External Quality Assurance for Higher Education in CIS and South-East European countries

Module 2

Conducting the process of external quality assurance

United Nations Educational, Scientific and Cultural Organization

International Institute for Educational Planning

External quality assurance: options for higher education managers

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Module 2

CONDUCTING THE PROCESS OF EXTERNAL QUALITY ASSURANCE

List of abbreviations

AAAHE	Albanian Accreditation Agency for Higher Education
AAC	Austrian Accreditation Council
AAU	Academic Audit Unit (New Zealand)
AB	Accreditation Board (India)
ACCR	Accreditation Commission of the Czech Republic
ACQUIN	Accreditation, Certification, Quality Assurance Institute (Germany)
ACSR	Accreditation Commission of the Slovak Republic
ACICS	Accrediting Council for Independent Colleges and Schools (USA)
AICTE	All India Council for Technical Education
AUQA	Australian Universities Quality Agency
BAN-PT	*Badan Akreditasi Nasional - Perguruan Tinggi* (National Accreditation Board for Higher Education, Indonesia)
CEE	Central and Eastern European
CEEC	College Education Evaluation Commission (Quebec, Canada)
CHE	Council of Higher Education (South Africa)
CNA	National Council of Accreditation (Columbia)
CQAHE	Centre for Quality Assessment in Higher Education (Lithuania)
ENQA	European Association for Quality Assurance in Higher Education
EQA	External quality assurance
FHR	Austrian Fachhochschule Council
HAC	Hungarian Accreditation Committee
HE	Higher education
HEFCE	Higher Education Funding Council of England
HEI	Higher education institution
HEQC	Higher Education Quality Committee (South Africa)
HEQEA	Higher Education Quality Evaluation Agency of the Republic of Macedonia
HEQEC	Higher Education Quality Evaluation Centre (Latvia)
ICAR	Indian Council for Agricultural Research
IIEP	International Institute for Educational Planning
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
NNC	Network Norway Council
NAAC	National Assessment and Accreditation Council (India)

NAC	National Accreditation Centre of the Russian Federation
NBA	National Board of Accreditation (India)
NCAAA	National Council for Academic Assessment and Accreditation (Romania)
NCEA	National Council for Educational Awards (Ireland)
NEAA	National Evaluation and Accreditation Agency (Bulgaria)
NWCCU	North West Commission for Colleges and Universities (USA)
OCGS	Ontario Council for Graduate Studies (Canada)
PAASCU	Philippine Accrediting Association of Schools, Colleges and Universities
QA	Quality Assurance
QAA	Quality Assurance Agency
QR	Quality-related research
RAE	Research Assessment Exercise (UK)
UAC	University Accreditation Commission (Poland)
UK	United Kingdom
USA	United States of America
VC	Visiting Committee

List of boxes

Illustrations from the quality assurance practices of the following countries:

Presentation of the module

Welcome to Module 2 "Conducting the process of external quality assurance" of our distance course on External Quality Assurance.

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

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

Module 2

CONDUCTING THE PROCESS OF EXTERNAL QUALITY ASSURANCE

Introduction

Module 1 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.

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. 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. 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 3* 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 1* 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 four-stage model is a widely prevailing modality in this region, but that variation is also a common element.

Box 1. The accreditation process in Central and Eastern Europe

Brief description of the accreditation process

A comparison of the brief descriptions of the respective accreditation processes shows a high convergence towards a four-step approach:

1. step: self-evaluation plus a self-evaluation report provided by the higher education institution;
2. step: external evaluation (usually a site-visit);
3. step: evaluation report;
4. step: decision-making by the accreditation council (in some cases to be approved by the ministry).

Still, there are some interesting variations, three of which follow:

(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).

(b) The National Council for Academic Assessment and Accreditation (Romania) offers distinct procedures for different purposes:

- "provisional operation license (authorization) for the newly established programmes or institutions;
- proper accreditation (3 years after a study cycle from the moment of getting the provisional operation licence);
- periodic quality evaluation every five years for the accredited institutions (13)"

(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.

Source: Hofmann, 2006.

Activity 1

(a) Discuss the advantages and shortcomings of the three-stage model of quality assurance.

Advantages:

Shortcimings:

(b) Is it applied or would it be applicable to quality assurance of institutions and/or programmes of higher education in your country? For what reasons?

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. defining criteria;
3. self-assessment;
4. external review;
5. decision-making and reporting by the agency;
6. implications of the outcome; and
7. 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. Both are linked, and it is possible to think of them in the following way:

	Mandatory systems	Voluntary systems
All institutions/programmes	Very rare. Too expensive.	Mostly linked to improvement.
A specific set of institutions or programmes	Mostly linked to quality control of specific sets of institutions or programmes.	Mostly linked to eligibility for access to certain resources.

When systems operate on a voluntary basis, the two main options are the following:

- Option 1: Quality assurance is open to all institutions or programmes under its purview and the QAA sets no initial conditions.
- Option 2: Only those who satisfy certain eligibility criteria are considered for quality assurance.

The eligibility criteria need not be seen as a rigorous screening mechanism imposed by the quality assurance agencies to keep away some institutions. Normally, however, they are intended to ensure that only those institutions or programmes that have a fair chance of fulfilling the quality assurance requirements volunteer for it. They therefore save both institutions and programmes the frustration and expense of going through a process that is too demanding for them. In the USA, where HEIs own the regional accreditation agencies, the requirements of eligibility represent an additional set of standards that all member institutions have agreed to meet. The eligibility criteria may vary between the number of years an institution has existed, to evidence that it fulfils a set of standards. The Northwest Commission on Colleges and Universities of the USA (NWCCU), see below *Box 2*, for instance, accredits institutions based on nine standards and related policies. It has also defined 20 essential Eligibility Requirements that must be met when evaluating an institution's application. These should not be confused with the standards for accreditation. Each Eligibility Requirement is an expected level of performance or pre-condition that relates to one of the standards and/or policy.

Box 2. Establishing initial conditions (USA)

Eligibility requirements for candidates for accreditation and accredited higher education institutions

The Northwest Commission on Colleges and Universities accepts applications from institutions that:

- are concerned predominantly with higher education;
- have characteristics commonly associated with higher education; and
- meet the Eligibility Requirements.

Each Eligibility Requirement is an expected level of performance or pre-condition.

1. AUTHORITY: The institution is authorized to operate and award degrees as a higher education institution, by the appropriate governmental organization, agency, or controlling board as required by the jurisdiction or state in which it operates.

2. MISSION AND GOALS: The institution's mission is clearly defined and adopted by its governing board(s) consistent with its legal authorization, and is appropriate to a degree-granting institution of higher education. The institution's purpose is to serve the educational interests of its students and its principal programs lead to formal degrees. It devotes all, or substantially all, of its gross income to support its educational mission and goals.

3. INSTITUTIONAL INTEGRITY: The institution is governed and administered with respect for the individual in a non-discriminatory manner while responding to the educational needs and legitimate claims of the constituencies it serves, as determined by its chartered purposes and accredited status.

4. GOVERNING BOARD: The institution has a functioning governing board responsible for the quality and integrity of the institution and for each unit within a multiple-unit institution to ensure that the institution's mission is being achieved. The governing board has at least five voting members, a majority of whom have no contractual, employment, or personal financial interest in the institution.

5. CHIEF EXECUTIVE OFFICER: The institution employs a chief executive officer who is appointed by the governing board and whose full-time responsibility is to the institution. In the instance of multiple-unit institutions, the governing board may delegate to its chief executive officer the authority to appoint the executive officer of an operationally separate institution. Neither the chief executive officer nor an executive officer may serve as the chair of the institution's governing board.

……

The other eligibility criteria relate to the following areas:

ADMINISTRATION,

FACULTY,

EDUCATIONAL PROGRAM,

GENERAL EDUCATION AND RELATED INSTRUCTION,

LIBRARY AND LEARNING RESOURCES,

ACADEMIC FREEDOM,

STUDENT ACHIEVEMENT,

ADMISSIONS,

PUBLIC INFORMATION,

FINANCIAL RESOURCES,

FINANCIAL ACCOUNTABILITY,

INSTITUTIONAL EFFECTIVENESS,

OPERATIONAL STATUS,

DISCLOSURE and

RELATIONSHIP WITH THE ACCREDITATION COMMISSION.

Source: Northwest Commission on Colleges and Universities web site.

How the initial conditions are established is also closely related to the nature of the process – whether it is mandatory or voluntary.

- Option 1: Mandatory Process

In some systems, quality assurance is mandatory and the quality assurance agency covers all institutions or programmes under its purview without applying any eligibility criteria.[1] This option is exercised mostly in systems in which the quality assurance outcome leads to direct decision-making. This could include, for example, decisions on access to certain substantial funds, recognition to function as an HEI, or approval to offer a programme.

Quality assurance can have different objectives. For some, the predominant objective is quality control. For others, it is public assurance of compliance with certain quality criteria or the accountability of institutions. For others, the main aim is helping institutions to self-improve. In most cases, the objective of quality assurance is a combination of all of the above. However, the emphasis on each varies in different countries, depending on the characteristics of the higher education system and the degree of accountability required by various authorities. In general, when quality assurance is meant as a quality control mechanism and thus refers to minimum standards, it is made mandatory, at least for the set of institutions or programmes that need quality control.

For example, in the UK, the Higher Education Funding Council of England (HEFCE) has the mandate to ensure that the teaching programmes it funds are of quality. The HEFCE contracts with the Quality Assurance Agency (QAA) of the UK to assess the teaching programmes of HEIs. Quality assessment therefore becomes compulsory for all programmes to get funding from the government. In Canada's Province of Ontario, universities can offer a graduate programme only if the Ontario Council for Graduate Studies (OCGS) gives clearance based on its appraisal or assessment. Although the OCGS calls its process 'voluntary', the link between the outcome of the process and the potential sanction gives the process a mandatory flavour. Indeed, all members of the OCGS have agreed to undergo the appraisal for initiating any graduate programme.

- Option 2: Voluntary Process

There are systems in which other mandatory mechanisms[2] ensure the threshold level of functioning of institutions. Consequently, quality assurance remains truly voluntary.

In most cases, the quality assurance agencies that go beyond regulatory purposes and aim primarily at HEI self-improvement have a voluntary approach to quality assurance. The self-improvement agenda takes the 'fitness-for-purpose' approach, where quality is equal to the extent to which objectives and goals are met. The implication of this is that the institutions are evaluated against their own goals and objectives, and not necessarily against objectives defined by external parties such as government. This ensures that quality assurance is carried out as an

1. This does not mean that mandatory processes apply to all institutions or programmes within a system, but only to those that fall under the purview of a quality assurance agency. They may be private institutions only, or public ones only, or specific 'social interest' programmes such as medicine or teacher training.

2. These are usually other forms of quality assurance, which may coexist within a given system.

improvement process and that HEIs do not feel threatened. However, the incentives for a good quality assurance outcome and the indirect benefits to HEIs due to stakeholders using quality assurance outcomes for their decision-making might put pressure on the HEIs to undergo the quality assurance exercise. This can add a quasi-mandatory flavour to it. For example, a good quality assurance outcome would result in more prestige, better social recognition, good students and competent teachers.

The system of accreditation in the USA is an example of how influential the voluntary mechanism can be if it is implemented well. In the USA, the federal and state governments rely heavily on accreditation to allocate student aid funds. Many other federal funds, as well as billions of dollars in state funds, are allocated based on the accreditation status. State certification of professionals is heavily dependent on whether or not students have completed accredited programmes. All this happens in spite of accreditation being 'non-governmental voluntary self-regulation'.

In countries where HEIs are generally of both 'good' and relatively even quality, there is an emphasis on the quality improvement function having precedence. However, there are many systems where quality improvement itself is linked to a demand for accountability, even when quality assurance is voluntary.

Systems may also have a mixed approach. Thus, there may be mandatory quality assurance for certain programmes or institutions, and voluntary quality assurance for others. This is usually the case when both accountability and quality improvement are important. The main difference in these cases is the absence of sanctions applied to those institutions or programmes that voluntarily apply for accreditation.

Colombia is a good example of a system with both mandatory and voluntary mechanisms, for different purposes. As part of the reforms of the higher education system in Colombia, the system of accreditation of Colombian higher education institutions and programmes was created under the auspices of the National Council of Accreditation (CNA). The CNA performs two main functions in the area of quality assurance. First, it carries out quality assurance of a compulsory nature through a mechanism called 'previous accreditation'. In this mechanism, minimum standards in chosen study areas of particular social relevance are checked. Second, it undertakes a voluntary accreditation process of both undergraduate programmes and HEIs called 'Accreditation of Excellence'. This acknowledges high levels of quality through a standards-based approach. For more details, you may like to read the case study published by IIEP on Colombia's accreditation system (Revelo Revelo and Augusto Hernandéz, 2003).

In voluntary systems, HEIs themselves might be able to determine whether they have the potential for achieving accreditation. The published criteria therefore become implicit eligibility requirements. An institution that wishes to volunteer for assessment might send an application to the quality assurance agency with details of eligibility. After checking its eligibility to undergo assessment, preparation for assessment begins when the QAA accepts the letter of intent.

2. Defining criteria for quality assurance

The next significant stage for quality assurance is the definition of quality criteria. This is an essential step, and can be approached in several ways:

- establishment of a set of basic quantitative indicators. Some agencies use a set of quantitative indicators or standards/benchmarks that HEIs must meet. These generally correspond to systems that want to ensure compliance with a basic set of requirements in a relatively simple approach. These indicators or benchmarks are normally determined by the government. They serve as a baseline for operation or for the allocation of funds. The use of these indicators seems to provide an objective and relatively inexpensive way to measure compliance with threshold standards. However, they also tend to emphasize compliance with a formal requirement, without insisting on attention being paid to the more substantive elements involved in these indicators. A more developed and sophisticated way of doing this is to identify certain benchmarks, which then serve as standards for the system;
- the more common approach lies in a combination of standards and qualitative criteria. These may be developed by the agency but normally involve some degree of consultation with relevant stakeholders. They provide assurance that the standards of the discipline, the profession or institutional model are met. However, care should be taken not to unduly homogenize the programmes or institutions;
- the other approach is to develop standards that apply to an institution's or a programme's purposes. Quality criteria in this sense may refer mainly to 'fitness-for-purpose'. In many systems, however, there is an explicit statement about 'fitness of purpose'. This involves certain conditions that institutional purposes must fulfil if they are to be accepted as the standard for quality; and
- finally, some agencies review institutions or programmes against their own goals and objectives (the 'fitness for purpose' approach) alone. This approach lets HEIs develop according to their priorities and principles. However, it may prove insufficient to ensure quality across a wide diversity of institutions or programmes. This approach might be useful where 'fitness for purpose' and 'minimum threshold level of quality' are well-developed or ensured by other mechanisms that coexist in the system. Indeed, they would thus allow the quality assurance agency to focus on how well the HEIs or programmes achieve their stated purposes.

Quality assurance agencies must decide which of these types of criteria is most appropriate for the level of development of their higher education system. Applying a scheme with a strong external component to already-strong institutions will antagonize them and make them resistant to all quality assurance efforts. At the same time, applying a 'fitness-for-purpose' scheme to a set of very diverse and new institutions will not provide any orientation regarding quality. Moreover, it will probably not make any contribution towards enhanced quality within the system. On the other hand, agencies can, and usually do, combine these approaches in the way that is most suitable to the characteristics of the institutions in their higher education system. It is essential that 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, be made clear to the stakeholders prior to applying the quality assurance procedures. In some cases, the agency requires the institution to provide information on each standard or criterion. The agency then carries out its

own assessment. But it is highly desirable that institutions themselves do a self-assessment on the basis of the required information, and report on how they meet the standards set or criteria identified by the quality assurance agencies.

In this same area, there is a second field for options. This refers to the stakeholders that the system is willing to involve in the definition of quality criteria. Here, it is recommended that one be as inclusive as the system will accept, since increased involvement will also increase the legitimacy and acceptance of the criteria or standards. Participation from academics, representatives of professional or disciplinary associations, employers or other external stakeholders may provide a significant contribution. However, it may also introduce corporate restraints that are only very loosely linked to quality.

3. 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.

- 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.

The guidelines on institutional preparations – brief or detailed (examples are given in *Box 3*) – promote the participatory approach to ensure wide involvement of the campus community in preparing the report. You will find it useful to download the guidelines given by quality assurance agencies from their web sites and try a comparison. This will help you to choose the strategy to prepare the HEIs of your system for self-assessment. The guidelines given by two agencies are listed below. One provides only broad guidelines. The other specifically lists the type of information to be provided in the report. Based on this, the institution is expected to reflect further.

Box 3. Guiding HEIs to prepare for the self-assessment process (New Zealand and India)

Brief guidelines to HEIs: New Zealand

So as to provide the institutional context to the audit, the main document contains:

- a one-page history and current profile of the institution,
- an overview of the management and organisational structure, including an organisation chart (or equivalent),
- a brief overview of the institution's quality assurance arrangements and systems, embracing the scope of the audit, and set in the context of the institution's charter, profile/objectives and special characteristics.

Institutions are encouraged to use bullet points, diagrams and flowcharts as much as possible to reduce the size and enhance the legibility.

The main document may include appendices to the text which include data and factual information not available in other materials (such as annual reports), cross-referenced to, and within, the main document. The information might include items such as entry qualifications, non-completion rates, degree results, graduate employment data, 'stakeholder' satisfaction data, performance indicators and measures employed that relate to the scope of the audit. Appendices might indicate how this information is used in quality control and assurance processes within the institution, giving examples where possible. They can also include examples of the effectiveness in the operation of quality assurance systems and instances of particularly good practice. (www.aau.ac.nz)

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)

Student enrolment	UG			PG			M.Phil			Ph.D			Diploma / Certificate			Self-Funded		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
No. of students from the same state where the institution is located																		

No. of students from other states																		
No. of NRI students																		
No. of overseas students																		

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)

Number	Amount

4. Does the institution obtain feedback from students on their campus experience? Yes □ No □

5. Major cultural events (last year data)

	Organized			**Participated**		
	Yes	**No**	**Number**	**Yes**	**No**	**Number**
Inter-collegiate						
Inter-university						
National						
Any other (specify)						

6. Examination results (past five years)

	UG					**PG**					**M. Phil**				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
% of passes															
No. of first classes															
No. of distinctions															

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

NET				
SLET				
CAT				
TOEFL				
GRE				
G-MAT				
IAS etc.				
Defense Entrance				
Other services				
Any other (specify)				

8.	Student Counselling Centre	Yes		No		Yr. of Estb	
9.	Grievance Redressal Cell	Yes		No		Yr. of Estb	
10.	Alumni – alumnae Association	Yes		No		Yr. of Estb	
11.	Parent-teacher Association	Yes		No		Yr. of Estb	
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.

Activity 2

Browse the web sites of the following quality assurance agencies and identify areas of flexibility (options) they give to the institutions for the self-study process:

Areas of flexibility:

- 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)

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 4* will discuss those areas.

4. 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.

In Australia and New Zealand, the quality assurance agencies have significantly extended the interpretation of 'peer'. The AUQA's *Audit manual,* (June 2006) explains the reasons for this as follows:

> "The term 'peer' means "a person or group with similar knowledge, skills, experience and status in the relevant context" (Woodhouse, 1994). In academia, it often means simply 'another academic', and more generally it often denotes someone in the same professional field. However, this can engender public suspicion of peer review, and a feeling that peer review does not result in independent objective judgments, but that the reviewers are more inclined to conceal their colleagues' defects.
>
> To avoid both this effect and the suspicion of this effect, AUQA has extended the interpretation of 'peer' and, in addition to people from within Australian universities, audit panels always include people from outside Australian academia who have knowledge of or expertise in some aspects of what is being reviewed, but who have applied it in a different context and/or with different underlying assumptions."

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.

Below *Box 4* outlines the geneal and additional requirements for external reviewers as they are stipulated by the South African HEQC.

Box 4. Selection of reviewers in South Africa

South Africa

General requirements that must be met for an expert to be considered a candidate for the auditor preparation programme

- They must have been nominated by a stakeholder with a relevant interest in higher education or
- They must have been approached by the HEQC as individuals.

Whether nominated or approached directly by the HEQC, the individual must attest that he or she:

- is willing and able to attend the required auditor preparation programme;
- is willing and able to serve on at least two audit panels over a period of six years;
- is willing to abide by the decisions of the HEQC regarding their suitability for selection for preparation and for their selection to an audit panel;
- is willing and able to complete and sign a 'Declaration of Interest' form and a 'Confidentiality Agreement';
- is willing and able to furnish the HEQC with a CV plus any other relevant details as required by the HEQC to make an informed decision on the suitability of the candidate for selection for either the preparation programme or for audit panels;
- is willing and able to abide by HEQC policies, procedures and regulations in respect of all aspects of audits;
- is willing and able to work in a team, to act collegially, and to act with authority, and to express views independently;
- is willing and able to abide by the confidentiality agreement and observe the level of discretion necessary;
- has the necessary personal credibility, diligence and commitment;
- possesses good listening skills, and can communicate effectively. (...)

Additional requirements to be met by experts who are academic peers

- They must be full-time staff members engaged in teaching, research and/or academic administration.
- Teaching and research experience and/or experience of academic administration of at least five years at the higher education level.
- They must possess at least a Master's degree or a higher qualification.
- Knowledge and experience of some aspects of curriculum development is required.
- Publications in recognized national and/or international journals or books are essential.
- They must have personal credibility with senior managers and heads of institutions/HE providers OR with their peers in their disciplinary or administrative fields.

It is highly recommended that the persons

- have more than five years experience of teaching, research and/or administration at a HEI;
- have prior involvement with HEQC/CHE or related processes;
- have been external examiners at higher education levels;
- have knowledge and experience of specific fields and systems: e.g., academic planning, student services, and so on.

Source: Council on Higher Education website

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 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 3*. 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 3*.

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 5,* 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 5. 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.

	(1) AAAHE/Albania	(2) AAC/Austria	(3) FHR/Austria	(5) NEAA/Bulgaria	(6) ACCR/Czech Republic	(7) ACQUIN/Germany	(8) HAC/Hungary	(9) HEQEC/Latvia	(11) HEQEA/Rep. of Macedonia	(10) CQAHE/Lithuania	(12) UAC/Poland	(13)NCAAA/Romania	(14) NAC/Russian Federation	(15) ACSR/Slovak Republic
WHAT KIND OF EXPERIENCE/ EXPERTISE IS REQUIRED FROM THE EXPERTS?														
high (academic) reputation & expertise	■	■	■	■	■	■	■	■	■	■		■	■	■
independence/external status/impartiality	■		■	■	■	■	■			■				
residence/"foreigness"		■	■	□	■	□	■	■		■			■	■
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	□		■	■			■				■	■		■

■ crucial □ possible

Source: Hofmann, 2006.

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.

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 two 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.

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 (see below *Box 6*).

Box 6. 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.

Source: Kozma, 2003: 76-77.

Philippines

The survey visit begins with an Orientation Meeting led by the Team Chair. The orientation meeting sets the objectives of the visit and the various procedures to be followed.

During the two-day visit, the team members, either individually or in various groupings, meet with administrators, faculty and students, observe lecture classes and laboratory sessions, and review the documents prepared by the institution. The various learning resources and facilities are also visited, including community outreach programmes and communities.

The visit ends with the Wrap-up Session during which the area reports are given and finalized. The Team Chair submits the full report to the appropriate Commission and subsequently to the Board which deliberates on the report and takes appropriate action.

Source: PAASCU Primer for Accreditation, 2006.

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 (see *Box 7*). 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 7. 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 is the option followed in some of the regional accrediting agencies of the USA. While the Higher Learning Commission of the North Central Association of Colleges

and Schools does not send its staff to join the review team, the Accrediting Council for Independent Colleges and Schools (ACICS) of the USA sends a staff to join the team. However, the staff do not have a role in the assessment decisions. The ACICS describes the role of the agency staff as below:

> "During the visit, the primary role of the staff is to interpret the ACICS Accreditation Criteria. Staff will provide team members with guidance in understanding and applying the Criteria and may assist team members with gathering information as time provides. Staff is not to be assigned sole responsibility for the writing of any section of the team report with the exception of the publications section. Staff also will ensure that all areas of the institution's operation are properly reviewed by the team members." (ACICS, 2006)

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.

5. 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 below *Box 8.*

Box 8. 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.)

Academic Review: England

Academic review is the subject-level review process used for directly funded* higher education in further education colleges in England from 2002.

Judgements about academic standards are made on the appropriateness of the intended learning outcomes set by the subject provider in relation to subject benchmark statements, qualification levels and the overall aims of the provision; on the effectiveness of curricular content and assessment arrangements in relation to the intended learning outcomes; and on actual student achievement.

Judgements about the quality of learning opportunities are made on the effectiveness of teaching and the learning opportunities; on the effectiveness of learning resources, including staff, and of the academic support provided to students to enable them to progress in their studies.

Judgements 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.

Judgement on quality of learning opportunities

When reporting on the quality of learning opportunities reviewers will place each of the three aspects of provision into one of three categories; 'commendable', 'approved' or 'failing' and judgements will be made on the following basis:

* the provision contributes substantially to the achievement of the intended learning outcomes, with most elements demonstrating good practice. In the report, this judgement will be referred to as 'commendable';

* the provision enables the intended learning outcomes to be achieved, but improvement is needed to overcome weaknesses. In the report, this judgement will be referred to as 'approved'. The report will normally include a statement containing the phrase 'approved, but...' which will set out the areas where improvement is needed;

* the provision makes a less than adequate contribution to the achievement of the intended learning outcomes. Significant improvement is required urgently if the provision is to become at least adequate. In the report, this judgement will be referred to as 'failing'.

Source: The Quality Assurance Agency for Higher Education website.

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 fulfils 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" (Arcelo, 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?

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 below *Box 9.*

Box 9. Decision-making by the quality assurance agency (USA)

In arriving at a decision on candidacy, the Commission:

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

Source: Northwest Commission on Colleges and Universities website.

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. This is the case of HAC in Hungary.

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.

The following options regarding public disclosure of the quality assurance outcome may be noted:

- 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. The content of the public report may differ depending on the cultural context. It will also depend on the requirements set for accountability. Moreover, developments may push quality assurance agencies to publish reports. For example, in Ireland the institutional review report has not been a public document to date. Where necessary, relevant parts of the report were sent to organizations with a role in implementing the recommendations. This practice will soon be changed, since the guidelines developed by the ENQA for the member countries of the European Union emphasize report publication.

6. 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. For example, in Hungary, the Hungarian Accreditation Committee (HAC) does the following:

- approves the operation of both degree and doctoral programmes and decides whether HEIs can run doctoral training programmes in given academic and/or artistic fields;
- regularly evaluates the level of quality in education and academic activities in individual institutions (institutional accreditation) – at least once every eight years;
- give its opinion on degree programmes and establishes the institutions' habilitation [authorization to teach] and doctoral regulations;
- informs the Minister of Education of its opinion on the creation/accreditation of new institutions and faculties, on the basis of their teaching/research capacity; and
- gives its opinion on the operation of foreign HEIs in Hungary.

Various implications such as permission to offer programmes and creation of new faculties are obviously based on the HAC's recommendation. Of the various implications, the linking of the quality assurance outcome to funding has been an area of considerable debate. Some argue that a direct funding link is necessary if quality assurance is to have significant impact on the quality of education. Others argue that the quality assurance outcome should be linked to indirect benefits and incentives.

- 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 is linked to levels of deregulation and autonomy.

The example of the Philippines was discussed above (see Boxes 5 and 6)

- Option 4: Quality assurance outcome provides prestige only.

This is true of many voluntary systems, such as those in France and India.

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 polices 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. Below *Box 10* demonstrates funding links in Hungary and the UK.

Box 10. Funding links to quality assurance outcomes

Hungary

"Accreditation decisions are directly related to funding. Only those study programmes that have been accredited and recommended for final ministerial approval by the Higher Education Research Council receive state funding. Since accreditation is the requirement for granting diplomas/degrees, programmes without accreditation may not be advertised on the self-funding 'market' of students, employers and parents."

Source: Kozma, 2003: 64.

The UK

We (Higher Education Funding Council of England) are the single largest provider to HEIs of public funds for research. ... Our funding of research in 2004-2005 is 1,081 million pounds and is allocated under two main headings:

Quality-related research (QR) funding – with reference to both the quality and volume of research activity (1,061.4 million)

Capability funding (17.5 million)....

The quality of research is assessed in the Research Assessment Exercise (RAE). The last RAE was conducted in 2001 and has informed funding decisions from 2002-2003. In the last RAE, each institution was awarded a rating on a scale of 1 to 5* (five star), for the quality of its research in each unit of assessment in which it was active. Ratings 1, 2, 3b and 3a attract no funding, while a rating of 5* attracts over three times as much funding as a rating of 4 for the same volume of research activity. As a result, our funding of research is highly selective.

Source: HEFCE, 2004.

7. 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 11. 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.

Source: Hämäläinen *et al*., 2001.

- 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 the UK, the Institutional Review report of QAA identifies both good practice and matters where the Agency believes that improvement action should be taken. Action points are categorized as 'essential', 'advisable' or 'desirable'. In the case of any action point rated as 'essential', the Agency will normally seek from the institution an account of action taken to address the matter 12 months after the report's publication.

In Sweden, the University Chancellor and project manager of the national evaluation agency visit the institution together one year after the finalization of the audit. There, they discuss with management the follow-up initiatives that have been taken. In the Netherlands, the Inspectorate of the Ministry of Education is responsible for a meta-evaluation of the quality of the evaluation procedures. The Inspectorate may advise the Ministry to reduce or stop funding accordingly if an institution fails to provide sufficient follow-up. In Denmark, a ministerial order provides the guidelines for follow-up and the responsibilities of institutions, government and the advisory system. In Australia, the HEIs audited by AUQA are required to make public a 'progress report' 18 months approximately after the audit (see *Box 12).*

Box 12. 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.

Source: AUQA, 2006.

- 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

Browse the web sites of a few quality assurance agencies and find out the re-accreditation procedures, if available. Check whether there is a link between action taken on first review and the subsequent review. The web site of the NAAC (www.naac-india.org) may be of interest to you. It shows how NAAC has linked 'action taken on the assessment report' and the re-accreditation strategy.

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.

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Web resources

Australian Universities Quality Agency (AUQA): www.auqa.edu.au

Council on Higher Education (CHE), South Africa: www.che.ac.za

Council on Higher Education Accreditation (CHEA), USA: www.chea.org

European Association for Quality Assurance in Higher Education: www.enqa.org

Higher Education Funding Council of England (HEFCE), UK: www.hefce.ac.uk

Hong Kong Council for Academic Accreditation (HKCAA): www.hkcaa.edu.hk

International Network for Quality Assurance Agencies in Higher Education (INQAAHE): www.inqaahe.nl

Lembaga Akreditasi Negara (LAN), Malaysia: www.lan.gov.my

Middle States Commission on Higher Education, USA: www.msche.org

National Assessment and Accreditation Council (NAAC), India: www.naac-india.org

National Council for Higher Education Accreditation (NCHEA), Mongolia: www.accmon.mn

New Zealand Universities Academic Audit Unit (AAU): www.aau.ac.nz

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/

Quality Assurance Agency (QAA), UK: www.qaa.ac.uk

The modules on External quality assurance: options for higher education managers in CIS and South-East European countries

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.

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