assurance process - whether they can only advise the agency or can also make judgments about quality – there are various implications for the peer team report. Some quality assurance agencies only check whether the peer team visit was conducted fairly and accept the peer team’s report as the final decision. In other cases, the governing body, a public authority such as the Ministry of Education or a body appointed for this purpose considers the observations and other relevant inputs to decide on the outcome.

When the quality assurance outcome is decided, making all or the relevant part of it available to the public is seen as a good practice of quality assurance agencies. Nevertheless, it is important to balance the level of public disclosure with the effectiveness of the process, taking into account national and local conditions.

Of the various implications to the quality assurance outcome, the link to funding has been an area of considerable debate. Some argue that a direct funding link is necessary if quality assurance is to have a significant impact on the quality of education. Others argue that the quality assurance outcome should be linked only to indirect benefits and incentives.

Quality assurance agencies vary in their approach to the follow-up after quality assurance. In many cases, the responsibility and formal role of the evaluation agency end with the publication of the evaluation report. The institutions are responsible for planning and implementing follow-up measures. Depending on the nature of the recommendations, the ministries of education or other stakeholders may react to the evaluations. In the case of some QAAs, rigorous follow-up is part of the quality assurance procedure. There are also agencies where follow-up is the responsibility of the institution.

However, as accreditation decisions have a limited duration, follow-up is a strong consideration at the re-accreditation stage. The agency may choose to check on earlier recommendations and base its re-accreditation decision on how the institution or programme has acted on those recommendations. More specifically, it may decide to concentrate on weaknesses identified in the earlier quality assurance cycle and how the institution or programme has fixed those weaknesses.
References and further reading


Alaniska, H.; Esteve, A.C.; Bohrer, J. et al. 2007. « Student involvement in the processes of quality assurance agencies ». Workshop reports No. 4. Helsinki: ENQA.


Philippine Accrediting Association of Schools, Colleges and Universities. 2006. Primer for accreditation. Manille: PAASCU.


Web resources

All India Council for Technical Education (AICTE) [Inde]: www.aicte-india.org/
European University Association (EUA): www.eua.be
Australian Universities Quality Agency (AUQA): www.auqa.edu.au
Council on Higher Education Accreditation (CHEA), USA: www.chea.org
European Association for Quality Assurance in Higher Education: www.enqa.org
Middle States Commission on Higher Education, USA: www.msche.org
National Assessment and Accreditation Council (NAAC), India: www.naacc.gov.org
National Board of Accreditation (NBA) [Inde]: www.nbaind.org
North Central Association of Colleges and Schools (NCA-HLC), USA: www.northcentralassociation.org
North Central Association of Colleges and Schools (NCA-HLC), Higher Learning Commission, USA: www.ncahigherlearningcommission.org
Northwest Commission on Colleges and Universities (NWCCU): www.nwccu.org
Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU), Philippines: www.paascu.org.ph
Swiss center of accreditation and quality assurance in higher education (OAQ): www.oaq.ch/pub/fr/01_00_00_home.php
UK Quality Assurance Agency (QAA), UK: www.qaa.ac.uk

MODULE 3: Conducting the process of external quality assurance

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The modules on External quality assurance: Toolkit for the TEMPUS project (WPI)

Quality assurance has become a topical issue on the higher education policy agenda. More and more countries are questioning their existing structures and are introducing new mechanisms and structures for external quality assurance. They seek to ensure minimum educational standards across diversified higher education systems and to provide a lever for continuous quality improvement.

The present material was developed by UNESCO’s International Institute for Educational Planning (IIEP). It targets decision-makers and managers in government departments such as ministries of education, buffer organizations of higher education and quality assurance agencies whose task it is to design or develop the national framework for quality assurance. These modules should provide support for their decisions on external quality assurance systems, while discussing options that have been tried out successfully in a variety of countries.

The modules are based on the outcomes of two IIEP case study research projects, one on “methodological and organizational options in accreditation systems” and another on “regulation and quality assurance of cross-border providers of higher education”.

Accessible to all, the modules are designed to be used in various learning situations, from independent study to face-to-face training. They can be accessed on the IIEP web site www.iiep.unesco.org, and will be revised as needed. Users are encouraged to send their comments and suggestions.

About the authors and contributors

The materials were originally created by Michaela Martin and Antony Stella. They were updated in 2014 by Michaela Martin and Anis Saidi for the TEMPUS project “TNE-QA Promoting quality and recognition of transnational education in Armenia and Georgia”.

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