EIQAS

ENHANCING INTERNAL QUALITY ASSURANCE SYSTEMS

ERASMUS + PROJECT

2014-2016

Reference Framework for Comparative Analysis of Agencies' Internal Quality Assurance (IQA) Assessment Methodologies

FREE PUBLICATION

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Slovenia, May 2015.

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Reference Framework for Comparative Analysis of Agencies' IQA Assessment Methodologies

This chapter presents the reference framework for comparative analysis of agencies' internal quality assurance assessment methodologies, as it was adopted by the project partners. It concludes with an extensive questionnaire which can be found in Annex 1 of this report. When it was drafted, the 2005 version of the ESG was still in force.

Methodology in this framework is regarded as a set of methods applied in processes of external assessment of higher education institutions' internal quality assurance systems. Thereby, methods are tools, procedures, approaches and series of steps for checking whether standards, criteria, regulations and guidelines are properly met and regarded in higher education institutions' own quality assurance procedures.
For the purpose of laying proper grounds for a comparative analysis, it is essential to establish that the common set of quality related criteria is contained in the ESG which all partner quality assurance agencies and higher education institutions follow and are integrated in their national higher education systems.
Since the comparative analysis will focus on external assessment of internal quality assurance systems (IQAS), mostly part 1 of the ESG is relevant. This framework is mainly based on the 2005 version of the ESG but the revised standards in Yerevan in May 2015 were also taken into account when developing the final methodology.

Due to standardisation of the European Higher Education Area through the Bologna process, some elements of quality assurance are common to all EIQAS partner agencies on the one hand and higher education institutions on the other. We all share education systems, in which higher education institutions undergo periodic external reviews for the purpose of quality assurance. These reviews are supposedly transparent, predetermined, follow transparent and agreed upon regulations, and are carried out by external reviewers.[2] The latter analyse actual circumstances (state of affairs) at the higher education institution under review to evaluate whether the institution meets the criteria and standards of quality. An essential common characteristic is also that higher education institutions too have to carry out their own quality assurance procedures, which culminate in self-evaluation.
Both quality assurance agencies as well as higher education institutions thus apply a related and complementary set of methods to check the actual conditions with all relevant stakeholders and meet the European standards of quality.

The methods of quality assessment are deeply rooted in good practices of education systems which first introduced accountability as well as in the Bologna process. They can have different or even multiple aims and may focus on the consideration of stakeholders; completion of quality loops, progress and development of the assessed matter; compliance with quality standards; quality assurance procedures per se with corresponding quality indicators and methods applied.

The methods at the level of external quality assessment encompass the analysis of written documentation and / or establishing facts at site visits to higher education institutions. Based on the ESG (Standard 2.1), written documentation above all includes self-evaluation reports and self-evaluation based analyses of higher education institutions, with the exception of initial accreditation procedures. In case of the latter, the higher education institution has not yet undergone self-evaluation and provides mostly plans and descriptions of meeting initial conditions. Such methods lead to checking required compliance with minimal quality criteria and standards on the one hand and to evaluating the level of quality exceeding minimal requirements on the other. External reviews and agency decisions strive to be evidence based because quality assurance agencies also decide on accreditations and thus on constitutional and legal

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[2] Terms reviewer and expert in this document are used as synonyms.

rights, obligations and privileges of higher education institutions. However, external evaluations are usually not forensic investigations or inspections, but rather peer reviews. Even though the ESG and European practices in higher education tend to favour peer reviews, external evaluation procedures may in fact also need to tackle situations leading to revocation of accreditation. In such situations, appeals and further legal disputes often follow. A question arises, whether the methods of external quality assurance end in just legal closures by also upholding the standards of quality or whether quality assurance agencies need to give in and lower the quality standards on account of procedural and legal deficiencies of external evaluations and respective regulations.

When considering evidence, another binarity arises: in subsequent periodic reviews, reviewers usually also consider achievements and development since the last review. In addition, they collect evidence from stakeholders' opinions and testimonies as primary evidence. In such cases, managerial plans and wishes do not surface as weighty but as supporting evidence at best. In initial accreditation reviews on the other hand, reviewers usually consider plans, intentions and conditions for the onset of education or non-pedagogic activities as primary evidence.

Next to the assessment of compliance with minimum standards, reviewers implement a set of operations to assess the actual level of quality, identify good and bad practices, propose recommendations for improvement or maybe even engage in benchmarking or comparative analyses according to national and foreign data (findings of system-wide analyses of quality assurance agencies, ministries, possibly even the academia).

In conclusion, methods of external quality assessment unfold on two levels simultaneously and include: (1) analysis of the documentation, collecting evidence, contextualisation and conceptualisation of the actual situation at a higher education institution or of a study programme. These steps are then followed by (2) careful analysis of the matter usually based on inductive reasoning. (3) The matter under assessment is then linked to predefined standards of quality and compliance with standards is also evaluated. This means that evidence and established state of affairs pass reviewers' scrutiny of professional opinion with regard to quality standards and may be graded (example of grades: compliant / non-compliant). (4) Apart from that, reviewers follow the incentive of the ESG that external evaluation procedures be fit for purpose. This also includes the aspect of usefulness of external evaluation for the improvement of higher education institutions or their study programmes. In other words, external evaluations may also have to fulfil a sort of advisory function (ESG 2.4). Reviewers thus propose recommendations for improvement based on the established state of affairs, prior knowledge of good and bad practices and perhaps also on benchmarking and outcomes of system analyses. In doing so, they mind not to propose concrete solutions so as to avoid getting trapped in once assessing their own "recipes".

Higher education institutions too may implement very similar methods of quality assessment through internal evaluations, drawing from their own pool of reviewers, conducting their own evaluations based on internal regulations and rules, as well as proposing their own improvements based on their findings. When carried out in a transparent manner and published, internal evaluations complement self-evaluation procedures and provide a complete introspection for the management and relevant stakeholders of higher education institutions.

Since this framework and resulting analysis will focus on methods of assessing internal quality assurance systems of higher education institutions, it is fair to limit ourselves and take a glance only at the methods, standards and quality indicators of self-evaluation and related internal quality assurance procedures pertaining to the ESG, which then external quality assessment takes into account:

(1) Quality assurance policy and strategy: this indicator addresses questions of assessing whether accountability related policies and strategies are the main pillar of a coherent internal quality assurance system engaged in a cycle of continuous improvement. It serves to check whether they are transparent, realistic and promising enough; whether they are being implemented, internally evaluated and modified also according to

incentives of relevant stakeholders and outcomes of self-evaluation or internal evaluations; and whether they support the organisation of quality assurance system. According to the revised ESG, quality assurance policies are most effective when they reflect the relationship between learning, teaching and research. The policies at hand may have varying orientations: most of them may strive to strengthen quality culture and awareness of quality; some give special emphasis on competences and learning outcomes; some function predominantly as tools of improving the management and organisation of higher education institutions or their internationalisation and economic integration with the environment; others predominantly seek to consider and benefit the relevant stakeholders.

(2) Quality culture is an indicator which qualitatively manifests itself in stakeholders' awareness of benefits and disadvantages of internal accountability procedures and in turning this awareness in cooperative enhancement of quality. It may quantitatively reflect in survey response rates, number of stakeholder incentives, implemented measures for improvement, promotional activities, etc. However, neither measurable minimum standards nor a clear definition of quality culture are usually determined. This then hinders the possibility to collect hard evidence and guarantee proper proceeding in establishing whether minimal standards are met. Instead, this indicator is usually relevant for assessing quality above its minimum threshold.

(3) Transparency of internal quality assurance regulations: This indicator requires checking whether stakeholders have proper access to internal quality assurance related regulations, documents and policies. In order to facilitate this, the policy should have a formal status and be publicly available (ESG 2015 1.1).

(4) Considering stakeholder opinions and incentives: Internal regulations on surveying stakeholders should be transparent and predefined (ESG 2005 1.3). Stakeholder opinions and incentives are regularly collected, analysed and evaluated. Results are presented or accessible to relevant stakeholders. Information is collected through surveys, interviews, third party calls, etc. Surveys usually include: student satisfaction survey, employability survey, staff satisfaction survey, ECTS workload survey, competences and learning outcomes survey, etc. Anonymity should be assured.

(5) Mechanisms for designing and approval of study programmes and on-going monitoring and periodic reviews: Internal and external reviewers establish and evaluate whether study programmes are designed, modified, approved and monitored by properly represented bodies, with transparent and clearly defined procedures, taking into consideration all relevant stakeholders and the aspect of quality enhancement. The qualification resulting from a study programme should be clearly specified and communicated in the form of intended learning outcomes. Qualifications resulting from study programmes should be aligned with different levels of the national qualifications framework for higher education and, consequently, with the Framework for Qualifications of the European Higher Education Area.

(6) Extent and variety of stakeholder participation in quality assurance procedures: This indicator addresses the amount of inclusion and the structure of stakeholders participating in quality assurance procedures but then also in management activities of the higher education institution. The amount of inclusion refers to its frequency, periodicity and whether stakeholders only pass opinions and incentives, or whether they also participate in (internal and external) evaluations, as well as in designing and implementing measures for improvement.

(7) Extent of topics and content covered in internal quality assurance processes: Internal quality assurance processes should usually cover all areas of assessment, which are also subject of external quality assurance procedures. According to the ESG, design, organisation and provision of individual study programmes should not be exempt from self-evaluation. Other areas of (self-)assessment are usually (but not as a rule): integration with the environment, pedagogical and non-pedagogical (professional, scientific, artistic) activities, student centred learning, student support, teaching and

assessment; student admission, progression, recognition and certification, teaching staff and other human resources, management and the issues of strategies and policies, material and financial conditions and the topic of quality assurance per se.

(8) <u>Closure of quality loop from the methodological point of view</u>: Collecting data should take into account all relevant stakeholders. When collected, it should be interpreted according to predetermined analytical approaches (qualitatively and statistically), then assessed / evaluated / graded and in the end, measures for improvement should be proposed and summed up in an action plan with plausible deadlines and allocated resources. The latter step may be carried out either within the self-evaluation process or by the management of the higher education institution based on the findings of self-evaluation or internal evaluation. Internal (and external) quality assurance procedures should in addition follow up on the implementation of past action plans. Outcomes should be made public. The main question is whether quality assurance procedures implement all these steps for all areas of assessment or just some / none of them.

According to the ESG 2005 (Standard 2.6), follow-up is required only in external quality assurance procedures. Nevertheless, as a form of sustained quality assurance and enhancement, it should to some extent also be applied in internal evaluations and self-evaluations at higher education institutions. It takes on different modes, requiring for instance from higher education institutions to draft and check the implementation of action plans upon the concluded external evaluation or after the first site visit. In the latter mode, reviewers at the second site visit evaluate the implementation of the action plan or improvements that they or the agency first proposed. Higher education institutions may also be asked to report to external quality assurance bodies whether the measures proposed in external evaluations or action plans have been realized. Findings of follow-up procedures are subject to subsequent quality assessments and enable a chronological evaluation of progress and development at higher education institutions.

System-wide analyses (ESG Standard 2.8) include independent meta-analyses of outcomes of external and internal quality assessments for a set of selected quality indicators or are part of various other periodic reports. They provide both examples of good and bad practice as well as averaged quality assessments for selected quality indicators, some of which are described above. As such, they provide general insight into the quality of higher education at the national level. Within individual external or internal quality assurance procedures they may be used as reference for benchmarking, comparative evaluation or ranking. There is also a plethora of other (inter-)national studies, strategies, policies, standards and guidelines, which may be referred to in external assessments.

This then concludes our overview of diverse, stratified and deeply interconnected methods and procedures that agencies and other accreditation bodies apply when assessing quality in higher education. An important question arises, how incentives within quality assurance procedures lead to improvement from top down (from quality assurance agencies / governments to higher education institutions) and bottom up (from stakeholders to higher education institutions and eventually to the system of higher education). This framework further begs the question what methods are applied in this transfer i.e. what methods of quality assessment are applied in partner agencies for assessing internal quality assurance systems of higher education institutions. Which methods yield appropriate results and may be characterised as good practices and which result in poor practices? In answering these questions, one needs to consider country-specific legal frameworks because good practice in one country might not even be possible in another. Do these methods lead to and provide evidence and findings resulting in decisions that can withstand legal disputes and thus uphold quality standards and ensure compliance with them?

For Training event 1, partner agencies prepared presentations on IQA assessment methodology in line with this framework and the questionnaire in <u>Annex 1</u>. The approach

to comparative analysis of methodologies is based on a common template which is divided into chapters and respective questions. The presentations and discussion at Training event 1 provided compatible information for this report.

Annex 1

Template for Presentations (Reference Framework for Comparative Study)

Legal framework:
1. Are quality standards / criteria defined by law, by agency's regulation (executive act), non-binding guidelines or all together?
2. Are there any legally binding standards / criteria referring directly to the internal quality assurance issues (e.g. quality assurance policy, quality assurance processes, etc.)?
3. What happens if a standard / criterion is not defined by law and accreditation is revoked on account of non-compliance with such a standard?
4. What are the legal consequences of agency's decisions (negative and positive)?
5. Are external quality assessment methods defined by law / regulation / quality manual / guide for reviewers / all?
6. Do some standards lack legal grounds (which and how)?
7. Are some standards poorly defined (which and how)?
8. Do you therefore experience problems in upholding agency decisions in evaluation procedures (provide a brief clarification)?

Procedural framework:
1. What evidence primarily counts in initial accreditation procedures (plans, strategies, organisation of HEI, curricula and syllabuses, existing material, HR and financial conditions)?
2. 2. What documentation does your agency require in initial accreditation from applicants when assessing an IQA system in the making – plans or evidence of any results or both?
3. What evidence primarily counts in re-accreditation and related procedures (testimonies from stakeholders at site visits, self-evaluation reports, internal evaluation reports, reports on the implementation of action plans, etc. or also strategic plans, designs, contents of already accredited study programmes, etc.)?
4. What documentation does your agency require from HEIs when assessing an already functioning IQA system (re-accreditation)?
5. How would you describe the nature of your quality procedures with regard to the type of procedure (peer review, inspection, audit, etc.)?
6. How do you compose / select the panel of experts? Are there any compulsory trainings for experts and do these trainings also focus on the assessment of IQA systems?
7. In which quality assessment procedures are site visits compulsory and in which not?
8. What if site visit is not enough and evaluation does not clear the matter entirely – do you repeat it or proceed to adopting a decision?
9. Do you supplement review procedures with any other procedures (oral hearings, calls to applicants for submitting additional evidence, etc.)?
10. How hard must the evidence be when you connect it to a particular standard? Can you use only evidence and regulations for the case at hand or can you also refer to findings and legal interpretations within other previous or pending procedures (please state for evidence and interpretation / use of legal provision separately)?
11. Can HEIs respond to all reviewers' written assessments (i.e. evaluation reports)?
12. Can HEIs appeal to agency decisions?
13. How many appeals to unfavourable decisions do you receive on average (for instance, is every second negative decision disputed, less or more)?

14. How successful are such appeals in the end?
15. What are the main grounds for disputing agency decisions (inappropriate interpretation of the state of affairs / incomplete findings by reviewers on which the decision is based / inappropriate use of legal provisions / procedural mistakes / arbitrarity of decisions / bias)?
16. If HEIs perform internal evaluations, are findings and recommendations of internal evaluations subject to external assessments?

Methods of assessment and their applicability:
1. Are methods of assessment layered (are reviewers supposed only to check for compliance with minimum standards or must they also evaluate aspects of quality exceeding the minimum threshold; must they propose recommendations for improvement, establish good and bad practices, engage in benchmarking, etc.)?
2. If reviewers also exceed evaluating on the level of compliance with minimum standards, must they propose entire solutions or just point to approaches to possible improvements – i.e. how far must recommendations go?
3. Do quality assessments include grades (no grades / simple binary grade in terms of compliant or non-compliant / multiple grades)?
4. Do reviewers propose final decisions or state how the agency should decide? How does the decision-making process look like? Who takes the final decision (e.g. the agency, minister, etc.)?
5. What steps do the agency and reviewers take in collecting and checking documentation for collecting and assessing evidence (obligatory submission of applications and proofs / inspection of applications for completion / calls for submitting additional evidence / announced or unannounced interviews at site visits / talking with stakeholders in classrooms and hallways, etc. / improvising)?
6. Who are relevant interviewees / reviewers for assessing the functioning and effectiveness of IQA systems (management, quality commission members, students, teachers, employers, etc.)?
7. How do reviewers conduct interviews and orally gather information (questions are known in advance, free discussion, cross-examination)?
8. What steps do the agency and reviewers take in analysing and interpreting the gathered information (checking for authenticity, deciding on relevance, contextualising, conceptualising, interpreting, comparing, analysing, linking the information to previous cases and legal provisions, arguing, etc.)?
9. What steps do the agency and reviewers take in evaluating and grading the established state of affairs (are grades professional opinions, individual or collective opinions, are they clearly derived from individual quality indicators and standards, are there some predefined and transparent criteria for grading – i.e. what constitutes a non-compliance, etc.)?
10. How does the agency assure that all quality assessments are comparable and treat HEIs equally?
11. Do the quality assessment methods applied at HEIs create the basis to sufficiently transfer incentives from top down?
12. Do agency's accountability procedures based on quality assessment methods enable for incentives to be transferred from bottom up?
13. Does your agency apply sufficient and effective methods so that quality assessment assures compliance with quality standards?
14. Does your agency apply sufficient and effective methods so that external quality assessment assures proper counselling and support to HEIs?
15. Do the methods applied lead to establishing the actual state of affairs and provide undisputable or valid evidence and findings?

Quality indicators for IQA:

1. Do you asses accountability related policies (transparency, realism of plans and policies, their implementation, evaluation and improvement)?
2. Do you consider the background of accountability policies (do they apart from assuring quality focus on: protecting the academia, students, economy of the HEI, its internationalisation or its output – learning outcomes, competencies, employability, scientific achievements)?
3. Do you assess quality culture (by evaluating awareness of advantages and disadvantages of accountability procedures, the number and effectiveness of promotional activities, extent of stakeholder participation, effectiveness and closure of quality loop)?
4. Do you assess the transparency and applicability of internal quality assurance regulations? Also, are they predefined, adopted and developed by proper bodies at the HEI?
5. Do you assess whether stakeholder opinions and incentives are regularly collected, analysed, evaluated and taken into account when adopting measures for improvement / enhancement? Also, are the corresponding results and measures made public?
6. Do you assess whether internal quality assessments treat stakeholders equally and provide proper impartiality, anonymisation and security?
7. Do you assess the amount of inclusion and structure of stakeholders? How actively do they participate – passing opinions, planning and evaluating measures within managerial structures? Is this assessment general or does it fall within specific quality indicators?
8. Do you assess the results of IQA commissions and bodies at HEIs and their interaction with relevant stakeholders?
9. Do you assess mechanisms for approval, monitoring and periodic review of study programmes? Do you assess transparency, efficiency and results of these procedures, participation of relevant stakeholders therein, publication of results and measures taken? What is your main focus thereby (learning outcomes, students, employability, keeping touch with the developing disciplines and knowledge …)?
10. Do you assess the extent of topics and content covered in IQA (does IQA (especially self-evaluations) cover all areas of assessment and quality standards as do external assessments)?
11. Do you assess the quality loop and whether the scope of methods and procedures applied in IQA is complete (documenting, analysing, assessing, proposing measures, evaluating the implementation of measures, publishing)?
12. Do you also consider attempts and results at quality enhancement through other QA mechanisms that HEIs apply (EFQM, ISO), and how do you go about it?

Follow-up and system-wide analyses:

1. Do you apply any kind of follow-up – what kind (a sort of external evaluation, assessing HEI reports)?
2. If so, what procedures and methodology of assessment do you apply (follow-up site visits, assessing action plans and reporting on their implementation, monitoring and assessing self-evaluation reports, etc.)?
3. Are your follow-up procedures formalized and transparent?
4. How do you act if follow-up procedures reveal non-compliance with standards or serious decline in quality (do you also have any legal tools to take appropriate measures)?
5. Do you include the findings of follow-up procedures in quality assessments and decisions on accreditation (do you also have legal grounds for this)?
6. Do you make system-wide analyses or meta-analyses and how often?
7. Do you have a predetermined set of methods for such analyses and if so, what are they?

8. What general indicators do you cover in these analyses?
9. What sources of information do you use in system-wide analyses (applications, various periodic HEI reports and information on HEI websites, reviewer reports, agency decisions, surveys or a variation of several of these sources)?
10. How do you ensure independent and complete enough collection of comparable and compatible information and how do you interpret the information accordingly if several persons work on the meta-analysis (importance of equal sources and same interpretation techniques for all quality indicators)?
11. How do you disseminate outcomes of these analyses (publication, conferences, international dissemination)?
12. Do you include the findings of system-wide analyses in quality assessments and decisions on accreditation (do you also have legal grounds for this)?

Conclusion:
1. Can you state some good practices in quality assessment for your agency?
2. Can you state some bad practices or obstacles for quality assessment for your agency?