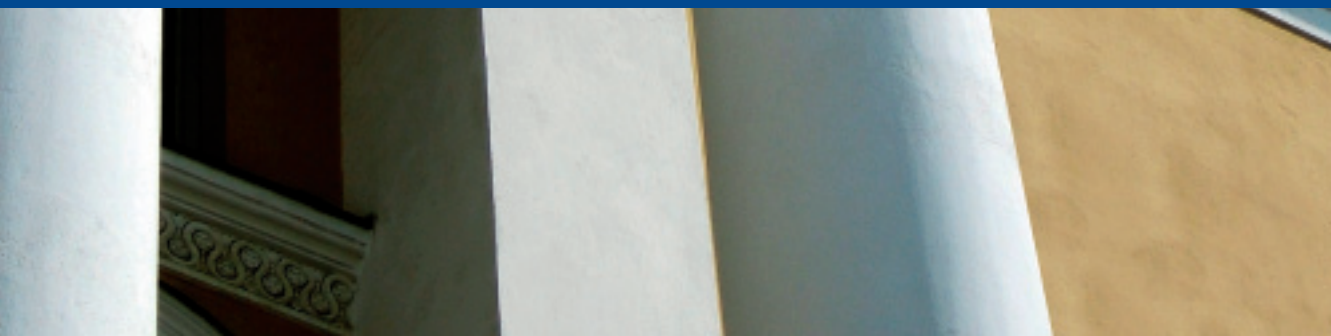Fiona Crozier, Josep Grifoll, Nick Harris, Helka Kekäläinen, Thierry Malan

Evaluation of the reports on agency reviews (2005–2009)

The present report can be downloaded from the ENQA website at
http://www.enqa.eu/pubs.lasso

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Evaluation of the reports on agency reviews (2005–2009)

Executive Summary

In accordance with its strategic plan, the Board of the European Association for Quality Assurance in Higher Education (ENQA) has undertaken an analysis of the first tranche of review reports of agencies dating from the inception of the process in 2005 until December 2009. The intention of this analysis is to fulfil several purposes:

- the report can be viewed as a self-evaluation undertaken by ENQA; it captures, reflects on and evaluates review work carried out so far;
- the report provides valuable information on the use and applicability of the ESG in agency reviews; this information will be of interest not only to ENQA and its members but to other E4 members and beyond, particularly when considering the scope and content of any future review of the ESG themselves;
- lessons learned from the project will help to shape the second round of reviews which is about to start and
- the report will prove useful in the general evolution of the respective missions of and methodologies used by ENQA and the European Quality Assurance Register for Higher Education (EQAR).

The context within which the reviews of these agencies were carried out is important: quality assurance agencies were being reviewed against the principles set out in the ESG for the first time; the agencies are also diverse in mission, size, ethos and methodologies. In spite of this diversity the report evidences a significant level of compliance with the ESG.

In total, 34 reports were analysed. In terms of compliance with the ESG, it is apparent that standards 3.2 (Official status) and 3.3 (Activities) present agencies with the fewest challenges. Full compliance against the other Standards was, however, achieved less often, specifically:

- Standard 3.1 (Use of external quality assurance procedures): 68% full compliance;
- Standard 3.4 (Resources): 66% full compliance;
- Standard 3.5 (Mission statement): 66% full compliance;
- Standard 3.6 (Independence): 61% full compliance;
- Standard 3.7 (External quality assurance criteria and processes used by agencies): 58% full compliance and
- Standard 3.8 (Accountability procedures): 65%.

These six standards have clearly presented agencies and panels with greater challenges. This report highlights, where possible, the extent to which any difficulties encountered were as a result of shortcomings within the agencies, or difficulties with the standards themselves, including their interpretation, or their use by panels. However, it would be **wrong to suggest that there are wide scale problems;** the report makes some recommendations with a view to assisting in the clearer and more consistent use of the standards in future.

Those recommendations and conclusions are grouped under six headings:
- The level of compliance and the 'maturity' of the agency, the legal contexts in which agencies work, and the year of review
- Panels and their Judgements, including terminology and consistency
- Problem areas – for the agencies or with the ESG?
- Training
- Impact of the ESG and their role in safeguarding QA in HE (have they done the job so far?)
- Issues for any review of the ESG themselves.

The report is structured to allow the reader to see the main commentary and conclusions first, followed by an annex with a more detailed analysis against each of the ESG in order to demonstrate how the conclusions were reached. A list of the reports on agencies that were included in the project may be found at annex 2.

Evaluation of the reports on agency reviews (2005–2009): commentary and conclusions

2.1 Introduction

As part of the operation of its strategic plan, the Board of the European Association for Quality Assurance in Higher Education (ENQA) undertook an analysis of the first tranche of review reports of agencies from their inception in 2005 until December 2009. The reviews may be carried out solely for the purpose of applying for full membership of ENQA or may, in addition, fulfil national requirements. It is interesting to note that, out of the 47 signatory countries of the Bologna Process, only 24 have an agency/agencies that is/are a full member of ENQA.

Thirty four reports were analysed. (This includes eight reports on German agencies which differed from the others in that only three of them make specific reference to the *Standards and Guidelines for Quality Assurance in Higher Education in the European Higher Education Area (ESG)*. This was because, formerly, the criteria for their approval by the Akkreditierungsrat mirrored the ESG and the agencies had thus already demonstrated their level of compliance in another report). Therefore the main dataset against which the majority of the analysis took place is twenty six reports including one of the earliest reports (EVA, Denmark). The review reports are listed in Annex 2.

This was the first time such an analysis had been carried out and the intention of this project is to fulfil several purposes:
- the report can be viewed as a self-evaluation undertaken by ENQA; it captures, reflects on and evaluates review work carried out so far;
- the report provides valuable information on the use and applicability of the ESG in agency reviews; this information will be of interest not only to ENQA and its members but to other E4 members and beyond, particularly when considering the scope and content of any future review of the ESG themselves;
- lessons learned from the project will help to shape the second round of reviews which is about to start and
- The report will prove useful in the general evolution of the respective missions of and methodologies used by ENQA and the European Quality Assurance Register for Higher Education (EQAR).

When reading the report, it is important to bear in mind the context within which the reviews of these agencies were carried out. Not only were quality assurance agencies being reviewed against the principles set out in the ESG for the first time, but the ESG were also being applied by review teams to a very heterogeneous body of agencies. Quality assurance (QA) agencies in the European Higher Education Area (EHEA) are diverse in mission, size, ethos and methodologies. This diversity, arising from national contexts, is healthy and is one of the strengths of the EHEA. In spite of this diversity the report evidences a significant level of compliance with the ESG.

2.2 Methodology

The project was co-ordinated by three members of the ENQA Board and relied on two main phases of analysis:

- A software-based, thematic analysis of all available reports, carried out by a team from the Quality Assurance Agency (QAA), UK;
- A more "human" analysis of the material produced by the software carried out by two experts who are external to ENQA but experienced in chairing agency reviews and, thus, in using the ESG.

The project also took into account the feedback letters from the ENQA Board to agencies following the decision on membership and the progress reports from agencies following its consideration of their review reports.

The members of the project team suggested the list of themes by which the software would analyse the reports. This analysis was then provided to the team in advance of a meeting in Bath, UK. At that meeting, the thematic software material was introduced by members of QAA, UK and discussed by the project team. Through discussion, further areas for software analysis were identified and the final structure of the report was agreed.

The main body of the report (i.e. the analysis of the use of the ESG) was written by the two external members of the team. The conclusions were agreed by the whole project team.

The ENQA project team (Fiona Crozier, Josep Grifoll and Helka Kekäläinen) would like to thank the external experts (Nick Harris and Thierry Malan) and the QAA Outcomes team (Harriet Barnes and Clare Morris) for all their help and support in the drafting of this report. Their input was invaluable and the report would not have been possible without their hard work and good will. The team would also like to thank Stephanie Maurer (OAQ, Switzerland) and Paul Mitchell (Independent, UK) for their assistance in reading and commenting on the report prior to its publication.

2.3 Structure and scope of the report

The report is structured in two parts: the first part of the report is a commentary and sets out the conclusions of the project team. The second part of the report provides the detailed analysis carried out by the external experts that led to the conclusions. The second part of the report is, therefore, an annex to the conclusions.

The report starts however with a numerical analysis of the success or otherwise that agencies achieved in meeting the European Standards and Guidelines. These results are divided between Type A and Type B reviews and between nationally coordinated and ENQA coordinated reviews.

As the format of review reports varies considerably, a review is only included in the table where a clear judgement is made in the report against an individual standard in Part 3. Consequently, the total number for each standard is therefore not consistent; neither are all reviews included in the table.

ENQA REVIEWS OF AGENCIES: TABLE OF JUDGEMENTS FOR EUROPEAN STANDARDS AND GUIDELINES PART 3

	Full compliance	Substantial compliance	Partial compliance	Non compliance
3.1 Use of external quality assurance procedures for higher education	**15**	**6**	**1**	**0**
Type A/Type B	6/9	3/3	0/1	-
ENQA/National	1/14	4/2	0/1	-
3.2 Official status	**23**	**0**	**1**	**0**
Type A/Type B	10/13	-	0/1	-
ENQA/National	5/18	-	0/1	-
3.3 Activities	**23**	**1**	**0**	**0**
Type A/Type B	10/13	0/1	-	-
ENQA/National	4/19	1/0	-	-
3.4 Resources	**16**	**5**	**3**	**0**
Type A/Type B	7/9	3/2	0/3	-
ENQA/National	3/13	2/3	0/3	-
3.5 Mission statement	**16**	**8**	**0**	**0**
Type A/Type B	6/10	4/4	-	-
ENQA/National	2/14	3/5	-	-
3.6 Independence	**16**	**5**	**5**	**0**
Type A/Type B	8/8	2/3	0/5	-
ENQA/National	3/13	1/4	1/4	-
3.7 External quality assurance criteria and processes used by the agencies	**14**	**8**	**2**	**0**
Type A/Type B	6/8	4/4	0/2	-
ENQA/National	0/14	5/3	0/2	-
3.8 Accountability procedures	**15**	**7**	**1**	**0**
Type A/Type B	7/8	3/4	0/1	-
ENQA/National	3/12	2/5	0/1	-

Notes to the table:
Type A review = review conducted for purposes of ENQA membership only
Type B review = review conducted for national purposes as well as ENQA membership and which may include strands of Agency activity outside the scope of the ESG.
ENQA = ENQA-coordinated review (applies to 7 of 34 reports in the dataset; 5 out of 7 include separate judgements for each standard)
National = Nationally-coordinated review

3. Commentary and conclusions

The analysis of reports on agency reviews to date allows us to draw some conclusions which may be grouped under the following themes:

- The level of compliance and the 'maturity' of agency, the legal contexts in which agencies work, and the year of review
- Panels and their Judgements, including terminology and consistency
- Problem areas – for the agencies or with the ESG?
- Training

- Impact of the ESG and their role in safeguarding QA in HE (have they done the job so far?)
- Issues for the review of the ESG:
  – The Bologna Process
  – Public information agenda (accountability/impact of activities)
  – Enhancement/improvement (nothing in the ESG)
  – making the ESG even more effective?

3.1 THE 'MATURITY' OF AGENCY, THE LEGAL CONTEXTS IN WHICH AGENCIES WORK, AND THE YEAR OF REVIEW IN RELATION TO LEVELS OF COMPLIANCE

A number of factors might be associated with the level of compliance reported by evaluation panels including for example:

- the 'maturity' of the agency at the time of the evaluation (years from establishment to ENQA report)
- the broad legal context within which the agency works (agencies work within and under more or less strict legally-based frameworks and requirements)
- the year that the evaluation was carried out (is there any evidence that agencies evaluated later in the period had 'learned' from earlier reports? Is there any evidence that panels were appearing to get more or less 'soft/hard' in reaching their judgements?).

An analysis of the 'age' of the agency being evaluated against the numbers and areas of non-compliance was undertaken; the fact that changing legal or other arrangements mean that some agencies 'appear' to be quite young but are in fact based on organisations with a much longer existence was also taken into consideration. Perhaps surprisingly, this did not show any clear correlation between 'maturity' (apparent or actual) and the number of judgements other than full compliance. There was, however, evidence that some but not all agencies worked on the basis of developing methodologies in time for their need. For example, follow-up procedures were only under consideration/development at the time of the agency's review because they would not actually be implemented for a year or two. Other agencies had, however, developed the full methodology from inception. Nor was there any clear evidence of 'the older agencies being wiser'; i.e. that the longer established agencies were more likely to be fully compliant with all of the standards.

It is difficult to generalise about the relationships between the legal contexts within which agencies work and their likelihood of being, or failing to be fully compliant with the ESG. There are two main reasons for this:

- the legal contexts vary enormously and include:
- single national agencies working under requirements that are more or less legally prescriptive (compare for example Hungary or Poland and the UK)
- a single agency that is established within and under the legal requirements of 2 countries (e.g. NVAO)
- a single national agency that is also working under regional legal requirements (e.g. Switzerland)
- multiple agencies working within a country on
  – a national and autonomous regional basis (e.g. Spain)

- a 'competitive market' basis (e.g. Germany),
- a basis of the differentiated HE sector (e.g. Austria)
- the legal (and political) contexts within which agencies are working seem to be forever changing.

Despite these multiple variables there seem to be no obviously consistent correlations. Some agencies working within rather rigid legal frameworks received few or even no limited compliance judgements whilst other reports quite clearly linked the basis of a partial compliance to the legal requirements the agency faced. It is not clear whether or not some panels were more or less generous in the way that they interpreted a standard within the context of the law to which an agency was subjected, but this remains a possibility.

There is no significant change in the number of substantial/partial compliance judgements per report with time; panels do not appear be getting 'softer' or 'harder' although perhaps surprisingly agencies do not appear to be 'learning from' the comments in published reports. The latter may be merely a reflection of the fact that it takes agencies time to introduce changes and the period over which these reports fall is relatively short in comparison (it is quite likely that many SERs for the 2009 reviews were being prepared before publication of some of the 2008 reports).

The coexistence of several (national/regional) agencies within a single or overlapping legal/political structure(s) may lead to coordination, division of labour and/or rationalisation issues. For example, the coexistence of national and regional or specialised agencies may mean that more than one set of laws must be considered; one agency may be dealing with two sets of laws of two countries; there may be complex and unequal partition of functions between national/regional/specialised agencies and there may be issues around recognition of the agency as the sole competent quality assurance organisation.

Two aspects dominate the financial independence area: the extent to which an agency can be independent when being dependent on funding either directly or indirectly from government funds or from those it is evaluating (the latter may become of increasing importance if and when there is a 'market' in the quality assurance of European higher education), and the necessary resources required to undertake evaluations effectively.

3.2 PANELS AND THEIR JUDGEMENTS, INCLUDING TERMINOLOGY AND CONSISTENCY

Annex 1 discusses in detail the way panels reached judgements and the manner in which they expressed their deliberations. It would appear that panels take different stances when reaching a decision about the level of compliance to which an agency has met (or not) a standard. 'Compliance' is an interesting word and for some suggests only a binary decision - either an agency is in compliance with a standard or it isn't. The introduction and use of 'substantial compliance' and/or 'partial compliance' is for some an oxymoron whilst for others conveniently and usefully covers the fact that agencies can be to a large extent in compliance, and certainly seeking to meet what might be regarded as 'the spirit/essence' of the standard, with any shortcomings being outside of their control – for legal, contextual or timing reasons for example.

The reports suggest that panels have taken different approaches in reaching judgements about 'compliance'. This must be of concern both in a direct sense, insofar as reports should be equivalent in the ways that they express their outcomes, but also in the use of those reports in for example applications for entry into the European Quality Assurance Register (EQAR). It is not within the scope of this report to reflect on the deliberations of EQAR but it is important that the material they are provided with through the ENQA/national reviews is both fair and comparable in all cases. Any review of the use of the ESG should consider providing greater guidance to panels on reaching conclusions about 'level of compliance'; more fundamentally it might wish to reconsider the use of the term 'compliance' and/or the membership of panels to provide more transparency (and practical) consistency. Greater consistency between panels might, for example, be achieved by having panel chairs (or secretaries with powers to advise) drawn from a small group of individuals who have undergone simultaneous and detailed induction.

Peer review requires mechanisms for panels to be able to distinguish clearly and consistently between saying the equivalent of…*"their heart is in the right place but they are constrained by local laws"* OR *"they are using local laws as a justification for what they do (that doesn't really fit the ESG)"* OR '*they don't understand what the ESG is really about (perhaps because they are preconditioned by their own environment and extensive experience to see just that approach)'*. External stakeholders might suggest that for this important process an alternative would be to move away from peer review, but this could destroy a substantial part of the process; perhaps panels of peers led by a 'professional' would be most effective.

3.3 PROBLEM AREAS – FOR THE AGENCIES OR WITH THE ESG?

The table on page X summarises the success or otherwise of agencies in meeting the individual standards. It is immediately apparent that standards 3.2 and 3.3 present agencies with the fewest challenges. Full compliance with the other standards was, however, achieved less often; specifically:

- Standard 3.1 (Use of external quality assurance procedures): 68%;
- Standard 3.4 (Resources): 66%;
- Standard 3.5 (Mission statement): 66%;
- Standard 3.6 (Independence): 61%;
- Standard 3.7 (External quality assurance criteria and processes used by agencies): 58% and Standard 3.8 (Accountability procedures): 65%.

These six standards have clearly presented agencies and panels with greater challenges. The individual standards are analysed in detail in annex of this report and this summary conclusion seeks only to highlight, where possible, the extent to which any difficulties encountered were as a result of shortcomings within the agencies, or difficulties with the standards themselves, including their interpretation, or their use by panels.

Putting aside the variations between panels and their use of the graded judgements it is clear that each of the ESG led to some difficulties for some panels. Most commonly, panels had some difficulties in applying the Independence and Accountability standards but there were some difficulties with others as well. However, it would be **wrong to suggest that there are wide scale problems;** attention is drawn to some

summary points to assist in the clearer and more consistent use of the standards in future.

ESG 3.1 Use of external quality assurance procedures for higher education.
In terms of the overall assessment against Standard 3.1, one third of reports concluded with a judgement other than full compliance. However, the reasons for these are not consistent across the reports, with different agencies failing to satisfy the evaluation panel about different aspects of the 'sub set' of standards (those within ESG 2). Standards 2.4 (Processes fit for purpose), 2.6 (Follow-up procedures), 2.3 (Criteria for decisions) and 2.5 (Reporting) caused the most problems.

One aspect that is increasingly important here is the 'criteria for decisions' particularly in terms of academic standards. With ever increasing emphasis on recognition of awards across borders to assist with mobility it is increasingly important that there are shared reference points regarding the levels of achievement attained by students/graduates. The proliferation of national and other qualifications frameworks that can and are being referenced against the Framework of Qualifications of the EHEA is a major advance, as is the increasing emphasis on recognition of learning outcomes. Reports increasingly refer to these as key components as a shift from quality assurance based primarily on 'input measures' (staff qualifications, study hours, institutional resources etc). One possible feature of external QA that was conspicuous by its general absence from reports was 'Tuning'; despite very substantial investment by the European Commission it would appear from the quality assurance reports that Tuning has not lead to wide spread uptake in the establishment of academic standards across the range of disciplines. This contrasts with, for example, the impact of the European Directives on regulated professions and the impacts that national standards (whether legally required or not) have in many countries for specific subjects.

ESG 3.2 Official status
Whilst the standard is essential, its wording and associated guidance might be clarified to assist panels in making a judgement where an agency's official status is determined by legal parameters that are outside of its control or even influence.

There can be overlap between the evidence base concerning the official status and independence standards; could the standards (and/or their guidance) be clarified to reduce this or would they be better combined under a single heading?

ESG 3.3 Activities
The standard states that *"Agencies should undertake external quality assurance activities (at institutional level) on a regular basis"* with the guideline adding that *"These may involve evaluation, review, audit, assessment, accreditation, or similar activities and should be the core functions of the agency."* It is of note that the 'Activities' standard does not refer to any 'improvement/enhancement' activities although many agencies claim to undertake these either with regard to improvement of QA procedures themselves (although this aspect may be regarded as implicit in Standard 8: Accountability procedures) or through contributing to improvements in the 'subject' under evaluation (a programme or institution).

The Activities standard was one that agencies under review managed to deal with very successfully; all undertook external quality assurance on a regular basis, although

several reports note that the activities undertaken by the agency had changed and would continue to change, within structured (although sometimes quite ambitious) strategic and operational plans.

Before considering the range of those activities it might be reasonable to ask '*why, if it seems so straightforward for agencies, is this a standard?* The answer may lie within the context of the stage in development of national, regional and other agencies across the EHEA when the ESG were first proposed. There were legitimate concerns about the potential risk of the development of transient, for-profit QA agencies – the evaluation/accreditation equivalent of 'degree mills'. It may be a success of the ESG that such a scenario has not (yet) arisen within the ever expanding number of agencies across an increasingly broad EHEA.

ESG 3.4 Resources

Only a few SERs and reports give a detailed description of funding and expenditure, including their evolution in time by activities, type of expenditure and sources of funding, unitary costs by operation type, basic components of costs, evaluation of additional costs due to extra load imposed by ministries or to be forecasted because of expansion of missions. These examples might be used for more in-depth comparative questioning, template elaboration and information in a training perspective.

A general conclusion can be summarised from the ways in which panels have applied this standard:

- External quality assurance particularly at programme level can be costly, especially where site visits are a routine expectation but with substantial political backing for the Bologna Process and with quality assurance as a central pillar of this agencies have until now appeared to have been generally quite well resourced. It will be interesting to see whether this remains the case following the global economic downturn and it may be that agencies will need to find more cost efficient approaches and procedures in future.

ESG 3.5 Mission statement

The guidelines of ESG 3.5 (Mission statements) advise a description of the goals and objectives of agencies' quality assurance processes and of the division of labour with relevant stakeholders in higher education, especially the higher education institutions. Such aspects are often set out in great detail within the official and legal status (and statutes) governing an agency, its structures, powers and scope of activities. There is not always consistency between reports and there may be overlap within reports between aspects covered under the 'Official status' and 'Mission statement' standards

The standard, as currently set out, does NOT require:

- that the goals and objectives are contained (summarised) within a single publicly available document
- that panels make a judgement about whether the mission statement accurately reflects what the agency is actually doing.

ESG 3.6 Independence

The independence of QA agencies is assumed by many to be a prerequisite for ensuring transparently fair judgements. Many panels clearly struggled with an agency's

intentions for impartiality and the legal/political/funding contexts within which it sits where each and all could potentially have an influence. The standard states that *"Agencies should be independent to the extent both that they have autonomous responsibility for their operations and that the conclusions and recommendations made in their reports cannot be influenced by third parties such as higher education institutions, ministries or other stakeholders."*

Panel members are thus not asked to reach an assessment whether an agency is in itself independent but whether the agency has independent control over its operations and whether 'outsiders' can influence its conclusions etc. It appears from the texts that often panels stray into wider areas of independence per se. This may in part be because the Standard is not easily interpreted within some of the contexts in which agencies work. Complete 'autonomous responsibility for their operations' is difficult to imagine without, for example, complete legal and/or financial autonomy. No agency is in this position yet. Further the notion that an agency can reach *'conclusions and make recommendations without influence of third parties such as… ministries and other stakeholders'* may be impossible to fulfil when it is such bodies that initially set the context and often the detailed standards in/upon which conclusions are reached and recommendations made.

In some cases the conclusions reached by the agency are only, in a formal sense, 'recommendations' that are made to, for example, a ministry or other body that itself makes the final decision. In such cases, even where there is no evidence of the latter body changing a decision from an agency's recommendation, it is difficult to imagine that the knowledge of the working of the final body does not influence the work of an agency.

For these and other reasons the reports appear less than completely consistent in the way that panels judge 'compliance' (meeting the standard as far as is reasonably possible within the context that the agency is working) and 'substantial/partial compliance' where a panel has not made such an allowance for the context but applied the standard in a stricter way.

ESG 3.7 External quality assurance criteria and processes used by the agencies
It is superficially surprising that only two thirds of the agencies received a (fully) compliant judgement for this standard when the expectations are reasonably clear and agencies are generally competent at procedural matters. The shortcomings were generally a consequence of either local 'context' (e.g. restrictions on public reporting all aspects of a review where these could lead to direct identification of individuals within a programme or institution) or a consequence of the age of the agency (e.g. undertaking follow-up procedures when the planned cycle had not yet reached that stage when the review for ENQA membership took place). The repeated impact of such aspects may give rise to consideration of two points:
1. that in any review/revision of the ESG, it may be worth considering a greater emphasis on 'meeting the intention of the standard' with a contextual explanation rather than a series of associated Guidelines
2. that the expectations within the standards might be organised in a way that better reflects the diverse range of contexts and experience of agencies.

ESG 3.8 Accountability procedures
A great deal has been written about 'Accountability procedures' both by panels in their reports and in the annex to this report. The standard "Agencies should have in place procedures for their own accountability' is vague and can appear a tautology for many. It is not helped by the Guidelines set out below it; agencies and the contexts in which they work, and panels and the contexts in which they work can have quite different understandings of 'guidelines' especially when the Guideline starts with the text, "*These procedures are expected to include the following…*". It would be useful to reconsider this standard and the associated guidelines in any review of the ESG.

3.4 TRAINING
Two aspects are considered here – training by the agencies of those undertaking their work and training of panel members who undertake evaluation of the agencies.

It is clear from the reports that there is considerable variation in the extent to which agencies train those working for them, but there would appear to be an increasing recognition that this is an essentially important element within an agency's work and increased efforts are being made particularly with regard to seeking improved consistency. Such training is not just at an academic/pedagogical level (particularly where programme evaluation is a large part of an agency's work) but also at a national legal level since, as part of ESG 3.2 agencies "*…should comply with any requirements of the legislative jurisdictions within which they operate.*" These requirements are often laid down in great detail by legislation: in this case, short of advocating legislative changes, the global judgment on independence primarily has to take legislation into consideration. This is reflected in the variety of compliance judgments by the panels, and decisions can reflect different weighting of arguments, leading to sometimes mixed conclusions and sometimes, although more rarely, to unanswered or open questions.

The training of members of panels evaluating agencies falls into two areas: generic training by ENQA and others about the expectations at a European level and to encourage consistency 'across' reviews. ENQA provides training for all panel members and secretaries with a view to ensuring that there is a consistent approach to the consideration of the ESG. All panel members are, wherever possible, drawn from the pool of ENQA-trained reviewers. Also, specific training may be provided by the co-ordinating agency at the start of each individual review. Each agency appears to pay proper attention to the latter and carry out this function seriously, expecting all panel members to be involved.

3.5 IMPACT OF THE ESG AND THEIR ROLE IN SAFEGUARDING QUALITY ASSURANCE IN HIGHER EDUCATION (HAVE THEY DONE THE JOB SO FAR?)
It is clear from the reports that the ESG have had a **major** impact on the quality assurance of higher education within the EHEA. They have provided a focus against which agencies can assess their own activities and standards and, importantly, society's expectation of how higher education across Europe can provide reassurance/ accountability for what it (says it) offers. It is a trite but true statement that "*quality assurance is (or at least should be) a journey and not a destination*" but the judgements against the standards do provide a 'destination', albeit an intermediate one. There are clearly differences in where different agencies and the respective HE systems they are

assessing are within a shared (but not identical) journey; it is important to recognise this and determine whether all should be judged to the same standard irrespective of their experience and 'maturity' or whether, and to what extent, the contextual background within which an agency operates can mitigate the extent of compliance required with the ESG. This inevitably interacts with the extent to which judgements may (or may not) be 'graded'. Is 'compliance' the correct term when the judgement can be modified to one of 'substantially' or 'partially', for example?

What a simple reading of the report does not always convey is the extent to which the 'problems' were a real cause of difficulties or perhaps an excuse for lack of consistent and transparent activity. Any peer assessment system will be subject to such variations but it is incumbent on ENQA to assist in reducing variability between panels by guidance and training. It might be of greater concern if a simplistic use of a panel's judgements were used for subsequent actions and purposes.

Consistency of approach and judgement is critical where ENQA review reports provide a significant part of the evidence used to assess whether a panel should enter the European Quality Assurance Register. It is interesting to note that not all agencies that have successfully completed an ENQA review have sought entry to EQAR; it would be inappropriate to discuss the possible reasons behind such decisions here but it is important to consider to what extent the variations between ENQA panels and their conclusions are reflected in the reports and might be subsequently reflected in EQAR decisions. Stakeholders might reasonably ask '*how can an agency that is given a series of judgements other than fully compliant still gain entry to EQAR?*'

One aspect that provoked discussions within some evaluation panels was the 'match' or not between the agency's mission statement and its activities. The 'mission statement' standard (ESG 3.5) refers to having a "…*publicly available statement… translated into a clear policy and management plan*", but nothing about 'activities today'. For example, it is possible for an agency to claim within the mission statement that its main aim and activities are to contribute to improvement/enhancement, yet in the early years the activities will almost certainly be concerned with building up the data and expertise upon which such an enhancement function might in future be delivered. In such a case the agency has a mission statement (compliant with 3.5) and it has regular activities (compliant with 3.3) but they are not (yet) directly linked.

3.6 ISSUES FOR THE REVIEW OF THE ESG

In their 2003 Berlin Communiqué, the Ministers of the signatory states of the Bologna Process invited the development of '*an agreed set of standards, procedures and guidelines on quality assurance*' an exploration of ways 'of ensuring an adequate peer review system for quality assurance and/or accreditation bodies' and by 2005 what are now referred to as the ESG had been developed. In the foreword the then President of ENQA, Christian Thune, noted that "*It must be emphasised that the report [on the ESG] is no more than a first step in what is likely to be a long and possibly arduous route to the establishment of a widely shared set of underpinning values, expectations and good practice in relation to quality and its assurance…*"

The analyses included within this report indicate the remarkable success of the ESG in seeking to meet those goals and within such a short period of time. The Bologna process has, however, developed further during the last few years and it should be borne in mind in any consideration of the ESG and their application in the evaluation

of QA agencies in terms of review and, if necessary, revision. The following sections summarise some of these considerations.

The Bologna Process

The Bologna Process has transformed European HE during the last decade including having a major impact on quality assurance. It continues to extend its geographical range and its scope of priorities through the development of more and wider-reaching action lines. It will be crucial for the quality assurance aspects that they continue to focus on their core priorities and concerns of stakeholders – principally 1) that an HE institution is a legitimate entity, 2) that the degrees they award are of an agreed and appropriate standard, 3) that the degree titles reflect the student's areas of knowledge, understanding and abilities, and 4) that students get a fair deal in so far as i) programmes actually offer what is advertised, and ii) students get reasonable support in their academic endeavours to assist completion of studies.

It will be important that QA does not get involved in whether institutions are fulfilling what are essentially political aspirations regarding social engineering! The wider development of the Bologna Process into a political activity should not infiltrate into the simple and straightforward need for reporting on the QA of academic standards and quality.

Public information agenda
(accountability v. impact of activities)

Quality assurance is increasingly linked to a 'public information agenda' as well as an accountability one. At a time when resources are being reduced it will be critical for independent agencies and those who direct them to determine the required balance of priorities between accountability, information and 'improvement/enhancement'. In all cases it will be essential to identify the priority targets/audiences as well.

With regard to information, it is clear that different audiences need different things. This should not be confused, under a 'transparency banner,' with providing everything about everything and leaving everyone to sort out for themselves exactly what they need. An overload of data is not information and it should not be the QA agencies' role to provide detailed information about programme content and teaching & assessment methods. It might however reasonably be regarded as an agency's responsibility to determine whether the material an institution publishes to 'advertise' its offerings is accurate and an agency should be expected to publish its findings on this aspect. This aspect of becomes more important in a global market-led HE context.

Any survey of stakeholder needs for information should be focussed on what is actually needed, not what might be useful or interesting! It is possible that what stakeholders actually need (as opposed to think they might want) and what agencies are geared to providing are not always matched that closely. There is little in the current ESG that examines whether the information provided by agencies is either used by stakeholders or is useful to them. Any review of the ESG may wish to take this into consideration.

**Enhancement/improvement
(nothing in the ESG)**

Many reports make some comments that the 'Activities' standard does not refer to any 'improvement /enhancement' activities. Many agencies, through their mission and/or activities claim to undertake such work either with regard to improvement of QA procedures themselves or through contributing to improvements in the 'subject' under evaluation (a programme or institution).

To some extent the improvement of QA procedures may be regarded as implicit in 3.8 (Accountability procedures) but there is however ambiguity in the standard and certainly differences in panels' approaches to its interpretation as to whether this includes improving the effectiveness and efficiency of the agency's direct (external QA) work or whether it should additionally refer to improving the effectiveness and efficiency of institutions'/programmes' own internal QA procedures. Agencies and their panels routinely make recommendations/instructions for change in their reports on programmes and institutions and many have follow-up procedures to monitor the extent of implementation of the recommendations for change. There seems however to be only an implicit assumption that the recommendations will have actually resulted in improvement, without any direct assessment of impact.

Whether or not the ESG should explicitly include reference to an assessment of the impact of QA on improving the quality of the educational process itself is an open question. This is of course something that can only be monitored over time – at least after one and possibly even after two 'cycles' of QA activity - and would thus only be a standard that could apply to those agencies which had been established for a sufficient period of time. At least two factors militate against it being routinely included as an ENQA standard:

– it is only applicable to 'older' agencies; if compliance with the standards is required for ENQA membership and consideration for entry to EQAR this would automatically exclude any 'young' agencies (maturity may be prized in some wines and cheeses but in political terms agencies must be seen to be bona fide from their inception)
– the recording and integration of monitoring results over a long period requires considerable resources – that are less generally available as a result of the current national and international economic crises

A third 'objection' that might also need to be considered is that the pedagogy and its improvement is a specialist branch of the work of the HE sector itself and might be more effectively led by 'the academy' rather than any external QA function. Whilst the latter may have an important contribution to make it cannot be responsible/accountable for something that others more legitimately control.

Making the ESG even more effective?

Throughout this report there are examples of problems faced by panels because of the structure and detail of the way in which the ESG are written. Whilst suitable for some national/regional/educational contexts they are not universally easy to interpret and apply and thought should be given in any review of the ESG as to whether and, if so, how they could and should be revised.

Such a review might consider not just the standards themselves but also whether the current guideline format (which seeks to exemplify what the standard is seeking to 'test') should also ask, "why/ for what purpose?" and why this is important. Guidance (and training) for panel members would then focus not on a 'legalistic (binary) reading' but one in which the panel brings an adequately detailed argument supporting its judgement and reaches a conclusion in terms of a 'connoisseur judgement'. Linked to this however there will need to be greater emphasis on demonstrable rigour in the ways that panels are selected and work.

3.7 CONCLUSION

It is clear that the ESG are having an impact on the work of QA agencies and that those agencies are, in general, so far as they are able, complying with the standards. The conclusions of the report demonstrate that there are certain Standards that highlight areas of development for some or all agencies; a second round of reviews will be able to provide a value-added approach rather than simply a re-evaluation or reaccreditation.

This part of the report has set out the conclusions of the project team. Annex 1 provides the reader with access to more detailed information on how those conclusions were reached.

Annex (1) to the report on the review of agencies: detailed analysis of the reports in terms of individual standards in the ESG

Although not directly structured or arranged as such, the key standards for the evaluation of quality assurance agencies and the work they do is covered by three main and obvious strands. The detailed analysis groups the individual ESG for analysis purposes as follows:

- Legitimacy of the agency to undertake evaluations of HEIs
- Activities of the agency in its evaluation work
- Sustainability of the agency to continue with its work.

The '**legitimacy**' strand is covered by the following standards in Part 3 of the ESG:

- 3.2 Official status
- 3.5 Mission statement
- 3.6 Independence

Demonstrating accountability to the interests of stakeholders may also be regarded as part of an agency's 'legitimacy,' but because it is often more practical than the above, this aspect is considered primarily under 'Activities', but also under 'Sustainability'.

The '**activities**' strand is covered by:

- 3.1 Use of external quality assurance procedures for higher education

which effectively involves examination of the activities under the standards of Part 2

- 3.3 Activities
- 3.7 External quality assurance criteria and processes used by the agencies
- 3.8 Accountability procedures

The '**sustainability**' strand is covered most directly by:

- 3.4 Resources

and additionally some aspects of

- 3.8 Accountability procedures

The annex, therefore, is structured under these three main headings and the grouping of standards that they encapsulate. Each standard in part three of the ESG will be dealt with under the relevant heading.

LEGITIMACY

The legitimacy of agencies and their activities can be assessed through both a variety of legal texts and provisions as well as through a number of operational arrangements. Three ESG standards directly address this theme:

3.2 Official status
3.5 Mission statement
3.6. Independence

A great variety of issues and situations are analysed in the reports, but the issue of independence appears the most dominant and controversial in terms of assessing legitimacy. Some duplications, doubts or contradictions therefore appear in the consideration and assessment by panels of practical aspects of independence.

ESG 3.2. Official status [ENQA criterion 2 (and Annex IV. Full membership provision)]
The standard states: *"Agencies should be formally recognised by competent public authorities in the EHEA as agencies with responsibilities for external quality assurance and should have an established legal basis. They should comply with any requirements of the legislative jurisdictions within which they operate."*

Details regarding Official Status are often laid down in great detail by legislation. In this case, short of advocating legislative changes where they have reservations, panels generally make a judgement about whether the agency is following the *spirit* of the standard.

Several aspects of legitimacy through official status may influence real or apparent independence and this interaction provides themes for discussion within the review panels and with stakeholder groups such as HEIs, professional organizations and students. These are addressed at greater length in the section on Independence since panels generally found the standard on Official Status less problematic.

Some of the issues that are debated in depth by some panels reflect the diversity of approach to reaching a judgment relating to their areas of expertise, and the professional and contextual backgrounds of the panel members. Decisions often reflect different weighting of arguments, leading to sometimes mixed conclusions and sometimes, although more rarely, to unanswered or open questions. This is seen, for example, in:

- occasional differentiation in the final compliance judgment, with for example panels concluding with comments such as: *"Fully compliant – in terms of operations and decision making. Partly compliant – in terms of financial autonomy"*; *"Substantially compliant – in terms of operations, Partly compliant – in terms of decision making"*
- the formulations and terminologies used for expressing compliance decisions with, for example, comments such as: *"in compliance with the spirit of the ENQA standard"*; *"All the remarks made about [the standard], however, do not imply non compliance.... [which] is sufficiently safeguarded"*; *"substantially but not completely complies"*;
- the level of precision in formulations and terminologies used for founding assertions and decisions.

The reports included a number of comments considering the variety of contexts in which agencies operate, most notably and frequently with references to aspects of the national legal requirements and educational (and sometimes also political) structures, for example *"…conforming to ESG in a broad sense with respect to the*

national peculiarity. The [national] structure requires the production of a complex balance between the interests of the states and regulations which affect all states. Only against the background of the peculiarities in the higher education system (state system with strong regulation, federalism), is the status quo understandable".

Reports also make comparative references to "the European context" (with regard to, for example, the pattern of funding arrangements) and thus often indicate implicitly an acknowledgement of the impact of the Bologna Process.

General conclusions can be summarised from the ways in which panels have applied this standard:

- whilst the standard is essential, its wording and associated guidance might be clarified to assist panels in making a judgement where an agency's official status is determined by legal parameters that are outside of its control or even influence.
- there can be overlap between the evidence base concerning the official status and independence standards; could the standards (and/or their guidance) be clarified to reduce this or would they be better combined under a single heading?

ESG 3.5. Mission statement.

The standard states, *"Agencies should have clear and explicit goals and objectives for their work, contained in a publicly available statement."*

Mission statements are not always contained in a single statement or even a single document. Agencies and panels often refer to elements taken from several other legal, policy or organizational documents (strategic and annual operating plans). In some cases all elements of the mission statement are articles from very detailed laws.

There are occasional comments on the extent to which the mission statement actually reflects the real functions of the agency rather than its aspirations. Many agencies, for example, make reference in their mission to quality improvement/ enhancement but it is not clear whether this refers to improvement of quality assurance *per se* or of the higher education offered. If (implicitly) it is the latter, what is the agency doing to promote this when it is largely committed to primary actions that may be regarded as quality control?

The guidelines of ESG 3.5 advise a description of the goals and objectives of agencies' quality assurance processes and of the division of labour with relevant stakeholders in higher education, especially the higher education institutions. Such aspects are often set out in great detail within the official and legal status (and statutes) governing an agency, its structures, powers and scope of activities. There is not always consistency between reports and there may be overlap within reports between aspects covered under the 'Official status' and 'Mission statement' standards.

The guidelines for this standard also advise a description of the cultural and historical context of the agency's work but these are also aspects that can be subsumed within the background to and justification of important debated aspects of 'Independence'.

A general conclusion that can be summarised from the ways in which panels have applied this standard:

- the standard, as currently set out, does NOT require:
  - that the goals and objectives are contained (summarised) within a single publically available document

– that panels make a judgement about whether the mission statement accurately reflects what the agency is actually doing.

ESG 3.6 Independence

The standard states that, *"Agencies should be independent to the extent both that they have autonomous responsibility for their operations and that the conclusions and recommendations made in their reports cannot be influenced by third parties such as higher education institutions, ministries or other stakeholders."*

This topic shows much overlap between ESG 3.2 Official status and, to a lesser extent, ESG 3.5 Mission statement.

In all cases, official legal documentation, in various forms, state the goals and rules concerning missions, functions, activities and nominations of management and experts. These aspects are often dealt with in great detail, notably around the issue of independence.

"Independence" and "autonomy" of agencies are in most cases used as synonyms and are always guaranteed by legal dispositions (primary and secondary legislation, laws, decrees, statutes, conventions) setting out relations with Ministries, HEIs and other institutions or stakeholders concerned:

- *"an independent Agency under the auspices of the Ministry"*
- *"an independent corporate body under the aegis of the Department of Education"*
- *"autonomy of governance arrangements"*
- *"Statutes state that the Trust shall carry out its activities independently, transparently and objectively."*

Reports show a great variety of legal acts by competent national/federal/regional authorities. This variety of legal acts creates a variety of situations in which agencies work, from a very simple legal background to a complex network of legal documents of variable importance and impact. Some statutes mix aspects of public and private law. In a few cases reports stress the importance of the role and intervention of lawyers.

The formal legal structure in which an agency works influences not only its form of independence but inevitably also the ways in which it may develop and report its judgements. Thus, for example, one report noted that: *"legal requirements (especially because institutions can appeal in court) tend to somewhat dominate, leading to more formalistic and legalistic decision documents and perhaps also distracting from a more content- and improvement-oriented approach."*

The coexistence of several (national/regional) agencies within a single or overlapping legal/political structures may lead to coordination, division of labour and/or rationalization issues. For example, the coexistence of national and regional or specialized agencies may mean that more than one set of laws must be considered; one agency may be dealing with two sets of laws of two countries; there may be complex and unequal partition of functions between national/regional/specialized agencies and there may be issues around recognition of the agency as the sole competent quality assurance organisation.

OPERATIONAL INDEPENDENCE

The assessment of independence is very complex and clearly one of the principles most often debated by panels. It is clear that such debates can be difficult both

within panels and also when comparing the views of the different actors and representatives interviewed, since these too are often subject to the 'internal' contextual (legal, political, historical, social) aspects that can also provide 'external' panels (whose members have other/different contextual experiences) with difficulties in interpretation.

The reports show that levels of independence are assessed against all possible influences, for example independence from the government, from HEIs (in particular from applicant institutions), from other stakeholders and from national conflicts of interest, and that generally panels are able to deal with the issues in a balanced manner, albeit after much discussion.

FINANCIAL INDEPENDENCE

Two aspects dominate this area: the extent to which an (any) agency can be independent when being dependent on funding either directly or indirectly from government funds or from those it is evaluating (the latter may become of increasing importance if and when there is a 'market' in the quality assurance of European higher education), and the necessary resources required to undertake evaluations effectively.

Panels made various detailed comments within their reports on the types, sources and organisation of funding, often (critically) linked to 'independence'; for example: *"The current funding model, based on annual subscriptions from HE institutions and on a system of annual contracts from the funding councils potentially introduces an element of uncertainty into the underlying stability of the agency relating to 'autonomous responsibility for their operations"*.

It is clear from the reports that (at least prior to the onset of the current financial crisis) different agencies operated within markedly different financial contexts. The balance of funding, and its adequacy from the point of view of independence, is viewed very differently from one country (and one panel) to another but it should also be remembered that the roles of agencies differ substantially. Whilst no statistical correlation has been undertaken in association with this report there is some evidence that those agencies with responsibilities for extensive and detailed series of programme and personal evaluations, and particularly where there are extensive site visits and or panel meetings, require far greater funds than the costs involved in just institutional level evaluations. It may also be noted however that those agencies with more limited series of programme level evaluations and/or focus on institutional level evaluations tend to be able to devote more time and resources to 'improvement functions'.

ORGANISATION

The reports rightly describe and discuss the organisation of agencies in detail with regard to their compliance with the Standards and their expectations. Such aspects are considered under the following:

- governance and organisation structures
- nomination and appointment of executive officers and board members, both of have direct impacts on the level of independence (real or apparent)
- nomination, appointment and training of assessors
- range of evaluation procedures (and their development and implementation)
- reporting
- issues concerned with appeals
- prevention of conflicts of interest

 Reports inevitably describe a broad range of governance arrangements that are in many cases either determined by or largely reflective of the (national/regional) legal contexts within which the agencies operate. There is a clear distinction between the governing body (or Board) and its (executive) assessment arm with "*clear separation of powers in its committees as between governance functions (by the Board) and academic decision-making*". Whilst there is usually some autonomy of the agency for its internal organization, there is always a requirement that the agency's own internal regulation is monitored by the governing body, which may report either directly to government, or indirectly through, for example, a published annual report.

The nomination and appointment of members of governing boards is often formally subject to ministerial approval, which can of course lead to questions about the extent of the autonomy of the agency. Whilst reports are not quite so blunt, it seems apparent that panels make a judgement on the independence standard in the context of the legal framework and the extent to which external (ministerial) approval might potentially interfere, or provide a more passive formal acceptance of the agency and its work.

Some formal, governmental nomination regulations are often seen as guarantees of authority. Reports show that, in some countries, autonomous organisations are nominally headed by the highest authority of the Ministry, (e.g. "*Members are officially appointed by order of the Minister but in fact nominated by their respective organisations and the agency*"; "*Accountability is to the Council of Ministers (i.e. the Prime Minister, not the Minister of Education). The Chair of the Agency enjoys a quasi "ministerial" status*".). Other stress however that there is "*…no formal intervention or influence on the appointment of Council members*" and in at least one case a consequence of an ENQA review has been a change in the law to ensure that there is a formal limitation on a minister's powers of intervention even as formal chair of the governing body.

Other factors that may impact on independence include the duration of mandates and the possibility of their renewal and dismissal conditions (can managers/directors/members be dismissed?) At a practical level reports record a variety of Board compositions, with different views about the various possible categories of stakeholders and the right balance between them. Boards may include:
- (no) representatives of Ministries in charge of Education
- (no) representatives of business, industry, and professional bodies among the members of the Council. Exclusion of non academic members
- (no) representatives of HEIs, of the applicant institutions.
- (no) student representatives

Reports include a number of direct recommendations (e.g. "*A more balanced makeup of the Board including students or representatives from the professional world might make the agency less vulnerable to external pressures*" (where a Board was mainly constituted by representatives from HEI's and the Government), and proposals for changes in the balance of representation in different organs, e.g. :
- "*nationals are not in a majority in the decision-making board*" ,
- "*Academics are needed, but necessary to include also international and stakeholder representatives to improve the accountability of the quality assurance system and the ownership of stakeholders*"

The nomination and final appointment of expert members of evaluation commissions, and peer reviewers/panel evaluators is also covered extensively in the reports. They reflect a variety of views about the definition of criteria and procedures for the nomination and final appointment of experts, sometimes clearly noting unusual (but perhaps legally required) arrangements, e.g. *"the experts and panels are confirmed by another and external [to the agency] body"*

A number of reports note a specific situation relevant to small countries/regions: *"everybody knows everybody else"*, and calls for the appointment of experts drawn from other regions or even an international pool. There may however be language difficulties in some such cases.

The reports show diverse patterns in the origins of experts, and a number also indicate an increasing trend to draw experts from wider sources. Panels range for example between all international, and/or all from other regions, to all national, with one report noting that, *"…for increasing objectivity, the Agency uses almost exclusively foreign evaluators."* More common, however, was the greater diversification in evaluators from exclusively 'academic' to the (greater) inclusion of 'stakeholder representatives (including from the labour market) and, of course, students.

To avoid duplication, organisational aspects of the range of evaluation procedures (and their development and implementation), reporting, and issues concerned with appeals, are considered in the next (Activities) section.

PREVENTION OF CONFLICTS OF INTERESTS

Whilst one report noted that that were *"A wealth of technical rules aimed at guaranteeing that experts have no vested interest in the HEI or programme/project they evaluate"*, a wider range of reports noted some limitations to the extent to which conflicts of interest were dealt with effectively (if at all). Generally, however, experts working on evaluation panels declare in writing that they are independent/ sign a "conflict of interests" document, and/or have to subscribe to a code of ethics. It is usually the case that the institution under evaluation may object to an expert's nomination on grounds of prejudice, and in a few cases there is some formal monitoring, for example where the panel can only officially start its work once its independence has been checked by the Higher Education Recognition Commission. Interestingly in the latter case the report noted that in about 25 percent of the panels some form of incompatibility or dependency was identified (or could not be completely ruled out).

An important feature concerning consistency between reports is the way in which panels reported their reservations, and the extent to which these came with or without associated recommendations. Thus, for example,

- *"Although the agency is fully compliant with the standard on Independence, the panel feels that the present situation could lead to a kind of isolation from society."*
- *"call on [the agency] to rethink the current structure in terms of the political independence .. and if necessary, to reform it no later than the next evaluation in approximately five years. This should be the central subject of the next evaluation".*
- *no challenge of practical independence but insistence on symbolic aspects : "changing the balance of membership would provide greater symbolic reassurance"*
- *"specific recommendations on the future development, funding and governance would allay any lingering concerns about independence."*

Two general conclusions that can be summarised from the ways in which panels have applied this standard:

- should an overall judgment on independence consider the legislative/political context in which the agency is working as a form of mitigating circumstances where these prevent the agency from fulfilling all aspects of the standard and guidelines? Some panels clearly do, whilst others appear to expect a stricter interpretation irrespective of the legal context, although both types can offer recommendations.
  - ENQA and its partners may wish to consider how greater consistency might be achieved, either/both through revision of the Standard's guidelines or/and specific training / guidance for panel members on this matter.
- The inclusion of recommendations does not always appear consistent. In all peer review there is, however, an element of 'connoisseur' judgement which is understood by specialists but may be less obvious to general stakeholders; a similar final judgement can be reached in different ways and for different reasons with recommendations being offered where panels have reservations that can or should be addressed.
  - ENQA and its partners may wish to consider providing panels with advice on how and when to offer recommendations in a more consistent and transparent way.

ACTIVITIES

Four standards may be considered under this theme:
- 3.1 Use of external quality assurance procedures for higher education
- 3.3 Activities
- 3.7 External quality assurance criteria and processes used by the agencies
- 3.8 Accountability procedures.

Standard 3.1 Use of external quality assurance procedures for higher education
The standard states that *"The external quality assurance of agencies should take into account the presence and effectiveness of the external assurance processes described in Part 2 of the European Standards and Guidelines"*. The guidelines add that *"The standards for external quality assurance contained in Part 2 provide a valuable basis for the external quality assessment process ..."* and that *"The standards for external quality assurance should together with the standards for external quality assurance agencies constitute the basis for professional and credible external quality assurance of higher education institutions"*.

In terms of the overall assessment against Standard 3.1, a third of reports concluded with a judgement other than full compliance. However, the reasons for these are not consistent across the reports, with different agencies failing to satisfy the evaluation panel about different aspects of the 'sub set' of standards (those within ESG 2). Standards 2.4 (Processes fit for purpose), 2.6 (Follow-up procedures), 2.3 (Criteria for decisions) and 2.5 (Reporting) caused the most problems.

The standards in Part 2 of the ESG are considered in detail below:

Standard 2.1 Use of internal quality assurance procedures
The activities listed under 2.1 are those that agencies are expected to apply when evaluating the QA activities of HEIs. Thus, for example, under standard 2.1 (Use of internal quality assurance procedures) an agency would be looking at… *"the institution's own internal policies and procedures…"* and whether *"… institutions are able to demonstrate the effectiveness of their own quality assurance processes …"*

Agencies generally undertook this work of evaluating whether institutions and/or programmes used internal quality assurance procedures satisfactorily. However it is perhaps surprising that 3 agencies received only substantial compliance judgements on this important aspect.

In view of the importance of this aspect the panel's comments are considered here in some detail. In one case the panel noted that *"… [the agency] provides the universities with a de facto package of internal quality assurance mechanisms to a very high degree of specificity. This leads to the problem that [the agency] could more or less be delivering to the universities the internal quality assurance framework later to be assessed by [the agency] itself;* in other words the agency had strayed too far into the role of 'coach' whilst also being the referee'. The panel considered *"…the guidelines [are] very specific and directive in contrast with the generic approach in the ESG. The risk is that implementation of the guidelines could lead to a homogenization of the quality system within the universities, and difficulties in later adopting new and innovative systems"*; an interesting comment that might be read as supportive of the agency's efforts in assisting the transformation of an HEI culture from one of strict compliance with set 'input' standards towards the ethos of the EHEA and its greater emphasis on interpretation of standards within context and an added emphasis on ('output') achievements.

In a second case the agency was found to be partially compliant on the basis of inconsistencies within the institutions it was evaluating between policies and actions. In a number of cases it was noted that such inconsistencies were a consequence of a lag between new policies and a residual 'old culture' of *practice*. The panel did however note that the agency was active in seeking to assist HEIs in their development of effective internal QA units/procedures; a further example of how the ENQA evaluation process could be supportive of an agency's efforts, perhaps in changing less than favourable circumstances.

In the third case the agency works within a context where the national legislation does not provide any specific framework for internal quality assurance. The panel was however *"glad to note that [the agency] has adopted a pro-active and supportive approach by including ENQA standards in its external quality assessment"* and that *"as confirmed .. during the site visit, this has already encouraged reflection and desirable developments in institutions"*. The panel noted however that whilst a *"flexible approach to internal quality assurance and the focus on progress towards the establishment of internal systems rather than the effectiveness of fully-fledged systems is fully justified"* (i.e. the agency was taking care with its role as 'coach' in light of its subsequent 'referee' role) never the less, there is no timeframe set which could provide, *"…an extra incentive to institutions to introduce their .. internal quality assurance systems"*. This led to the substantial compliance judgement.

Standard 2.2 Development of external quality assurance procedures
Agencies generally undertook this work satisfactorily. However it is perhaps surprising that three agencies received only substantial compliance judgements on this important aspect.

In all three cases panels were concerned with the process and perspectives of the development of procedures. In one case the agency, although established for some years and without a restrictive legal context, was regarded as taking a too 'retrospective' approach. In another, where there was a restrictive legal framework, the panel noted a continuing over-reliance on 'input measures' albeit within a variety of approaches. Recommendations were provided in these and other cases where compliance with the standard had been recorded but panels still felt there was scope for improvement.

Standard 2.3 Criteria for decisions
All agencies undertook this aspect of their functions satisfactorily.

Standard 2.4 Processes fit for purpose
Agencies were generally found to have processes that were fit for purpose. However two agencies received substantial compliance judgements on this important aspect.

In one case the panel noted that the agency had 'imported' procedures from elsewhere that, whilst designed for specific purposes, were perhaps not ideally suited for the agency's own responsibilities. It assessed that the agency was quite capable of (re)designing its procedures to meet its specific needs and thus recorded a substantial compliance.

In a second case, whilst the panel was largely content with the work of the agency under this standard, it was concerned by a few inconsistencies *between* procedures and also, and more importantly, *within* methods (particularly concerning the inclusion or not of site visits); these led to a judgement of substantial compliance.

A consistent comment in many reports (and in some cases leading to recommendations) was the limited extent to which agencies sought input from 'external' stakeholders, particularly from the professional and/or business sectors, when developing their procedures and criteria. Often the processes were designed and implemented with introspective HE/legal frameworks being the only considerations in mind.

Standard 2.5 Reporting
All agencies were found to be working satisfactorily with regard to reporting although there were several recommendations; it is clear that some panels have (rightly?) interpreted the 'spirit of the standard' in so far as it can be applied within the legal context in which an agency is working.

Standard 2.6 Follow-up procedures
Agencies generally carry out this work satisfactorily. However three agencies received only substantial compliance judgements on this aspect.

There is some superficially apparent inconsistency between panels in reaching a judgement on this standard. Various agencies are, for a variety of external reasons, constrained in their actions, but panels appear to have been more or less generous in the extent to which they have allowed for 'mitigating circumstances'. Agencies are at

different stages of maturity and several are affected by changing legislation; in some cases panels have made allowances for these factors in applying the 'spirit' of the standard whilst in others there appears to be less flexibility. What a simple reading of the report does not always convey is the extent to which the circumstances were a real cause of difficulty or perhaps an excuse for lack of consistent and transparent activity. Any peer assessment system will be subject to such variations but it is incumbent on ENQA to assist in reducing variability between panels by guidance and training. It might be of greater concern if a simplistic use of a panel's judgements were used for subsequent actions and purposes.

Standard 2.7 Periodic reviews

Almost all agencies met this standard satisfactorily but two agencies received only a substantial compliance judgement. There is evidence that some panels were inclined to apply the 'spirit of the standard' where agencies were constrained either by the stage of development of their work, or the legal constraints they operated within.

In one case the panel noted that it "*[had] not been able to identify the length of the cycle for [some] current activities …*" The panel also recorded that "*it is important to notice that the review panel acknowledges that the regular revisions of legislation are mostly responsible for this "stop and go" context and that [the agency] is excusable for the conclusion below in the sense that it has had to face this legal situation .. *"; they none the less returned only a substantially compliant judgement.

Standard 2.8 System wide analysis

Agencies generally met this standard satisfactorily. However three agencies received substantial compliance judgements on this aspect.

Substantial compliance resulted in one case from the panel finding that there is no analysis and comparison between the different [approaches] [used by the agency]; again with the panel making what appears to be a constructive recommendations within the context in which the agency works.

In another case the panel noted that whilst the agency "*provides annual reports with aggregate information about its evaluation, certification and accreditation activities… [had] also begun to provide a limited number of cross-sector reports on areas such as Library provision [and] proposes to expand its capacity to undertake further system-wide analyses*" .. "*[it] believed that there was more work to be done in this area of enhancement activity*".

It is clear that panels found a number of areas of serious concern to them that resulted in judgments other than full compliance. In all of these and also in several cases where compliance was confirmed panels offered recommendations that were designed to assist the agency directly in its activities and also in some cases intended to assist the agency with influencing legal 'pressures' that constrained its work within the spirit of the ESG.

A general conclusion can be summarised from the ways in which panels have applied this standard:
- the lack of any consistent reasons why 6 agencies failed to gain full compliance indicates that the standard is appropriate. The reports also indicate that it is an essential one and further that agencies are working to overcome any shortcomings which are generally dependent on legal/cultural contexts or simply the relative

'age' of the agency (it simply had not yet had time (or in some cases needed) to develop and implement the full panoply of tools and procedures expected).

Standard 3.3 Activities

The standard states that *"Agencies should undertake external quality assurance activities (at institutional level) on a regular basis"* with the guideline adding that *"These may involve evaluation, review, audit, assessment, accreditation, or similar activities and should be the core functions of the agency."* It is of note that the 'Activities' standard does not refer to any 'improvement/enhancement' activities although many agencies claim to undertake these either with regard to improvement of QA procedures themselves (although this aspect may be regarded as implicit in Standard 8: Accountability procedures) or through contributing to improvements in the 'subject' under evaluation (a programme or institution).

The Activities standard was one that agencies under review managed to deal with very successfully; all undertook external quality assurance on a regular basis, although several reports note that the activities undertaken by the agency had changed and would continue to change, within structured (although sometimes quite ambitious) strategic and operational plans.

Before considering the range of those activities it might be reasonable to ask '*why, if it seems so straightforward for agencies, is this a standard?*' The answer may lie within the context of the stage in development of national, regional and other agencies across the EHEA when the ESG were first proposed. There were legitimate concerns about the potential risk of the development of transient, for-profit QA agencies – the evaluation/accreditation equivalent of 'degree mills'. It may be a success of the ESG that such a scenario has not (yet) arisen within the ever expanding number of agencies across an increasingly broad EHEA.

The activities undertaken by the evaluated agencies vary considerably in scale (gathering information on between 5 and 1500 HEIs!) and scope. The activities of some agencies are limited essentially to the programme level whilst others are also involved at the institutional and/or specialist 'unit' level, and/or with the evaluation of staff as well. Evaluation of staff may be in a direct manner, evaluating individuals (with consequences for their careers, salaries etc) or indirectly, but still rigorously, through an evaluation of the staff associated with a specific programme under scrutiny. Strict *ex ante* staffing requirements have, in some cases, required the development of a data base to monitor, and eliminate, the phenomenon of the 'flying professor' – where esteemed individuals are listed as contributing to an excessive number of programmes often over a range of different institutions.

There is increasing evidence of a general pattern of development from 'universal' programme evaluation towards assessment at the institutional level, with or without some evidence being gathered at programme level as well. It is clear from the reports however that not only do different agencies fulfil different ranges of activities but also that the subjects they evaluate have different governance arrangements; some HEIs have a strong centralising Rectorate whilst others HEIs are essentially an association of largely independent units and faculties. It will be interesting to see whether the application of the more regular external evaluation on the basis of the ESG will tend to encourage institutions towards more centralised co-ordination and consistency of internal QA within and across the whole institution. Linked closely with this is the

legal context and the nature of the awarding body; whether awards are made in the name of the institution or the state.

One aspect that provided for discussions within some evaluation panels was the 'match' or not between the agency's mission statement and its activities. The 'mission statement' standard (ESG 3.5) refers to having a *"…publicly available statement… translated into a clear policy and management plan"*, but nothing about specific current activities. For example, it is possible for an agency to claim within the mission statement that its main aim and activities are to contribute to improvement/ enhancement, yet in the early years the activities will almost certainly be concerned with building up the data and expertise upon which such an enhancement function might in future be delivered. In such a case the agency has a mission statement (compliant with 3.5) and it has regular activities (compliant with 3.3) but they are not (yet) directly linked.

A general conclusion can be summarised from the ways in which panels have applied this standard:

- agencies are undertaking the QA activities expected of them within the concept of QA within the EHEA. However, there remains a question about whether and the extent to which agencies might/should also be engaged in an improvement / enhancement agenda. If so, should they be restricted to improvement of QA instruments and procedures or should they also have a role in development of / assessment of improvement /enhancement of academic pedagogical aspects?

Standard 3.7 External quality assurance criteria and processes used by the agencies
The standard states that *"The processes, criteria and procedures used by agencies should be pre-defined and publicly available. These processes would normally be expected to include:*

- *a self assessment or equivalent procedure by the subject of the quality assurance process*
- *an external assessment by a group of experts, including as appropriate (a) student member(s), and site visits to be decided by the agency*
- *publication of a report, including any decisions, recommendations or other formal outcomes*
- *a follow-up procedure to review actions taken by the subject of the quality assurance process in the light of any recommendations contained in the report."*

The guidelines add that *"Agencies may develop and use other processes and procedures for particular purposes. Agencies should pay careful attention to their declared principles at all times…"*

Only 60% of the evaluations covered by this report resulted in a (full) compliance judgement with Standard 3.7; the others were all partially or substantially compliant. It is interesting to note that the ratio between full compliance and partial/substantial changed over the period covered by the reviews; in the 2009 reports there are more substantial than full compliance judgements, whereas in 2007 and 2008 there were more full compliance judgements. Is it the case that agencies did not seem to have learnt from the shortcomings of others, or that the panels were getting 'tougher' in their expectations, or that the types of agencies submitting themselves in 2009 were different from those in the previous years?

Examination of the reasons for partial/substantial, as opposed to full compliance indicates that the following were seen as shortcomings:

- lack of student members in the evaluation teams (several)
- lack of an internal appeals procedure (several)
- lack of follow-up procedures (several)
- lack of site visit in *some* activities
- variation in consistency of an agency's panels (although was already recognised and being addressed)
- limited stakeholder involvement
- over emphasis on 'input' criteria/measures in evaluation procedures
- issues concerned with publication of the report (several different aspects)

Of the above list some are essentially structural (working within quite tightly defined legal frameworks), some are developmental (agencies have just not been running long enough to need e.g. follow-up procedures), and some are size related.

However, some are of a more fundamental nature – e.g. the lack of an appeals procedure or variations in consistency between an agency's panels working in the same area. It is interesting to note that in almost all of these cases the agency had within its self evaluation process identified its shortcomings and had started to take steps to remedy them; the panel's judgements were based on the fact that there was not yet any evidence of change.

The structural issues are, in some cases, harder to deal with since some are bound up in national legislation and/or the nature of the detail of evaluation procedures. Examples here would include the legally bound programme standards often prepared at a time and in a context predating the more recent shift towards recognising the importance of learning outcomes; in such cases change is underway or imminent but at a pace set by change of national legislation. Similarly, the detail of programme evaluation for some agencies includes detailed scrutiny of individuals involved in teaching on the programme and an assessment of their research. In such cases it is argued that full publication of data on individuals would not (and should not) be permissible – the guideline *"publication of a report, including any decisions, recommendations or other formal outcomes"* is thus seen to become difficult to fulfil in full. There is some evidence in the reports of differences in interpretation of this aspect – some panels appear to have read the guidelines within the local legal context whilst others have taken a more 'literal' stance.

The reports clearly demonstrate that most agencies have noted weaknesses in this area during the development of their SER and that have, by the time of the site visit, been active in starting to develop/implement changes.

General conclusions can be summarised from the ways in which panels have applied this standard:

- this is an essential criterion in the evaluation of agencies, but
- many agencies are constrained in which they seek to fulfil it by local legal requirements/limitations
- panels vary in the extent to which they are prepared to include local contexts as 'mitigating circumstances' when reaching their judgement on (the level of) compliance.

Standard 3.8 Accountability procedures (in the context of activities)
The standard states that "*Agencies should have in place procedures for their own accountability*", with guidelines covering a published policy for the agency's internal QA, various forms of documentation to support and demonstrate this and a mandatory cyclical external review. An interesting omission in the guidelines is any explicit reference to the agency demonstrating accountability to the interests of its key stakeholder(s); the standard and its application seem to consider feedback merely from the 'subjects' of the evaluation not whether, for example, the wider public interest has been met by the evaluations. An almost exclusive emphasis on accountability through the refining of procedures may be regarded by some as somewhat introspective, and some panels introduced the wider expectation (since it was not explicitly excluded either).

Approximately 25% of the agencies evaluated failed to get a 'full compliance' judgement on their accountability procedures. Reasons for partial/substantial compliance included:

- lack of a formal and systematic mechanism for feedback to HEIs
- only limited application of 'no conflicts of interest' policy (several)
- lack of 'wider' accountability (several)
- lack of formal timetable for the frequency of mandatory external reviews
- limited training of peer review panels

Several panels make recommendations that suggest that the agency considers the development of a Code of ethics to address the 'no conflicts of interest' expectations, and in particular that this should distinguish clearly between those involved in internal and external quality assurance, and their respective roles.

One panel took the view that "*.. [the agency's] accountability is currently focussed on HEIs. . its accountability towards society at large is not sufficiently provided for…*". The report also notes that "*The agency is fully aware of this and has signalled its intention to address the issue…*" yet it still received a substantial compliance for this standard.

Appeals mechanisms are relatively straightforward to put in place and it is clear from the reports that, if such mechanisms were currently lacking, this had been recognised by the agency and they were likely to be in place in the near future. Perhaps more serious are the few references to limited or inconsistent training of the panels of peer evaluators. This issue is critical and is being addressed at more strategic and practical levels by ENQA.

Appeals mechanisms
Only a minority of agencies mention an existing formal appeals procedure. The internal quality assurance system may involve procedures for processing remarks and complaints: "*All remarks, problems or complaints can be reported to staff members or to the Unit's coordinator. They will try to mediate any problems. There is always the possibility to enter a formal procedure of arbitration*". Where a formal appeals system exists, only few vague indications, if any, are given on cases or numbers of appeals, and none on specific appeals issues and decisions. Some panels suggest that this is because the review was too early and that such a procedure is still under development.

Different possible processes may be detected under the theme of "appeals": for example, there may be an extension of the usual process that goes beyond just the

correction of factual errors, to contest proposed judgments before the finalization of reports or decisions: "*The university colleges through their programmes have two opportunities to comment on their assessment reports. "It is the sole competency of the expert panels to decide whether these comments are included in the final assessment report or not.*"

There may also be different types and levels of appeals:
- an internal appeals to a formal committee within the agency, or "an independent Appeals Board" without precision about the scope of this independence
- an external appeal (at a Court)

A few agencies mention that they are in the process of creating such a procedure: "*it emerges that for the HEIs accredited by the agencies, the possibility of opening a grievance process exists*"

"*At the request of the institutions the agency is now in the process of establishing a formal appeal procedure. In case of a conflict an independent appeal panel will in the future decide an outcome.*"

Where they exist, these appeals procedures are often stipulated by law (as an application of the general national legislation on public administrative decisions).

A general conclusion can be summarised from the ways in which panels have applied this standard:
- the standard appears to be ambiguous as regards the purpose/audience of accountability and this leads to difficulties for panels
- an agency should certainly have procedures to ensure internal monitoring and accountability of its activities; is it also required to undertake and provide public accountability for the external impact of its activities?

SUSTAINABILITY

The group of standards under 'sustainability' deals with the development, consolidation and improvement /enhancement of agencies' activities and looks at whether the existing levels of resource and accountability will be sufficient to ensure continuation of the agency and its activities in the future. Two standards may be considered under this theme:
- 3.4. Resources
- 3.8. Accountability procedures

Standard 3.4 Resources

The standard states that; "*Agencies should have adequate and proportionate resources, both human and financial, to enable them to organise and run their external quality assurance process(es) in and effective and efficient manner, with appropriate provision for the development of their processes and procedures.*"

The sections of the reports that deal with resources are predominantly descriptive. In most cases they take for granted agencies' statements or reflect the panels' impressions. However some give various insights and more in-depth analysis that could be considered further in any review of the ESG.

SERs usually, but not always, express satisfaction about the adequacy of their resources, including budget, internal staff numbers, office space, equipment and material resources and appropriate levels of reference materials, with reports indicating

that the panels usually confirmed these views, sometimes with additional observations, e.g.: *"The fact that it [the agency] considers the resources available to be sufficient for its current tasks clearly demonstrates that it organises and performs its work in an efficient and effective manner. A mid-term financial perspective would certainly be desirable"*.

However, panels also express concern about the impact of the evolution of missions on agency resources, workloads and some other specific cost factors. They try to anticipate factors that may put pressure on resources and generate additional expenditure:

- *"it may need to extend its range of staff resources as it maintains current delivery and extends its activities to more universities.*
- *"additional human resources would be needed "if the Unit wishes to achieve all its ambitions (monitoring and contributing to the development of a new system, performing wider-ranging substantive analyses)"*
- *"the review panel considers the resources available adequate for the time being. However, it seems not unlikely that the present level of provision will no longer be adequate sometime in the near future"*.

Specific missions (e.g. teaching and research staff assessment), permanent or ad hoc, imposed on agencies by law and/or by their authorities have an influence on their costs, their allocation of resources and staff and the definition of their priorities, planning and operations. Some reports thus mention discrepancies between legal assignments and level of public funding, e.g.: *"the government does not contribute towards the funding even though the quality assurance processes it undertakes are mandatory by law"*.

Whilst there are no consistent patterns of underfunding of particular areas/activities, reports do include comments about insufficient resourcing in several areas, mostly concerned with functions that might be regarded as not being of direct or primary concern, for example:

public relations, events and seminars, staff development, international networking and analysis of relevant processes. Two other areas that are mentioned in several reports are, however, a reflection of changing expectations of quality assurance that might now be regarded as primary functions/requirements and yet were not considered when budgets were established some years ago; these include the costs of:

- the inclusion of professional, students and international experts in future review activities or research projects
- assisting with the development of internal quality assurance systems within institutions.

Some reports reflect the problems faced by agencies as they consider how to adapt their work pattern to the evolution of their missions, with reports generally offering supportive comments, e.g.:

- *"a changed mix of professional and administrative skills will be required, particularly in policy development and support of capacity building for quality enhancement in the higher education sector"*.
- *"the Agency has now reached a point of maturity in its development where the appointment of a senior professional manager to support the Director in taking oversight of some of the key processes might be appropriate"*.
- *"The panel sees important advantages of a long term professional secretary general position"*.

Despite their potential significance, fees are not reported on frequently but concern is demonstrated by some panels, for example: "It *is the Panel's opinion that (the low fee to the members of the expert teams and the students that participate in the accreditation processes) constitutes a risk for the Agency, since the best qualified experts may not be attracted to participate in the accreditation procedures. At the international level, low fees will be an important obstacle to the recruitment of foreign experts for the assessment teams*".

Only a few SERs and reports give a detailed description of funding and expenditure, including their evolution in time by activities, type of expenditure and sources of funding, unitary costs by operation type, basic components of costs, and evaluation of additional costs due to extra load imposed by ministries or to be forecasted because of expansion of missions. These examples might be used for more in-depth comparative questioning and information in training sessions.

A general conclusion can be summarised from the ways in which panels have applied this standard:

- External quality assurance, particularly at programme level, can be costly especially where site visits are a routine expectation; but with substantial political backing for the Bologna Process and with quality assurance as a central pillar of that process, agencies until now appear to have been generally quite well resourced. It will be interesting to see whether this remains the case as a consequence of the global economic downturn and it may be that agencies will need to find more cost efficient approaches and procedures in future.

Standard 3.8 Accountability (in the context of sustainability)
The standard states that, "*Agencies should have in place procedures for their own accountability.*"

Whilst most agencies were able to demonstrate that they met this criterion, it is clear from the reports that this standard, as written, led to discussions and difficulties for the evaluating panels. The standard itself appears to be unclear as to whether it refers to the agency having procedures to ensure that it can demonstrate accountability *to itself* – or to *external* audiences, or indeed whether the former should, in effect, satisfy the latter. The associated guidelines provide a series of exemplar activities but the 'audience' for the evidence provided remains unclear.

It is, of course, more straightforward for an agency to engage in a series of activities that can satisfy itself that it is performing satisfactorily: e.g. sampling to see if its procedures and processes run smoothly and on time, and all agencies are involved in such activities. From an external viewpoint however another question is "do the processes and procedures generate worthwhile outcomes/consequences for stakeholders?" It is clear from the reports that few agencies monitor their impact/'value added' for others.

As a preamble to accountability a few agencies present their published quality assurance policy as a general cultural systemic issue related to all aspects of the agency's activity: "*to create a common evaluation culture within the entire organization*". Basic action principles are then expressed in a variety of ways: mission statements, declarations of principles, reference to recognized international practice in the area, etc. seeking to demonstrate (more or less explicitly) claims such as:

- *"independence, objectivity, transparency, efficiency, distance and fairness"*
- *"consistency and equal treatment, openness and clear communication externally"*
- *"rigour, quality and objectiveness in its processes, independence of stakeholders"*
- *" work [that] is carried out so that external parties can benefit from process and result"*

Agencies are effective in providing internal quality assurance systems that are, in most cases, defined in separate, publicly-available documents. In a few cases most, if not all, elements of such policies exist, but without being summarized in one document; agencies know what they are doing and why, and seek to improve their effectiveness. Most have a view of fostering continuous improvement in the management system and their key processes, with for example:

- *"preparation and monitoring of a Strategic Plan for 2008-2010, supported by an annual work plan"*,
- *"The quality system includes procedures and guidelines for the quality work in the operating units as well as annual quality assessments and external feedback."*

Much thought and time is spent on internal (bureaucratic) planning, reporting and checking and agencies publish and use many quality assurance documents: quality handbooks, internal quality system manuals, Codes of ethics, Codes of Good Practices, Codes of Confidentiality, etc, some of which are beyond what might be legally required but which agencies regard as improvement/enhancement or quality assurance procedures and processes. Panels have on occasions recommended that, where appropriate, documents and processes be more formalised, for example: *"In general, the internal quality assurance still relies for a substantial part on relatively 'soft' instruments. Given the scale and the number of key persons and parties involved, this is feasible. However, the panel would welcome a more systematic approach: periodic reviews of the processes, an annual action plan et cetera"*.

   The reports do however indicate the beginnings of a more outward perspective in terms of accountability. The choice of an appropriate periodicity for reviewing activities and processes is a growing concern. Some agencies now consider that they need not only to have ad hoc occasional feedback but also more of *"a regular pattern of self-review and a readiness to obtain information about the effectiveness and impact"*. However, the frequency of mandatory external reviews of an agency is not always defined in official documents. The most frequent is a five year external review cycle which corresponds to ENQA and ESG requirements. Interestingly the Guidelines, which establish the desirability of the 5 year external review cycle refers only to *"the agency's activities"*, not any impact of those activities.

   Agencies (and to some extent their sponsors) see *accountability* as an opportunity to improve their (internal) management by bringing consistency between ESG/EHEA requirements and their own legal requirements. Thus, for example, one report noted that whilst *"periodic external evaluations are not prescribed by the law, [they are] considered mandatory by the agency itself, within a European perspective."* Where such an external review cycle is not yet effective, it is at least mentioned as an intention, or a beginning of implementation; one panel observed, for example, that [such] *"… activities are not part of a formally agreed cyclical pattern of review on a periodic basis"* whilst clearly noting that the agency was seeking to improve its accountability. It is also

clear from review reports that agencies' annual reports also contribute an element of continuity, feed-back and periodicity in internal QA.

Agencies sometimes submit themselves to external reviews which award labels or quality certifications in addition to the prescribed mandatory cyclical review, for example: *"The review will also be informed by a parallel process, namely the achievement of a quality mark, Excellence through People, which is the national standard for the development of human resources"*. Clearly the value/impact of such internally-focused activities will be perceived in different ways by different stakeholders, as would a number of the other examples of documentation suggested within the Guidelines.

Nevertheless, with regard to ESG 3.8. Guideline 2 (Agencies are expected to demonstrate they have in place internal quality assurance procedures such as *an internal feedback mechanism, an internal reflection mechanism, an external feedback mechanism in order to inform and underpin its own development and improvement*) the reports demonstrate that a great variety of mechanisms exist, which are more or less documented and systematized, and which are reviewed with different periodicities. They can/should be considered from the point of view of identifying and achieving the right balance between internal and external quality assurance processes.

Methods referred to in the reports include:
- suggestion forms and boxes, personal interviews, satisfaction surveys, periodic meetings with staff, meetings with the board of directors, electronic surveys, questionnaires, from institutions and from evaluation teams
- mechanisms of internal reflection: regular staff meetings, briefings of the management and administration, workshops, reviews of structures of departments, procedures, job descriptions on the basis of feedback,
- annual conferences of experts for sharing experience and good practice.

Some agencies have a published document entitled "Internal Quality Assurance Policy", or "Internal Quality Assurance and Accountability Policy" which sets out the general policy framework and structures through which the relevant authority assures the quality of the organization itself and demonstrates its accountability. Analysis and comments by review panels shows a concern for a systematic approach to IQA:
- *"the internal quality assurance system is underdeveloped"*
- *"the agency has not yet developed a formally differentiated internal quality assurance system, but is applying several external feedback mechanisms and processes"*
- *"the openness of documentation and procedures provides additional assurance of quality in itself."*

Panels clearly expect at least a description of internal quality assurance systems, characterized by various levels of formalism or informality, but there is an issue here of the consistency of all these devices and methods, designing and using them in a coherent and priority-conscious way in order to prevent stress and waste which could be brought on by "over evaluating" and "over strategizing." One report noted for example that there was: *"No evidence of any established policy for own internal quality assurance with regard to its overall effectiveness as an organization, or clear evidence that feedback from the different methods was assembled and considered in a holistic and systematic manner"*.

Panels do however usually recognize the need to allow time for agencies to consider all the organisational implications of such a quality policy, e.g.: *"The agency is only at the early stage of defining a systematic approach to informing and reviewing the quality of its service."*

The development of structured feedback mechanisms appear in rare cases to be prevented by over reactive attitudes or the lack of a sufficiently shared understanding of the usefulness of consistent feedback processes, and on rather infrequent occasions there were comments such as:

- *"not always open to criticism, considering criticism sometimes as an attack on itself, instead of making use of it in improving operations"*,
- *"(there is) not yet a culture of continuous improvement. Staff are still in a process of understanding of how the quality management procedures should be embedded throughout the work processes."*
- *"The panel is of the opinion that the agency would find it useful to "reflect on the wider expectations of accountability, and identify the specific roles and responsibilities of each stage in its procedures".*

Clearly for some the right balance is still to be found between not just the collection but also reflective use of external feedback.

External accountability and agencies' reputations
ESG 3.8 is not explicit about the role and place of stakeholders with regard to accountability processes, either as contributors to the accountability process or, and perhaps more importantly for some, as those to whom some measure of accountability should be addressed. Whilst most utilise external stakeholders in their processes for internal accountability (*are our procedures working well enough?*) it was less common to find reference to external accountability in the sense of '*are the agency's findings and reports useful to…?*' Some panels were clearly content to monitor the 'internally focussed' nature of the accountability standard whilst for others there was a clear need that even if the standard itself was not explicit then an agency should consider its accountability to the 'external' world. Without such consideration an agency's 'reputation' could quickly come under very direct (and perhaps politically motivated) 'threat'.

In terms of the participation of the various stakeholders, the reports demonstrate that agencies are concerned about their wider reputation beyond the agency itself, e.g.:

- *"the academic community feels actively involved and taken seriously as a partner".*
- *"the agency's accountability is currently focused on HEIs".*
- *"widely accepted by the higher education community, its accountability towards society at large is not sufficiently provided for, not yet properly acknowledged in media".*
- *"the agency should be more proactive in communicating with a broader public."*

For some agencies, but perhaps fewer than might be desirable (i.e. all!) the issue does incorporate not only feedback mechanisms but also the introduction of different types of external stakeholders to positions in different agency committees, consultations and other mechanisms, e.g.:

- *"Accountability is also determined by the way in which the various stake-holders are involved"*.
- *" The complex stakeholder context within which operates makes necessary a similarly complex accountability system"*
- *The Panel confirms that the agency delivers substantial accountability to key stakeholders through a variety of mechanisms."*

In an attempt to include greater involvement by and demonstrate accountability to external stakeholders some agencies have established an advisory board, with various functions, e.g:

- *"In order to involve more external stakeholders, an Advisory Board consisting only of external stakeholders is currently being established"*.
- *giving stakeholders a substantial representation in an advisory board would be beneficial in terms of accountability"*.
- *"The newly established Advisory Board is a first step but the review panel feels that the agency could and should consider being more open to external viewpoints"*.
- *"…appropriate to ask the advisory board to take on a more substantial role, whilst remembering that its title indicates the status of its conclusions."*

Mechanisms to ensure the quality of subcontracted services and materials
This is a concern only for a minority of agencies which make use of sub-contracted work. Only two agencies mention that they have procedures and mechanisms for the evaluation and monitoring of suppliers and subcontractors, ensuring the quality of their activities, *"to ensure that all work produced externally by subcontractors is of an acceptable standard and fit for purpose"*. A few other mention that this issue is not relevant for them, because they make very little or no use of sub-contracted work.

A general conclusion can be summarised from the ways in which panels have applied this standard:

- Agencies generally managed to meet the expectations of accountability reasonably well with two thirds receiving a full compliance judgement and, except one, the others being substantially compliant with the standard.
- The standard appears to have presented some panels with problems; in its guidelines it appears to focus primarily on internal accountability but for many there is also a need for accountability to include external aspects – is an agency monitoring whether it is actually providing information that stakeholders use and consider useful, and is that having any significant impact?

Annex 2: Reports on agency reviews conducted between September 2005 and December 2009 (with date of publication of report on ENQA website)

- Agencia para la Calidad del Sistema Universitario de Castilla y León (ACSUCYL) December 2009 (published February 2010)
- Stiftung Evaluationsagentur Baden-Wuerttemberg (EVALAG) September 2009 (published February 2010)
- Agency for Quality Assurance in the Galician University System (ACSUG) July 2009 (published November 2009)
- Flemish Interuniversity Council Quality Assurance Unit (VLIR - QAU)May 2009 (published September 2009)
- Russian National Accreditation Agency (NAA) November 2008 (published September 2009)
- Institutional Evaluation Programme of the European University Association (EUA-IEP) April 2009 (published September 2009)
- Accreditation Agency for Study Programmes in Health and Social Sciences (AHPGS) March 2009 (published June 2009)
- Irish Universities Quality Board (IUQB) September 2008 (published June 2009)
- Commission des Titres d'Ingénieur (CTI) April 2009 (published June 2009).
- Romanian Agency for Quality Assurance in Higher Education (ARACIS) May 2009 (published June 2009)
- Agency for Quality Assurance in Higher Education and Research of Andalusia (AGAE) January 2009 (published April 2009)
- State Accreditation Committee of Poland (PKA) December 2008 (published March 2009)
- Accreditation, Certification and Quality Assurance Institute (ACQUIN) March 2006 (published March 2009)*
- National Qualifications Authority of Ireland (NQAI) September 2007 (published March 2009)
- Agentur für Qualitätssicherung durch Akkreditierung von Studiengängen (AQAS) February 2007 (published March 2009)*
- Flemish Council of university colleges (VLHORA) September 2008 (published March 2009)
- Quality Assurance Agency for Higher Education, United Kingdom (QAA, UK) July 2008 (published March 2009)
- National Evaluation and Accreditation Agency (NEAA) July 2008 (published September 2008)
- Central Evaluation and Accreditation Agency Hannover (ZEvA) December 2005 (published September 2008)

- Hungarian Accreditation Committee (HAC) June 2008 (published September 2008)
- German Accreditation Council (GAC) April 2008 (published September 2008)
- Norwegian National Quality Assurance Agency (NOKUT) February 2008 (published June 2008)
- Austrian FH Council (FHR) November 2007 (published June 2008)
- Austrian Accreditation Council (AAC) September 2007 (published June 2008)
- Austrian Agency for Quality Assurance (AQA) November 2007 (published June 2008)
- Accreditation Organization of The Netherlands and Flanders (NVAO) September 2007 (published January 2008)
- Foundation for International Business Administration Accreditation (FIBAA) May 2006 (published January 2008)*
- Catalan University Quality Assurance Agency (AQU) August 2007 (published September 2007)
- National Agency for Quality Assessment and Accreditation of Spain (ANECA)June 2007 (published September 2007)
- Center for Accreditation and Quality Assurance of the Swiss universities (OAQ) August 2006 (published July 2007)
- Accreditation Agency for Study Programmes in Engineering, Informatics, Natural Sciences and and Mathematics (ASIIN) February 2006 (published July 2007)*
- Swedish National Agency for Higher Education (HsV) December 2005 (published May 2007)
- Danish Evaluation Institute (EVA) September 2005 (published April 2007)*
- Higher Education Training and Awards Council (HETAC) May 2006 (published April 2007)

indicates reports that do not make specific reference to assessment against the ESG