

A3ES

Agência de Avaliação
e Acreditação
do Ensino Superior

**AUDITING INTERNAL QUALITY ASSURANCE
SYSTEMS IN HIGHER EDUCATION INSTITUTIONS**

MANUAL FOR THE AUDIT PROCESS

V1.3, December 2018

1. INTRODUCTION

The legal framework for the assessment of higher education in Portugal requires that higher education institutions should develop their own internal quality assurance systems, capable of being certified¹. This legal provision is in line with, and embodies, the fundamental principle underlying quality assurance systems in the European Higher Education Area, that *quality and quality assurance are primarily the responsibility of the higher education institutions themselves*². Aware of this reality, the Agency A3ES contemplates, in its goals and activity plans, the establishment of audit mechanisms leading to the possibility of certification of internal quality assurance systems in higher education institutions, as one of the essential tools of the national quality assurance system and as a precondition for further simplification of procedures for external assessment and accreditation of institutions and degree programmes.

In order to support the institutions in implementing their internal quality assurance systems and, thereby, contributing to the promotion and dissemination of a quality culture within institutions, the Agency developed a comparative study at European level. The Agency intended to analyse the main trends in the specification and certification of internal systems, identifying and characterising cases of good practices, to gather useful knowledge for the design and development of the institutional audit model to be adopted in Portugal, and collecting elements that could be used as guidelines by the institutions. However these guidelines should not restrain the desirable flexibility for developing innovative approaches that may arise in the context of institutional autonomy³.

The study included a specific proposal of reference points for internal quality assurance systems in Portuguese higher education institutions, as well as some suggestions of guiding principles for the architecture of the institutional audit model. These proposals were publicly debated during the first half of 2010, through their presentation and discussion in meetings with the representative bodies of the various sectors of higher education and also a significant number of institutions that requested it.

¹ Preamble of Decree-Law 369/2007, which created the Agency for Assessment and Accreditation of Higher Education (*Agência de Avaliação e Acreditação do Ensino Superior*).

² This principle was adopted, in the first place, by the higher education institutions themselves, as expressed in the Graz Declaration (EUA, 2003). This was also the position taken by Ministers in the Berlin Communiqué and the subsequent Bologna Process Communiqués, and is explicitly mentioned in the ENQA's document on the European standards and guidelines for quality assurance (ENQA *et al.*, 2015).

³ This study was first made available in the Agency's Web page in December 2009, as a working document. After the public auscultation period, it was reviewed and published as part of the A3ES READINGS series (Santos, 2011).

Following this consultation process, and with the intention of providing a framework that can assist institutions in designing and implementing their quality systems and also be used as a reference basis for applying the criteria for their certification, the Agency adopted, in 2012, a set of reference points (standards), formulated in terms of statements that characterise a system of internal quality assurance well established and in line with the European standards and guidelines (ESG) and the legal requirements applicable. In July 2016, after a consultation process, the reference points were adapted to the new version of the ESG adopted at the ministerial meeting in Yerevan, in May 2015.

Building upon those elements and the suggestions collected from the consultation process, this manual specifies the objectives, form of organisation and operation of the institutional audit model adopted by A3ES to assess and certify the internal quality assurance systems developed by the institutions. Upon the completion of the audit process, on an experimental basis, during the academic year 2011/2012, the manual was reviewed in January 2013, in September 2016 to accommodate the adaptation of the reference framework to the ESG 2015, and in December 2018 to adjust the areas of analysis.

2. OBJECTIVES AND GUIDING PRINCIPLES

A basic assumption of the institutional audit process is the respect for the autonomy of the higher education institutions. The incidence of the audit procedures does not focus directly on the institutions' performance, i.e., on their defined mission and objectives, their operational plans and the results achieved. The purpose of the institutional audit has to do with the institutional strategy for quality and how it translates into an effective and well documented system of quality assurance. The audit focuses, therefore, on the processes and procedures for the promotion and assurance of quality within the institution

It is up to each institution to define its quality policy and establish the internal system of quality assurance that best suits their own specific characteristics, needs and phase of development, obeying, however, to common guiding principles, namely the European standards and guidelines and applicable legal requirements.

The audit model was designed taking those principles into account, as well as some other operational aspects, including the Agency's commitment to cooperation and dialogue with the institutions, the pedagogical role of the audit process aiming at the continuous improvement of higher education, the involvement of relevant stakeholders and the concern for making the bureaucratic burden placed on institutions as light as possible. It also took into consideration the concern with the social acceptance of the model, i.e., to seek, from the outset, to ensure its acceptance by society and political powers, as an appropriate approach to external assurance quality.

Within the overall objective of helping the development of quality assurance systems in institutions and to identify and develop best practices in quality assurance, the specific objectives of the institutional audit are:

- Review the institutional policy for quality and assess whether its implementation includes, in a clear and objective way, the definition and documentation of the objectives, functions and actors of the internal quality assurance system, as well as the establishment and organisation of the levels of responsibilities associated with it;
- Assess the processes and procedures used by the institution to maintain and improve the quality of teaching and other activities;
- Assess the extent to which the quality assurance system operates in accordance with the established procedures, produces useful and relevant information for the improvement of the institution, and uses this information to generate effective measures for continuous quality improvement of the activities and results.

3. TARGET AREAS AND CRITERIA

The institutional audit is concerned with the quality assurance systems developed by institutions, based on their own diagnosis, assumptions and interests. The audit focuses on the quality assurance procedures associated with the different dimensions of the institutional mission and with the cross-sector areas that support them, as well as on the relationship of the quality assurance system with the mechanisms of strategic management in the institution.

The institutional audit process includes, therefore, the following *specific areas of analysis*⁴:

1. The institutional policy for quality assurance (institutional strategy for quality and quality objectives; organization of the quality assurance system, actors and levels of responsibility; system documentation).
2. The scope and effectiveness of the procedures and structures for quality assurance related to each of the core aspects of the institutional mission:
 - 2.1 teaching and learning;
 - 2.2 research and development (targeted research and high level professional development in the case of polytechnic institutions);
 - 2.3 interaction with society;
 - 2.4 policies for staff management;
 - 2.5 support services;
 - 2.6 internationalisation.
3. The relationship between the quality assurance system and the strategic management (governance and management bodies of the institution).

⁴ Adapted from Santos (2011) and FINHEEC (2008).

4. The participation of internal and external stakeholders in the quality assurance processes.
5. The information management (mechanisms for the collection, analysis and internal dissemination of information; scope and relevance of gathered information and its use in decision-making processes).
6. The publication of information relevant to external stakeholders.
7. The monitoring, evaluation and continuous improvement of the internal quality assurance system.

The assessment to be done by the Audit Panel will focus on these areas, in terms of assessing its degree of development against the objectives defined by the institution, taking into consideration the reference points for the internal quality assurance systems defined by the Agency⁵. The results of this assessment will be expressed in an objective manner for each area of analysis, using a scale of four developmental stages, as follows:

- 1 – *Insufficient development*;
- 2 – *Partial development*;
- 3 – *Substantial development*;
- 4 – *Very advanced*.

The assessment will be objectified based on a matrix “*criteria* versus *areas of analysis*” presented in Appendix II, which defines, for each of the areas and sub-areas of analysis, the criteria for assigning each of the terms of the scale.

A positive decision, i.e., a decision in favour of certifying the internal quality assurance system, will require, cumulatively, the following conditions:

- an assessment of at least *partial development* in all specific areas of analysis;
- an assessment of at least *substantial development* in relation to items 1 (institutional policy for quality assurance) and 2.1 (teaching and learning);
- no more than four areas assessed as in *partial development*.

In case of areas assessed as in *partial development*, the decision is subject to the fulfilment of conditions and a timetable explicitly set out in the Agency's deliberation.

In case of a "non-certification" decision, the institution may only request a new audit process after two years from the previous audit.

⁵ These reference points, included as Appendix I, took into consideration the European Standards and Guidelines, as well as other applicable legal requirements, as referred in section 1.

4. ORGANISATION OF THE INSTITUTIONAL AUDIT PROCESS

The format adopted for the institutional audit follows the usual four stages in external quality assurance processes:

- The preparation of a self-assessment report by the institution;
- On-site visits by the Audit Panel;
- The preparation of an audit report by the Panel;
- Decision-making and publicising the report.

For supporting the institution, particularly for facilitating the preparation of the self-assessment report and to mobilise the internal community, the process will include a preliminary stage for the preparation of the audit. A follow-up mechanism for the audits will also be set up.

The Project Manager – who is a member of the Agency and acts as the Audit Panel’s Secretary – will ensure the contacts between the Panel and the institution during the different stages of the audit process.

The main procedures to be developed in each of the phases are next specified.

4.1 Preparation of the audit

The participation of higher education institutions in the process of institutional audit, to certify their internal quality assurance systems, is optional. Annually, A3ES will publicise the periods within which the institutions may submit their intention to apply for certification.

Based on the applications from the institutions and on the Agency’s capacity, and taking also into account a preliminary analysis of the stage of development of the quality assurance systems of the applicant institutions, the A3ES will define the list of institutions to be audited each year.

Each of these institutions will be individually contacted by the Agency for establishing possible specificities to be dealt with⁶, the costs involved and the schedule for the visits. The institution will also be consulted in relation to the composition foreseen for the Audit Panel, in order to identify possible conflicts of interest.

The Agency will organise a preliminary Workshop with all the institutions to be audited, in which will also participate the Chair of the Audit Panel and a member of the Agency, to clarify aspects related to the self-evaluation phase and the documentation to be

⁶ For instance, in relation to the composition of the Panel (more foreign experts, inclusion or not of a student, etc.) or the autonomous certification of one or more of the institution’s basic units.

delivered. Internal seminars may also be organised at the institutions request, aimed at informing the academic community, including students, of the objectives of the audit and how it will be conducted, in order to mobilise their effective participation in the process.

4.2 Self-assessment phase

A well-developed quality assurance system should include information about its organisation and results. Thus, the materials to be delivered by the institution as part of the self-evaluation report should, as far as possible, be collected from existing sources.

The self-assessment report is submitted on-line, by completing a form in the electronic platform of A3ES. The information to be provided shall include:

a) Descriptive items:

- a very brief description of the institution and its degree of development;
- a brief historical note on the development of mechanisms for internal quality assurance within the institution;
- a brief description of the quality assurance system, including, as an attachment, the quality manual or equivalent documentation adopted by the institution which clearly identifies the institutional strategy for quality and the way it translates into an internal quality assurance system, explaining the strategy for quality assurance in each of the nuclear processes covered by the system;
- a brief presentation of the organic structure of the institution and the way it is interconnected with the quality assurance system.

b) Analytical items:

- a self-assessment of the degree of development of the internal quality assurance system in relation to each of the areas of analysis, based on evidence and examples, chosen by the institution, that substantiate the performance of the system;
- a SWOT analysis of the internal quality assurance system, seen as a whole;
- a synthesis of the aspects of the internal quality assurance system identified for improvement in each target area;
- a summary of issues that, through the internal procedures for quality assurance, were identified for improvement of the institution's activities and results, and related measures already initiated or implemented.

Evidence and examples on the system performance may include, for instance, samples of evaluation instruments and indicators used, samples of results of internal evaluation processes and their dissemination and use for improving the operation of the institution, evidence of the effects of the quality assurance system in improving teaching and other activities, and evidence of improvement of the quality assurance system itself.

The institution may provide the Audit Panel on-line access to available material that it considers to be relevant to the audit. Before or during the visit, the Panel may request additional materials.

4.3 The audit visit

The audit visit will normally last for two and a half days, following a schedule agreed between the Audit Panel and the institution. However, during the preparation of the audit, a different duration may have been agreed for the visit, given the size and specific features of the institution, particularly if the independent certification of any of its units has also been included in the audit objectives.

The visit aims to verify and supplement the impressions gathered by the Panel from the self-evaluation report, to verify *in-loco* the system's operation and to provide contact with relevant actors in order to obtain their perceptions and realise their involvement in the internal quality assurance processes. It can also promote an interaction that could constitute a contribution to a culture of internal reflection and to the development of the quality system.

The organisation and implementation of the visit will be subject to the rules set by A3ES for the operation of the External Assessment Committees (A3ES, 2009), with the adjustments that are justified given the specific nature of the audit exercise.

The visit ends with the presentation of an oral report to the academic authorities and other personalities invited to be present, in which the Panel advances its preliminary findings and the main items that support such conclusions, which will be addressed in detail in the audit report.

4.4 Audit report

The audit report is prepared on-line, making use of a predefined format in the electronic platform of A3ES. The report includes:

- a brief description of the manner in which the audit process was conducted;
- the results of the assessment made by the Panel in relation to each of the areas of analysis, expressed and substantiated using the analysis criteria defined by the Agency;
- a summary of the main strengths and best practices identified;
- recommendations, based on clear and objective criteria, in relation to aspects which the Panel believes to be essential to overcome detected shortcomings, particularly recommendations in relation to each of the target areas that were assessed as in *partial development*;
- additional recommendations for the consideration of the higher education institution;

- an explicit and well-founded conclusion on the compliance, or not, with the requirements for certification of the internal quality assurance system, as well as the conditions and deadlines to be met in the case of a proposal of conditional certification.

A preliminary version of the report, prepared on the basis of the considerations presented in the oral report and the notes compiled by the Panel, is formally adopted by the Panel members. The drafting of the report must observe the rules contained in the [Assessment Manual](#).

The report is forwarded to the higher education institution for review of factual errors and a possible response, within the period of fifteen working days. The Panel, after analysing the response from the institution, may review the report and approves the final version of the report.

4.5 Decision by the Administration Council and dissemination of the report

The Agency's Administration Council appreciates the Panel's final report and conclusions, and decides for the certification, or not, of the internal quality assurance system of the institution being audited.

The decision will normally be taken in terms of "certification" or "no certification" of the system. A decision of "conditional certification" may, however, be made, with an explicit indication of key recommendations that should be addressed by the institution and the deadline for implementing the resulting measures, after which the Agency will check whether the detected deficiencies were actually overcome and will make a final decision of "certification" or "no certification".

The final report and the decision of the Administration Council, including the institution's response, are published on the website of the Agency.

4.6 Feedback and Follow-up

Upon completion of the audit, the Agency will promote the collection of feedback information from the audited institution and from the members of the Audit Panel, in order to identify possible anomalies or special events and promote the improvement of procedures. The results of the systematic collection of information about how the process works, and the resulting improvement measures, will be publicised to all stakeholders.

The certification of the internal quality assurance system is valid for six years. A year and a half after the completion of the audit, the institution must submit a brief follow-up report, indicating the results of evaluations within the system and its progress, including information on the measures that were planned and implemented as a result of

recommendations in the audit report. In case the audit report includes some areas assessed as in *partial development*, the institution must submit an additional follow-up report three years after the conclusion of the audit process, presenting a self-reflection on the evolution of the state of development in each of the areas concerned.

The Agency, at its discretion, may request and monitor the annual reports prepared by the audited institutions, relating to the monitoring and review of their internal quality assurance systems.

The Agency and the institution may also agree to carry out a mid-term seminar through the duration of the certification period, to discuss the impact of the audit and corresponding developments in the internal quality system.

In the case of a decision of "conditional certification", the institution shall submit annual progress reports for the period fixed for the validity of conditional certification.

REFERENCES

- A3ES (2012a). *Assessment Manual*, Agência de Avaliação e Acreditação do Ensino Superior, Lisboa.
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APPENDIX I – REFERENCE FRAMEWORK FOR INTERNAL QUALITY ASSURANCE SYSTEMS IN PORTUGUESE HIGHER EDUCATION INSTITUTIONS

(Adapted to the ESG 2015)

The reference points presented below, which are formulated in terms of statements which characterise a sound and well developed internal quality assurance system, consonant with the European Standards and Guidelines (2015) and the applicable legal requirements, are intended to provide a set of general guidelines that can support the higher education institutions in designing and implementing their quality systems and also to be used as a reference basis for applying the criteria for their certification.

The definition of the reference points is systematized around the following vectors:

- Policy for quality assurance;
- Nuclear processes of the institutional mission – teaching and learning, research and development (university education) or targeted research and high level professional development (polytechnic education), and inter-institutional and community collaboration – including internationalization;
- Management of human resources and of material resources and support services;
- Management and publication of information;
- Periodic external review.

In accordance with the ESG 2015, in this document the term "study programme" refers to a higher education programme in a broad sense, regardless of whether it awards an academic degree or not. Likewise, the quality assurance policy should take into account the institution's core activities that are subcontracted or developed by third parties.

1. Policy for quality assurance

Reference 1 – Policy for quality assurance and pursuit of quality objectives: *The institution has consolidated a quality culture supported by a quality policy and by quality objectives, which are formally defined and publically available.*

For this purpose, the institution prepared, formally approved and made public documentation that expresses the institutional policy and objectives for quality, including, namely:

- The institutional strategy for quality enhancement, translated into the pursuit of certain quality objectives, as an integral part of the overall strategic management of the institution and a contribution to accountability;
- The organization of the quality assurance system, pointing out the responsibilities of the different bodies and services in this field;
- The forms of involvement and responsibilities of students and other (internal and external) stakeholders in quality assurance processes;
- Ways of ensuring academic integrity and surveillance against academic fraud and against all forms of intolerance or discrimination against students or teaching and non-teaching staff;
- The way of implementing, monitoring and reviewing the quality policy and its translation into an effective internal quality assurance system.

2. Quality assurance in the nuclear processes of the institutional mission

Reference 2 –*Design and approval of programmes:* *The institution has processes for the design and approval of its educational offer, ensuring that study programmes are designed and structured so that they can achieve the objectives set for them, namely the intended learning outcomes. The qualification achieved in each programme, as well as the corresponding level in the national and European higher education qualifications frameworks, are clearly specified and publicised.*

With this objective, the institution promoted the definition of procedures to ensure that its study programmes:

- Are designed on the basis of overall objectives aligned with the institutional strategy for its educational provision and explicitly define the learning outcomes (knowledge, skills and competences) to be achieved;
- Involve students and other stakeholders in their design;
- Benefit from external expertise and references;
- Are designed to allow a normal student progression;
- Define the expected workload of the students, in ECTS;
- Include well-structured opportunities for professional experience in the corresponding education and training area, where appropriate;
- Are subject to a formal institutional process of final approval.

In designing its courses, the institution also takes into account the purposes of higher education defined by the Council of Europe in Recommendation *Rec (2007)6* on public accountability in higher education and research, in particular:

- Contribution to employability;
- Preparation for active citizenship;
- Support for students' personal development;
- The creation of a comprehensive and advanced knowledge base to stimulate research and innovation

Reference 3 – *Student-centred learning, teaching and assessment:* *The institution adopts appropriate procedures to ensure that the programmes are delivered in a way that favours an active role of the student in creating the learning process, as well as student assessment processes that are consonant with this approach.*

For the achievement of this objective, the institution promotes learning environments able to:

- Respect and attend to the diversity of students and their needs, allowing flexible learning paths;
- Consider and use different teaching and learning methods, in accordance with students' needs and the learning objectives;
- Evaluate and adjust teaching and learning methods regularly;
- Encourages a sense of autonomy in the student, while ensuring adequate guidance and support from the teacher;
- Promote mutual respect in the student-teacher relationship;
- Provide mechanisms for dealing with students' complaints.

Considering the importance of assessment for the students' progression and their future careers, the institution has mechanisms to ensure that student assessment is carried out in accordance with previously defined and publicised criteria, standards and procedures, which are applied in a fair and consistent way, ensuring, in particular, that:

- Assessors are familiar with existing testing and examination methods and processes and are supported in developing their own skills in this field;
- The assessment allows students to demonstrate the extent to which the intended learning outcomes have been achieved and students receive feedback on their performance, associated, where appropriate, with advice on the learning process;
- Whenever possible, assessment is carried out by more than one examiner;
- Assessment regulations take into account mitigating circumstances;
- A formal procedure for students' appeals is in place.

Reference 4 – *Student admission, progression, recognition and certification:* *The institution consistently applies pre-defined and published regulations covering all phases of the student "cycle life" (e.g. student admission, progression, recognition and certification).*

In the scope of this standard, the institution takes into account, in particular, the following elements:

- Access policies and admission procedures and criteria which are implemented in a consistent and transparent manner, including the provision of induction processes to the institution and to the study programme;
- The conditions and support for students to progress normally in their academic careers;
- The establishment of processes and tools to collect, monitor and act on information on student progression;
- The adoption of fair procedures for the recognition of qualifications, periods of study and prior learning, including informal and non-formal learning, in line with the principles of the 1997 Lisbon Convention on Equivalence of Periods of Higher Education Studies;
- The adoption of sufficiently clear certification procedures regarding the learning outcomes achieved and the context, level, contents and status of completed studies, in particular by issuing the Diploma Supplement.

Reference 5 – *On-going monitoring and periodic review of programmes:* *The institution monitors and periodically reviews its programmes to ensure that they achieve the objectives set for them and respond to the needs of students and society. These reviews lead to continuous improvement of the programme. Any action planned or taken as a result are communicated to all those concerned.*

The procedures to monitor, assess and review the study programmes include the evaluation of:

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

Reference 6 – Research and development / targeted research and high level professional development: *The institution adopts mechanisms to promote, assess and enhance the scientific, technological, artistic and high level professional development activity appropriate to its institutional mission.*

The research and development policies of the institution include, namely:

- Mechanisms for institutionalisation and management of research (Procedures and criteria for the creation, extinction and management of research units and interface units, generation of funding, incentives to scientific production, ...);
- Mechanisms for articulation between teaching and research, namely on student contact with research and innovation activities from the first years;
- Mechanisms for economic valorisation of knowledge;
- Procedures for the monitoring, assessment and enhancement of human and material resources allocated to research and development, of scientific, technological and artistic production, of the results of the valorisation of knowledge and of the results of articulation between teaching and research.

Reference 7 – External relations: *The institution adopts mechanisms to promote, assess and enhance collaboration with other institutions and with the community, namely regarding its contribution to regional and national development.*

In the ambit of its external relations policy, the institution has in place procedures to promote, monitor, assess and enhance interface and external action activities, namely with regard to:

- Inter-institutional collaboration;
- Services to the community;
- Cultural, sporting and artistic external action;
- Integration in national projects and partnerships;
- Contribution to regional and national development, in accordance with its institutional mission;
- Collection of own income, through the activities undertaken.

Reference 8 – Internationalisation: *The institution adopted mechanisms which allow it to promote, assess and improve its international cooperation activities.*

In the ambit of its internationalisation policies, the institution defined procedures to promote, monitor, assess and improve international activities, namely those in relation to:

- Participation/coordination of international education and training activities;
- Participation/coordination of international research projects;
- The mobility of students, teaching and non-teaching staff.

3. Quality assurance in the management of resources and support services

Reference 9 – Human resources: *The institution adopted fair and transparent mechanisms to ensure that the recruitment, management and training of its teaching and support staff is undertaken with the guarantee of the necessary qualifications and competence, in order that they may properly perform their functions.*

The role of teachers is essential for quality education that enables the acquisition of knowledge, skills and competences. The role of non-teaching staff is equally crucial in student-support

services. Considering that the diversification of student bodies, together with a greater focus on learning outcomes, require a more student-centred learning and teaching approach, which also has repercussions on changes in the role of teachers, the institution provides its teachers with an environment conducive to effective performance in these new contexts, in particular as regards the following aspects:

- Adoption and implementation of clear, transparent and fair recruitment procedures and employment conditions that recognize the importance of teaching;
- Promotion and offer of professional development opportunities;
- Encourage scholarly activity to strengthen the link between education and research;
- Encouraging innovation in teaching methods and the use of new technologies.

The institution is primarily responsible for the quality of the performance of its staff. In this sense, the institution:

- Adopted norms and procedures for collection and analysis of information relating to competences and results of the performance of the teaching and non-teaching staff, with a view to performance assessment, staff development and promotion and recognition of merit;
- Adopted procedures to regulate and guarantee the corresponding decision-making, implementation and follow-up processes.

Reference 10 – *Material resources and services:* *The institution adopts mechanisms which enable it to plan, manage and enhance services and material resources with a view to appropriate development of student learning and other scientific and pedagogic activities.*

For this purpose, the institution:

- Provides a variety of resources to support learning, from physical resources (facilities, libraries, ICT resources, pedagogical and scientific equipment, ... including safety and environmental aspects, as well as the specific needs of students with disabilities) to mentoring, supervision and counselling support, promoting their publicity to students;
- Takes into account the needs of specific groups, such as part-time or employed students, international students and students with disabilities;
- Has in place mechanisms for collection and analysis of information on maintenance, management and suitability of material resources and services, including students support services;
- Adopted procedures to regulate and guarantee the corresponding decision-making, implementation and follow-up procedures.

4. Management and publication of information

Reference 11 – *Information management:* *The institution adopted mechanisms which allow it to guarantee the collection, analysis and use of the results and of other relevant information for the effective management of the study programmes and other activities.*

For the purpose, the institution:

- Adopted mechanisms to gather information on the needs and expectations of different stakeholders, in relation to the quality of the educational offer and the services rendered;
- Developed data collection systems on results and other relevant data and indicators, which cover, *inter alia* (cf. guidelines of standard 1.7 of the ESG):
 - key performance indicators;

- profile of the student population;
 - student progression, success and drop-out rates;
 - students' satisfaction with their programmes;
 - learning resources available and their costs;
 - employability and professional paths of graduates;
- Defined procedures to regulate and ensure the processes of decision-making related to the utilisation of results, as well as action strategies for improvement of processes and results;
 - Identified ways to involve stakeholders in the appreciation, analysis and improvement of results.

Reference 12 – Public Information: *The institution adopted mechanisms which permit the publication of clear, accurate, objective, up-to-date, impartial and readily accessible information about the activities undertaken.*

For this purpose, the institution defined procedures for regular provision of public information on a pre-defined set of data and results. In accordance with the legal requirements established in article 162, 2, of the RJIES, in article 18, e), ii) of Law 38/2007 and in the guidelines of standard 1.8 of the ESG, specify aspects in relation to which the institution should make available precise and sufficient information include:

- The mission and objectives of the institution, and its statutes, regulations and basic units;
- Its educational offer;
- The intended learning outcomes, qualifications awarded and employment perspectives, in relation to each study programme;
- Qualifications of teaching staff and their type of contract;
- Policies for admission and for student guidance;
- Planning of study programmes;
- Teaching and learning methodologies and student assessment methods;
- Opportunities for mobility;
- Students' rights and duties;
- Student social support services;
- Mechanisms to deal with complaints and suggestions;
- Access to material resources and teaching support;
- Teaching outcomes, expressed in the academic results, integration in the labour market and level of satisfaction of stakeholders;
- Internal quality assurance policies, accreditation certificates and results of evaluation of the institution and of its study programmes.

5. Periodical external assessment

Reference 13 – Cyclical external quality assurance: *The institution undergoes external quality assurance on a cyclical basis, in line with the ESG.*

External quality assurance, besides offering validated information that assures the institution and the public in general of the quality of its activities, verifies the effectiveness of the internal quality assurance system, acts as a catalyst for improvement and can offer new perspectives to the institution. It should:

- Take account of the requirements of the national legislative framework applicable to higher education and its evaluation;
- Demonstrate and take into account the progress made since the previous external assessment.

APPENDIX II – CRITERIA FOR THE AUDITS

AREA OF ANALYSIS	CRITERIA FOR THE AUDITS*			
	Insufficient development	Partial development	Substantial development	Very advanced development
<p>1. Institutional policy for quality assurance (Ref. 1)</p>	<p>The institutional strategy for quality and the actors and responsibilities of the quality system are not defined and/or documented.</p> <p>The procedures for quality assurance in the institution only occur in an isolated and case by case way, without obeying to a clear idea for the operation of the system.</p>	<p>The institutional strategy for quality and the actors and responsibilities of the quality system are defined and documented, but not in a clear and objective way.</p> <p>There are procedures for quality assurance in relation to some of the activities of the institution, but the design of the system operation is insufficiently developed.</p>	<p>The institutional policy for quality and its implementation in an effective system, working as an articulate and well-defined whole, are clearly and objectively defined and documented.</p> <p>The system covers most of the activities of the institution and is substantially in accordance with Part 1 of the ESG.</p> <p>There is clear evidence on the system’s effectiveness.</p>	<p>In addition to the former criteria, the documentation and definition of responsibilities are very well organised, helping to promote the system as a whole</p> <p>The system covers all the nuclear activities of the institution and includes the explicit definition of quality objectives for these activities.</p>
<p>2. Scope and effectiveness of the procedures and structures for quality assurance:</p> <p>2.1 Teaching and learning (Ref. 2 to 5)</p> <p>2.2 Research and development /targeted research and high level professional development (Ref. 6)</p> <p>2.3 Interaction with society (Ref. 7)</p> <p>2.4 Policies for staff management (Ref. 9)</p> <p>2.5 Support services (Ref. 10)</p> <p>2.6 Internationalisation (Ref. 8)</p>	<p>There are no procedures for quality assurance within the item under consideration;</p> <p>or</p> <p>Procedures are in place, but the information generated is not used as a tool for management and for improving quality, or these procedures fail to identify instances of poor quality.</p>	<p>There are some procedures for quality assurance within the item under consideration, but the collected information is not used systematically.</p> <p>The quality assurance processes are sufficient to identify instances of poor quality, although their aim is essentially to maintain the existing level of quality.</p>	<p>Most of the quality assurance procedures are in place within the item under consideration.</p> <p>Most of the information collected is used as a tool for management and quality improvement.</p> <p>Instances of poor quality are effectively detected and the quality assurance procedures promote improvement and change.</p>	<p>All essential procedures for quality assurance within the item under consideration are in place.</p> <p>The information is used in a systematic way and there is consistent evidence that this use is oriented towards the continuous improvement of teaching and other activities.</p> <p>Instances of poor quality are systematically identified and treated effectively. An effective monitoring of action plans for improvement is installed.</p> <p>The organisational culture supports innovation and the design and implementation of new ideas.</p>

AREA OF ANALYSIS	CRITERIA FOR THE AUDITS*			
	Insufficient development	Partial development	Substantial development	Very advanced development
3. Relationship between the quality assurance system and the strategic management (governance and management bodies) of the institution (Ref. 1)	There is no articulation or it is incipient.	There is articulation, but it does not promote an adequate improvement of strategic management.	The quality assurance system is connected with the activities and the strategic management of the institution, represents a contribution to accountability and ensures ethical values and academic integrity. The information generated is used for the development of the institution. Evidence of this interconnection is presented, as well as of the monitoring and improvement of the institution's performance.	Quality assurance is an integral and natural part of the activities of the institution and its strategic management. The governing bodies support the system. There is consistent evidence that information is routinely used to manage the operation of the institution, as well as for monitoring and improving its performance.
4. Participation of internal and external stakeholders in the processes for quality assurance (Ref. 1)	There is no visible involvement of stakeholders in the quality assurance system.	The forms of participation are conceptualized, but some of the internal and external stakeholders (students, teachers and researchers, support services, administration, alumni, employers) do not participate in the system.	There is an active participation of students and staff in the system. External stakeholders also participate in the processes of quality assurance.	All internal stakeholders are actively involved and engaged in the operation of the system, not only in formal terms but also in practice. There is consistent evidence that external partners are equally involved and have an important role in the system.
5. Information Management—mechanisms for the collection, analysis and internal dissemination of information; scope and relevance of gathered information and its use in decision-making processes (Ref. 11)	<ul style="list-style-type: none"> - Several internal stakeholders are not included in the collection of information; or - The collection of information does not obey predefined procedures; or - There is no dissemination of information within the institution. 	<p>The collected information is disclosed in a non-systematic way.</p> <p>The need for information of various internal actors is not sufficiently taken into account.</p>	The system generates relevant information for decision-making processes that is made known in a systematic way to the different internal stakeholders.	The institution has well-established procedures for the collection, processing and analysis of information, geared to the different internal stakeholders. There is consistent evidence that, in its internal communication policy, the institution is actively focusing on quality.

AREA OF ANALYSIS	CRITERIA FOR THE AUDITS*			
	Insufficient development	Partial development	Substantial development	Very advanced development
6. Publication of relevant information to external stakeholders. (Ref. 12)	The perspective of external stakeholders is not considered in the quality assurance system and they are not provided with information.	<p>The perspective of external stakeholders was considered in the system planning, but not consistently.</p> <p>There is external dissemination of information, but not in a sufficiently adequate and systematic way.</p>	<p>The institution has identified its external stakeholders and took into account their information needs.</p> <p>The results generated by the quality assurance system are available to key partners and stakeholders.</p>	<p>The institutional policy for external communication is actively focused on quality.</p> <p>There is consistent evidence that the disclosed information is updated, objective and transparent, and follows well-defined objectives for the various stakeholders.</p>
7. Monitoring, evaluation and continuous improvement of the internal quality assurance system. (Ref. 1)	The institution has no sufficiently established mechanism for monitoring and developing the system of quality assurance.	The system is monitored, but in a casuistic way without an effective contribution to its improvement.	<p>The institution monitors the operation of the quality assurance system.</p> <p>Actions to improve the system are regularly planned and are documented.</p>	There is consistent evidence that the institution monitors, evaluates and systematically improves the operation of the quality assurance system and follows closely its impacts and consequences.

* The assessment of the state of development of the internal quality assurance system in each of the areas of analysis shall take into account the reference framework established by the "Frame of Reference for Internal Quality Assurance Systems in Higher Education Institutions" listed in Appendix I.
 [Adapted from FINHEEC (2008)]

APPENDIX III – THE AUDIT PANEL

The Audit Panel normally consists of four to five members, with the following profile:

- the Panel's Chair, who is a person with leadership experience at top level in higher education and with experience on quality assurance;
- one or two professors or specialists with experience in higher education management and quality assurance;
- a foreign expert, with experience on quality assurance;
- a student with experience in evaluation;
- the Project Manager – a A3ES member, who will act as the Panel's Secretary.

The institution to be audited will be consulted before the formal appointment of the Panel, to identify possible conflicts of interest.

National members should participate in a training session with a minimum duration of one day. In relation to foreign experts, if their participation in a training session is not possible, the Agency will provide appropriate information beforehand, as well as conducting a preliminary meeting to prepare for the visit.

The members of the Panel shall observe the norms established by the [Assessment Manual](#), as well as the rules on conflicts of interest, confidentiality, impartiality, objectivity and personal conduct contained in the [A3ES Quality Manual](#).