

*Printed Matter AR 10/2014***Expert report****on the Application of the Accreditation Agency for Study Programmes in Health and Social Science (AHPGS) dated 7 November 2012 for Accreditation and Assessment of the Compliance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG)**

- submitted on 9 February 2014 -

**1. Procedural basis****1.1 Statutory mandate**

In accordance with § 2 para. 1 no. 1 of the German Law on the Establishment of a “Foundation for the Accreditation of Study Programmes in Germany”, the Foundation has the mandate to accredit and reaccredit accreditation agencies. It grants, for a limited period of time, the right to accredit study programmes or internal quality assurance systems of higher education institutions by awarding the seal of the Foundation.

The decision of the Accreditation Council to award accreditation as well as the conducting of the procedure for accrediting an accreditation agency are based on the resolution “Rules of the Accreditation Council for the Accreditation of Agencies” of 8 December 2009 as amended on 10 December 2010.

In order to promote the international recognition of the decisions taken by the Accreditation Council and by the accreditation agency, the Accreditation Council adopted the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) in the approval of its accreditation criteria, as approved by the ministers<sup>1</sup> responsible for higher education at the Bologna follow-up conference in Bergen in May 2005. By including the ESG Standards, the Accreditation Council emphasised the central role of accreditation in implementing the objectives set by the Bologna Process, making it clear that quality assurance in higher education - and particularly accreditation - can no longer be exclusively based on national standards or particular characteristics. Other important sources for the formulation of the criteria set by the Accreditation Council are the Code of Good Practice laid down by the European Consortium for Accreditation on 3 December

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<sup>1</sup> Personen- und Funktionsbezeichnungen beziehen sich im Folgenden in gleicher Weise auf Frauen und Männer.

2004 and the Guidelines of Good Practice elaborated by the International Network for Quality Assurance Agencies in Higher Education in April 2005.

## 1.2 The German Accreditation System

In 1998, an accreditation procedure based upon the "peer review principle" was introduced for study programmes in the tiered graduation system. The group of reviewing peers includes scientists but also students, representatives of professional practice and international experts. The German Law on the Establishment of a Foundation for the Accreditation of Study Programmes in Germany adopted on 15 February 2005 provided a new legal foundation for accreditation. The objective of accreditation is to ensure content- and discipline-related standards by assessing the conceptual outline of study programmes and the academic feasibility of the courses offered, including the assessment of quality in teaching as well as the scrutiny of the professional relevance and the promotion of gender mainstreaming. Generally, accreditation is a prerequisite for introducing and maintaining Bachelor's and Master's study programmes. In addition to programme accreditation, system accreditation was introduced in 2007. The object of system accreditation is the internal quality assurance system of a higher education institution. A positive system accreditation certifies that the quality assurance system of the higher education institution attains the qualification objectives in teaching and learning and ensures the high quality of the study programmes, and in so doing applies the *Standards and Guidelines for Quality Assurance*, the Guidelines of the Standing Conference of the Ministers of Education and Cultural Affairs of the *Länder* and the criteria set by the Accreditation Council.

In Germany, decentralised agencies conduct the accreditation of study programmes (programme accreditation) and of quality assurance systems for teaching and learning (system accreditation). In its role as central accreditation body, the Accreditation Council accredits the accreditation agencies periodically and defines the basic requirements for accreditation procedures, which are to be carried out according to reliable and transparent standards. At the same time, the Accreditation Council ensures that the interests of the entire system, which are the responsibility of each *Land*, are taken into consideration during accreditation. The actual accreditation procedures are conducted independently from the state. The *Foundation for the Accreditation of Study Programmes in Germany* also acts as a central documentation agency for the accreditation system and manages the database of study programmes accredited in Germany.

For private higher education institutions, a procedure of institutional accreditation was introduced by the Science Council, which monitors whether or not a higher education institution complies with the specifications for scientific teaching and research. Private higher education institutions must be accredited by the Science Council, preferably prior to starting operation, but at the latest prior to final state approval by the competent *Land*.

### **1.3 Compliance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area**

In order to be admitted as a member of the European Association for Quality Assurance (ENQA) or the European Quality Assurance Register for Higher Education (EQAR), an agency must demonstrate that it abides by the “Standards and Guidelines for Quality Assurance in the European Higher Education Area” (ESG) in an external assessment. The full membership of an agency with the ENQA is valid as *prima facie* proof of compliance with the ESG and is thus also valid for the EQAR.

With regard to accreditation, the Accreditation Council also offers the option of assessing whether the agencies are compliant with Parts 2 and 3 of the ESG and presenting this explicitly in its own section of the assessment in order to avoid double external assessments being made. This assessment is, therefore, executed according to the Guidelines for external reviews of quality assurance agencies in the EHEA.

## **2. Course of the procedure**

With letter dated 7 November 2012, AHPGS submitted its application for accreditation as an accreditation agency to the Accreditation Council. On 17 June 2013 AHPGS submitted a rationale for the application together with additional documents. With e-mail dated 17 July 2013 further documentation was requested which was submitted with letter dated 9 September 2013<sup>2</sup>. The same day, the agency submitted its comments on the Accreditation Council's progress report, which was submitted to the AHPGS on 17 July 2013.

The following experts were nominated by the Accreditation Council in its resolution of 20 February 2013:

**Dr. Bernd Baasner**, formerly Currenta GmbH & Co. OHG (representative of professional practice)

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<sup>2</sup> The documents that were submitted to the Council before the on-site visit are included in the annex and identified by the letter "N".

**Prof. Dr. med. Eva-Bettina Bröcker**, University of Würzburg (HEI representative, chairperson)

**Prof. Dr. med. Martin Fischer, MME**, LMU Munich (HEI representative)

**Marcel Sauerbier**, University of Freiburg (student representative)

**Mag. Dr. Kurt Sohm**, University of Applied Sciences Technikum Wien (foreign expert)

The expert group was supported by Ms Katrin Mayer-Lantermann on behalf of the office of the Accreditation Council (Foundation for the Accreditation of Study Programmes in Germany). The on-site visit was also attended by the managing director of the Foundation, Dr. Olaf Bartz.

On 7 May 2013, the experts participated at a preparatory meeting in Berlin during which the applicable criteria set by the Accreditation Council and the European Standards and Guidelines (ESG) were presented and explained. This occasion also served to develop the level of knowledge of the experts with regard to the procedural aspects and the understanding of their role.

Between 10 and 11 October 2013, an on-site visit took place at the head office of the agency in Freiburg, prior to which the expert group had a preliminary meeting on 9 October 2013. The expert group held discussions with the management of the agency, members of the accreditation commissions, the employees, and experts as well as with representatives of the higher education institutions that have already gone through the accreditation procedures of the agency. During the on-site visit, the agency presented further documentation. (The schedule is provided in the annex.)

The expert group submitted the enclosed report with unanimous approval on 9 February 2014.

### 3. Abbreviations

AHPGS	Accreditation Agency for Study Programmes in Health and Social Science (Akkreditierungsagentur für Studiengänge im Bereich Gesundheit und Soziales)
Programme AC	Accreditation commission of the AHPGS for programme accreditation
System AC	Accreditation commission of the AHPGS for system accreditation

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AR Rules for programme and system accreditation	Rules of the Accreditation Council for the Accreditation of Study Programmes and for System Accreditation in the version adopted on 20 February 2013
EHEA	European Higher Education Area
ENQA	European Association for Quality Assurance
EQAR	European Quality Assurance Register for Higher Education
ESG	Standards and Guidelines for Quality Assurance in the European Higher Education Area
KMK	Standing Conference of the Ministers of Education and Cultural Affairs of the Länder
KMK Structural Guidelines	Common Structural Guidelines of the Länder for the Accreditation of Bachelor's and Master's Study Programmes, KMK resolution in the version adopted on 4 February 2010
EAER	Federal Department of Economic Affairs, Education and Research

## 4. Accreditation Agency for Study Programmes in Health and Social Science (AHPGS)

### 4.1 Founding

The agency is organised in the legal form of a charitable association, which was founded in 2001. Currently the association has 51 members. They include various scientific speciality societies in the area of health and social science, the Assemblies of the Faculties of Social Work and of Therapeutic Pedagogy, the Conference for Deans and Directors in Nursing Sciences and higher education institutions.

A non-profit private limited company under German law (gGmbH) was founded at the beginning of 2008 for liability reasons. Its sole shareholder is the AHPGS e.V. Association. It was entered in the Freiburg commercial register on 5 March 2008.

### 4.2 Organisation

The composition and tasks of the bodies of the AHPGS e.V. are laid down in the agency's by-laws. The general assembly and the governing body are the chief bodies for matters concerning the association. The responsibilities of the governing body include that of appointing the members of the accreditation commissions of the AHPGS e.V. and examining complaints regarding the refusal of accreditation. Unless otherwise provided by the by-laws, the governing body also discusses and decides on any matters concerning the association. The governing body is chaired by [REDACTED]. The AHPGS e.V. has two accreditation commissions: one commission for programme accreditation procedures and one for system accreditation procedures. The accreditation commissions are the chief decision-making bodies with regard to all accreditation procedures. Their members are appointed by the governing body. The managing director of the AHPGS e.V. is [REDACTED]

In accordance with § 6 of the by-laws, the AHPGS Akkreditierung gGmbH has two bodies: the general meeting and the managing board appointed by the former. Its sole shareholder is the AHPGS e.V. The governing body of this registered association holds the power of representation performs the tasks of the shareholder and constitutes the general meeting of the gGmbH. The managing director of the AHPGS Akkreditierung gGmbH is [REDACTED]

Both AHPGS e.V. and AHPGS Akkreditierung gGmbH are recognised as non-profit organisations for German tax purposes.

### 4.3 Facilities

At present, the agency employs nine project officers and two additional employees under the direction of the managing director of the AHPGS Akkreditierung gGmbH. Since the previous accreditation in 2009, the number of project officers in charge of managing the accreditation procedures has increased from five to nine.

The managing director of the AHPGS e.V. was appointed by the general assembly for a five-year period (until 2016). The managing director as well as all members of the governing body work on a voluntary basis. The head office of the AHPGS e.V. is run by the managing director supported by a part-time employee.

All work stations are equipped with a telephone and computers and connected via LAN to e-mail, internet and to the server. The IT infrastructure underwent comprehensive modernisation at the end of 2012. The office equipment includes several network printers in addition to a photocopier and scanner in the central office area.

For the year 2012, the gGmbH registered a revenue of [REDACTED] and [REDACTED] of expenditures and depreciations. The AHPGS e.V. generated [REDACTED] of revenues from accreditation procedures (flat administrative fee paid by the gGmbH) and received [REDACTED] from subscriptions. The expenditures in 2012 came to [REDACTED] for AHPGS e.V.

### 4.4 Scope of Activity

AHPGS accredits predominantly Bachelor's and Master's study programmes in the field of health and social sciences across all types of HEIs. According to the agency, by the end of 2012 it had accredited 690 German study programmes at 129 HEIs in 15 *Länder* and 56 foreign study programmes.

In 2008, AHPGS was also authorised by the Accreditation Council to carry out procedures for system accreditation; by the end of 2012, the agency had signed two contracts for system accreditation procedures.

AHPGS is a member of the ENQA and registered with the EQAR.

## 5. Summary of the Assessment

The explanatory statement for the application for re-accreditation by the Accreditation Council and for assessment of the compliance with the ESG was submitted by AHPGS in due time. [REDACTED]

The attached progress report essentially contains statistical data on the number of accreditations carried out; information about changes in personnel and changes in the composition of the boards; a description of the random sample assessments carried out by the Accreditation Council and information concerning changes to the legal bases introduced by the Accreditation Council or the KMK during the period of accreditation.

On the basis of the submitted documentation, but mainly through the on-site visit, on the whole the expert group gained a detailed and positive insight into the agency's work. The experts were particularly impressed by the high level of commitment demonstrated by board members, experts and the head office staff with regard to quality development for the study programmes to be assessed by the agency. They also had gained the impression that the high qualification level of all involved, together with the well-established professional processes adopted by the agency ensure that the assessments will be carried in compliance with the criteria of the Accreditation Council. The accreditation procedures carried out in Germany and abroad likewise comply substantially with the ESG. The experts see need for improvement with regard to compliance with the criteria of the Accreditation Council, and in particular concerning the binding nature of resolutions adopted by the agency; the participation of students in the accreditation commission for system accreditation; ensuring the independence of experts and the completeness of expert reports. In addition, they also make a few recommendations, that concern, for instance, ensuring a regular replacement of members of the boards and the pool of experts. Fundamentally, their recommendations also regard compliance with the ESG. [REDACTED]

## 6. Recommendations of the expert group

### 6.1 Compliance with the criteria of the Accreditation Council

The expert group advises the Accreditation Council to accredit the Accreditation Agency for Study Programmes in Health and Social Science (AHPGS) for both programme and system accreditation procedures, based on the following conditions and recommendations:

**Condition 1:** The documents concerning the composition of expert groups (annexes 12 and 13) shall be presented in the form of binding resolutions resolved by the competent boards. (Criterion 2.2.2)

**Condition 2:** It shall be ensured that the accreditation commission for system accreditation includes a currently enrolled student. (Criterion 2.2.2)

**Condition 3:** The established common practice according to which members of the accreditation commissions do not participate in deliberations when these concern procedures in which said members have been involved as experts or if they hold any position at the university in question, shall be translated into a binding decision. (Criterion 2.3.3)

**Condition 4:** The expert reports shall be adapted and published in such a way that the experts' decision recommendation provides a clear distinction between recommendations and conditions; furthermore, the rationale of the accreditation commission shall clearly indicate possible derogations from the experts' recommendations. (Criterion 2.7)

**Recommendation 1:** The approach to the debate regarding the academisation and scientificity of study programmes should become more interdisciplinary and interprofessional in the future. (Criterion 2.1.1)

**Recommendation 2:** The agency should communicate its understanding of quality both internally and externally in a better way. (Criterion 2.1.1)

**Recommendation 3:** The experts recommend reconsidering the composition and the function of the advisory board; the agency should either abolish or reorganise it. (Criterion 2.2.1)

**Recommendation 4:** The experts recommend ensuring a regular replacement of the members of the boards. (Criterion 2.2.1)

**Recommendation 5:** The experts recommend ensuring more transparency with regard to the process for selecting and appointing the members of the accreditation commissions. (Criterion 2.2.1)

**Recommendation 6:** The expert should be remunerated uniformly throughout all procedures. (Criterion 2.2.2)

**Recommendation 7:** The experts recommend making regular assessments of the discipline-related expertise present in the accreditation commission for programme accreditation and taking adequate measures to adjust it, if necessary. (Criterion 2.2.3)

**Recommendation 8:** The experts recommend constantly enlarging the pool of experts (for instance through the increasing involvement of medical experts) and ensuring greater diversity and transparency when selecting student experts. (Criterion 2.2.3)

**Recommendation 9:** The experts recommend the intensification and further improvement of the training provided by the agency based on the actual demand. This training may be held during the annual conference in Windenreute. Furthermore, the agency should advertise them and also provide special training seminars for experts in system accreditation. (Criterion 2.2.3)

**Recommendation 10:** The experts recommend systematically and continuously analysing the communication between the head office and all parties involved in the accreditation procedures in order to determine which procedure-related aspects may be improved. (Criterion 2.5)

**Recommendation 11:** The experts recommend charging an organ to deal with complaints which is independent from both the accreditation commission and the governing body. (Criterion 2.6)

**Recommendation 12:** The experts recommend expanding the time limit for lodging and substantiating a complaint. (Criterion 2.6)

## 6.2 Compliance with the ESG

The expert group advises the Accreditation Council to determine that AHPGS substantially meets the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and the membership criteria of the European Association for Quality Assurance (ENQA).

According to the experts, the following 13 standards/ENQA membership criteria are complied with: 2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8 and criterion 8 of the ENQA membership criteria

According to the experts, the following standards are substantially complied with: 2.5 and 3.1

According to the experts, the following standard is partially complied with: 2.8

The expert group makes the following recommendations:<sup>3</sup>

**Recommendation 1:** The experts recommend charging an organ to deal with complaints which is independent from both the accreditation commission and the governing body. (Standard 2.3; standard 3.7) [corresponds to recommendation 11 with regard to compliance with the criteria of the Accreditation Council]

**Recommendation 2:** The experts recommend expanding the time limit for lodging and substantiating a complaint. (Standard 2.3; standard 3.7) [corresponds to recommendation 12 with regard to compliance with the criteria of the Accreditation Council]

**Recommendation 3:** The experts recommend to constantly enlarge the pool of experts (for instance by increasingly including more medical experts) and to ensure larger diversity and transparency when selecting student experts. (Standard 2.4) [corresponds to recommendation 8 with regard to compliance with the criteria of the Accreditation Council]

**Recommendation 4:** The experts recommend the intensification and further improvement of the training provided by the agency based on the actual demand. This training may be held during the annual conference in Windenreute. Furthermore, the agency should advertise them and also provide special training seminars for experts in system accreditation. (Standard 2.4) [corresponds to recommendation 9 with regard to compliance with the criteria of the Accreditation Council]

**Recommendation 5:** The expert reports shall be adapted and published in such a way that the experts' decision recommendation provides a clear distinction between recommendations and conditions; furthermore, the rationale of the accreditation commission shall clearly indicate possible derogations from the experts' recommendations. (Standard 2.5) [corresponds to condition 4 with regard to compliance with the criteria of the Accreditation Council]

**Recommendation 6:** The experts recommend continuing and possibly expanding the much appreciated publications of the agency on topics such as the academisation of health and nursing professions. (Standard 2.8) [only ESG recommendation]

**Recommendation 7:** Since part of the accredited programmes are still at in the concept stage and some of the HEIs are still in the course of formation at the time of accreditation,

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<sup>3</sup> The recommendations concerning compliance with the ESG are listed below, along with the respective conditions and recommendations with regard to the criteria of the Accreditation Council (AR criteria). ESG recommendations 6 and 7 do not correspond to any of the conditions and recommendations regarding the AR criteria. The conditions 1 and 2 and the recommendations 1 to 9 regarding the AR criteria do not correspond to any of the ESG recommendations.

the experts recommend providing a systematic analysis of the sustainability of the courses offered. (Standard 2.8) [only ESG recommendation]

**Recommendation 8:** The experts recommend translating the established common practice into a binding decision according to which members of the accreditation commissions do not participate in deliberations when these concern procedures in which said members have been involved as experts or if they hold any position at the university in question. (Standard 3.6) [corresponds to condition 3 with regard to compliance with the criteria of the Accreditation Council]

**Recommendation 9:** The experts recommend systematically and continuously analysing the communication between the head office and all parties involved in the accreditation procedures in order to determine which procedure-related aspects may be improved. (Standard 3.8) [corresponds to recommendation 10 with regard to compliance with the criteria of the Accreditation Council]

## 7. Assessment based on the Criteria for the Accreditation of Accreditation Agencies

### Criterion 2.1: Self-Image and Understanding of the Accreditation Task

**2.1.1 The agency has a publicly documented perception of quality, from which it derives the basis of its accreditation activity. The objective of its activity is that of enhancing quality and is based on the Higher Education Institutions' key responsibility for the profile and quality of teaching and learning.**

#### Documentation

According to the explanatory statements for the application (p. 7) the assessment of single study programmes includes examining whether the HEI is able to ensure not only its own objectives set for the courses but also their vocational relevance and academic feasibility.

The agency's understanding of quality is set out in more detail in its mission statement (annex 09, resolved on February 2008 by the general assembly). According to this the main objective of accreditation procedures carried out by the agency is to provide a reliable quality-driven guidance for HEIs, students and employers, at the same time ensuring the recognition of the degrees on a national and international level. According to the agency's mission statement, procedures for system accreditation aim at assessing whether the HEI's quality assurance systems for teaching and learning are suitable to ensure that the qualification goals are achieved and the quality standards of the study programmes are met. The AHPGS associates the implementation of accreditation procedures and system accreditation with the need to help towards improving quality in teaching and learning, taking the responsibility of the higher education institutions for setting the pattern and quality of teaching and learning as a basis. By carrying out accreditation procedures, the AHPGS contributes towards improving the clarity of the study programmes offered and ensuring that the standards and criteria are adhered to. The higher education institutions will be offered competent advice (and support) for implementing accreditation procedures and system accreditation.

The agency states on its website in its "About us" section that the objective of the AHPGS is that of supporting "quality assurance as well as the process of academisation and professionalisation of the nursing and health care professions in Germany".

#### Assessment

The mission statement is published on the agency's website. The agency's understanding of quality outlined therein complies with the concept of self-responsibility of higher education institutions delineated in criterion 2.1. The mission statement also underlines that the agency defines its role as contributing to the development of quality in teaching and learning. During the on-site visit the experts were likewise able to see for themselves that the

agency considers itself as an important player in quality development and academisation, particularly in nursing and healthcare. The members of the bodies and the staff members have a proven record of relevant knowledge. Some members of the boards hold leading positions in the assemblies of the relevant faculties, while other board and staff members regularly publish papers on healthcare and nursing topics. During the on-site visit, it was clear that these members are nonetheless able to draw a line between their undeniable commitment for the development of the courses offered on the one hand and the tasks required of them with regard to accreditation procedures on the other. In this context, they underlined the fact that discussing the self-image of the subjects on which the agency's activities focus, is a natural part of the accreditation procedure. Furthermore, in a high percentage of cases the decisions to be made upon study programmes do not involve a simple decision on whether or not the accreditation should be granted: the process of accreditation with its conditions, recommendations and the dialogue that takes place between the experts and the HEIs during the on-site visit serves rather to encourage the development of study programmes. Nevertheless, the agency states that no further consultancy is provided in this area.

The agency has plausibly explained that only those study programmes are accredited which comply with the given standards concerning the scientific relevance and the academic level, even though in the case of courses in the concept stage it can only be assessed if the programme is based on a reliable concept. Particularly with regard to academisation, poorly prepared study programmes regularly fail in the application stage; furthermore, these cases are not included in the statistical data referring to programmes which have been refused accreditation. Additionally, the criteria of the Accreditation Council offer hardly any grounds for not granting accreditation to a coherently designed study programme, even if the institutional framework has evident shortcomings. Equally, some Master's study programmes show an institutional deficit with regard to research, but - according to the agency's statements – these, too, may hardly be used to justify the refusal of accreditation. With these statements the AHPGS was able to conclusively defuse the various criticisms encountered and discussed during the on-site visit of making over-generous accreditations in isolated cases. The experts thus advise the Accreditation Council to assess, in concert with the agencies and other individuals involved, if the highlighted aspects of the criteria may be more precisely defined. The experts also advise the agency to strengthen, in the future, the interdisciplinary and interprofessional approach to the debate on the academisation and scientificity of the study programmes offered. The agency should also communicate its understanding of quality both internally and externally in a better way.

## Result

**Criterion 2.1.1 is fulfilled.**

## Recommendation

The expert group makes the following recommendations:

**Recommendation 1:** The approach to the debate regarding the academisation and scientificity of study programmes should become more interdisciplinary and interprofessional in the future.

**Recommendation 2:** The agency should communicate its understanding of quality both internally and externally in a better way.

**2.1.2: The agency accredits all higher education institutions and also all departments in case of admittance for programme accreditations.**

## Documentation

The agency makes it clear, both in its explanatory statement for the application (pp. 9f) and with the list of contracting HEIs and accredited study programmes included in annex 16 that it accredits all higher education institutions across all disciplines.

## Assessment

The agency carries out procedures across all types of higher education institutions, mostly at universities of applied science but also ordinary universities. It essentially accredits study programmes in health and social science. Nevertheless, the agency also carries out procedures for accrediting business and cultural studies. The range of subjects displayed in the list of accredited study programmes sufficiently proves compliance with criterion 2.1.2 requiring that the agency shall accredit across disciplines (see assessment for criterion 2.2.3 as to whether and how qualified assessment of study programmes which do not entirely fall within the agency's disciplinary profile is ensured.)

## Result

**Criterion 2.1.2 is fulfilled.**

## Criterion 2.2: Structures and Procedures

**2.2.1 For admittance to programme accreditation and/or system accreditation, the agency proves binding internal structures and procedures, which ensure the correct and consistent application of the "Rules of the Accreditation Council for the Accreditation of Study Programmes and for System Accreditation" in the current version. The duties and responsibilities of the organs and their personnel are functional and legally regulated.**

### Documentation

The composition and tasks of the bodies of the AHPGS e.V. are laid down in the agency's by-laws (annex 04) and are described on pp. 17ff of the explanatory statement for the application. The general assembly is the decision-making body for all matters concerning the association. The assembly appoints the governing body and the managing director. The governing body is responsible, inter alia, for appointing the members of the accreditation commissions and examining complaints. The accreditation commissions of the AHPGS are the decision-making bodies for assuring compliance with the guidelines of the Accreditation Council. The members of these commissions are appointed by the governing body for a period of four years; they are selected according to their discipline-related expertise and their reputation in the relevant academic field. It is possible to re-appoint the members. The accreditation commissions are responsible for decisions regarding which experts are to be appointed and for applications for accreditation. The composition of the bodies of the AHPGS e.V. is outlined in annex 05 to 08. According to the statement on p. 24 of the application, the managing director of the AHPGS e.V. is [REDACTED]. Both the member list of the advisory board and the rules of procedure of the governing body and the advisory board have been subsequently filed (annex 01 N, 02 a N and 02 b N).

The AHPGS Akkreditierung gGmbH was founded as a non-profit private limited company under German law in 2008 for liability reasons. The gGmbH carries out accreditation procedures on behalf of the AHPGS e.V. (see also criterion 2.2.4). In accordance with § 6 of the by-laws (annex 17), the AHPGS Akkreditierung gGmbH has two bodies: the general meeting and the managing board appointed by the former. According to the information on p. 23 of the application, its sole shareholder is the AHPGS e.V. According to annex 03 (see p. 7), the governing body of the registered association holds the power of representation, performs the tasks of the shareholders, and constitutes the general meeting of the gGmbH. The composition of the governing body is laid down in § 9 of the by-laws set for the AHPGS e.V. and includes the chairperson of the managing board, two vice-chairpersons, and the managing director of the AHPGS e.V. The Managing director of the AHPGS Akkreditierung gGmbH is [REDACTED].

The document "Information on the accreditation of study programmes" issued by the agency (annex 22) provides the higher education institutions with information about programme accreditation procedures, while the document "Information on system accreditation" (annex 24) contains information on system accreditation. The "Instructions for compiling the accreditation application and on the documents to be submitted" (annex 23) provide the HEIs with guidance with regard to the structure of the application for programme accreditation. The following documents were subsequently filed: "Information for experts in accreditation procedures carried out by the AHPGS" (annex 03 N), a template for expert reports (annex 04 N) and the "Standards for expert reports in accreditation procedures" (annex 05 N).

Annex 19 and 20 include model contracts regulating the relationship between agency and HEIs with regard to the implementation of programme and system accreditation procedures.

According to the documentation submitted, the agency has concluded two contracts for the implementation of system accreditation procedures. During the on-site visit, the agency announced that the members of the system accreditation commission will be replaced by newly appointed members; the commission will hold its constitutive meeting in January 2014. The agency subsequently provided a list of the persons designated to replace the members of the System AC as well as a document listing the members of the pool of experts for system accreditation.

## **Assessment**

### **Appropriate and legal regulation of the organs and their composition**

The general assembly is responsible for the usual routine tasks concerning management of the association. The accreditation commissions are responsible for all decisions concerning the accreditation procedure.

The members of the accreditation commissions are appointed solely by the governing body. As in the previous procedure for re-accreditation, the consequential strong position of the governing body was also a matter dealt with. The agency explained during the on-site visit that the members are appointed following a completely dialogue-based process. Even if these explanations were comprehensible for the expert, they recommend ensuring greater transparency with regard to the process for selecting and appointing the members of the accreditation commissions in future.

The role of the advisory board and its international compositions were also discussed during the on-site visit. The function of the board was not revealed to the experts. The management of the agency shared the experts' opinion, insofar as the advisory board plays a

marginal role and its potential tasks are covered by the agency's international network. The experts recommend reconsidering the composition and the function of the advisory board; the agency should either abolish or reorganise it.

In compliance with a condition issued in the previous re-accreditation procedure (see p. 18 of the expert report elaborated for the re-accreditation of the agency in 2009), the terms of office for the bodies were introduced and laid down in the by-laws (see annex 04, § 9 to 12), although the by-laws allow members to be appointed indefinitely. In view of the fact that according to the agency's statements in the progress report (part 2 of the explanatory statement for the application, p. 34) the composition of the boards during the previous accreditation period showed only minor changes, the experts recommend ensuring that the board members are replaced on a regular basis.

Furthermore, the duties and responsibilities of the organs and their personnel are purposefully and legally regulated.

### **Implementation of the "Rules of the Accreditation Council for the Accreditation of Study Programmes and for System Accreditation" and other resolutions of the Accreditation Council**

The agency has not set its own rules of procedure and criteria, referring instead in its "Information on accreditation of study programmes" and "Information on system accreditation", to the applicable versions of the relevant documents published by the Accreditation Council and the KMK. By abstaining from laying down its own rules, the agency avoids possible conflicts with the guidelines of the Accreditation Council which may arise with specifications set up by agencies. According to the experts' opinion, the information contained in the documents mentioned are factually correct, sound and complete. Agency representatives explained during the on-site visit that these documents were not adopted formally by the bodies due to their purely informative nature. The expert group also believes that there is no need for a formal resolution since the wording of the model contracts for the HEIs clearly states that the AHPGS applies the KMK structural guidelines and the AR rules for programme and system accreditation in their currently applicable version when carrying out accreditation procedures. It is therefore ensured that the procedures carried out by the agency comply with the rules set by the Accreditation Council.

The "Instructions for compiling the accreditation application and on the documents to be submitted" as well as the "Information for experts in accreditation procedures carried out by AHPGS" serve to fully implement the criteria of the Accreditation Council into the accreditation procedures; according to the information provided in annex 27, table 2, these documents were developed in response to the criticism expressed by the Accreditation

Council in assessment procedures. The latter contains a chapter concerning "Issues to be assessed in the expert report and instructions for drawing up the expert report", with a reference to the fact that the assessment should be carried out in accordance with the criteria of the Accreditation Council. It then briefly summarises the criteria of the Accreditation Council. The document thus provides valuable support to experts, potentially making the expert reports more complete. The same applies to the report template and the document "Standards for expert reports in accreditation procedures", which was developed jointly by the accreditation agencies; both documents were submitted by the agency at a later date. The standards for expert reports clearly state under cl. 3 that the expert groups shall take into account all criteria when carrying out the assessment.

In the light of several position papers published by the Science Council concerning the accreditation of two private HEIs, in which some doubt is expressed regarding the scientific relevance of study programmes accredited by the AHPGS, the experts examined whether or not the agency complied with the pertinent standards set by the Accreditation Council. The applicable standards of the AR rules for programme and system accreditation are, in particular criterion, 2.1 and 2.2. While criterion 2.1 requires that the qualification objectives of a study programme shall include scientific relevance, criterion 2.2 postulates that the study programme shall comply with the requirements set by the "Qualification framework for German degrees". During the on-site visit the experts were able to see for themselves that the discussions held within the bodies and between the staff and the expert group members focus on the scientific relevance and the overall quality of the programmes offered. The representatives interviewed by the expert group expressed their perception that their activities serve to promote scientific relevance in study courses. Nevertheless, they explained that the decisions of the Science Council on the one hand and the decisions in programme accreditation on the other, are taken on different levels and based on different standards (see also assessment of criterion 2.1.1).

The model contracts for programme and system accreditation submitted by the agency comply substantially with the requirements set by the Accreditation Council. However, there are some divergent points.

In the model contract for programme accreditation, these are:

In accordance with § 6 para. 1 of the contract, any resolution adopted by the accreditation commission has to be published, whereas under cl. 1.1.9 of the AR rules for programme and system accreditation, the publication of the expert report is also required.

In § 6 para. 2, clause 2 of the contract a piece of wording is missing according to which, if an accreditation is granted only temporarily until it has been decided whether or not the

issued conditions have been fulfilled, exceptions are possible from the rule that the accreditation period will not be extended to the standard period, if the HEI fails to prove fulfilment of the issued conditions.

In § 6 para. 2 of the contract, there is no possibility to extend the deadline for the fulfilment of the issued conditions as laid down in § 6 para. 1 of the agreement stipulated between the Accreditation Council and the accreditation agencies in conjunction with cl. 3.5.4 and 3.5.5 of the AR rules for programme and system accreditation.

The contract includes, under § 10, regulations which preclude any possibility to re-submit an identical application, if the procedure results in denial of accreditation. According to § 10 para. 4 of the statement, when checking that there are no procedures identical to the one for which the HEI has submitted its application, the agency also has to check whether an identical application submitted to another accreditation agency has been withdrawn. This does not comply with § 9 para. 8 of the agreement stipulated between the Accreditation Council and the accreditation agencies which allows applications to be withdrawn at any time and without any legal consequences. In § 10 para. 3 of the contract a statement is missing according to which withdrawn applications are reported to the Accreditation Council by the AHPGS (as required by § 9 para. 8 of the agreement stipulated between the Accreditation Council and the accreditation agencies).

§ 12 of the contract provides for the obligation of the HEIs to report any modifications in the study programmes to the agency. Nevertheless, it does not include the necessary condition for the reporting obligation which requires the existence of significant changes „in the concept or profile“ (see § 8 of the agreement stipulated between the Accreditation Council and the accreditation agencies). The obligation in § 12 to report modifications to the internal management and quality assurance system is superfluous since the contract covers solely programme accreditation.

In the contract for system accreditation, only one obligation is missing: § 9 para. 3 does not include the obligation provided in § 9 para. 8 of the agreement stipulated between the Accreditation Council and the accreditation agencies which also requires any withdrawn applications to be reported to the Accreditation Council. The experts suggest an exchange at working level with the Accreditation Council in order to draw up contracts which are coherent and that also fully comply with the rules of the Accreditation Council.

In the experts' opinion, the agency has adequately prepared the implementation of system accreditation procedures. The individuals designated so far for the System AC and the pool of experts for system accreditation have the required expertise and knowledge for the accreditation the internal controlling processes of the HEIs. Both the accreditation com-

mission and the expert pool include members with experience in the management of higher education institutions. In addition, several of the members of the System AC already participated as experts in procedures for system accreditation.

### **Consistency**

The agency has put structures and measures in place which contribute towards improving consistency. The accreditation commissions are responsible for ensuring the consistent application of the criteria and the rules of procedure. Procedure-related documents such as the “Instructions for compiling the accreditation application and on the documents to be submitted”, the “Information for experts in accreditation procedures carried out by AHPGS”, the template for expert reports and the “Standards for expert reports in accreditation procedures” serve this purpose. Lastly, instruments for improving the consistency of procedures and decisions may also be the preparatory briefing of experts, the agency's internal quality management as well as the internal complaints procedure (see also the assessments for criteria 2.2.3, 2.5. and 2.6).

### **Result**

**Criterion 2.2.1 is fulfilled.**

### **Recommendation**

The expert group makes the following recommendations:

**Recommendation 3:** The experts recommend reconsidering the composition and the function of the advisory board; the agency should either abolish or reorganise it.

**Recommendation 4:** The experts recommend ensuring a regular replacement of the members of the boards.

**Recommendation 5:** The experts recommend ensuring more transparency with regard to the process for selecting and appointing the members of the accreditation commissions.

**2.2.2 The agency involves representatives of interest groups (sciences, students and practitioners from the profession) relevant for the execution of the task.**

### **Documentation**

The rules governing the composition of the bodies are laid down in the agency's by-laws. The current composition of the bodies are summarised in annex 05 to 08. Pursuant to § 12 of the by-laws of the AHPGS e.V. (annex 4), the accreditation commissions must include representatives of the different HEI types, from professional practice as well as student representatives. Currently, the Programme AC is composed of five HEI representa-

tives, two representatives from professional practice and two students. The agency explained during the on-site visit that one of the student representatives will leave the Programme AC since he has completed his doctorate. The System AC is currently composed of five HEI representatives, one representative from professional practice, one student representative (the same student who will leave the System AC having completed his doctorate), and one representative of an European accreditation agency. According to a list submitted during the on-site visit, containing names of candidates to replace the existing commission members, the agency also plans to appoint some new HEI representatives, while the representative of professional practice, the student representative and the agency representative from abroad will not be replaced.

As stated by the agency in its explanatory statement for the application (p. 19f) and according to the information reported in annex 12, the expert groups for programme accreditation are composed of two HEI representatives, one representative of professional practice and one student representative. According to the application and annex 13, the expert groups for system accreditation comprise at least three HEI representatives, one representative of professional practice and one student representative. The agency provides information about the actual composition of the expert groups during the period of accreditation on p. 16 of annex 03. Concerning the way in which AHGPS ensures that the aforementioned groups are actually represented in the expert groups, the agency states on p. 15 of annex 03 that it attaches great importance to relevant stakeholders being adequately represented as required by the standards. Accordingly, the pool of experts includes an appropriately large number of possible candidates.

### **Assessment**

According to the documentation submitted by the agency and its statements during the on-site visit, higher education institutions, students and the professional practice are substantially represented adequately in its bodies. Nevertheless, the experts suggests issuing a condition requiring that the documents concerning the composition of the expert groups attached in annex 12 and 13 to be presented in the form of binding resolutions adopted by the competent boards. In this way it is possible to codify the established common practice ensuring the participation of all relevant stakeholders in the procedures, on a permanent basis, according to the rules set by the Accreditation Council. In addition, the experts criticise the fact that the student member who has so far represented the students in the System AC will not be replaced by a new representative after the planned replacement, even though, according to the statements during the on-site visit, he has since completed his doctorate. This would thus mean that the System AC would no longer include any currently enrolled student, a fact which does not comply with criterion 2.2.2, especially in view of

the fact that the participation of students is usually regarded to be of particular importance throughout Europe. Additionally, the by-laws of the AHPGS e.V. provide that the accreditation commissions must include student members. The experts thus suggest issuing the condition according to which the agency shall ensure that the accreditation commission for system accreditation includes a currently enrolled student.

During the on-site visit, the representatives of the agency declared that there are no rules for alternate members with regard to the boards. They argued that they are not necessary since the agency announces the dates well in advance. In light of the fact that one of the student members of the Programme AC is leaving the commission thus leaving only one student representative, and assuming that the System AC will likewise include only one representative of the students and one for professional practice, the experts suggest introducing arrangements for the appointment of alternate members.

In the opinion of the experts, in the large majority of cases all relevant stakeholders are also represented in the expert groups appointed by the agency. The experts invited to contribute as interlocutors in the on-site visit underlined that according to them, voluntary participation in accreditation procedures constitutes an important principle of academic ethics. According to the statements of the managing board, however, there are some cases in which experts receive an allowance for certain procedures, for instance when carrying out accreditations abroad or at private HEIs. Therefore, the experts recommend remuneration to be standardised throughout all procedures.

## Result

**Criterion 2.2.2 is partially fulfilled.**

## Recommendation

The expert group suggest the following conditions:

**Condition 1:** The documents concerning the composition of expert groups (Annexes 12 and 13) shall be presented in the form of binding resolutions resolved by the competent boards.

**Condition 2:** It shall be ensured that the accreditation commission for system accreditation includes a currently enrolled student.

The expert group makes the following recommendations:

**Recommendation 6:** The experts should be remunerated uniformly throughout all procedures.

**2.2.3 The competence of those involved in the procedures, with regard to all areas relevant for the assessment procedures of programme accreditation or system accreditation, is ensured by appropriate selection procedures and briefing.****Documentation**

According to p. 21 of the explanatory statement for the application, the members of the accreditation commissions are appointed by the governing body of the AHPGS e.V. In order to be eligible the members must have adequate discipline-related expertise, proven experience in the quality assurance of teaching and learning, and must have acquired a reputation in their reference group both in Germany and abroad. This statement is supported by § 12 of the by-laws which sets that "the appointment of members for the accreditation commissions for programme accreditation [...] shall ensure the representation of experts for the majority of the programmes subject to accreditation". It also provides that the "appointment of the accreditation commissions shall comply with the guidelines of the Foundation for the Accreditation of Study Programmes in Germany". Lists of the members of the programme and system accreditation commissions are included in annex 07 and 08. The curricula vitae of the members of the governing body (annex 06 a N) and of the Programme AC (annex 06 b N) were subsequently filed.

According to the explanatory statement for the application, the recruitment of personnel is based on "professional and personal criteria". Furthermore, staff members are required to have completed education at university level. The explanatory statement for the application also contains information concerning initial and further training measures, backed by the curricula of the staff members and the managing director (annex 18 and 06 c N).

With regard to the selection of the experts, the explanatory statement for the application states on pp. 21f that they are appointed by the accreditation commissions for the pool of experts, "from which experts are then selected who are suitable for the specific accreditation procedure to be carried out". This information is complemented by the statements on p. 15 of annex 03 according to which, in close collaboration with the member organisations of the AHPGS, a list of experts with proven discipline-related expertise and experience in teaching at higher education institutions is drawn up, which also includes representatives from professional practice. The agency continuously reviews and expands this list. A decisive factor for being added to the list is the experts' reputation in the respective scientific community, which is perceived as a prerequisite for assessment results being accepted by peers. On p. 2 of annex 13 contains further criteria to be adopted for the appointment of experts for system accreditation; these criteria exceed the requirements which result from the AR rules for programme and system accreditation: "expertise in quality management and accreditation procedures (programme and/or system accredita-

tion); reputation built-up in the respective academic field; experience gained in previous procedures; heterogeneous composition of the expert group with regard to HEI type, gender distribution and age structure; participation in measures for the qualification of experts, and impartiality".

According to the explanatory statement for the application (see p. 12 for programme accreditation and p. 15 for system accreditation), single expert groups are appointed by the accreditation commissions. The agency informs the HEIs about the composition of the expert group. The AHPGS attaches particular importance to ensuring that the compilation of the expert groups meets the requirements of the study programmes and HEIs subject to assessment.

Annex 15 furthermore contains a list, referring to the years 2009-2012, of all members of the expert groups which carried out programme accreditation procedures on behalf of the agency. During the on-site visit, the agency added the names of some members already listed in the pool of experts for system accreditation.

With regard to the preparatory briefing of experts, the application states that in 2011 the AHPGS financed a training seminar for student experts listed in the Student Pool for Accreditation. The next upcoming seminar for student experts is planned for autumn 2013. Furthermore, the AHPGS regularly organises seminars for experts interested in or already participating in accreditation procedures. According to information provided by the agency, one such expert seminar was held in July 2013. Additionally, the AHPGS organises an annual meeting which takes place in spring where the members of the bodies give presentations on current topics and issues. This event is meant as a training occasion for volunteers, experts and agency staff. The annual meeting usually offers at least one lecture unit on the implementation of the guidelines of the Accreditation Council and recent developments in the accreditation system. Annex 13 (p. 3) includes information on expert training seminars for system accreditation.

In the explanatory statement for the application (see remarks regarding criterion 2.2.1 on pp. 12f) the agency also states that the head office contacts the experts after the documentation has been delivered to them in order to provide support with regard to possible questions concerning the documentation of the HEI and to give explanations on the AR rules for programme and system accreditation, if necessary. The schedule of the on-site assessment and the tasks of the experts are also discussed on this occasion. In the case of newly appointed experts, the agency focuses particularly on questions regarding the understanding of their role in the procedure. The on-site assessment includes also an internal preliminary meeting with the expert group on the eve of the on-site visit offering the

occasion to discuss open questions regarding to the AR rules for programme and system accreditation.

The agency subsequently filed additional information on measures offered for the preparation of experts (annex 07 a N, 07 b N, 07 c N and 07 d N).

### **Assessment**

According to the experts, the criteria for the selection of experts applied by the agency are basically suitable for ensuring that the members of the boards and bodies of the agency as well as its own staff members possess the necessary expertise. However, the experts of the previous accreditation procedure carried out by the Council addressed the issue of how the agency ensures the qualified assessment of study programmes which do not entirely fall within the agency's own academic profile. As a result based on the fact that the content of most programmes was related to business studies, the experts issued the condition that the accreditation commission should be supplemented with at least one business economics expert. At that time, the agency had proven having appointed a professor for business economics and health care management to the programme accreditation commission. According to the agency, said member has since left the commission and has not been replaced by another expert with the same or a similar profile. The examination of the list of accredited study programmes reveals, however, that the agency still carries out procedures for the accreditation of business study programmes and programmes in other disciplines which do not entirely fall within the agency's own academic profile. This issue was addressed by the expert group which came to the conclusion that the accreditation commission currently still provides an adequate range of discipline-related expertise since it includes professors for social work, sociology and medicine as well as students and professionals with expertise in health economics and education science. This gives the commission the necessary expertise for both the agency's main activity fields and adjacent areas. The representatives of the agency have convincingly illustrated that the agency ensures qualified assessment - especially in the case of study programmes which do not entirely fall within the agency's own profile - by carefully selecting the members of the expert groups. The discipline-related discussion takes place mainly within the groups ensuring the involvement of the necessary expertise. The expert group is of the opinion that - unlike in the case of the accreditations of OAQ in 2009, AQA in 2010 and AQ Austria in 2013 - it is not necessary to enlarge the expert groups of the AHPGS due to the combination of the disciplinary composition of the accreditation commission and expert groups which are adequately appointed to cover the needs of the assessed study programme. Nevertheless, the experts recommend, in accordance with a provision in the by-laws of the AHPGS e.V. which requires that "the appointment of mem-

bers to the accreditation commissions for programme accreditation [...] shall ensure the representation of experts for the majority of the programmes subject to accreditation", making regular assessments of the discipline-related expertise present in the accreditation commission for programme accreditation and taking adequate measures to adjust it, if necessary.

Apart from this, based on the documentation submitted and the discussions during the on-site visit, the experts believe that there are no doubts regarding the expertise of the current members of the programme and system accreditation commissions or that of the head office staff. The experts agree also that the new members of the System AC have the required expertise in HEI management and internal quality assurance.

For the appointment of expert teams AHPGS has at its disposal a pool of experts for both programme and system accreditation. According to the experts, the requirements for admission to the pool of experts described in annex 3 and the criteria for the selection of experts for system accreditation procedures included in annex 13 are appropriate. Nevertheless, the expert group recommend providing a binding resolution concerning the requirements and criteria of annex 13 and 12 (see criterion 2.2.2). It is worth noting that the participation in a training seminar for experts is set as selection criterion for system accreditation procedures. However, the Council's experts of the current procedure picked up the recommendation issued for the previous re-accreditation of AHPGS, according to which the agency should constantly enlarge its pool of experts in order to avoid the circle of appraisers and appraisees becoming a closed group within the limited field in which the agency operates (see also the expert report for the re-accreditation of the agency in 2009, pp. 12f). With regard to the academisation of health care professions, for instance, it may be possible to include more medical experts in the expert groups. The experts also noted that the appointed student experts come from a restricted number of higher education institutions. The experts recommend constantly enlarging the pool of experts and ensuring greater diversity and transparency when selecting student experts.

As a result of the discussions during the on-site visit, the activities carried out by the agency for the preparatory briefing of experts also include providing support with regard to the training seminars for student experts. The experts suggest advertising these seminars to a greater extent in those disciplines which are relevant for the AHGPS; the agency should also increase its collaboration with the Student Pool for Accreditation. So far, the agency has organised one training seminar for experts which was held in July 2013, which had only a limited response according to the AHPGS with less than ten participants. The agency plans to revise the concept for this seminar. Nevertheless, the experts believe that, regardless of preparatory trainings which may be separately organised, the experts

appointed by the agency are sufficiently familiarised with the application of assessment criteria and procedural rules by combining the meetings on the eve of the on-site visit with the information provided by the head office and the annual meetings offering separate lecture units concerning current issues in accreditation. The experts nonetheless recommend the intensification and further improvement of the training provided by the agency based on the actual demand, also in view of the recommendation according to which representatives from different fields (for example the medical profession) may be appointed as experts. These trainings may be held during the annual conference in Windenreute and shall be advertised. Unlike the current practice, the agency should also provide special training seminars for experts in system accreditation

## Result

**Criterion 2.2.3 is fulfilled.**

## Recommendation

The expert group makes the following recommendations:

**Recommendation 7:** The experts recommend making regular assessments of the discipline-related expertise present in the accreditation commission for programme accreditation and taking adequate measures to adjust it, if necessary.

**Recommendation 8:** The experts recommend constantly enlarging the pool of experts (for instance through the increasing involvement of medical experts) and ensuring greater diversity and transparency when selecting student experts.

**Recommendation 9:** The experts recommend the intensification and further improvement of the training provided by the agency based on the actual demand. This training may be held during the annual conference in Windenreute. Furthermore, the agency should advertise them and also provide special training seminars for experts in system accreditation.

**2.2.4 If the agency engages other organisations for the implementation of parts of the procedures, the correct implementation must be ensured by reliable rules and procedures.**

## Documentation

On p. 19 and pp. 23f of the application, the agency explains that after the foundation of the AHPGS e.V. in 2001 a non-profit private limited company under German law, the AHPGS Akkreditierung gGmbH, was founded in 2008. The organisational structures for the implementation of accreditation procedures are laid down in the by-laws of the AHPGS e.V., which holds charitable status (annex 4). The AHPGS e.V. is the contractual

party of the Foundation for the Accreditation of Study Programmes in Germany. The e.V. applies for certification by the Accreditation Council for the implementation of accreditation procedures, its accreditation commissions adopt the decisions regarding the accreditation procedures carried out by the agency and awards the seal of the Foundation for the Accreditation of Study Programmes in Germany. The AHPGS Akkreditierung gGmbH acts on behalf of the AHPGS e.V. and is the contractual party for the contracting HEIs with regard to the implementation of accreditation procedures. For this private limited company, which is recognised as a non-profit organisation for German tax purposes, the by-laws adopted on 31 January 2008 (annex 17) form the basis. The organisation chart on p. 24 of the application illustrates the relations between the different organs. Further information on e.V. and gGmbH are included in the document which illustrates the internal quality management of the agency (annex 10). The bodies and tasks of both legal entities are described on p. 2. It also explains (on pp. 4f) the specific roles of the e.V. and the gGmbH with regard to the implementation of accreditation procedures. The rules of procedure of the governing body, which were subsequently submitted to the Council and attached under annex 02 a N, outline the structures ruling the cooperation between the e.V. and the gGmbH.

On p. 22 of the application, the agency furthermore provides information about a cooperation with the accreditation agencies ASIIN and FIBAA, which aims to provide mutual professional support in the implementation of accreditation procedures. The corresponding cooperation agreement was subsequently filed by the agency (annex 08 N).

### **Assessment**

The motivation according to which the gGmbH has been founded in order to minimise liability risks is basically plausible. In addition, the overview included in annex 10 which outlines the role allocation between e.V. and gGmbH is useful and it proves that the tasks are allocated appropriately. The rules of procedure of the governing body of the AHPGS e.V. provide a binding arrangement for the cooperation structures.

The cooperation agreement, which was subsequently filed by the agency, includes the possibility to cooperate with FIBAA and ASIIN, also with regard to the joint implementation of procedures for programme and system accreditation. The possibilities for cooperation are laid down in compliance with the guidelines of the Accreditation Council

### **Result**

**Criterion 2.2.4 is fulfilled.**

## Criterion 2.3: Independence

### 2.3.1 The agency is a separate legal entity.

#### Documentation

The by-laws of the AHGPS e.V. and the AHPPS Akkreditierung gGmbH are provided in annex 4 and 17. The entries proving the registration with the register of associations (annex 09 a N) and the commercial register (annex 09 b N) were subsequently submitted by the agency.

#### Assessment

The agency is a separate legal entity in accordance with criterion 2.3.

#### Result

**Criterion 2.3.1 is fulfilled.**

### 2.3.2 It does not work on a profit-oriented basis and carries out the accreditation procedures on full cost basis.

#### Documentation

According to the explanations in the explanatory statement for the application (pp. 24f) the charitable status of AHPGS e.V. and AHPGS Akkreditierung gGmbH emerges from § 3 of the respective by-laws (see annex 04 and 17). The charitable status was last confirmed by the German tax authorities on 29 January 2013 for the e.V. and on 18 April 2013 for the gGmbH. The agency subsequently filed the corresponding exemption certificates (annex 10 N).

As explained in the application (pp. 24f), the general assembly adopts the annual cash report of the AHPGS e.V. after having duly performed the necessary cash audit. An accountancy firm is entrusted for the professional drawing up of accounts and tax processing. The AHPGS is entered in the commercial register. The financial statements of the agency are drawn up on an annual basis and published in the German Federal Gazette (Bundesanzeiger). The managing director presents the statements to the shareholders along with a proposal for the allocation of profits, while the general meeting takes the final decision. According to the agency's statements, the general meeting convenes at least once a year. The AHPGS Akkreditierung gGmbH is exclusively self-financed and carries out its activities in a cost-effective and sustainable manner.

One cash report of the e.V. for 2012 (annex 11 N), the current financial statements of the gGmbH (annex 12 N) and a cost calculation for an individual procedure (annex 13 N) were submitted before the on-site visit, while the work report elaborated by the managing

director of the AHPGS Akkreditierung gGmbH for the business year 2012 was handed out during the on-site visit.

On that occasion, the agency also provided the information that the AHPGS Akkreditierung gGmbH refunds any expenses incurred by the AHPGS e.V. for organising and carrying out the accreditation decisions through its bodies. According to the resolution of the general meeting adopted on 17 June 2011 the gGmbH the refund amount came to 850.00 EUR per procedure; no payments were made by the AHPGS e.V. to the AHPGS Akkreditierung gGmbH.

### Assessment

The present by-laws lay down that the e.V. and gGmbH pursue exclusively charitable purposes. The charitable status of both legal entities is proven by the respective certificates issued by the German tax authorities. It can thus be presumed that the e.V. and gGmbH do not work on a profit-oriented basis within the meaning of criterion 2.3.2.

Even though the agency did not present any statements of account, the implementation of programme accreditation procedures on a full-cost basis can nevertheless be proved by the statements included in the work report of the managing director of the AHPGS Akkreditierung gGmbH presented for the business year 2012. According to the work report, the AHPGS gGmbH concluded 63 agreements in 2012 for the implementation of procedures for the accreditation of 122 study programmes. The gGmbH registered a revenue of [REDACTED]. The receiving of the money and the conclusion of the agreements do not necessarily take place in the same year. If, however, one considers that, according to the submitted documentation (see annex 20 N, p. 11), the number of accreditation decisions adopted has remained relatively stable, at least during the past few years, the assumed costs for each programme amount to ca. [REDACTED]. This may be considered an average amount in remuneration for implementing a procedure for accrediting a single study programme. In addition, no third-party inflows were detected.

The agency representatives explained during the on-site visit that they were not able to estimate the costs for the implementation of system accreditation procedures for the time being. This was also due to the fact that the rules for the random samples had been modified at the beginning of 2013 which in turn influenced the respective costs.

The agency subsequently explained that the AHPGS Akkreditierung gGmbH pays [REDACTED] per procedure to the AHPGS e.V. to cover the expense of organising and carrying out the accreditation decisions through its bodies for each implemented procedure, in accordance with the resolution of the general meeting adopted on 17 June 2011, and that no payment is made by the e.V. to the gGmbH. In the on-site visit it was explained that this

sum was to cover the travel expenses and attendance fees incurred by the members of the accreditation commissions of the e.V., which - according to the division of the tasks between e.V. and gGmbH - are responsible for accreditation decisions. The full cost principle is thus applicable also in this case.

According to the managing board, the account-related separation from the German Cooperation Office for Health Sciences (Deutschen Koordinierungsstelle für Gesundheitswissenschaften; see also the expert report for the re-accreditation of the agency in 2009, p. 10) required by the expert in the previous accreditation procedure has been realised in the meantime.

## Result

**Criterion 2.3.2 is fulfilled.**

### **2.3.3 The agency ensures the freedom from instructions of the organs in individual cases and the independence and impartiality of the persons working for it.**

#### **Documentation**

On pp. 25f of its application, the agency refers to § 2 para. 3 of the by-laws of the AHPGS e.V. according to which the e.V. acts independently from any influence from higher education institutions and their respective organisations, trade and professional associations, and other stakeholders. In particular with regard to the accreditation commissions, § 12 of the by-laws stipulates that they are independent in making their decisions.

With regard to the independence of the experts, the agency refers to the declaration of impartiality that has to be signed by the experts. One copy of such declaration for programme accreditation procedures is included under annex 14; the declaration of impartiality with regard to procedures for system accreditation was submitted subsequently by the agency (annex 14 N). In its explanatory statement for the application the agency explains that the experts are appointed by the accreditation commissions according to their disciplinary-related expertise; with regard to their recommendations, the experts are independent i.e. not subject to instructions.

#### **Assessment**

The structure of AHPGS helps to ensure the independence of the organs and of persons working for the agency from directives. In particular it prevents any of its member organisations from exerting influence on on-going accreditation procedures. The statement on p. 26 of the explanatory statement for the application, according to which the governing body ensures that the members appointed to the accreditation commissions are not subject to

any external instructions, is supported by the regulations laid down in the by-laws. During the on-site visit, the experts gained the impression that the accreditation commissions indeed act independently within the prescribed limits.

The representatives of the agency explained during the on-site visit that members of the accreditation commissions do not participate in deliberations when these concern procedures in which said members have been involved as experts or if they hold any position at the university in question. Nevertheless, the agency did not provide for written and binding regulations in such cases. Hence, the experts suggest issuing the condition to adopt a resolution with binding effect in order to ensure that the impartiality of the experts is safeguarded in all cases.

## Result

**Criterion 2.3.3 is partially fulfilled.**

## Recommendation

The expert group proposes the following condition:

**Condition 3:** The established common practice according to which members of the accreditation commissions do not participate in deliberations when these concern procedures in which said members have been involved as experts or if they hold any position at the university in question, shall be translated into a binding decision.

## Criterion 2.4: Facilities

**The agency is sustainably and adequately equipped for its function in all the required areas in respect to personnel and material resources.**

## Documentation

With regard to the personnel setup of the head office, the AHPGS states that the managing director of the AHPGS e.V. (██████████) was appointed by the general assembly for a five-year period (until 2016). The managing director as well as all members of the governing body work on a voluntary basis. The head office of the AHPGS e.V. is run by the managing director supported by a part-time employee. The managing director of the AHPGS Akkreditierung gGmbH (██████████) was appointed by the general meeting of the AHPGS e.V. Under his direction, the agency currently employs nine project officers, two employees responsible for organisational and administrative tasks and several assistants. The AHPGS has a stable personnel base. Since the contracts of the employees become permanent after two years, the fluctuation of staff members is low. The managing director of the AHPGS Akkreditierung gGmbH, five project officers and one of

the organisational and administrative staff members are employed on a full-time basis. Four project officers (three full time equivalents) and one organisational and administrative staff member (0.80 full time equivalents) are employed on a part-time basis. Since the previous accreditation in 2009, the number of project officers in charge of managing the accreditation procedures has increased from five to nine. The staff members obtain further training by taking part in the annual meeting in Windenreute as well as conferences, meetings and workshops; the contents of these events are also discussed during the weekly staff meetings.

Proof for the qualification of the staff members and the managing director is provided by their CVs submitted by the agency (annex 18 and 06 c N).

With regard to the premises, on pp. 27f of the explanatory statement for the application the AHPGS states that the head offices of the AHPGS e.V. and the AHPGS Akkreditierung gGmbH are easily accessible with public and private transport and adequately equipped. The infrastructure of the offices is continuously adapted to the current requirements. All work stations are equipped with a telephone and computers and connected via LAN to e-mail, internet and to the server. The IT infrastructure underwent comprehensive modernisation at the end of 2012. The office equipment includes several network printers in addition to a photocopier and scanner in the central office area.

### **Assessment**

The discussion with the staff members and the inspection of the rooms confirmed that the premises are still sufficient, even though the number of staff members has been increased since the previous re-accreditation procedure. Nevertheless, the staff members would appreciate having a meeting room at their disposal. According to the CVs submitted by the agency, the employees are well qualified. Considering the number of procedures stated in the documentation, the work load appears to be appropriate. During the on-site visit, the experts gained the impression that the staff members are motivated and satisfied with the work atmosphere and their working conditions.

### **Result**

**Criterion 2.4 is fulfilled.**

## Criterion 2.5: Internal Quality Management

**The agency continuously uses a formalised internal quality management system, which is suitable for assessing the effectiveness of the internal control processes and ensures the safeguarding and continuous improvement of the quality of the work performed. It is publicly accessible and covers systematic internal and external feedback processes.**

### Documentation

The agency describes its quality management on p. 29f of its explanatory statement for the application. The AHPGS has a formalised internal quality management. The agency's quality management system is published on the homepage of the AHPGS ([www.ahpgs.de](http://www.ahpgs.de)). The internal and external feedback mechanisms are described in detail. The effectiveness of the system is illustrated by a report concerning the application of the quality management system during the period from 2009 to 2013.

Along with this report, which was adopted by the governing body on 16 June 2013 (annex 03), the agency submitted a resolution of the governing body concerning quality management adopted in 2009 (annex 10), analyses of questionnaire surveys carried out among HEIs and experts (annex 25 and 26), and an evaluation of the assessment carried out by the Accreditation Council (annex 27).

Annex 10 contains a description of the quality management procedures focusing on the agency's five key tasks (ensuring re-accreditation by the Accreditation Council; implementation of accreditation procedures carried out properly and to high quality standards; promotion of the Bologna Process; guarantee and development of human resources; efficient and economically sustainable management). For each of these tasks, the document lists the quality standards and the respective quality assurance measures along with the competent bodies or the relevant persons-in-charge. The document is supplemented by the chapters "Internal feedback processes" and "External quality assurance". According to the information in annex 10, one of the feedback processes involves the analysis of questionnaire surveys; this is carried out as a multi-stage process and includes an evaluation report elaborated by the managing director, a statement of the head office concerning the necessary consequences deriving from the feedback given, and the necessary decisions to be adopted by the governing body and the general assembly.

Annex 10 is supplement by a report on the implementation of the quality management system (annex 3). In annex 3, the agency describes the implementation of the quality management system by the bodies of the agency and the relevant persons-in-charge.

Annex 25 and 26 include a summary of the survey results; in this context, the agency declares that the listed improvement suggestions are assessed by the competent parties and implemented to the extent possible. The questionnaire for 2012 was subsequently

filed by the agency (annex 16 a N and annex 16 b N). The subsequently submitted documents were accompanied by an explanation according to which the agency claims not to dispose of any evaluation reports other than those included in annex 25 and 26. In addition, there are no separate statements issued by the head office concerning the surveys conducted among experts and higher education institutions. The agency however attached the activity report for 2012 (annex 20 N), which includes a summary of the survey results. The agency concluded by stating that due to the positive results of the survey, it was not necessary for any resolution to be adopted by the governing body or the general assembly. The results were discussed at head office level and measures were taken accordingly. During the on-site visit, the agency submitted a summary of the freetext answers provided by the experts and HEIs. The list of answers provided by the experts in 2012 includes the measures taken by the head office in response to the survey.

The evaluation of the assessments carried out by the Accreditation Council included in annex 27 contains a summary of objections detected by the Council during the random sample assessments in the previous re-accreditation period, as well as a list of measures which were taken as a consequence.

### **Assessment**

The document in annex 10 which illustrates the agency's quality management was resolved and published by the governing body in accordance with criterion 2.5. It contains a detailed description of the agency's key processes and the respective responsibilities including the allocation of the responsibilities between e.V. and gGmbH. Furthermore, the document lists the internal feedback processes, in other words the measures which are adopted to assess the effectiveness of the agency's steering processes and which form the basis for any adjustments required.

During the on-site visit, the experts were able to see for themselves that the quality management system is in fact put into practice by the agency. The external interlocutors invited (experts and representatives of study programmes) unanimously expressed their appreciation for the operational organisation of the head office. The experts are also of the opinion that the planned feedback processes, for instance for evaluating any objections issued by the Accreditation Council, are actually used to elaborate measures aimed at improving the internal processes of the agency.

Table 2 of annex 27 contains information regarding the measures taken as a consequence of the evaluation of the Council's objections, stating for example that the agency elaborated several documents ("Information for experts in accreditation procedures carried out by AHPGS"; a template for the expert report, and a check-list for verification of the

completeness of the expert reports) in order to ensure that the assessment of the criteria set by the Accreditation Council for the accreditation of study programmes is completely documented; it also states that the model contracts for the HEIs were modified in response to the objections made by the Accreditation Council.

The discussions during the on-site visit also proved that the internal staff meetings are a very useful opportunity not only to provide feedback on the experience gained by the staff members during the accreditation procedures in general, but also to discuss the latest developments concerning the regulations under state law and the recommendations issued by the German Science Council.

The aforementioned questionnaire surveys are an additional measure adopted by AHPGS in order to assess and, if necessary, to adjust the operational processes of the agency. After completion of the procedures, AHPGS sends questionnaires to the HEI representatives in charge of the study programmes and the agency's experts, in which they are asked about their satisfaction concerning different aspects of the organisation of the procedures; the surveys include also open-ended questions. The Council's experts initially questioned whether these surveys are to be considered a meaningful instrument for this purpose, since the feedback obtained from the respondents has been predominantly positive so far and there was thus no reason for decisions concerning improvements to be taken by the governing body or the accreditation commission. The agency was nevertheless able to demonstrate that the results of the surveys are discussed by the head office members leading to measures which aim to improve the relevant aspects of procedures and processes. This was confirmed by a summary of the answers provided by the agency's experts during the survey carried out in 2012, which includes also the measures adopted by the head office in response to the survey; the summary was submitted to the experts during the on-site visit. The aforementioned measures concern particularly the way the agency provides the experts with the necessary information and the timing of the procedures. Therefore, the questionnaire surveys may be undoubtedly considered an appropriate instrument for improving quality.

During the on-site visit, experts appointed by the agency illustrated that suggestions for improvement are submitted to the head office also outside the formal possibilities to provide feedback. The employees confirmed that during the procedures there is an active exchange of ideas with experts and HEI representative during the procedures. The Council's experts recommend establishing a systematic and continuous evaluation of this communication, because this may be an important source for impulses to improve quality.

In addition, the report included in annex 03 which was resolved with binding effect by the governing body is to be considered appropriate for providing information about the application of the quality management system during the accreditation period. The report includes not only summaries of the survey results but also statistical data concerning, for instance, meetings of the bodies, the number of study programmes accredited during the accreditation period and the percentage of decisions adopted with conditions.

## Result

**Criterion 2.5 is fulfilled.**

## Recommendation

The expert group makes the following recommendations:

**Recommendation 10:** The experts recommend systematically and continuously analysing the communication between the head office and all parties involved in the accreditation procedures in order to determine which procedure-related aspects may be improved.

## Criterion 2.6: Internal Complaints Procedure

**The agency has a publicly accessible, formalised internal procedure for reviewing accreditation decisions on request of a higher education institution.**

## Documentation

The explanatory statement for the application includes a description of the complaints procedure (p. 30). The HEIs are granted the possibility not only to file an objection against the nomination of experts and to submit a statement in response to the expert report, but also to lodge a complaint concerning the accreditation decision supported by a written motivation. So far, however, no complaints have been submitted. The agency states that the body in charge of complaints is the governing body of the AHPGS.

In this respect the agency specifies in annex 11 that the HEI is entitled to lodge a complaint supported by a written motivation to the head office within two weeks after receiving the accreditation notification by mail. This complaint will be assessed by the governing body of the AHPGS, which is, according to the agency's by-laws, the competent body in such an event. The agency explains that the governing body draws up, within one month, a written comment which it then forwards to the accreditation commission for further discussion and decision. The accreditation commission is hence the final decision-making body for complaints. The decision adopted by the accreditation commission will be sent to the HEI by the AHPGS head office. The document included in annex 11 was resolved by the governing body and published on the agency's website.

## Assessment

In accordance with criterion 2.6, the agency has a formalised complaints procedure, which is publicly accessible. The experts recommend, however, charging an organ to deal with complaints which is independent from both the accreditation commission and the governing body. During the on-site visit, the agency gave the experts the impression that the higher education institutions have not lodged complaints so far on account of the accreditation decisions being well motivated and hence comprehensible for the HEIs. Nevertheless, the experts recommend extending the time frame for lodging and motivating complaints since they consider a two-week term to be too short, in particular in view of the fact that in general, in order to lodge a complaint, the internal bodies of the HEIs need to take a decision.

## Result

**Criterion 2.6 is fulfilled.**

## Recommendation

The expert group makes the following recommendations:

**Recommendation 11:** The experts recommend charging an organ to deal with complaints which is independent from both the accreditation commission and the governing body.

**Recommendation 12:** The experts recommend expanding the time limit for lodging and substantiating a complaint.

## Criterion 2.7: Reporting

**The agency describes its procedures and appraisal criteria in adequate detail and publishes them. It publishes the names of the experts, the expert reports and the decisions of the accreditation procedures it has carried out.**

## Documentation

The agency states on p. 31f of the explanatory statement for the application that the rules for the accreditation procedures are published on its website and hence publicly accessible. Furthermore, the website provides the current downloadable versions of the documents published by the Accreditation Council and the Standing Conference of the Ministers of Education and Cultural Affairs of the Länder/German Rectors' Conference. As a rule, the HEIs are provided with the written report containing the accreditation decision upon completion of the procedure (the experts may receive the report on request). Notification of the completed accreditation procedures is sent to the Accreditation Council and

in the case of a positive decision it is published both on the AHPGS website and in the Accreditation Council's database for accredited study programmes. The names of the experts involved are published along with the expert report.

During the on-site visit the agency handed out a list of links to the published expert reports.

### **Assessment**

See the assessment for criterion 2.2.1 above for the assessment of the procedural documents of the agency. The relevant documents are published on the AHPGS website.

So far, the agency has published only extracts of the expert report and the names of the experts. According to the Council's experts, the list of links they were provided with proves that for the first time since the meeting of the accreditation commission in July 2013 the agency in fact plans to publish the complete assessment reports. The expert reports are partly accessible on the website of the Higher Education Compass; in some cases however, either the Accreditation Council still has to enable access to the records or the HEIs still have to set them up in the Higher Education Compass, before the respective links to the reports can be set up. However, the resolution of the Accreditation Council adopted on 23 September 2011 provides that the published expert report should also include the decision recommendations of the experts and, in the event of derogations from the decision, the relative rationale of the accreditation commission. The decision recommendations issued by the expert groups in the linked reports do not yet provide a clear distinction between recommendations and conditions. Furthermore, the reports do not include clear statements explaining the reasons why the accreditation commission either follows or disagrees with the opinion expressed by the experts. This aspect was already addressed during the assessment procedures and the previous re-accreditation procedure (see also the expert report for the re-accreditation of the agency in 2009, p. 11). The experts thus recommend adapting and publishing the expert reports in such a way that the distinction between recommendations and conditions in the experts' decision recommendation provides is clear; furthermore, the rationale of the accreditation commission for possible derogations from the experts' recommendations should be clearly discernible.

### **Result**

**Criterion 2.7 is partly met.**

### **Recommendation**

The expert group proposes the following condition:

**Condition 4:** The expert reports shall be adapted and published in such a way that the experts' decision recommendation provides a clear distinction between recommendations and conditions; furthermore, the rationale of the accreditation commission for possible derogations from the experts' recommendations shall be clear.

## 8. Assessment based on European Standards and Guidelines (ESG)<sup>4</sup>

Implementing programme and system accreditation procedures in order to award the seal of the Accreditation Council is the core business of the AHPGS. When carrying out these procedures, the agency is bound by the resolutions of the Accreditation Council concerning the rules of procedure and the criteria for the accreditation of agencies, study programmes and internal quality assurance systems of higher education institutions based upon the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). As of 31 December 2012, the AHPGS had accredited 690 German study programmes at 129 HEIs in 15 *Länder*. The agency had also signed two contracts for system accreditation procedures.

Relevant for assessment of compliance with the ESG are not only the activities of the AHPGS in programme and system accreditation, but also all other activities related to external quality assurance, i.e. also the implementation of procedures for accreditation abroad. The AHPGS carries out programme accreditations inside and outside Europe. According to the agency, the AHPGS has already assessed 56 study programmes offered by ten higher education institutions in six countries outside Germany.

With regard to the accreditation procedures carried out abroad by the AHPGS, as explained by the agency in its introduction to the explanatory statement for the application, it generally adopts two different approaches:

Procedures carried out in Switzerland and Lithuania are based upon the respective relevant national provisions.

With regard to accreditation at Swiss universities of applied science, the AHPGS is certified by the Swiss Federal Department of Economic Affairs, Education and Research (EAER) (formerly known as the Federal Department of Economic Affairs, DEA) to assess applications for accreditation of study programmes offered by universities of applied science on behalf of the EAER. The accreditation commission of the AHPGS issues a recommendation for accreditation once the external evaluation has been completed. The final decision regarding the accreditation lies with the EAER.

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<sup>4</sup> When developing its criteria for the accreditation of accreditation agencies, the Accreditation Council fully took the ESG into consideration. However, the assessment of compliance with the ESG is dealt with in a separate section of the report, despite the fact that certain redundancies cannot be avoided.

The procedure adopted in Lithuania is similar to that carried out in Switzerland. The Lithuanian legislation for higher education provides that the HEIs can choose an EQAR listed agency for the accreditation of study programmes; the chosen agency has to carry out the accreditation procedure in accordance with the relevant Lithuanian provisions.

The AHPGS carries out accreditation procedures in additional countries without the application of national provisions. The agency explained that the accreditation is carried out in these cases according to the application structure and the standard outline of procedures set by the AHPGS on the basis on the criteria of the German Accreditation Council; in this respect it emphasises that the guidelines of the Council and thus also the criteria and procedural rules applied by the AHPGS take the ESG into account. With regard to the criteria, the agency specified during the on-site visit that the assessments carried out abroad are based on a specific catalogue of criteria, which was handed out during the on-site visit. Although the catalogue laid down for accreditations carried out abroad is strongly based on the criteria set for awarding the seal of the Accreditation Council, it does not make any explicit reference to the KMK's structural guidelines for the accreditation of study programmes.

### **3.1: Use of external quality assurance procedures for higher education**

#### **STANDARD:**

The external quality assurance of agencies should take into account the presence and effectiveness of the external quality assurance processes described in Part 2 of the European Standards and Guidelines.

#### **GUIDELINES:**

The standards for external quality assurance contained in Part 2 provide a valuable basis for the external quality assessment process. The standards reflect best practices and experiences gained through the development of external quality assurance in Europe since the early 1990s. It is therefore important that these standards are integrated into the processes applied by external quality assurance agencies towards the higher education institutions. 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.

**Since standard 3.1 includes the fulfilment of Part II of the ESG, the following sections will firstly deal with standards 2.1 to 2.8 before making a statement concerning standard 3.1.**

### **2.1 Use of internal quality assurance procedures**

#### **STANDARD:**

External quality assurance procedures should take into account the effectiveness of the internal quality assurance processes described in Part 1 of the European Standards and Guidelines.

#### **GUIDELINES:**

The standards for internal quality assurance contained in Part 1 provide a valuable basis for the external quality assessment process. It is important that the institutions' own internal policies and procedures are carefully evaluated in the course of external procedures, to determine the extent to which the standards are being met. If higher education institutions are to be able to demonstrate the effectiveness of their own internal quality assurance processes, and if those processes properly assure quality and standards, then external processes might be less intensive than otherwise.

## Documentation

The agency illustrates on p. 4 of the explanatory statement for the application that both programme and system accreditation take into account the HEIs' internal quality assurance processes using the AR rules for programme and system accreditation as a basis for the procedures. The basis for programme accreditation is formed by the "Criteria for the accreditation of study programmes", which are included in the documents of the AHPGS. The quality assurance is thus illustrated in detail under point 1.6 of the application structure, which also forms the basis for programme accreditation procedures carried out abroad. In all programme accreditation procedures carried out by the AHPGS, the final report deals extensively with the topic of quality assurance. System accreditation focuses on the systematic assessment of the internal quality assurance systems adopted by the HEIs for teaching and learning. The procedures assess whether the quality assurance system in place is suitable to ensure the quality standards set for the study programmes and to guarantee that the qualification objectives can be reached. Thus, all accreditation procedures carried out by AHPGS take into account the effectiveness of internal quality assurance processes in the assessment.

The structure for application is included in annex 23.

The agency subsequently filed the following documents: Rules of procedure for the implementation of procedures in Lithuania, and a bookmark linking to the rules of procedure and criteria set for the implementation of procedures in Switzerland (annex 18 N plus a comment on the subsequently filed documents elaborated by the agency).

## Assessment

From the agency's statements it is clear that the results of the internal quality assurance processes are taken into account for programme and system accreditation procedures carried out in Germany.

The supplement of annex 18 N proves that procedures carried out in Lithuania also take account of internal quality assurance, since one of the topics of external evaluation listed in this document is the internal quality assurance system of the HEI. Standard 2.1 is fulfilled also for procedures carried out in Switzerland. This results from the "UAS accreditation guidelines" to which the agency provides a link; see for instance the chapter "Quality standards for study programmes" on p. 8.

## Result

### Standard 2.1 is fulfilled.

#### 2.2 Development of external quality assurance processes

##### STANDARD:

The aims and objectives of quality assurance processes should be determined before the processes themselves are developed, by all those responsible (including higher education institutions) and should be published with a description of the procedures to be used.

##### GUIDELINES:

In order to ensure clarity of purpose and transparency of procedures, external quality assurance methods should be designed and developed through a process involving key stakeholders, including higher education institutions. The procedures that are finally agreed should be published and should contain explicit statements of the aims and objectives of the processes as well as a description of the procedures to be used. As external quality assurance makes demands on the institutions involved a preliminary impact assessment should be undertaken to ensure that the procedures to be adopted are appropriate and do not interfere more than necessary with the normal work of higher education institutions.

#### Documentation

The agency states on pp. 7f of the explanatory statement for the application that the German accreditation system is decentralised and characterised by the fact that accreditation of study programmes is carried out by accreditation agencies, which are in turn accredited by the Foundation for the Accreditation of Study Programmes in Germany (Accreditation Council). Being the main decision-making body of the Foundation, the Accreditation Council defines the basic requirements for accreditation procedures and ensures that the accreditation is carried out on the basis of reliable and clear criteria accepted at international level. Through the agreement between the Accreditation Council and AHPGS, the guidelines of the Accreditation Council are binding for the activities performed by AHPGS. The guidelines of the Accreditation Council are published on the Council's website.

The AHPGS explains that its activities are guided by the procedural principles of the Council and that it consistently implements the guidelines of the Standing Conference of the Ministers of Education and Cultural Affairs of the *Länder*, the guidelines of the German Rectors' Conference and also the guidelines and criteria of the Accreditation Council for programme and system accreditation, with the aim of ensuring that higher education complies with European standards. The responsibility of defining the respective profiles for study programmes and ensuring the quality of teaching and learning lies with the higher education institutions (annex 22 and 24).

Procedures carried out abroad are based on the application structure provided by AHPGS (annex 23). When developing the application structure, the agency took into account both the criteria of the German Accreditation Council and the European Standards and Guidelines (ESG) considering, if necessary, also national provisions (see above). AHPGS pro-

vides comprehensive information on the following aspects of the procedures to the applicant HEI: substantial contents; criteria, on which the procedure is based; further provisions to be considered, if applicable; single procedural steps.

As illustrated in its mission statement (annex 09), the AHPGS contributes towards improving the clarity of the study programmes offered and ensuring that the standards and criteria are adhered to by carrying out accreditation procedures. The agency sees itself as an organisation that makes a key contribution to ensuring and developing the quality of study programmes and teaching at higher education institutions.

The purpose of the AHPGS and its tasks are laid down in the by-laws of the AHPGS e.V. (annex 04).

According to the agency, all documents which form the basis for the accreditation procedures carried out by AHPGS (informative material, application structure etc.) are discussed and resolved by the accreditation commissions of the AHPGS, subsequently submitted to the attention of the governing body of the AHPGS e.V. and, if necessary, discussed in the general assembly. The procedural documents are published on the website of the AHPGS; they are available in German, and - if applicable - in English. The agency has thus ensured the participation of all relevant stakeholders.

Prior to the on-site visit, the AHPGS either sent out or provided a link to certain documents concerning the procedures in Lithuania and Switzerland, namely the rules of procedure for the implementation of procedures in Lithuania, and a bookmark linking to the rules of procedure and criteria for the implementation of procedures in Switzerland (annex 18 N plus a comment on the subsequently filed documents elaborated by the agency).

During the on-site visit, the agency also handed out the following: a print-out of the screenshot of the website of the Lithuanian Centre for Quality Assessment in Higher Education (SKVC) referring to the assessment criteria for "external assessments", a document containing information on the educational system in Lithuania and an expert report concerning the accreditation of study programmes at the [REDACTED] carried out by the AHPGS.

The following documents were also handed out on-site: an accreditation catalogue in English for procedures abroad, which do not have to be carried out in accordance with national provisions; the English version of the application structure, which is accessible on the agency's website.

## Assessment

The agency's objectives, procedures and assessment criteria are described in adequate detail for procedures both in Germany and abroad; they are published and publicly accessible via the agency's website. With regard to the elaboration of evaluation parameters and rules of procedure, the relevant stakeholders (representatives of higher education institutions, professional practice and students, as well as foreign experts) were involved within both the Accreditation Council and the agency's organs.

## Result

**Standard 2.2 is fulfilled.**

### 2.3 Criteria for decisions

#### STANDARD:

Any formal decisions made as a result of an external quality assurance activity should be based on explicit published criteria that are applied consistently.

#### GUIDELINES:

Formal decisions made by quality assurance agencies have a significant impact on the institutions and programmes that are judged. In the interests of equity and reliability, decisions should be based on published criteria and interpreted in a consistent manner. Conclusions should be based on recorded evidence and agencies should have in place ways of moderating conclusions, if necessary.

## Documentation

The agency explains on pp. 8ff of the application that for procedures carried out in Germany (for both programme and system accreditation), based on the agreement between the Accreditation Council and AHPGS, all the guidelines of the Accreditation Council are binding for the activity of AHPGS.

During the accreditation process the AHPGS observes both national and international requirements which have been included in the application structure; these requirements form the basis for all procedures carried out by the agency (annex 23). The AHPGS provides the expert group with information on the aspects to be taken into account during the on-site assessment and thus also in the expert report. The decisions taken by the accreditation commissions of the AHPGS were based on the resolutions determined by the Accreditation Council, which are in turn based on the European standards. The recommendations for accreditation for programme accreditation procedures carried out in Switzerland and Lithuania were based on the respective national provisions.

On its homepage, the AHPGS publishes information on processes, criteria and decisions concerning all accreditation procedures carried out by the agency.

The AHPGS disposes of internal formalised procedures ensuring the HEIs' right to object to and/or oppose the implementation of an accreditation procedure as well as their right to lodge complaints with regard to accreditation decisions (annex 11).

The persons-in-charge involved in the relevant decisions may decide at their discretion and are not bound by instructions. In the case of a dispute, the governing body is assigned the role as the ultimate decision-making body.

The agency submitted or provided a link to some documents concerning the procedures carried out abroad (see above).

### **Assessment**

The documents "Information on accreditation of study programmes", the application structure for programme accreditation, and the "Information on system accreditation" are publicly accessible and are considered to be a sound implementation of the guidelines of the Accreditation Council for the programme and system accreditation process. In these documents, the agency declares that the criteria for decisions as well as further criteria and rules of procedure set by the Accreditation Council and the KMK in their current version are applicable. The assessment criteria for international procedures are also publicly accessible (see assessment of standard 2.2).

In addition, the Agency has put structures and measures in place which contribute towards greater consistency. On the one hand, the accreditation commission is responsible for ensuring the consistent application of the criteria and the rules of procedure. On the other hand, procedure-related documents as the "Instructions for compiling the accreditation application and on the documents to be submitted", the "Information for experts in accreditation procedures carried out by AHPGS", the template for the expert report and the "Standards for expert reports in accreditation procedures" also serve this purpose. Lastly, instruments for improving the consistency of procedures and decisions may also be the preparatory briefing of experts, the agency's internal quality management as well as the internal complaints procedures.

In addition, the agency has a formalised complaints procedure, which is publicly accessible. The experts recommend, however, charging an organ to deal with complaints which is independent from both the accreditation commission and the governing body. During the on-site visit, the agency gave the experts the impression that the higher education institutions have not lodged complaints so far on account of the accreditation decisions being well motivated and hence comprehensible for the HEIs. Nevertheless, the experts recommend extending the time frame for lodging and motivating complaints since they con-

sider two-weeks to be too short, in particular in view of the fact that in general, in order to lodge a complaint, the internal bodies of the HEIs need to take a decision.

## Result

**Standard 2.3 is fulfilled.**

### Recommendations:

The expert group makes the following recommendations:

**Recommendation 1:** The experts recommend charging an organ to deal with complaints which is independent from both the accreditation commission and the governing body.

**Recommendation 2:** The experts recommend expanding the time limit for lodging and substantiating a complaint.

## 2.4 Processes fit for purpose

### STANDARD:

All external quality assurance processes should be designed specifically to ensure their fitness to achieve the aims and objectives set for them.

### GUIDELINES:

Quality assurance agencies within the EHEA undertake different external processes for different purposes and in different ways. It is of the first importance that agencies should operate procedures which are fit for their own defined and published purposes.

Experience has shown, however, that there are some widely-used elements of external review processes which not only help to ensure their validity, reliability and usefulness, but also provide a basis for the European dimension to quality assurance. Amongst these elements the following are particularly noteworthy:

- insistence that the experts undertaking the external quality assurance activity have appropriate skills and are competent to perform their task;
- the exercise of care in the selection of experts;
- the provision of appropriate briefing or training for experts;
- the use of international experts;
- participation of students;
- ensuring that the review procedures used are sufficient to provide adequate evidence to support the findings and conclusions reached;
- the use of the self-evaluation/site visit/draft report/published report/follow-up model of review;
- recognition of the importance of institutional improvement and enhancement policies as a fundamental element in the assurance of quality

## Documentation

According to the mission statement (annex 09, resolved on February 2008 by the general assembly), the main objective of accreditation procedures carried out by the agency is to

provide a reliable quality-driven guidance for HEIs, students and employers, at the same time ensuring the recognition of the degrees on a national and international level. According to the agency's mission statement, procedures for system accreditation aim at assessing whether the HEIs' quality assurance systems for teaching and learning are suitable to ensure that the qualification goals are achieved and the quality standards of the study programmes are met. The AHPGS combines the requirement of a contribution to improve quality in teaching and learning along with the implementation of accreditation procedure and system accreditation. The responsibility of the higher education institutions regarding pattern and quality is thus defined. By carrying out accreditation procedures, the AHPGS contributes towards improving the clarity of the study programmes offered and ensuring that the standards and criteria are adhered to. The higher education institutions will be offered competent advice (and support) for implementing accreditation procedures and system accreditation.

On p. 10 of the application the agency explains that its procedures follow the usual multi-tiered approach. In the case of procedures carried out in Switzerland and Lithuania however, the agency issues only a decision recommendation, since the final decision will be adopted by the EAER in Switzerland and respectively the Ministry of Education and Science in Lithuania.

According to the information on p. 15 of annex 3, the member organisations of the AHPGS work closely together to produce a list of experts with proven discipline-related expertise and experience in teaching at higher education institutions, including also representatives from professional practice. The agency continuously reviews and expands this list. A decisive factor for being added to the list is the experts' reputation in the respective scientific community, which is perceived as a prerequisite for assessment results being accepted by peers. On p. 2 of annex 13 contains further criteria to be adopted for the appointment of experts for system accreditation; these criteria exceed the requirements which result from the AR rules for programme and system accreditation: "expertise in quality management and accreditation procedures (programme and/or system accreditation); reputation built-up in the respective academic field; experience gained in previous procedures; heterogeneous composition of the expert group with regard to HEI type, gender distribution and age structure; participation in measures for the qualification of experts, and impartiality".

Annex 15 furthermore contains a list, referring to the years 2009-2012, of all members of the expert groups which carried out programme accreditation procedures on behalf of the agency. In addition, during the on-site visit the agency added the names of some members already listed in the pool of experts for system accreditation.

The agency subsequently handed out additional information on measures adopted by the agency for the preparation of experts (annex 07 a N, 07 b N, 07 c N and 07 d N).

Furthermore, it provided on-site information concerning the composition of the expert groups appointed for the procedures carried out in Lithuania. The composition of the expert groups for the procedures in Switzerland can be found in the “Regulation for accreditation at universities of applied science”.

### **Assessment**

The mission statement is published on the agency's website. The agency's understanding of quality outlined therein complies with the concept of self-responsibility of higher education institutions. During the on-site visit the experts were able to see for themselves that the agency considers itself as an important player with regard to the development of new study programmes and to the academisation, particularly in nursing and healthcare. Furthermore, the on-site visit illustrated clearly that these members are nonetheless able to draw a line between their undeniable commitment to the development of the courses offered on the one hand and the tasks required of them with regard to accreditation procedures on the other.

The procedures carried out by the AHPGS at both national and international level follow the standard three-tiered structure consisting in self-documentation, on-site visit and report. For the agency's decision-making power, in particular with regard to the procedures in Lithuania and Switzerland, see the assessment of standard 3.6. As is usual in the German accreditation system and implied in the guidelines of the Accreditation Council, the follow-up consists only in proving the fulfilment of the conditions (see standard 2.6).

For the appointment of expert groups AHPGS has at its disposal a pool of experts for both programme and system accreditation. According to the experts', the above-described requirements for admission to the pool of experts are appropriate. It is worth noting that the participation in a training seminar for experts is set as selection criterion for system accreditation procedures. The expert groups appointed by the AHPGS include student members. The appointment of international experts for programme accreditation procedures carried out in Germany is not expressly required by the guidelines of the Accreditation Council, whereas the expert groups involved in procedures for system accreditation should include a member from abroad.

With regard to the academisation of health care professions, it may be a possibility to select more medical experts for the expert groups. The experts also noted that the appointed student experts come from a restricted number of higher education institutions. The ex-

perts recommend constantly enlarging the pool of experts and ensuring greater diversity and transparency when selecting student experts.

With regard to the composition of the expert groups for procedures carried out in Switzerland, art. 8 of the “UAS accreditation guidelines” requires that at least one expert with international experience and one student member should be involved in the assessment of an university of applied science or a study programme. The expert group which carried out the procedure in Lithuania included a Lithuanian representative. Furthermore, the agency ensures according its statements during the on-site visit that the experts appointed for procedures carried out abroad possess not only the necessary discipline-related expertise but also an appropriate command of the language.

As a result of the discussions held during the on-site visit, in addition to supporting seminars for student experts, so far the agency has organised only one training seminar for experts, which was held in July 2013 and had only a limited response according to the AHPGS with less than ten participants. The agency plans to revise the concept for this seminar. Nevertheless, the experts consider that, regardless of these preparatory trainings which have been separately organised and have so far taken place just one, the experts appointed by the agency are sufficiently familiarised with the application of assessment criteria and procedural rules by combining the meetings on the eve of the on-site visit with the information provided by the head office and the annual meetings offering separate lecture units concerning current issues in accreditation. The experts nonetheless recommend the intensification and further improvement of the training provided by the agency based on the actual demand, also in view of the recommendation according to which representatives from different fields (for example the medical profession) may be appointed as experts. These trainings may be held during the annual conference in Windenreute and shall be advertised. Unlike the current practice, the agency should also provide special training seminars for experts in system accreditation

## **Result**

**Standard 2.4 is fulfilled.**

### **Recommendations:**

The expert group makes the following recommendations:

**Recommendation 3:** The experts recommend to constantly enlarge the pool of experts (for instance by increasingly including more medical experts) and to ensure larger diversity and transparency when selecting student experts.

**Recommendation 4:** The experts recommend the intensification and further improvement of the training provided by the agency based on the actual demand. This training may be held during the annual conference in Windenreute. Furthermore, the agency should advertise them and also provide special training seminars for experts in system accreditation.

## 2.5 Reporting

### STANDARD:

Reports should be published and should be written in a style which is clear and readily accessible to its intended readership. Any decisions, commendations or recommendations contained in reports should be easy for a reader to find.

### GUIDELINES:

In order to ensure maximum benefit from external quality assurance processes, it is important that reports should meet the identified needs of the intended readership. Reports are sometimes intended for different readership groups and this will require careful attention to structure, content, style and tone. In general, reports should be structured to cover description, analysis (including relevant evidence), conclusions, commendations, and recommendations. There should be sufficient preliminary explanation to enable a lay reader to understand the purposes of the review, its form, and the criteria used in making decisions. Key findings, conclusions and recommendations should be easily locatable by readers. Reports should be published in a readily accessible form and there should be opportunities for readers and users of the reports (both within the relevant institution and outside it) to comment on their usefulness.

## Documentation

According to p. 13 of the agency's explanatory statement for the application, the assessment report, which concludes the accreditation procedure, has a predefined structure. The assessment report is composed of a factual summary of the documentation submitted by the HEI and drawn up by the AHPGS, the expert report concerning the on-site assessment, and the decision of the accreditation commission. Both the expert report and the decision of the accreditation commission are based on the criteria set by the Accreditation Council.

According to the agency, the expert report contains not only recommendations for accreditation awaiting the decision of the accreditation commission, but also recommendations for the further development of the study programme or the assessed quality assurance system in the case of system accreditation.

The final decision of the accreditation commission contains a list of the issued conditions and recommendations.

After completion of the programme accreditation procedure, the agency publishes short summaries of the study programmes on the AHPGS website and on the website of the Higher Education Compass published by the HRK, in addition to the reports concerning

those procedures for which the respective contract has been signed since 1 June 2010. In order to provide the necessary proof, during the on-site visit the agency handed out a list with links to already published expert reports.

The agency states that the document "Information for experts in accreditation procedures carried out by AHPGS", which contains indications with regard to the drafting of the expert report, was developed by the AHPGS in order to support the group of experts in their effort to include assessments concerning all relevant criteria in their report. The document is included in annex 03 N, which was subsequently filed along with a template for the expert report (annex 04 N) and the "Standards for expert reports in accreditation procedures" (annex 05 N), which was resolved in concert with the Accreditation Council.

The agency submitted or provided a link to some documents concerning the procedures in Lithuania and Switzerland (see above). Following the on-site visit, the Council's experts also received expert reports for procedures carried out in Germany in accordance with the rules of the Accreditation Council, in Lithuania and Switzerland in compliance with national provisions, and in Saudi Arabia according to the criteria set by the AHPGS for procedures carried out abroad.

### **Assessment**

For the procedures carried out in Germany, the agency has so far published only extracts of the expert assessment report and the names of the experts. According to the Council's experts, the list of links they were provided with proves that for the first time since the meeting of the accreditation commission in July 2013 the agency in fact plans to publish the complete assessment reports, except in the case of negative decisions which are not published in accordance with the guidelines of the Accreditation Council. Documents issued by the agency such as the "Information for experts in accreditation procedures carried out by AHPGS", the template for the expert report, and the "Standards for expert reports in accreditation procedures" are instruments which make it possible to enhance the quality of the reports drafted for programme accreditation procedures in Germany by ensuring the application of all criteria of the Accreditation Council for the assessment of study programmes. The decision recommendations issued by the expert groups in the linked reports do not yet provide a clear distinction between recommendations and conditions. Furthermore, the reports do not include clear statements explaining the reasons why the accreditation commission either follows or disagrees with the opinion expressed by the experts. The experts thus recommend adapting and publishing the expert reports in such a way that the experts' decision recommendation provides a clear distinction be-

tween recommendations and conditions; furthermore, the rationale of the accreditation commission for possible derogations from the experts' recommendations shall be clear.

In the case of procedures carried out in Lithuania, the national provisions require that the results of the evaluations and the accreditation decisions deriving from them should be published (see chapter V, clause 35 and chapter II, clause 16 of the document "Procedure of the external evaluation and accreditation of study programmes" in annex 18 N).

For procedures carried out in Switzerland, in accordance with chapter C 2 of the Swiss "UAS accreditation guidelines" of the SERI the agency likewise publishes a list, which is accessible on internet, of the accredited study programmes at universities of applied science.

## **Result**

**Standard 2.5 has been substantially met.**

### **Recommendations:**

The expert group makes the following recommendations:

**Recommendation 5:** The expert reports shall be adapted and published in order that the experts' decision recommendation provides a clear distinction between recommendations and conditions issued by the experts; furthermore, the rationale for the accreditation commission shall clearly indicate possible derogations from the experts' recommendations.

## **2.6 Follow-up procedures**

### **STANDARD:**

Quality assurance processes which contain recommendations for action or which require a subsequent action plan, should have a predetermined follow-up procedure which is implemented consistently.

### **GUIDELINES:**

Quality assurance is not principally about individual external scrutiny events: It should be about continuously trying to do a better job. External quality assurance does not end with the publication of the report and should include a structured follow-up procedure to ensure that recommendations are dealt with appropriately and any required action plans drawn up and implemented. This may involve further meetings with institutional or programme representatives. The objective is to ensure that areas identified for improvement are dealt with speedily and that further enhancement is encouraged.

## **Documentation**

The agency states on p. 14 of its explanatory statement for the application that HEIs have to prove the fulfilment of conditions regarding programme and system accreditation carried out in Germany, within nine months. The AHPGS duly sends a reminder at least three months prior to the expiry of the deadline. The procedural stage concerning the fulfilment

of the conditions is concluded with the resolution of the relevant accreditation commission. For its decision, the commission is provided with all the documentation required from the HEI as evidence for the fulfilment of the issued conditions.

In the case of system accreditation, the HEI also submits an interim self-evaluation report to the agency, which includes a summary of the quality assurance procedures carried out by the HEI. The agency prepares a report on the results of the interim self-evaluation report and issues recommendations regarding the remedy of deficiencies, if applicable. These reports are made available to the HEIs and published by the agency.

A further follow-up procedure for both programme and system accreditation is provided by the regular re-accreditation of the study programmes (first-time re-accreditation after five years, further re-accreditations after seven years) and the quality assurance system of the HEIs (first-time re-accreditation after six years, further re-accreditations after eight years).

The agency submitted or provided a link to some documents concerning the procedures in Lithuania and Switzerland (see above).

### **Assessment**

The documentation provided proves that the agency has put in place follow-up processes for programme and system accreditation procedures carried out in Germany based upon the respective guidelines of the Accreditation Council.

The existence of follow-up procedures for accreditations carried out in Lithuania can also be seen in the rules of procedure subsequently submitted by the agency (see chapter V, clause 30.4 of the document “Procedure of the external evaluation and accreditation of study programmes”). Standard 2.6 is also fulfilled with regard to procedures carried out in Switzerland, since according to chapter B 4 and B 6 of the “UAS accreditation guidelines” an accreditation may be granted with conditions. After the expiry of the respective term, the agency verifies if the detected shortcomings have been rectified. If this is assessed positively, the university of applied science or the study programme are unconditionally accredited; if the shortcomings have not been rectified in the meantime, the agency withdraws the accreditation.

### **Result**

**Standard 2.6 is fulfilled.**

## **2.7 Periodic reviews**

### **STANDARD:**

External quality assurance of institutions and/or programmes should be undertaken on a cyclical basis. The length of the cycle and the review procedures to be used should be clearly defined and published in advance.

### **GUIDELINES:**

Quality assurance is not a static but a dynamic process. It should be continuous and not “once in a lifetime”. It does not end with the first review or with the completion of the formal follow-up procedure. It has to be periodically renewed. Subsequent external reviews should take into account progress that has been made since the previous event. The process to be used in all external reviews should be clearly defined by the external quality assurance agency and its demands on institutions should not be greater than are necessary for the achievement of its objectives.

## **Documentation**

According to the information included in the explanatory statement for the application (pp. 15f), both programme and system accreditation are issued for a limited period. In accordance with the guidelines of the Accreditation Council, first-time accreditation of study programmes is granted for five years, while further re-accreditations are granted for seven years.

A first-time system accreditation is granted for a duration of six years; a re-accreditation for a period of eight years.

The agency states that the steps involved for re-accreditation procedures correspond to those for first-time accreditation procedures.

For accreditation procedures carried out abroad, the time limits comply with the respective national provisions or (in the case of procedures which are not carried out in accordance with national provisions) with deadlines which correspond to the guidelines of the Accreditation Council.

## **Assessment**

With regard to programme and system accreditation, evaluations are carried out on a regular basis with clearly defined methods and time frame.

From the subsequently submitted Lithuanian rules of procedure, it is clear that accreditations have to be renewed on a regular basis (see chapters II, III and IV of the document “Procedure of the external evaluation and accreditation of study programmes”).

The same applies for procedures carried out in Switzerland (see chapter B 5 of the “UAS accreditation guidelines”).

## **Result**

**Standard 2.7 is fulfilled.**

## 2.8 System-wide analyses

### STANDARD:

Quality assurance agencies should produce from time to time summary reports describing and analysing the general findings of their reviews, evaluations, assessments etc.

### GUIDELINES:

All external quality assurance agencies collect a wealth of information about individual programmes and/or institutions and this provides material for structured analyses across whole higher education systems. Such analyses can provide very useful information about developments, trends, emerging good practice and areas of persistent difficulty or weakness and can become useful tools for policy development and quality enhancement. Agencies should consider including a research and development function within their activities, to help them extract maximum benefit from their work.

## Documentation

In its explanatory statement for the application, the agency states on p. 16 that, once per year, it conducts a questionnaire-based survey among the experts and HEIs involved in AHPGS procedures in order to evaluate the performance of the agency (annex 26 and 27). In conclusion, it may be asserted that client satisfaction is of significant importance for the agency's work. The outcomes of the survey carried out among the cooperating HEIs showed that the involved parties succeeded in carrying out the accreditation procedures in a professional and competent way which met the expectations of all parties involved. The improvements suggested have been assessed and implemented as much as possible. On the whole, the AHPGS considers the high satisfaction rate not only as a confirmation for its work, but also as a challenge for the future. The work carried out by the agency was positively evaluated also by the experts; the AHPGS succeeded in providing the experts with the necessary support during the various stages of the accreditation procedures. The improvements suggested were assessed and implemented to the extent possible.

The agency explains that the AHPGS prepares an annual activity report, which is submitted to the general assembly for discussion and deliberation. The report was subsequently filed (annex 20 N).

In the course of an accreditation process through the Accreditation Council, the AHPGS elaborates a progress report on a regular basis.

Furthermore, the staff members of the head office are involved in the disciplinary discourse through their participation in workshops and meetings, as well as publications concerning the process of professionalisation and academisation of health care professions. During the on-site visit, some publications concerning the academisation of health care professions and professions in the field of childhood pedagogy were provided.

## Assessment

Neither the progress report nor the analyses of the questionnaire-based survey are able to contribute to the fulfilment of standard 2.8 due to the fact that these measures do not provide any content-related analysis of the results concerning the accreditation activity carried out by the agency. The activity report for 2012 does not include any such analyses. It contains certainly a list of accreditations carried out in 2012, but their results are not subject to evaluation or analysis by the agency. However, some of the submitted publications presented by the staff members of the agency include an analysis of experiences and challenges in quality assurance in those disciplines which are part of the agency's core business. The Council's experts would like to encourage the agency to increase the scope of these publications. Since some of the accredited programmes are still in the concept stage and some of the HEIs are still in the course of formation at the time of accreditation, the experts furthermore recommend providing a systematic analysis of the sustainability of the courses offered.

## Result

### **Standard 2.8 is partly met.**

The expert group makes the following recommendations:

**Recommendation 6:** The experts recommend continuing and possibly expanding the much appreciated publications of the agency on topics such as the academisation of health and nursing professions.

**Recommendation 7:** Since part of the accredited programmes are still at in the concept stage and some of the HEIs are still in the course of formation at the time of accreditation, the experts recommend providing a systematic analysis of the sustainability of the courses offered.

### **Total evaluation of Standard 3.1:**

**Summarising the assessments for standard 2.1 to standard 2.8, it can be asserted that standard 3.1 is substantially fulfilled.**

### 3.2 Official status

#### STANDARD:

Agencies should be formally recognised by competent public authorities in the European Higher Education Area 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.

#### Documentation

The agency states that the AHPGS was founded on 6 April 2001 in the legal form of a registered association with registered office in Freiburg. The foundation was entered in the Freiburg register of associations on 11 June 2001. The charitable status of AHPGS has been regularly confirmed by the competent German tax authorities (Freiburg Stadt); the last certification is dated 29 January 2013.

The AHPGS Akkreditierung gGmbH was founded on 15 February 2008 on the basis of a resolution adopted by the general assembly of the AHPGS e.V. The agency was entered in the Freiburg commercial register on 5 March 2008. Sole shareholder of the AHPGS Akkreditierung gGmbH is the AHPGS e.V. The charitable status for the AHPGS Akkreditierung gGmbH was granted by the tax authorities of Freiburg on 28 May 2008 and confirmed on 26 November 2009 for the year 2008. The exemption certificate for the years 2009 - 2011 was submitted with letter dated 18 April 2013.

The entries proving the registration with the register of associations and the commercial register were subsequently submitted by the agency as well as the exemption certificate (annex 09 a N, annex 09 b N and annex 10 N).

The AHPGS was first accredited by the Accreditation Council on 17 December 2001 for a period of three years. On 8 October 2004, the Accreditation Council granted an unconditional accreditation valid until 6 October 2009. The Accreditation Council re-accredited the AHPGS on 3 March 2009 issuing five conditions; the accreditation period ended on 31 March 2014. On 9 June 2009, the Accreditation Council ascertained the fulfilment of the issued conditions. With its accreditation issued in 2009, the AHPGS received the authorisation to accredit internal quality assurance systems of higher education institutions by awarding the seal of the Accreditation Council Foundation for Accreditation of Study Programmes (system accreditation). The Accreditation Council confirmed that the AHPGS meets the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) and the membership criteria of the European Association for Quality Assurance (ENQA). Proof for re-accreditation by the Accreditation Council was submitted by presenting annex 1. The agency explains that with letter dated 7 November 2012 the AHPGS submitted its fourth application to the Accreditation Council for carrying out the

procedures of programme and system accreditation in accordance with the “Rules for the Accreditation of Agencies” (Doc. AR 86/2010), applying also for assessment of compliance with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

The AHPGS was first acknowledged by EAER on 17 January 2008 and again on 16 January 2013 and received the authorisation to assess applications of universities of applied sciences for accreditation on behalf of the EAER. During the procedure for recognition, the AHPGS provided proof that it had fulfilled both Swiss federal requirements and the European standards for accreditation agencies. The decision for recognition issued by the EAER in 2008 and 2013 were subsequently filed by the agency (annex 19 a N and annex 19 b N).

The agency describes the authorisation for implementing procedures issued by the Lithuanian authorities in the preface of the application (see pp. 4f).

### **Assessment**

The agency is formally recognised by the competent public authorities in Germany and abroad and fulfils the respective legal requirements.

### **Result**

**Standard 3.2 is fulfilled.**

#### **3.3 Activities**

##### **STANDARD:**

Agencies should undertake external quality assurance activities (at institutional or programme level) on a regular basis.

##### **GUIDELINES:**

These may involve evaluation, review, audit, assessment, accreditation or other similar activities and should be part of the core functions of the agency.

### **Documentation**

The agency explains in its explanatory statement for the application that the AHGPS is authorised by the Accreditation Council to carry out programme and system accreditations.

In the context of its historical development, the AHGPS defines itself as an accreditation agency with specific expertise in the area of health and social science; the agency has established itself in this sphere of activity and plans to basically maintain the conception of the AHPGS and its focus on the aforementioned area.

So far, the AHPGS has accredited 690 German study programmes at 129 HEIs (effective 31 December 2012). By the end of 2012, the AHPGS had concluded two contracts for the implementation of system accreditation procedures. According to the agency, the AHPGS is currently negotiating with other HEIs for the implementation of system accreditation procedures.

With regard to accreditations carried out abroad, the agency states that it has so far assessed 56 study programmes at ten HEIs in six countries; the assessments took place on the basis of the European Standards and Guidelines (ESG) and national criteria as described above.

### **Assessment**

The agency carries out quality assurance procedures on a regular basis.

### **Result**

**Standard 3.3 is fulfilled.**

#### **3.4 Resources**

##### **STANDARD:**

Agencies should have adequate and proportional resources, both human and financial, to enable them to organise and run their external quality assurance process(es) in an effective and efficient manner, with appropriate provision for the development of their processes and procedures.

##### **Documentation**

The AHPGS states on pp. 20f of its application that the managing director of the AHPGS e.V. (██████████) has been appointed by the general assembly for a five-year period (until 2016) The managing director as well as all members of the governing body work on a voluntary basis. The head office of the AHPGS e.V. is run by the managing director supported by a part-time employee. The managing director of the AHPGS Akkreditierung gGmbH (██████████) was appointed by the general meeting of the AHPGS e.V. Under his direction, the agency currently employs nine project officers, two employees responsible for organisational and administrative tasks and several assistants. The AHPGS has a stable personnel base. Since the contracts of the employees become permanent after two years, the fluctuation of staff members is low. The managing director of the AHPGS Akkreditierung gGmbH, five project officers and one of the organisational and administrative staff members are employed on a full-time basis. Four project officers (three full time equivalents) and one organisational and administrative staff member (0.80 full time equivalents) are employed on a part-time basis. Since the previous accreditation in 2009, the number of project officers in charge of managing the accreditation procedures

has increased from five to nine. The staff members obtain further training by taking part in the annual meeting in Windenreute as well as conferences, meetings and workshops; the contents of these events are also discussed during the weekly staff meetings.

Proof for the qualification of the staff members and the managing director is provided by their CVs submitted by the agency (annex 18 and 06 c N).

With regard to the premises, the AHPGS states that the head offices of the AHPGS e.V. and the AHPGS Akkreditierung gGmbH are easily accessible with public and private transport and adequately equipped. The infrastructure of the offices is continuously adapted to the current requirements. All work stations are equipped with a telephone and computers and connected via LAN to e-mail, internet and to the server. The IT infrastructure underwent comprehensive modernisation at the end of 2012. The office equipment includes several network printers in addition to a photocopier and scanner in the central office area.

### **Assessment**

The discussion with the staff members and the inspection of the rooms confirmed that the premises are still sufficient, even though the number of staff members has been increased since the previous re-accreditation procedure. According to the CVs submitted by the agency, the employees are well qualified. Considering the number of procedures stated in the documentation, the work load appears to be appropriate. During the on-site visit, the experts gained the impression that the staff members are motivated and satisfied with the work atmosphere and their working conditions. Furthermore, the agency is considered to be adequately equipped in order to ensure the further development of its procedures and processes (for a more detailed statement see assessment of standard 3.8).

### **Result**

**Standard 3.4 is fulfilled.**

### 3.5 Mission statement

#### STANDARD:

Agencies should have clear and explicit goals and objectives for their work, contained in a publicly available statement.

#### GUIDELINES:

These statements should describe the goals and objectives of agencies' quality assurance processes, the division of labour with relevant stakeholders in higher education, especially the higher education institutions, and the cultural and historical context of their work. The statements should make clear that the external quality assurance process is a major activity of the agency and that there exists a systematic approach to achieving its goals and objectives. There should also be documentation to demonstrate how the statements are translated into a clear policy and management plan.

#### Documentation

The agency explains on pp. 24f of the explanatory statement for the application that AHPGS associates the implementation of accreditation procedures for study programmes and system accreditation with the need to help towards improving quality in teaching and learning, taking the responsibility of the higher education institutions for setting the pattern and quality of teaching and learning as a basis.

The agency considers the mission statement of the AHPGS as its guiding principle for its activities (annex 9). The mission statement describes its overarching mission and the tasks deriving from it, which are of fundamental importance for the AHPGS, describing also the objectives set for the agency's work.

#### Assessment

The AHPGS defines a publicly accessible understanding of quality which focuses on the principles of the HEIs and their responsibility for the quality of the study programmes they offer. The mission statement contains the objectives set by the agency, its working principles, and quality management measures adopted. According to the mission statement, the agency's activities are based on national and international criteria for quality assurance, in particular the ESG. Nevertheless, the experts suggest improving the way in which the agency's understand of quality is communicated both internally and externally.

#### Result

**Standard 3.5 is fulfilled.**

### 3.6 Independence

#### STANDARD:

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.

#### GUIDELINES:

An agency will need to demonstrate its independence through measures, such as

- its operational independence from higher education institutions and governments is guaranteed in official documentation (e.g. instruments of governance or legislative acts);
- the definition and operation of its procedures and methods, the nomination and appointment of external experts and the determination of the outcomes of its quality assurance processes are undertaken autonomously and independently from governments, higher education institutions, and organs of political influence;
- while relevant stakeholders in higher education, particularly students/learners, are consulted in the course of quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the agency.

#### Documentation

The official status of the agency can be seen in the documentation submitted for the assessment of standard 3.2.

With regard to the impartiality and independence of the bodies and experts, on pp. 25f of the explanatory statement the agency refers to § 2 para. 3 of the by-laws of the AHPGS e.V. according to which the e.V. acts independently from any influence from higher education institutions and their respective organisations, trade and professional associations, and other stakeholders.

With regard to the relationship between the e.V. and the gGmbH, the agency explains in the application that after the foundation of the AHPGS e.V. in 2001 a non-profit private limited company under German law, the AHPGS Akkreditierung gGmbH, was founded in 2008. The organisational structures for the implementation of accreditation procedures are laid down in the by-laws of the AHPGS e.V., which holds charitable status (annex 04). The AHPGS e.V. is the contractual party of the Foundation for the Accreditation of Study Programmes in Germany. The e.V. applies for certification by the Accreditation Council for the implementation of accreditation procedures, its accreditation commissions adopt the decisions regarding the accreditation procedures carried out by the agency and awards the seal of the Foundation for the Accreditation of Study Programmes in Germany. The AHPGS Akkreditierung gGmbH acts on behalf of the AHPGS e.V. and is the contractual party for the contracting HEIs with regard to the implementation of accreditation procedures. For this private limited company, which is recognised as a non-profit organisation for German tax purposes, the by-laws adopted on 31 January 2008 (annex 17) form the

basis. The organisation chart of the application illustrates the relationships between the different organs.

According to the by-laws, the general assembly is the decision-making organ for all matters concerning the e.V. The general assembly appoints a governing body and a managing director in order to carry out the tasks of the association. Both have to submit an annual written work report, which is then presented, discussed and deliberated in the general assembly. Both the governing body and the managing director are responsible for making sure that the statutory tasks of the AHPGS e.V. are carried out in the proper manner. The accreditation commissions of the AHPGS are the decision-making bodies for assuring compliance with the guidelines of the Accreditation Council. The members of these commissions are appointed by the governing body for a period of four years; they are selected according to their discipline-related expertise and their reputation in the relevant academic field. It is possible to re-appoint the members. In their decisions they are bound exclusively by the guidelines of the Accreditation Council for the implementation of accreditation procedures. The agency ensures that the appointed members are not bound by any external instructions. The accreditation commissions are responsible for both the selection of experts and accreditation decisions. The independence of the accreditation commissions is also regulated by § 12 of the by-laws of the e.V.

The experts are appointed by the accreditation commissions according to their disciplinary-related expertise; with regard to their recommendations, the experts are independent i.e. not bound by any instructions. The independence of the experts is also ensured with a declaration of impartiality that has to be signed by the experts (annex 14 and 14 N).

The explanatory statement for the application also contains information on the following aspects: the possibility offered to the HEIs to lodge complaints; the charitable status of the agency; efficient and economically sustainable management of the agency.

For the agency's decision-making power, in particular with regard to the procedures in Lithuania and Switzerland, see the statements in the explanatory statement regarding standard 2.4.

### **Assessment**

The agency is recognised officially in those countries, in which it carries out procedures in accordance with national provisions (see standard 3.2).

The motivation according to which the gGmbH has been founded in order to minimise liability risks is basically plausible. The structure of AHPGS helps to ensure the independence of the organs and of persons working for the agency from directives. In particular it prevents any of its member organisations from exerting influence on on-going accredita-

tion procedures. The statement in the explanatory statement according to which the governing body ensures that the members appointed to the accreditation commissions are not subject to any external instructions, is supported by the regulations laid down in the by-laws. During the on-site visit, the experts gained the impression that the accreditation commissions indeed act independently within the prescribed limits. The representatives of the agency explained during the on-site visit that members of the accreditation commissions do not participate in deliberations when these concern procedures in which said members have been involved as experts or if they hold any position at the university in question. Nevertheless, the agency did not provide for written and binding regulations in such cases. Hence, the experts recommend adopting a resolution on this matter with binding effect in order to ensure that the independence of the experts is safeguarded in all cases.

The relevant procedures put in place by the agency guarantee that the selected experts possess adequate expertise (see standard 2.4). The impartiality of the experts is supported by the declarations of impartiality.

In the case of procedures carried out in Switzerland and Lithuania, the agency issues only one decision recommendation, since the final decision will be adopted by the EAER in Switzerland and the Ministry of Education and Science in Lithuania. However, also in these cases the final decision of the state authorities may differ from the recommendations issued by the agency, although the agency's own recommendations cannot be influenced or modified by the ministries.

## **Result**

**Standard 3.6 is fulfilled.**

### **Recommendations:**

The expert group makes the following recommendations:

Recommendation 8: The established common practice according to which members of the accreditation commissions do not participate in deliberations when these concern procedures in which said members have been involved as experts or if they hold any position at the university in question, shall be translated into a binding decision.

### **3.7 External quality assurance criteria and processes used by the agencies**

#### **STANDARD:**

The processes, criteria and procedures used by agencies should be pre-defined and publicly available. These processes will 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 as 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.

**GUIDELINES:**

Agencies may develop and use other processes and procedures for particular purposes. Agencies should pay careful attention to their declared principles at all times, and ensure both that their requirements and processes are managed professionally and that their conclusions and decisions are reached in a consistent manner, even though the decisions are formed by groups of different people.

Agencies that make formal quality assurance decisions or conclusions which have formal consequences should have an appeals procedure. The nature and form of the appeals procedure should be determined in the light of the constitution of each agency.

**Documentation**

The agency states that the AHPGS website ([www.ahpgs.de](http://www.ahpgs.de)) contains all relevant information and documents regarding the organisational structures and the binding proceedings for accreditation procedures. All necessary documents for programme and system accreditation can be downloaded from this website. The AHPGS considers its customer- and service-oriented approach to be an important principle of its work. The agency supports the HEIs prior to the implementation of the procedures by providing them the opportunity for a preliminary consultation. Once the conditions are clear for all parties, the HEI and the agency conclude the contract (annex 19 and 20). The services to be provided by both parties as well as the costs and the payment details are laid down with binding effect.

In its explanatory statement for the application the agency describes the outline of the procedures in programme and system accreditation, from which it can be seen that they are based on the usual multi-tiered approach.

The complaints procedure is described in the agency's statement concerning standard 2.3.

The agency submitted or provided a link to some documents concerning the procedures in Lithuania and Switzerland (see above).

**Assessment**

The processes, criteria and procedures used by agencies for programme and system accreditation are pre-defined and publicly available. The procedure contains the following elements: self-evaluation report, assessment by experts including an on-site visit, publication of the expert report and follow-up measures. The agency has put structures and measures in place which help to ensure consistency. Furthermore, the HEIs have the possibility to lodge complaints against decisions of the agency (see also the assessment

concerning standard 2.3 regarding consistency of the decisions and the complaints procedure).

Also with regard to the procedures carried out in Switzerland and Lithuania, the objectives, procedures and assessment criteria are adequately described and publicly accessible.

Furthermore, according to chapter V of the document “Procedure of the external evaluation and accreditation of study programmes” submitted by the agency, the Lithuanian procedures include the following elements: self-evaluation report; assessment by experts including on-site visit; decision and follow-up. The results of the evaluations and the accreditation decisions deriving from them are made publicly accessible. Chapter VI of the rules of procedure subsequently submitted by the agency include the regulations for the complaints procedure.

The structure of the procedures carried out in Switzerland also includes the usual procedural steps (see chapter B 2 of the “UAS accreditation guidelines”). For procedures carried out in Switzerland, in accordance with chapter C 2 of the Swiss “UAS accreditation guidelines” of the SERI the agency likewise publishes a list, which is accessible on internet, of the accredited study programmes at universities of applied science. According to chapter C 4 of the “UAS accreditation guidelines”, a complaint may be lodged against an accreditation decision or the withdrawal of an accreditation with the Swiss Federal Administrative Court.

## Result

### Standard 3.7 is fulfilled.

#### 3.8 Accountability procedures

##### STANDARD:

Agencies should have in place procedures for their own accountability.

##### GUIDELINES:

These procedures are expected to include the following:

1. A published policy for the assurance of the quality of the agency itself, made available on its website;
2. Documentation which demonstrates that:
  - the agency's processes and results reflect its mission and goals of quality assurance;
  - the agency has in place, and enforces, a no-conflict-of-interest mechanism in the work of its external experts;
  - the agency has reliable mechanisms that ensure the quality of any activities and material produced by subcontractors, if some or all of the elements in its quality assurance procedure are sub-contracted to other parties;
  - the agency has in place internal quality assurance procedures which include an internal

feedback mechanism (i.e. means to collect feedback from its own staff and council/board); an internal reflection mechanism (i.e. means to react to internal and external recommendations for improvement); and an external feedback mechanism (i.e. means to collect feedback from experts and reviewed institutions for future development) in order to inform and underpin its own development and improvement.

3.A mandatory cyclical external review of the agency's activities at least once every five years.

### **Documentation**

The agency explains in its application that it has a formalised internal quality management system based on the principles defined in the document "System for internal quality management" (annex 10). The main objective of the agency's internal quality assurance is the continuous review and refining of internal processes in order to ensure effective and efficient achievement of the tasks and objectives of the AHPGS. The system includes both internal and external feedback processes.

See the documentation submitted for the assessment of standard 3.6 for the measures adopted to ensure the impartiality and for the cooperation between AHPGS e.V. and AHPGS Akkreditierung gGmbH.

Further information on e.V. and gGmbH are included in the document which illustrates the internal quality management of the agency (annex 10). The bodies and tasks of both legal entities are described on p. 2. On pp. 4f the agency explains how the roles are divided between the e.V. and the gGmbH with regard to the implementation of accreditation procedures. The rules of procedure of the governing body, which were subsequently submitted to the Council and attached under annex 02 a N, outline the structures ruling the cooperation between the e.V. and the gGmbH.

Furthermore, in annex 08 N the AHPGS provides information about its cooperation with the accreditation agencies ASIIN and FIBAA.

See the documentation submitted for the assessment of standard 3.2 for the external assessment carried out by the Accreditation Council on a regular basis.

### **Assessment**

The document in annex 10 which illustrates the agency's quality management was resolved by the governing body and made publicly accessible. It contains a detailed description of the agency's key processes and the respective responsibilities including the allocation of the responsibilities between e.V. and gGmbH. Furthermore, the document lists the internal feedback processes, in other words the measures which are adopted to assess the effectiveness of the agency's steering processes and which form the basis for any adjustments required. During the on-site visit, the experts were able to see for themselves that the quality management system is actually put into practice by the agency. The exter-

nal interlocutors invited (experts and representatives of study programmes) unanimously expressed their appreciation for the operational organisation of the head office. Furthermore, the implemented feedback processes are actually used to elaborate measures aimed at improving the internal processes of the agency.

As an example, these feedback processes are used to evaluate any objections issued by the Accreditation Council. Table 2 of the annex 27 contains a list of measures taken as a consequence of the evaluation of the Council's objections stating for example that the agency drafted several documents ("Information for experts in accreditation procedures carried out by AHPGS"; a template for the expert report, and a check-list for verification of the completeness of the expert reports) in order to ensure that the assessment of the criteria set by the Accreditation Council for the accreditation of study programmes is completely documented; in addition, the model contracts for the HEIs were modified in response to the objections made by the Accreditation Council.

The discussions during the on-site visit also showed that the internal staff meetings are a very useful opportunity not only to feed back experience gained by the staff members during the accreditation procedures in general, but also to discuss the latest developments concerning the legal provisions and the recommendations issued by the German Science Council.

The aforementioned questionnaire surveys are an additional measure adopted by AHPGS in order to assess and, if necessary, to adjust the operational processes of the agency. After completion of the procedures, AHPGS sends questionnaires to the HEI representatives in charge of the study programmes and the agency's experts, in which they are asked about their satisfaction concerning different aspects of the organisation of the procedures; the surveys include also open-ended questions. The Council's experts initially questioned whether these surveys are to be considered a meaningful instrument for this purpose, since the feedback obtained from the respondents has been predominantly positive so far and there was thus no reason for decisions concerning improvements to be taken by the governing body or the accreditation commission. The agency was nevertheless able to demonstrate that the results of the surveys are discussed by the head office members leading to measures which aim to improve the relevant aspects of procedures and processes. This was confirmed by a summary of the answers provided by the agency's experts during the survey carried out in 2012, which includes also the measures adopted by the head office in response to the survey; the summary was submitted to the experts during the on-site visit. The aforementioned measures concern particularly the way the agency provides the experts with the necessary information and the timing of the

procedures. Therefore, the questionnaire surveys may be undoubtedly considered an appropriate instrument for improving quality.

During the on-site visit, experts appointed by the agency illustrated that suggestions for improvement are submitted to the head office also outside the formal possibilities to provide feedback. The employees confirmed that during the procedures there is an active exchange of ideas with experts and HEI representative during the procedures. The Council's experts recommend establishing a systematic and continuous evaluation of this communication, because this may be an important source for impulses to improve quality.

In addition, the report included in annex 3 which was resolved with binding effect by the governing body is to be considered appropriate for providing information about the application of the quality management system during the accreditation period. The report includes not only summaries of the survey results but also statistical data concerning, for instance, meetings of the bodies, the number of study programmes accredited during the accreditation period and the percentage of decisions adopted with conditions.

The agency has put in place measures which safeguard the impartiality of the experts it has appointed (see assessment of standard 2.6).

The quality of procedures carried out in cooperation between AHPGS e.V. and AHPGS gGmbH is also assured by the agency through a proper definition of the roles of both legal entities. The role allocation is covered by the definition included in the document regulating the quality management system and laid down in the rules of procedure of the governing body. The quality of the cooperation between AHPGS, ASIIN and FIBAA is likewise ensured by the cooperation agreement signed by the agencies.

Lastly, in compliance with standard 3.8, the agency is subject to external assessments carried out by the Accreditation Council every five years.

## **Result**

**Standard 3.8 is fulfilled.**

### **Recommendations:**

The expert group makes the following recommendations:

**Recommendation 9:** The experts recommend systematically and continuously analysing the communication between the head office and all parties involved in the accreditation procedures in order to determine which procedure-related aspects may be improved.

**ENQA criterion 8 - Miscellaneous**

- i. The agency pays careful attention to its declared principles at all times, and ensures both that its requirements and processes are managed professionally and that its judgements and decisions are reached in a consistent manner, even if the judgments are formed by different groups
- ii. If the agency makes formal quality assurance decisions, or conclusions which have formal consequences, it should have an appeals procedure. The nature and form of the appeals procedure should be determined in the light of the constitution of the agency.
- iii. The agency is willing to contribute actively to the aims of ENQA.

**Documentation**

In its explanatory statement for the application, the agency did not provide separate statements concerning the fulfilment of criterion 8 of the ENQA membership criteria. However, not only the records for the definition of the agency's internal structure laid down particularly in the by-laws of the AHPGS (see annex 04 and 17) may serve as a basis for the assessment of the consistency of decisions, but also procedural documents such as the "Instructions for issuing the accreditation application and on the documents to be submitted" (annex 23), and the following documents which were subsequently filed: the "Information for experts in accreditation procedures carried out by AHPGS" (annex 03 N), the template for the expert report (annex 04 N), and the "Standards for expert reports in accreditation procedures" (annex 5 N). Information concerning the quality management system are provided in annex 03 and annex 10. See also the documentation for the assessment of standards 2.4 and 3.8 for the professional implementation of processes.

The regulations concerning the complaints procedure are available in annex 11; see also the documentation for the assessment of 2.3.

The international activities carried out by the agency are described in the preface of the explanatory statement for the application. During the on-site visit, the agency handed out a catalogue of criteria for international procedures. Furthermore, the work report of the AHPGS e.V. (annex 20 N), which was subsequently filed, includes information on its ENQA-membership and its participation at events organised by ENQA.

**Assessment**

A professional and consistent application of the processes within the agency is illustrated by the assessments of standard 2.3, 2.4 and 3.8. Additionally, the agency has a formalised complaints procedure; see also the assessment of standard 2.3.

According to the experts', the agency is also willing to contribute actively to the objectives set by the ENQA. With implementing procedures in Switzerland, Lithuania and other countries of the EHEA, the agency promotes one of the main objectives of ENQA, namely co-

operation at European level in the field of quality assurance in higher education. Furthermore, the agency implements the ESG in its principles for assessment. Evidence for this is provided by the catalogue of criteria for international procedures, which is based on both the criteria of the Accreditation Council and the ESG. The agency has been a full member of ENQA since 2009 and therefore participates on a regular basis at the events organised by ENQA. According to the annual report for 2012 of the AHPGS e.V., the agency participated, for instance, at the ENQA Members Forum in Paris (23.-24.02.2012) and at the general assembly of the ENQA in Basle (18./19.10.2012).

## **Result**

**Criterion 8 of the ENQA membership criteria is fulfilled.**

Bonn, 09.02.2014

## Accreditation of the Accreditation Agency for Study Programmes in Health and Social Science (AHPGS) in 2014

### Schedule for the on-site visit

#### Meeting place:

Head office of the AHPGS e.V., Sedanstr. 22, 79098 Freiburg

09/10/2013		
18:30 h	Internal preliminary meeting	Hotel Oberkirch
20:00 h	Internal working dinner	

10/10/2013		
09:00 - 10:30 h	Discussion with the management of the agency ██	
10:30 - 10:45 h	Break	
10:45 - 12:00 h	Participation at the meeting of the programme accreditation commission and discussion with the commission members  ██ ██ ██ ██  <i>Project officer AHPGS (████████████████)</i>	
12:00 - 12:15 h	Break	
12:15 - 13:00 h	Discussion concerning procedures carried out abroad by the AHPGS:  ██ ( <i>EAER, Switzerland</i> )	

	<i>Project officer AHPGS ( [REDACTED] )</i>	
13:00 - 13:45 h	<p>Discussion with some members of the system accreditation commission:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><i>Project officer AHPGS ( [REDACTED] )</i></p>	
13:45 - 14:45 h	Lunch, internal meeting	
14:45 - 15:45 h	<p>Discussion with experts involved in procedures carried out by the agency</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
15:45 - 16:00 h	Break	
16:00 - 17:00 h	<p>Discussion with representatives from study programmes which have been accredited by AHGPS:</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
17:00 - 19:00 h	Internal final meeting of the first day	
ca. 19:30 h	Internal working dinner	Restaurant „Zum Roten Bären“

