

Institutional Evaluation Programme:

Guidelines for institutions

2015

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Table of Contents

1	INTRODUCTION AND SCHEDULE	4
1.1	Introduction	4
1.2	Evaluation teams.....	4
1.3	Indicative time frame.....	5
2	SELF-EVALUATION: PROCESS AND REPORT	6
2.1	The self-evaluation group	6
2.2	Preparing the self-evaluation: What kind of information to collect and analyse?	7
2.3	The Checklist	8
2.4	The structure of the self-evaluation report	8
3	SITE VISITS	9
3.1	Preparing for the site visits	9
3.2	First visit	10
3.3	Second visit and the oral report.....	11
4	EVALUATION REPORT	13
5	FOLLOW-UP ACTIVITIES	14
5.1	Progress report	14
5.2	Follow-up evaluation.....	14
	ANNEX 1 THE EUA’S INSTITUTIONAL EVALUATION PROGRAMME	15
	ANNEX 2 TERMS AND CONDITIONS FOR PARTICIPATION IN THE INSTITUTIONAL EVALUATION PROGRAMME 2015-2016	16
	ANNEX 3 CHECKLIST FOR SELF-EVALUATION PROCESS	18
	ANNEX 4 PROPOSED STRUCTURE AND CONTENT FOR THE SELF-EVALUATION REPORT	22
	ANNEX 5 SAMPLE SCHEDULES FOR THE SITE VISITS	24
	ANNEX 6 STANDARDS AND GUIDELINES FOR QUALITY ASSURANCE IN THE EUROPEAN HIGHER EDUCATION AREA	30

1 Introduction and Schedule

1.1 Introduction

The Institutional Evaluation Programme (IEP) is an independent membership service of the European University Association (EUA) that has been designed to ensure that higher education institutions gain maximum benefit from a comprehensive evaluation conducted by a team of experienced higher education leaders. The intention is that these evaluations support the participating institutions in the continuing development of their strategic leadership, capacity to manage change and internal quality culture, and that IEP provides recommendations in the context of their specific aims and objectives.

The distinctive features of the Institutional Evaluation Programme are:

- A strong emphasis on the self-evaluation phase
- A European and international perspective
- A peer-review approach
- An improvement orientation

The focus of the IEP is the institution as a whole rather than individual study programmes or units. It focuses upon:

- Capacity of strategic leadership and efficiency of internal governance and management processes that support it.
- Relevance of internal quality processes and the degree to which their outcomes are used in decision making and strategic management as well as perceived gaps in these internal mechanisms. As part of this larger framework the evaluations address the issues on internal quality assurance identified by the first part of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG – see annex 6).

IEP evaluation is a voluntary process for the participating institutions; as such, they are invited to examine the IEP teams' recommendations and decide on their implementation. IEP is independent from governments or other such bodies and does not lead to accreditation or any other kind of summative judgement.

In addition to regular institutional evaluations, IEP has been engaged in a number of system-wide evaluations (e.g. in Romania, Montenegro, Ireland, Slovakia and Portugal) usually commissioned by ministries, national rector's conferences or NGOs.

IEP is a full-member of the European Association for Quality Assurance in Higher Education (ENQA) and is listed in the European Quality Assurance Register for Higher Education (EQAR).

The evaluation reports are public and available through the IEP website.

1.2 Evaluation teams

IEP evaluation teams consist of highly experienced and knowledgeable higher education leaders – rectors¹ or vice rectors (current or former), a senior higher education professional acting as the

¹ In this document, Rector refers to the Executive Head of Institution, also called President, Vice-Chancellor or Principal, among others.

team coordinator, and a student. Each team member comes from a different country, and none come from the same country as the participating institution.

Team members are selected by the Steering Committee of the Institutional Evaluation Programme with a view to providing each participating institution with an appropriate mix of knowledge, skills, objectivity and international perspective. The number of team members is determined by the size of the participating institution. Generally, teams consist of five members; institutions with fewer than 3 500 students will have a four-member team.

1.3 Indicative time frame

The following time frame applies for the institutions that register for the IEP during the regular registration period in the spring. The IEP secretariat is prepared to work with each participating institution to adapt this time frame to its specific circumstances and requirements.

Stage 1: March-June 2015

- ✓ The institution registers for participation in the Institutional Evaluation Programme by the end of June

Stage 2: July-October 2015

- ✓ IEP establishes an evaluation team for each participating institution during the IEP annual seminar that is attended by all members of evaluation teams
- ✓ The participating institutions have the option of attending a workshop or an individual videoconference organised by IEP to discuss the objectives of the evaluation and to receive guidance on planning the process
- ✓ The institutions are expected to pay the fee for the evaluation by the end of September unless otherwise agreed upon

Stage 3: October 2015 - March 2016

- ✓ Self-evaluation phase: the institutions undergo a self-evaluation process and provide IEP with a self-evaluation report on the basis of the IEP guidelines. (Please note: the self-evaluation report **must be received four weeks** prior to the first site visit.)
- ✓ External evaluation phase begins: the evaluation team conducts a first site visit to the institution and requests any additional information as appropriate

Stage 4: April - May 2016

- ✓ The institution submits any additional information as requested by the evaluation team

Stage 5: May - June 2016

- ✓ The evaluation team makes a second site visit to the institution, at the end of which it presents an oral summary of its conclusions

Stage 6: July – September 2016

- ✓ IEP presents the draft written report to the institution for comments on factual errors
- ✓ IEP sends the finalised report to the institution
- ✓ IEP publishes the evaluation report on its web-site (www.eua.be/iep)

2 Self-Evaluation: Process and Report

The IEP emphasises 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 strategic leadership, capacity for improvement and change through self-reflection. This is a crucial phase in which careful consideration should be given to maximise the engagement of the whole institution. If an institution wants the evaluation process to address one or more of its particular strategic priorities in-depth, it should pay particular attention to the chosen priorities in its self-evaluation process and report.

As soon as the institution has received these guidelines it should begin the self-evaluation process by setting up the self-evaluation group (Section 2.1). The self-evaluation group will base its work on the checklist (Section 2.3) and will write the self-evaluation report (Section 2.4).

2.1 The self-evaluation group

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.
- It represents the major constituencies in the institution (academic and administrative staff and students) to maximise involvement of all major stakeholders. Whereas it is important that the abovementioned constituencies are represented, the group ought not to be an exhaustive gathering of all units and faculties within the institution.
- 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 coordinates the work: e.g. tailoring the checklist (cf. 2.3) to the national context and the particular institution, gathering and analysing the data, co-ordinating the work of any sub-group
- 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 on the team, i.e., the self-evaluation group should not work in isolation but seek, through institution-wide discussions, to present as broad a view as possible of the institution
- Support and encourage the process along the way by explaining its purpose across the institution.
- Appoint a contact person to the IEP evaluation team and the IEP secretariat (a liaison person responsible for the arrangements of the site visits)

The self-evaluation will result in a report submitted to the IEP secretariat under the responsibility of the rector. This does not mean that the rector or all actors in the institution necessarily agree with all statements in the self-evaluation report. But the rector must accept responsibility for both the self-evaluation process as well as the report.

It is essential for the success of the self-evaluation that information is circulated widely in the institution about the procedures, goals and benefits of the Institutional Evaluation Programme. Annex 1 of these guidelines contains a sample handout that may be used by the institution for this purpose.

2.2 Preparing the self-evaluation: What kind of information to collect and analyse?

As an important step in the evaluation exercise, the self-evaluation report has four major purposes:

- To present a succinct but analytical and comprehensive statement of the institution's view of quality and strategic management
- To analyse the strengths and weaknesses of the institution, identify the opportunities and threats it faces and propose specific actions to address them
- To provide quantitative and qualitative data supporting the analysis
- To provide a framework against which the institution will be evaluated by the IEP team

As the main vehicle for the institution to present itself, the self-evaluation report is also an opportunity for the institution to reflect critically upon the way it is managed and handles quality as a central process in its strategic decision making.

Therefore, the self-evaluation report should not be simply descriptive, but *analytical, evaluative and synthetic*. It is based on a SWOT analysis (assess strengths and weaknesses, identify threats and opportunities) and shows how the various elements of strategic thinking and quality management are interconnected.

Four central questions structure this SWOT analysis:

- What is the institution trying to do? What are its norms and values, the mission and goals?
- How is the institution trying to do it? What are the organisational characteristics of the institution, i.e. governance structures, and its key activities and to what extent are these in line with the norms and values?
- How does the institution know it works? To what extent does the institution know whether its activities and organisational structures meet the institution's objectives?
- How does the institution change in order to improve?

2.3 The Checklist

See annex 3

Annex 3 presents a checklist that will guide the data collection and analysis in the preparation of the self-evaluation report. Since each institution operates within its own specific context, the self-evaluation group may want to tailor the checklist before starting its work. The checklist is structured into four major sections that reflect the four central questions mentioned above.

2.4 The structure of the self-evaluation report

See annex 4

After the self-evaluation group has collected and analysed the data as outlined above, it will synthesise all the information gathered and present its findings in the self-evaluation report. A proposed structure for this report is presented in annex 4. The report should be fairly short, analytical, reflective and critical.

Practical aspects

- The maximum length of the self-evaluation report is 20 - 25 pages, excluding the appendices. The reason for this relatively short report is to maintain a focus on institutional management without probing too deeply into the specifics of all faculties and activities. Institutions are encouraged to make use of any existing data and documents. Unless there has been a previous agreement on the language of the evaluation, the self-evaluation report and its appendices should be written in English.
- The self-evaluation report is written partly for an internal audience (the institution's staff members and students) and partly for the evaluation team. The evaluation team is knowledgeable about higher education in general but, as internationals, they may lack in-depth knowledge of specific national situations. The self-evaluation group should keep this in mind when writing its report.
- **The self-evaluation report should be made available to all institutional members.**
- IEP and the evaluation team will consider the self-evaluation report as confidential and will not provide any information regarding this report to third parties.
- The self-evaluation report should be read and signed by the rector before being sent to IEP and the evaluation team. This ensures that the institutional leadership is informed appropriately.
- The report should be sent in electronic format to the IEP secretariat, which will further distribute it to each individual team member, at least **four weeks** prior to the first site visit. In addition, the institution may be asked to send paper copies to the evaluation team.

It is of the utmost importance to the running of the evaluation and especially the site visits that deadlines are respected. To ensure this, the self-evaluation group is advised to plan to **meet weekly for a couple of hours** to ensure progress. Conducting the self-evaluation process and writing the report is an ambitious task that requires a substantial time investment in the span of approximately three months.

3 Site Visits

3.1 Preparing for the site visits

It is stressed that the IEP process is intended to act as a support to develop further an institutions' strategic leadership and capacity to change. Therefore, the guidelines and sample programmes for the visits should be adapted to the institution's specific needs and circumstances. Each institution will be visited twice, as detailed below.

In order to ensure fruitful discussion during the site visits:

- The number of participants in each meeting **must not exceed eight (8)**. An exception can be made for students who sometimes prefer larger groups, in which case up to ten persons can participate.
- The team should meet **privately** with individual groups, e.g., only students should be present at the students' meeting, with no members of the staff present. These meetings will be treated confidentially by the evaluation team: it will not report on an individual person's statements.
- In order to maintain the confidentiality of discussions and to avoid unnecessary misunderstandings, special attention should be paid to the quality of interpretation, when such service is needed. An interpreter should preferably come from outside the institution.
- In countries with strong hierarchies and/or special respect to senior persons, equality among the persons on the panel should be respected to allow everyone to participate fully in the interviews.
- All meetings are interactive: the evaluation team will come prepared with questions in order to start a dialogue. **Participants should not prepare formal presentations.**

Practical considerations:

- Sample schedules for the visits are presented in annex 5, but institutions and evaluation teams should bear in mind that they are only suggestions and can be modified if appropriate, taking into consideration the size, structure etc. of the institution in question. The schedule of the second visit particularly is subject to changes depending on the themes that the evaluation team wishes to concentrate on.
- Enough time should be left for the team's internal debriefing sessions.
- A ten-minute leeway should be left between each meeting to allow groups to go in and out, to give the evaluation team a few minutes to reflect together on previous meetings or to make changes to plans for the next meeting. Such brief breaks, in addition to coffee breaks, can also be useful to catch up on time if some meetings take longer than expected.
- If the evaluation team needs to move from one location to another (e.g., to another faculty), the time required for this should be taken into account.
- If the institution has several campus sites, careful consideration should be given as to whether visits to several sites are necessary. Unnecessary visits should be avoided in order to keep travelling time at a minimum.
- The liaison person will make the necessary arrangements for the visits, including arranging transportation for the evaluation team to and from the airport, hotel reservations, dinners, lunches and scheduling meetings.

- The liaison person provides nameplates for the meetings, distributes the evaluation team's short biographies in advance of the site visit and informs participants about the general objectives of the evaluation and of the particular meeting in which they are involved. If possible, it would be helpful for the team to receive the names and positions of the people to be interviewed in each meeting beforehand (at the latest the day before).

3.2 First visit

For the participating institution, the first visit serves the following purposes:

- To contribute to greater awareness in the institution at large of the evaluation process and its main purpose: to enhance the institution's strategic development and change management through an examination of its internal quality arrangements
- To identify the topics for the second site visit and to set the appropriate tone. An open and self-critical approach on the part of the institution is much more beneficial than a "public-relations" approach

For the evaluation team, the first visit will contribute to develop their understanding of:

- the national higher education context
- institutional operations in terms of students, staff, finance, facilities and location
- the structures and processes of strategic decision making (planning, teaching and research, financial flows and personnel policy)
- the local context influencing strategic leadership and management
- the existing procedures for quality assurance

The first visit should result in a validation of the self-evaluation report, and the evaluation team should get a broad impression of how the institution operates (decentralisation, co-ordination, etc.).

Therefore, the choice of persons the evaluation team meets is highly important. For the benefit of both the institution and the team, a representative and diversified sample of the community should take part in the first visit. This includes academic and non-academic staff, as well as different types of students and representatives of external "stakeholders". It is important that the evaluation team meets also "average" students and "average" academic staff, i.e., not all should be members of official bodies (senates or council) or unions.

An indicative list of persons and bodies that the evaluation team should meet includes:

- The rector as well as other members of the rector's team
- The self-evaluation group
- Representatives of the central staff: mainly from the quality office, international relations office, financial services, student services, personnel office, planning unit, coordinating unit of research activities, public relations office, etc.
- Representatives of external stakeholders and partners (public authorities, private industry, other actors from society, etc.)
- Delegation of senate / council
- Deans / dean council
- Students (bachelor, master and doctoral level)

- One or two faculties, one or two special centres (if any)

The first visit lasts **2 days**. The institution is responsible for proposing the schedule for the first visit, which will need to be validated by the evaluation team. A sample schedule for the first visit is presented in annex 5, but other options are also possible in consultation with the evaluation team coordinator.

The sample schedule includes visits to faculties or other units, which may (but need not) be organised as parallel sessions. Please note that:

- Faculty is used here in a generic sense to mean a “structural unit”, i.e., some institutions have only faculties while others have different types of faculties, research institutes and other structures. The evaluation team (split in pairs if necessary) may be interested in visiting a mixture of these units.
- The number and types of units to be visited should be adjusted based on the institutional structure and size: some institutions have small numbers of large units; others have large numbers of small units.

The schedule should be adapted to the characteristics of the institution and it should be kept in mind that the team will have the opportunity to visit other units during the second visit.

At the end of the first visit, the evaluation team will:

- Ask for additional written information if necessary. These additional documents, as well as any other information that has been requested, should be sent to all members of the team and to the IEP secretariat at least four weeks before the date of the second site visit.
- Decide the dates of the second visit (in co-operation with the institution)
- Identify the persons, bodies or units to meet during the second visit

The first visit contributes to the team’s understanding of the specific characteristics of the institution. As such, it is not intended to lead to any conclusions. The evaluation team will not produce an evaluation report at this point.

3.3 Second visit and the oral report

The focus during the second visit is no longer to gain an understanding of what is specific about the institution but to find out whether, how, and with what results, the institutional strategy and internal quality policies and procedures are implemented coherently in the institution.

The practical aspects for organising the first visit apply to the second visit as well, with one important difference. The evaluation team will be responsible for establishing the programme of the second visit. An example of a schedule for the second visit is given in annex 5, but the institutions and teams should keep in mind that it is always possible to tailor the schedule to suit the priorities of the institution and the needs of the evaluation process. The schedule of the visit must be discussed between the liaison person and the team coordinator in advance. As shown below, the schedule of the visit may include parallel sessions in order to cover more ground and collect more evidence. The team will advise the institution in good time of its plans in this respect.

The standard length of the second visit is **three days** (see the sample schedule in annex 5). However, in case the institution is smaller (3 500 students or less), the second visit will be shortened to **two days**. Accordingly, the evaluation team and the institution may decide together, where appropriate, to extend it to a maximum of **four days** for very big institutions. Any extension of the second visit beyond the usual length must be decided during the first visit at the latest.

At the end of the visit, the evaluation team delivers the **oral report**, presenting their preliminary findings, firstly to the rector alone and then in a meeting which brings together the team and members of the community. Videotaping or recording the oral report session or including members of the media during this session is not recommended. If this does happen, it must be agreed to in advance of this session with the team chair.

4 Evaluation report

The evaluation team will draft a written report based on the oral report presented at the end of the second visit. The draft report will then be communicated to the rector by the IEP secretariat. The rector will ensure that any factual errors are corrected.

The institution's reaction must be sent to the IEP secretariat, which will forward it to the team coordinator. The report will then be finalised and sent officially to the rector, again via the IEP secretariat.²

Please note that IEP publishes final evaluation reports on its web-site (www.eua.be/IEP).

The table below summarises the key milestones and division of tasks during the report-writing stage.

Time frame and division of labour		
Task	Main responsibility	Time frame
Preparing draft report	Team coordinator and the evaluation team. IEP secretariat is in charge of editing process.	Within 9 weeks after the second visit
Sending report to institution	IEP secretariat	ASAP
Commenting on factual errors	Rector	Within 2 weeks
Any change + sending final report to institution + publishing it on IEP website (www.eua.be/iep)	IEP finalises the report	Within 1 week

² On receipt of the evaluation report, the institution has the right to lodge a complaint on procedural grounds within one month, if it considers that an evaluation has not been carried out with due consideration to the IEP Guidelines. Institutions that wish to lodge a complaint are requested to contact the IEP secretariat for information regarding further steps.

5 Follow-up activities

For the ultimate success of the evaluation process, it is important that the process does not end with the final evaluation report. The crucial form of follow-up is what happens within the evaluated institution after the IEP evaluation. In this regard, following the voluntary nature of the Programme and the principle of institutional autonomy, the institutions are free to implement (or not) the recommendations. It is, however, expected that each institution will analyse the experiences and results of the evaluation process (both in terms of self-evaluation and IEP team's contribution) and address the recommendations made in the final evaluation report.

IEP invites the institutions to participate in two types of follow-up activities and services, as elaborated below.

5.1 Progress report

Within one year of receipt of the final evaluation report, the institution will submit to the IEP secretariat and the evaluation team a progress report. The aim of the progress report is to shed light on how the institution has addressed the recommendations made by the evaluation team. This does not mean that the team will expect the institution to have taken up all their recommendations, instead feedback is expected on whether the institution chose to implement specific recommendations or not, in what way and why. This report may include an action plan showing how the institution intends to implement the report's recommendations. The action plan should be based on the institution's own priorities and mechanisms and in particular on the institution's specific interpretation of the recommendations.

In addition to continuing the institutional self-reflection process, the progress report also provides valuable feedback to the evaluation team on the usability and practicability of their recommendations to the institution.

IEP and the evaluation team will consider the progress report as confidential and will not provide any information regarding this report to third parties.

5.2 Follow-up evaluation

Evaluated institutions have the option of registering for a follow-up evaluation carried out by IEP one to three years after the initial evaluation: at the request of the institution, IEP will form a team of four evaluators (usually, two of whom participated in the original evaluation) to conduct a follow-up evaluation to identify the impact that the initial evaluation has had on the institution's development, investigate the experiences gained from changes implemented after the initial evaluation and give further impetus for change. Please contact IEP staff (iep@eua.be) if you are interested in the follow-up evaluation offered by IEP.

Annex 1

The EUA's Institutional Evaluation Programme

Participating institutions can distribute this sheet to all participants in the self-evaluation process or in the site visits.

The Institutional Evaluation Programme (IEP) is an independent membership service of the European University Association (EUA) that has been designed to ensure that higher education institutions gain maximum benefit from a comprehensive evaluation conducted by a team of experienced European higher education leaders.

Consistent with institutional autonomy, the mission of IEP is to support higher education institutions and systems in developing their strategic leadership and capacity to manage change through a process of voluntary institutional evaluations.

IEP evaluates higher education institutions in the context of their specific goals and objectives with the aim of improving quality. The Programme applies a context-driven approach to its evaluations, emphasises an inclusive self-evaluation process and institutional self-knowledge as a contribution to improved strategic leadership accompanied by efficient internal governance and management, as well as for external accountability purposes.

Therefore, IEP evaluations focus on the effectiveness of quality culture and the degree to which the outcomes of the internal quality processes are used in decision-making and strategic management, as well as on identifying any gaps in these internal mechanisms. The IEP evaluations have a formative orientation, i.e., they are aimed at contributing to the development and enhancement of the institutions. IEP is not geared towards passing judgements, accrediting, ranking or comparing institutions.

The IEP evaluation team consists of rectors or vice-rectors (active or former), a student and a senior higher education professional acting as team coordinator. Team members provide an international and European perspective; they all come from different countries, and none of them comes from the country of the institution being evaluated. Team members (other than the team coordinator) are not paid for their IEP work; they are motivated to serve by a commitment to the Programme's nature and purposes and by a desire to contribute to the development of the institution being evaluated.

During the first visit, the evaluation team becomes acquainted with the institution and its environment. In the second visit, generally two months later, the focus is on finding out whether, how, and how effectively, the institution's strategic policies and quality procedures are implemented.

It should be emphasised that the main preoccupation of the team is to be helpful and constructive. Team members will come prepared to lead discussions with carefully prepared questions. Sessions are intended to be interactive. No formal presentations should be made.

The evaluation team's conclusions and recommendations are collected in a report that will be presented to the institution and subsequently published on the IEP website.

Since 1994, nearly 400 evaluations and follow-up evaluations in 45 countries (mostly in Europe but also in Latin America, Asia and Africa) have been conducted by IEP. These have included all types and sizes of higher education institutions: public and private universities and polytechnics, comprehensive and specialised institutions, including art and music schools.

Annex 2

Terms and Conditions for participation in the Institutional Evaluation Programme 2015-2016

Cost of the evaluation

The cost of participating in the Institutional Evaluation Programme in 2015 – 2016 is **31,500 Euro** for EUA members (35,000 for non-members)³, payable at the beginning of the evaluation procedure (by the end of September unless otherwise agreed upon). In addition, participating institutions are required to organise and cover the costs of accommodation (hotel with a meeting room at the evaluation team's disposal), meals and local transportation, and airport transfers (including accommodation close to the airport if required by travel schedule) for the members of the evaluation team. If, for one reason or another, the dates of the visits have to be changed after arrangements have been made, the party who initiates the change is responsible for covering the additional costs caused by the change.

The participation fee is used towards the international travel of team members and the IEP programme administration, including the training of pool members. Please note that team members do not receive any payment for their services, except for the team coordinator.

Timing of the site visit

Timeline for the evaluation process will be agreed upon in the beginning of the process through a dialogue between the institution, IEP secretariat and the members of the evaluation team. After the dates have been set and communicated to all parties, the evaluation team members usually book their own travels.

Interval between the site visits

Care must be taken to avoid an unduly long interval between the first and the second site visit. As a rule, the normal interval should be two to four months as it is important that the impressions collected by the evaluation team members during the first visit are still fresh in their minds by the time they undertake the second visit.

For this reason, IEP, in cooperation with the institution, will make every effort to ensure that the second site visit takes place within the time frame mentioned above. However, if the interval between visits exceeds nine months due to delays caused by the institution, IEP will consider the ongoing evaluation as terminated, unless a different time frame for the evaluation has been specifically agreed upon by the institution and IEP, either initially or in the course of the evaluation. In the case of a termination, the evaluation fee is due in full.

³ For overseas evaluations the institution pays a fee of EUR 25,000 and in addition organises and covers the costs of business class travel, local transportation, accommodation and subsistence of the IEP evaluation team during the two site visits.

In a combined package (an initial and a follow up evaluation) the institution pays a fee of 40,000 EUR (43, 500 for non-members) and in addition organises and covers the cost of local transportation, accommodation and subsistence of the IEP evaluation team during both evaluations.

Should the institution choose to commence the evaluation process anew after the termination, there may be a negotiated modification of the fee. This will depend on the extent to which the operations and results of the terminated evaluation can be used for the new evaluation, thus reducing the overall cost.

Use of IEP logo

Evaluated institutions may use the “Evaluated by – Institutional Evaluation Programme” icon on their websites and other informational products to signify their completion of an IEP evaluation up to five years from the receipt and publication of the final evaluation report. Institutions will be sent the icon along with the guidelines for usage upon completion of evaluation.

Progress report

Within one year of receipt of the final evaluation report, the institution will submit a progress report to the IEP secretariat and the evaluation team.

Annex 3

Checklist for self-evaluation process

I. Norms and values, mission and goals: *What is the institution trying to do?*

This section discusses institutional norms and values. It analyses the mission and goals of the institution. The IEP evaluation team will be particularly interested in the strategic choices the institution has made with regard to its scope and profile.

- Governance and management
 - ✓ What is the degree of centralisation and decentralisation that the institution aims for?
 - ✓ Does the institution have human resources policies in place?
 - ✓ Does the institution have an institutional quality assurance policy in place?
- Academic profile
 - ✓ What balance is the institution aiming to achieve with its teaching, research and service to society?
 - ✓ What are the institution's academic priorities, i.e. which teaching programmes and areas of research are emphasised?
 - ✓ To what extent is a student-centred approach, as promoted by the Bologna Process, implemented in the teaching of the institution?
- Academically-related activities: What are the institution's goals for its relationship to society (external partners, local and regional government) and its involvement in public debate?
- Funding: How does the institution see its relationship with its funding agencies (public and others, such as research contractors)?
- What balance is the institution aiming to achieve in terms of its local, regional, national, and international positioning?
- What is the rationale of the strategic choices made by the institution?

II. Governance and activities: *How is the institution trying to do it?*

In practice, the institution manages its activities (teaching, research, and service to society) so as to realise its mission and goals, while taking account of the specific opportunities and constraints it faces. The inevitable discrepancy between what ought to be (norms and values) and what actually exists (organisation and activities) is an indicator of the institution's strengths and weaknesses. It is the analysis of strengths and weaknesses that constitutes the next phase of the self-evaluation.

The issues addressed in Section I should be re-visited, but rather than stating objectives, Section II will reflect upon the institution's strategy in terms of each of these issues and how they are achieved, and will analyse the extent to which the institution takes full advantage of its autonomy. Moreover, each subheading in this section should also contain concrete proposals on how identified weaknesses could be remedied and strengths could be further enhanced.

- Governance and management: Re-visit questions in Section I by taking the following issues into account:
 - ✓ Analysis of management practice: what are the respective roles of central-level administrators, offices and faculties/institutes? Does co-ordination among faculties/institutes take place, and if so how? What does the institutional leadership control and decide? Who decides the following:
 - Academic activities and policies (teaching and learning, research)
 - Funding issues
 - The selection and promotion of academic and administrative staff
 - The selection of students
 - Development of service to society
 - ✓ How does the institution involve students and external stakeholders in institutional governance?
 - ✓ How adequate, to current and future needs, are the institution's human resources, human resource policy and practice (e.g., gender policy, age profile, recruitment, promotion, redeployment and staff development)?
 - ✓ How does the institution's involvement in inter-institutional cooperation (at regional, national or international level) reflect its positioning as identified in Section I?
 - ✓ How do the actual management policies reflect the institution's mission and goals, and how could discrepancies between the goals and reality be amended and strengths be reinforced?
- Academic profile : Re-visit questions in Section I by taking the following issues into account:
 - ✓ Analysis of research and educational approaches. This can be brief unless some programmes or approaches, teaching or research units deserve specific mention because they reflect the institution's academic profile (e.g., special didactic approaches, a unique and/or very large research institute, e-learning etc.)
 - ✓ Analysis of educational programme design and organisation of research activities
 - ✓ How do the study programmes and research activities reflect the mission and goals, and how could discrepancies between the goals and reality be amended and identified strengths be reinforced?
- Academically-related activities: Re-visit questions in Section I by taking the following issues into account:
 - ✓ Analysis of research and technology transfer, continuing education, regional and service to community, etc. This can be brief, unless some activities deserve specific mention
 - ✓ How do the various academically-related activities reflect the institution's mission and goals, and how could discrepancies between the goals and reality be addressed and strengths be reinforced?
- Student support services:
 - ✓ Is the organisation and content of student support services adequate to meet the goals set?

- ✓ How effective are student support services in enhancing the achievement of students?
- Funding: Revisit questions in Section I by taking the following issues into account:
 - ✓ What is the total budget of the institution, including salaries, contracts, etc.?
 - ✓ What percentage is allotted by the state or other public authorities, by student fees, by private sources (research contracts, foundations, etc.)?
 - ✓ Is the state allocation a lump sum, or, if not, what percentage of this allocation is ear-marked?
 - ✓ What are the amounts allotted to faculties and departments, and according to which criteria are they distributed? Are these amounts decided by the institution?
 - ✓ What are the allocation procedures within the institution? Who decides what and how?
 - ✓ What percentage of the budget could be used by the institutional leadership to implement new initiatives?
 - ✓ Is the institution able to calculate the full costs of research and teaching activities?
 - ✓ What does the institution perceive as strengths and weaknesses in terms of its funding, and how could weaknesses be remedied and strengths be further enhanced?

<h3>III. Quality assessment practices: <i>How does the institution know it works?</i></h3>
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The question “How does the institution know it works?” refers to the internal quality assessment processes and practices available and operative in the institution.

- Does the institution have an internal quality assurance policy or handbook?
- Does the institution conduct internal evaluations of programmes, department, research etc.?

Processes related to teaching and learning are enshrined in part 1 of the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG – see annex 6).

- To what extent has the institution implemented these European Guidelines?

However, the institution should not limit this section merely to teaching and learning, but examine also monitoring and enhancement processes of other activities, such as research activities, administrative processes and service to society.

These quality assessment processes include data gathering and an evaluative judgement concerning the institution’s activities, but the institution should also tackle questions such as:

- How have the results of the data gathering and evaluation results impacted the activities?
- How is the link between these results and institutional planning and development processes ensured?
- How well do the current practices relate to the strategic choices presented in Section I?

IV. Strategic management and capacity for change: *How does the institution change in order to improve?*

Once the self-evaluation group has gone through all the above questions, it will come up with a SWOT analysis that will assess the capacity of the institution to change in order to improve:

- How responsive is the institution to the demands, threats and opportunities present in its external environment?
- How are representatives from the external environment involved in the institution's strategic management?
- To what extent does the institution take full advantage of its autonomy?
- Which changes can be expected to be made towards the institution's aims?
- How can a better match be attained between the mission, goals and the activities (study programmes, research, service to society)?
- What role do quality monitoring and quality management play in these developments?

Annex 4

Proposed structure and content for the self-evaluation report

Introduction

Brief analysis of the self-evaluation process:

- Who are the self-evaluation group members?
- With whom did they collaborate?
- To what extent was the report discussed across the institution?
- What were the positive aspects, as well as the difficulties, encountered in the self-evaluation process?

Institutional context

Brief presentation of the institution in its context:

- Brief historical overview
- Legal status of the institution (public, private non-profit, private for-profit. If private who are the owners and what is the legal form)
- Geographical position of the institution (e.g., in a capital city, major regional centre, concentrated on one campus, dispersed across a city)
- A brief analysis of the current regional and national labour-market situation
- Number of faculties, research institutes/laboratories, academic and administrative staff and students
- Autonomy with respect to:
 - ✓ Human and financial resources
 - ✓ Capacity to set its own profile for teaching, research and innovation
 - ✓ Capacity to set its own governing structures
- A context and a brief explanation of the national quality assurance system

Body of the report

The body of the self-evaluation report strives to strike a balance between description and critical analysis (i.e., identify the strengths, weakness, opportunities and threats) and should have the following sections, which follow the four sections in the checklist:

- Section I: Norms, values, mission and goals: What is the institution trying to do?
- Section II: Governance and activities: How is the institution trying to do it?
- Section III: Quality assessment practices: How does the institution know it works?
- Section IV: Strategic management and capacity for change: How does the institution change in order to improve?

As mentioned in section 2.2, the body of the self-evaluation report should not be simply descriptive, but *analytical, evaluative and synthetic* as well. It should assess strengths and weaknesses, identify threats and opportunities and show how the various elements of strategic and quality management are interconnected. In addition, the analysis should take into account

changes that have taken place in the recent past as well as those that are anticipated in the future.

Conclusion

The conclusion summarises the strengths, weaknesses, opportunities and threats and **offers a specific action plan to remedy weaknesses and to develop strengths further.**

A useful conclusion has the following characteristics:

- Since the goal of the evaluation is to promote ongoing quality and strategic development, the report should be honest and self-reflective. Therefore, strengths and weaknesses need to be stated explicitly; specifically, it is best to avoid playing down or hiding weaknesses.
- Strengths and weaknesses that are not discussed in the body of the report should not appear in the conclusion since they would be unsubstantiated.
- Strengths and weaknesses that are discussed in the main part of the report are summarised again in the conclusion.
- Plans to remedy weaknesses are offered in the conclusion in the form of a specific action plan.

Appendices

Appendices will typically include the following:

- The current Institutional Strategic Plan (if one exists) or preferably, an Executive Summary (in English, if that exists)
- An organisational chart of the institution's faculties (or any other relevant units of teaching/research)
- An organisational chart of the central administration and support services (rector's office staff, libraries etc.)
- An organisational chart of the management structure (rector, council/senate, faculty deans and councils, major committees, etc.)
- Student numbers for the whole institution, with a breakdown by faculty, over the last three to five years; student/staff ratio (lowest, highest and mean ratios); time-to-graduation; drop-out rates; gender distribution by faculty; demographic trends in the wider target population
- Academic staff numbers (by academic rank and faculty) for the whole institution, over the last three to five years, with a breakdown by level, discipline, gender and age
- Funding: government funding (amount and percentage of total budget), other funding sources (type and percentage of total budget) and research funding (percentage within total budget); breakdown of institutional funding for teaching and research per faculty over the last three to five years
- Infrastructure in relation to the number of students and staff: number and size of buildings, facilities, laboratories, and libraries; their location (e.g., dispersed over a large geographical area or concentrated on a single campus); condition of the facilities
- Handbook for prospective international students (if one exists).

These data should be analysed within the national and institutional context.

Beyond these appendices, the institution is free to add other information, but the number and length of appendices should be limited to what is strictly necessary in order to understand the statements and argumentation in the self-evaluation report.

Annex 5

Sample schedules for the site visits

Sample schedule for the first visit

<i>Time</i>	<i>What & who?</i>	<i>Why?</i>
DAY 0		
Late afternoon	Arrival of evaluation team	
90 minutes	Briefing meeting Evaluation team alone	Division of tasks; discussion of the self-evaluation; inventory of issues for the first visit
Evening	Dinner Evaluation team, with rector and liaison person	Welcome, make acquaintance; go over preliminary programme; discuss key issues for evaluation from the institution's perspective (arising from self-evaluation and/or from rector's experience)
DAY 1		
9.00 – 10.00	Meeting with rector Evaluation team, rector	Discuss <i>privately</i> issues that need to be stressed in evaluation team's visit and report
10.15 – 11.30	Introduction meeting and meeting with self-evaluation group Self-evaluation steering group, evaluation team, liaison person	Introduction to the institution: structures, quality management and strategic management; national higher education and research policies; student issues. Understand self-evaluation process and extent of institutional involvement; how useful was the self-evaluation for the institution (emerging issues, function in strategic planning processes)? Are self-evaluation data still up to date? Will they be updated for the second site visit?
11.30 – 12.30	Tour of the campus	To get to know the campus and paying special attention to student facilities.
12.30 – 14.00	Lunch Evaluation team, liaison person	Reflect upon impressions of first meetings and complete information as necessary

14.10 – 15.00 parallel Evaluation team may split into pairs to visit two faculties	Visit to faculties A & B Dean and possibly vice-dean	Introduction to the faculty: structures, quality management and strategic management; discuss relationships of faculties with the central level; input in self-evaluation; role of quality control activities in faculty
15.10 – 15.50 parallel Evaluation team may split into pairs to visit two faculties	Visit to faculties A & B Academic staff representatives	Discuss relationships of faculties with the central level; input in self-evaluation; role of quality control activities in faculty; recruitment of new staff; staff development; motivation policies. Please note that deans or vice deans should not be present at this meeting: it is reserved for “regular” academic staff only.
16.00 – 16.40 parallel Evaluation team may split into pairs to visit two faculties	Visit to faculties A & B Students	Students’ views on experience (e.g., teaching and learning, student input in quality control and (strategic) decision making)
17.00 – 18.00	Meeting with external partners (industry, society and/or local authority)	Discuss relations of the institution with external partners of the private and public sectors
18.30 – 19.30	Debriefing meeting Evaluation team alone	Reflect on impressions; prepare second day of visit
Evening	Dinner Evaluation team alone	Reflect on impressions gained thus far

DAY 2		
9.00 – 9.50 parallel Evaluation team may split into pairs	Visit to faculties C & D Dean and possibly vice-dean	as in faculties A and B (adapt as appropriate)

10.00 – 10.40 parallel Evaluation team may split into pairs	Visit to faculties C & D Academic staff representatives	as in faculties A and B (adapt as appropriate)
10.50 – 11.30 parallel Evaluation team may split into pairs	Visit to faculties C & D Students	as in faculties A and B (adapt as appropriate)
11.40 – 12.30	Debriefing meeting Evaluation team alone	Reflect on impressions; list issues for additions to self-evaluation report and second visit
12.30 – 13.00	Evaluation team, liaison person	Plan the second visit schedule (select faculties or units, special or additional persons to speak with); logistical support for or during visit; arranging team's meeting and working rooms (where team can work on its oral report)
13.00	Lunch: Evaluation team, rector and liaison person	Concluding session to agree topics of additional documentation
Afternoon	Departure of evaluation team	

Sample schedule for the second visit

<i>Time</i>	<i>What & who?</i>	<i>Why?</i>
DAY 0		
Late afternoon	Arrival of evaluation team	
60 minutes	Briefing meeting Evaluation team alone	Division of tasks, preliminary discussion of evaluation report structure and issues
Evening	Dinner Evaluation team, with rector and liaison person	Welcome, renew acquaintance; go over site visit programme

DAY 1		
9.00 – 10.00	Meeting with rector Evaluation team, rector	Discuss <i>privately</i> issues that need to be stressed in team's visit and report
10.10 – 11.00	Meeting with self-evaluation steering group Self-evaluation group, evaluation team, liaison person, task forces	Discuss any changes in context or internal situation since the first visit, analyse impact of first visit, review additional information sent to the team, clarify any open questions
11.10 – 12.30	Meeting with the deans Deans' Council or deans from several faculties, evaluation team	Discuss relationship of faculties with central level with respect to strategic development and quality management; input in self-evaluation; special issues arising from self-evaluation and/or from talk with rector
12.40 – 14.00	Lunch Evaluation team, liaison person	Reflect upon impressions of first meetings and complete information as necessary
14.00 – 15.00	Meeting with central office staff members	Discuss role of institutional strategic documents (development plans, etc.) in development of institution; special issues arising from self-evaluation parts one and two and/or from talk with rector
15.10 – 16.00	Meeting with senate Senate representatives	Discuss relationship of senate/democratic representation body with rectoral team regarding strategic and quality management

16.00 – 16.45	Meeting with student delegation Student representatives	Students' views on the institution, on relations with rector's office, on student input in quality management and in (strategic) decision making
17.00 – 18.00	Meeting with outside partners (Industry, society and/or local authorities)	Discuss relationships of institution with external stakeholders of private and public sector
18.00 – 19.00	Debriefing meeting Evaluation team alone	Exchange impressions, review the day
Evening	Dinner Evaluation team alone	Reflect on impressions and start preparing oral report

DAY 2		
9.00 – 9.50 parallel Evaluation team may split into pairs	Visit to faculties E and F Dean and possibly vice-dean	Introduction to the faculty: structures, quality and strategic management; discuss relationships of faculties with the central level; input in self-evaluation; role of quality control activities in faculty
10.00 – 10.40 parallel Evaluation team may split into pairs	Visit to faculties E and F Academic staff	Discuss relationships of faculties with the central level; input in self-evaluation; role of quality control activities in faculty; recruitment of new staff; staff development; motivation policies. Please note that deans or vice deans should not be present at this meeting: it is reserved for "regular" academic staff only.
10.50 – 11.30 parallel Evaluation team may split into pairs	Visit to faculties E and F Students	Students' views on their experience (e.g., teaching and learning, student input in quality control and (strategic) decision making)
12.30 – 14.00	Lunch Evaluation team alone	Evaluation team, alone, to exchange impressions
14.00 – 15.00	Meeting with international researchers and international graduate students	To discuss their experience of the institution
15.30 – 20.00	Debriefing meeting Evaluation team alone	Exchange impressions, review day and begin drafting the oral report [evaluation team needs a working

		room in the hotel for this task]
20.00	Dinner Evaluation team alone	Continuation of debriefing meeting
21.00 – 23.00	Drafting oral report Evaluation team alone	[evaluation team needs a working room in the hotel for this task]
DAY 3		
9.00 – 10.00	Concluding meeting Rector, evaluation team	Discuss draft oral report <i>with the rector alone</i> , to ensure it reflects the findings of the team as well as the needs of the rector for the institution's further development
10.00 – 10.30	Adapting oral report Evaluation team alone	Adapt oral report according to discussion with rector
10.30 – 12.00	Presentation of oral report Evaluation team, rector and members of the institution (invitations to be decided by the rector, e.g. rectoral team, liaison person, self-evaluation group, senate etc).	
Afternoon	Lunch and departure of evaluation team	

Annex 6

Standards and guidelines for quality assurance in the European Higher Education Area

Draft endorsed by the Bologna Follow-Up Group in September 2014 and subject to approval by the Ministerial Conference.

Part 1. Standards and guidelines for internal quality assurance

1.1 Policy for quality assurance

STANDARD:

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

GUIDELINES:

Policies and processes are the main pillars of a coherent institutional quality assurance system that forms a cycle for continuous improvement and contributes to the accountability of the institution. It supports the development of quality culture in which all internal stakeholders assume responsibility for quality and engage in quality assurance at all levels of the institution. In order to facilitate this, the policy has a formal status and is publicly available. Quality assurance policies are most effective when they reflect the relationship between research and learning & teaching and take account of both the national context in which the institution operates, the institutional context and its strategic approach. Such a policy supports

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

The policy translates into practice through a variety of internal quality assurance processes that allow participation across the institution. How the policy is implemented, monitored and revised is the institution's decision. The quality assurance policy also covers any elements of an institution's activities that are subcontracted to or carried out by other parties.

1.2 Design and approval of programmes

STANDARD:

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

GUIDELINES:

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

Programmes

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

1.3 Student-centred learning, teaching and assessment

STANDARD:

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

GUIDELINES:

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

The implementation of student-centred learning and teaching

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

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

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

1.4 Student admission, progression, recognition and certification

STANDARD:

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

GUIDELINES:

Providing conditions and support that are necessary for students to make progress in their academic career is in the best interest of the individual students, programmes, institutions and systems. It is vital to have fit-for-purpose admission, recognition and completion procedures, particularly when students are mobile within and across higher education systems. It is important that access policies, admission processes and criteria are implemented consistently and in a transparent manner. Induction to the institution and the programme is provided. Institutions need to put in place both processes and tools to collect, monitor and act on information on student progression.

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

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

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

1.5 Teaching staff

STANDARD:

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

GUIDELINES:

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

responsibility for the quality of their staff and for providing them with a supportive environment that allows them to carry out their work effectively.

Such an environment

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

1.6 Learning resources and student support

STANDARD:

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

GUIDELINES:

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

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

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

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

1.7 Information management

STANDARD:

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

GUIDELINES:

Reliable data is crucial for informed decision-making and for knowing what is working well and what needs attention. Effective processes to collect and analyse information about study programmes and other activities feed into the internal quality assurance system.

The information gathered depends, to some extent, on the type and mission of the institution. The following are of interest:

- Key performance indicators;
- Profile of the student population;
- Student progression, success and drop-out rates;

- Students' satisfaction with their programmes;
- Learning resources and student support available;
- Career paths of graduates.

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

1.8 Public information

STANDARD:

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

GUIDELINES:

Information on institutions' activities is useful for prospective and current students as well as for graduates, other stakeholders and the public. Therefore, institutions provide information about their activities, including the programmes they offer and the selection criteria for them, the intended learning outcomes of these programmes, the qualifications they award, the teaching, learning and assessment procedures used the pass rates and the learning opportunities available to their students as well as graduate employment information.

1.9 On-going monitoring and periodic review of programmes

STANDARD:

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

GUIDELINES:

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

They include the evaluation of:

- The content of the programme in the light of the latest research in the given discipline thus ensuring that the programme is up to date;
- The changing needs of society;
- The students' workload, progression and completion;
- The effectiveness of procedures for assessment of students;
- The student expectations, needs and satisfaction in relation to the programme;
- The learning environment and support services and their fitness for purpose for the programme.

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

1.10 Cyclical external quality assurance

STANDARD:

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

GUIDELINES:

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

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

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

Further reading

EUA publications

All EUA publications may be downloaded from the EUA website at <http://www.eua.be/publications>.