

# European Standards and Guidelines in a Nordic Perspective

Joint Nordic Project 2005-06



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(eds.)



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Education

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# Preface

Nordic Quality Assurance Network in Higher Education (NOQA) is a forum for information dissemination, exchanging experiences and pursuing projects of mutual interest. The main objective is to create a joint understanding of different Nordic viewpoints on issues related to higher education quality assurance.

The network has a long tradition of conducting an annual joint project. This report presents the results of the 2005-06 project. The project is aimed at interpreting and clarifying the European standards and guidelines for quality assurance agencies, as agreed by the responsible ministers under the Bologna process. The project is also aimed at sharing and comparing practices among the Nordic agencies, for mutual inspiration concerning how organisations, processes and procedures could be enhanced in connection with the new European standards.

The course of the project has in itself contributed to the fulfilment of these aims within the agencies of NOQA. On behalf of the project group, it is my hope that this report will inspire an even broader audience engaged in the enhancement of external quality assurance within higher education and in the implementation of the Bologna process.

Tue Vinther-Jørgensen  
Project Chairman





# 1 Summary

This report presents the results of the joint 2005-06 project of the Nordic Quality Assurance Network in Higher Education (NOQA). The project focused on the European standards and guidelines for quality assurance agencies, examining them in a Nordic perspective.

## **Purpose and focus**

The project aimed at interpreting and clarifying the European standards and guidelines for quality assurance, as suggested by the European Association for Quality Assurance in Higher Education (ENQA) and agreed by the responsible ministers under the Bologna process in Bergen in 2005. This was realised by studying Nordic practices; thus, the project's aim was also to share and compare practices among the Nordic agencies for mutual inspiration concerning how organisations, processes and procedures could be enhanced in connection with the new European standards.

The standards and guidelines in part 3 of the ENQA report, concerning external quality assurance agencies, have played a central role in the project. The project has included discussions and reflections on the standards under the following headings: Official status; Activities; Resources; Mission statement; Independence; External quality assurance criteria and processes used by the agencies; and Accountability procedures.

In the report the standards and guidelines are discussed at a general level, focusing on the different aspects related to the wording of the text. Furthermore, the requirements contained in each standard and its attached guidelines are discussed in detail. Examples of Nordic practices are presented in connection of each of the standards and guidelines.

## **Outcome**

The discussions and reflections in the course of the project have pointed to a number of general dilemmas and uncertainties in the current set of standards and guidelines. These can be categorised under six themes:

### *National traditions and legislation versus European Standards and Guidelines*

The European standards and guidelines have been designed to be applicable to all quality assurance agencies in Europe, irrespective of their structure, function and size, and the national system they operate in. The project has brought about the experience that a quality assurance agency, nevertheless, must be regarded in the context of its national higher education system, its role within the quality assurance system and even the national culture and traditions.

### *Consistency of assessment*

The ENQA report recommends that any European agency should, at no greater than five-year intervals, conduct, or be submitted to, a cyclical external review of its processes and activities. An assessment of whether the agencies are in compliance with the European standards for external quality assurance agencies should be included. The report suggests that national agencies should normally be reviewed on a national basis, respecting the subsidiarity principle. Assuring a consistent use of the standards becomes a challenge. The project has experienced that more precise threshold values regarding the different standards are necessary if the European agencies are to be reviewed and assessed in a consistent manner. A clarification of the status of the guidelines could be a first step in this direction. At the same time the different national contexts and models need to be respected.

### *The value of informal practises*

The ENQA report states that the standards and guidelines focus more on what should be done, rather than how they should be achieved. Although in the actual wording of the standards, written documents and formal arrangements are given precedence over informal practices and arrangements. The project discussions, however, showed that it is important to consider both formal arrangements and more informal, yet well-established, practices to gain a reliable picture of the actual situation of an agency. The legal documents and other formal arrangements are necessary, but insufficient factors concerning the operations of an agency.

### *Definition of central concepts*

The standards and guidelines contain a considerable number of concepts assumed to be commonly used and understood by European agencies. In reality, the terms can be interpreted in different ways, and might gain new meanings as they are translated from English into other languages. The work with the standards and guidelines in this project has identified a number of terms which may need further clarification to make the use of the standards and guidelines more clear.

### *The impact of non-compliance with specific standards*

The ENQA report explicitly demands that agencies should comply with all standards if they are to be included in the desirable sections of the planned register of external quality assurance agencies operating in Europe. The discussions during the project concerning the Nordic agencies' compliance with the standards have shown that, although their operations in general have a very high level of compliance with the intentions behind the standards, due to e.g. national legislation specific operations and circumstances of minor importance can make compliance with certain standards questionable. This should be taken into consideration, e.g. by a Register Committee assessing the inclusion of agencies into the planned European register of quality assurance agencies.

### *The demands to reviews of agencies*

The ENQA report assumes that review processes of agencies will primarily be organised at the national level. An assessment of the credibility of the review process, and of the quality of the documentation in the review report, will become an important task for a Register Committee. The project demonstrated that written accounts need to be discussed and clarified in order to understand the actual nature of processes and procedures. The requirements of the standards and guidelines are easily interpreted from a national perspective, and the same terminology may not be comparable. This project suggests that the reviews of agencies should be thorough, and that it should be considered making a site-visit a mandatory element in the process in order to ensure the necessary documentation.

## **Contribution**

The NOQA project 2005-06 raises more questions than it answers. Questions which in the view of the Nordic agencies should be dealt with at a European level as part of the implementation of the Standards and Guidelines for Quality Assurance in the European Higher Education Area. By examining the standards and guidelines in connection to Nordic practices, the project hopes to have contributed some insight into this discussion. The exercise has identified a number of different aspects that need to be considered in the process ahead.

## 2 Introduction

### 2.1 Background and purpose

At the annual meeting in Copenhagen, May 2005, it was decided that the 2005-06 NOQA project should focus on the Nordic agencies' practices related to three themes: independence, follow-up procedures, and internal quality work.

The project should aim to apply Nordic viewpoints to the development of these three issues, which are important to the credibility and effectiveness of external quality assurance processes. By making different national solutions known, and by sharing experiences, it was an expressed hope that the Nordic agencies could inspire each other – and maybe also other agencies around the world – with ways of coping with present and future challenges related to the themes.

It was also decided that the project should incorporate the newly agreed European Standards and Guidelines for Quality Assurance in the European Higher Education Area in connection with the three themes. The European Association for Quality Assurance in Higher Education (ENQA) had proposed the standards and guidelines in a report<sup>1</sup>, prior to the biannual meeting in Bergen 2005 for the ministers responsible for higher education in the Bologna signatory states. The Nordic project aimed to generate practical experience in evaluating current practices using the European standards and guidelines.

It was an expressed desire that the examination of the themes, and the work with the related standards, would lead to a clarification of how the European standards and guidelines for external quality assurance agencies could be interpreted and made operational for assessment. In that sense, the project also aimed to contribute to discussions at a European level - e.g. the discussions about implementation of the planned register of European quality assurance agencies - and to internal discussions in other countries, e.g. countries preparing an application for inclusion of their national agency in the planned register.

The purposes of the 2005-06 NOQA project can thus be summarised as follows:

- interpreting and clarifying the European standards and guidelines for quality assurance agencies;
- sharing and comparing practices among the Nordic agencies;
- providing inspiration for quality assurance agencies in the light of European standards.

### 2.2 Process

The project has been divided into a number of stages. The first stage resulted in the production of national accounts describing the national practices related to independence, follow-up procedures and quality work in Denmark, Finland, Sweden and Norway. Prior to the drafting of the accounts, the project group had interpreted the relevant standards and guidelines into a number of criteria, guiding the work with the accounts. The accounts were written with reference to a common guide, requesting each agency to describe and assess current practices.

<sup>1</sup> *European Association for Quality Assurance in Higher Education, Standards and Guidelines for Quality Assurance in the European Higher Education Area, Helsinki, 2005.*

In January 2006, the national accounts were discussed at a seminar in Stockholm. Twelve representatives from the agencies participated in lively discussions and reflections about national practices and their compliance with the standards.

Already at this stage, it became clear that only to deal with some of the European standards and guidelines concerning quality assurance agencies in part 3 of the ENQA-report was not an ideal approach. It was, however, only during the work on the first draft of this report that it became absolutely clear that all the standards and guidelines for agencies should be incorporated into the project, due to their strong interrelation.

This implied an expansion of the project, with the associated gathering of new documentation, though not all standards and guidelines have been treated in the same depth. The national accounts and the information generated through the seminar in Stockholm still make up the core of the descriptions and discussions presented in this report.

The findings presented in this report are based on documentation gathered throughout the course of the 2005-06 NOQA project, as well as discussions and reflections by the participating agency staff. The report does not express official viewpoints on behalf of the Nordic agencies, and the project group would like to stress that the report represents a first – and in no way final – step in the interpretation of the European standards and guidelines.

## 2.3 Organisation of the project

The project group consisted of one member from each of the five Nordic countries, plus an extra representative from Denmark:

- Tue Vinther-Jørgensen, The Danish Evaluation Institute (EVA, Project Chairman)
- Signe Ploug Hansen, (EVA)
- Pirjo-Liisa Omar, The Finnish Higher Education Evaluation Council (FINHEEC)
- Britta Lövgren, The Swedish National Agency for Higher Education (HsV)
- Pål Bakken, The Norwegian Agency for Quality Assurance in Education (NOKUT)

Ásgerður Kjartansdóttir, of the Ministry of Education, Science and Culture, Iceland, was originally a member of the group as well, but after having commenced a new position prior to the seminar in Stockholm in January 2006, Iceland decided to withdraw from the project.

In addition to the members of the project group, the following persons participated in the seminar in Stockholm:

- Anette Dørge Jessen (EVA)
- Helka Kekäläinen (FINHEEC)
- Ossi Tuomi (FINHEEC)
- Ragnhild Nitzler (HsV)
- Staffan Wahlén (HsV)
- Eva Liljegren (NOKUT)
- Turid Hegerstrøm (NOKUT).

Staffan Wahlén also participated in the final meeting of the project group, as did Einar Hreinsson from the Ministry of Education, Science and Culture, Iceland. The group held four meetings between September 2005 and May 2006.

## 2.4 Structure of the report

The report consists of the foreword, a brief summary in chapter 1, this introduction in chapter 2, and chapter 3 that describes some general lessons learned from working with the European standards and guidelines. The remainder of the report basically follows the order and structure of part 3 of ENQA's report on standards and guidelines concerning the requirements for quality assurance agencies.

Each of the standards is discussed in its own chapter. Only Standard 3.1 has not been included in the report, as this refers to the large number of standards concerning the quality assurance processes. Consequently, Standards 3.2 to 3.8 are discussed in chapters 4 to 10, under the following headings, respectively:

- Official status
- Activities
- Resources
- Mission statement
- Independence
- External quality assurance criteria and processes used by the agencies
- Accountability procedures.

Each of these chapters begins by citing the text of the relevant standard and the attached guidelines. The standard and guidelines are then discussed at a general level, focusing on the different aspects related to the wording of the text. Afterwards, the requirements contained in the standard and its attached guidelines are discussed in detail.

The project group has broken down each standard and its guidelines into a number of requirements. This has been done to clarify them for operational reasons. These requirements are presented as an introduction to the detailed discussions in each chapter. The breaking down of the standards and guidelines should not be viewed as an attempt to make a new order of priority, or to add new demands, but only as an attempt to make the text suitable for operational discussions – and potential assessment. One important feature, though, is that requirements originating from the standards and those originating from the guidelines are treated equally. This is due to the fact that the guidelines do, to a large extent, contain new requirements, and are not merely interpretations of the standards.

The sub-sections of each chapter present the relevant practices of the four Nordic agencies, focusing on homogeneity and diversity among the countries. These presentations are only brief descriptions and do not aim to give a complete account of the practices and their context. The project group has, therefore, chosen to highlight a total of 15 national practices which have proven to be of interest to the other agencies in the course of the project. These examples are described in more detail in text boxes, in the hope that they might inspire development in the Nordic countries as well as in other countries. While some of the agencies might have similar practices, the project group has chosen to present examples for inspiration with a single agency as point of reference.

When the four agencies are mentioned in the text, they are presented in alphabetic order – EVA, FINHEEC, HsV, and NOKUT. The same order is used when the countries are mentioned. The four agencies are referred to as “the Nordic agencies”, using the definite article, although Iceland has not taken part in the project.

The project report was drafted with contributions from all members of the project group and edited by the two Danish members. The report was presented and discussed at the annual meeting of NOQA in Reykjavik, May 2006.



# 3 Lessons learned

The Standards and Guidelines for Quality Assurance in the European Higher Education Area have played a central role in the work of the 2005-06 NOQA project. This is especially the case for the standards and guidelines in part 3, concerning external quality assurance agencies. The work and discussions in the course of the project have pointed to a number of more general dilemmas and uncertainties in the current set of standards and guidelines. These dilemmas and uncertainties have been gathered and formulated into six questions below. The project group has not considered it its task to answer these questions, but does point to possible solutions where these have become apparent during the discussions.

## **1. Do national traditions and legislation allow an agency not to comply with the European standards and guidelines?**

It is stated in the ENQA report presenting the standards and guidelines that they are designed to be applicable to all quality assurance agencies in Europe, irrespective of their structure, function and size, and the national system in which they operate.

The NOQA project indicates that these aspirations can only be met, if the standards and guidelines for quality assurance agencies are perceived as addressing the whole national system of higher education, and not only the agencies as such. The project has brought about the experience that a quality assurance agency must be regarded in the context of its national higher education system, its role within the quality assurance system and even the national culture and traditions. For instance, it gives only little meaning to ask an agency to comply with the standards and guidelines if its national legislation distributes roles in the quality assurance system in such a way that the agency cannot operate in line with the European requirements.

Thus, the standards and guidelines for quality assurance agencies do not only imply a challenge to agencies, but might also challenge institutions, governments and other stakeholders as well. In a review process, it seems to be an open question as to how to assess an agency operating under legislation which is not in line with European standards. Will it be necessary to change the national legislation, and later on the agency's operations, before the agency can be said to comply with the standards and guidelines? Or should the national context be viewed as a reason for allowing exemption from the European standards when considering the compliance of the agency?

## **2. How can a consistent assessment of the many European agencies' compliance with the standards and guidelines be assured?**

The ENQA report recommends that any European agency should, at no greater than five-year intervals, conduct, or be submitted to, a cyclical external review of its processes and activities. The reviews of agencies should include an assessment of whether the agencies are in compliance with the European standards for external quality assurance agencies. The report suggests that national agencies should normally be reviewed on a national basis, respecting the subsidiarity principle. Assuring a consistent use of the standards thus becomes a challenge.

This report attempts to pin down the dimensions that should be taken into account when assessing an agency's compliance with the many requirements. The project has experienced that more precise threshold values regarding the different standards are required if the European agencies are to be reviewed and assessed in a consistent manner. One very important issue to clarify in this respect is the status of the guidelines. In some cases, the guidelines can be viewed as attempts to

establish threshold values that provide more detailed information on how the standard should be interpreted. In other cases, they are formulated as new standards without direct reference to the wording of the standard.

In contrast, another experience of this project has been the importance of respecting the different national contexts and models when assessing an agency's compliance with the standard. Therefore, it is equally important that the wording of the standards is generic and open to different systems, approaches, cultures and traditions.

The discussion in the course of this project suggests that more guidance could be given to those working with assessing the European agencies' compliance with the standards and guidelines, particularly a clarification of the status of the guidelines, but that this should be done in a balanced way respecting differences in national contexts and models.

### **3. What is the value of informal practices when considering an agency's compliance with the standards and guidelines?**

The ENQA report states that the generic principle applied in the formulation of standards and guidelines has the consequence that these focus more on what should be done, rather than how they should be achieved. This is only followed to some extent in the actual wording of the standards, where priority is often given to written documents and formal arrangements, taking precedence over informal practices and arrangements.

The discussions during the project have shown that it is important to take into account both formal arrangements and the more informal, yet well-established, practices in order to gain a reliable picture of the actual situation of an agency. The argument goes both ways. The legislation and other formal arrangements surrounding an agency can be in full compliance with the relevant standards, but this does not guarantee that the actual practice also is in line with the European requirements. For instance, an agency can be formally independent from ministries and other formal stakeholders, but not independent in practice if the government places a high level of pressure on the agency through informal channels. The opposite situation can also be found, where an agency with poor formal foundations is actually permitted to act with a very high level of autonomy and independence.

The fact that legal documents and other formal arrangements are necessary, but insufficient factors concerning the operations of an agency, is a challenge that must be dealt with in the procedures and methods applied in the reviews of the European agencies. There is no doubt that the assessment process will become more complicated – and the determination of threshold values more delicate – when informal arrangements and practices are to be taken into consideration.

### **4. How can the terminology used in the standards and guidelines become clearer?**

The standards and guidelines contain a considerable number of words assumed to be commonly used and understood by European agencies. In reality, the terms can be interpreted in different ways, and might very well gain different meanings as they are translated from English into other European languages.

The work with the standards and guidelines in this project has pointed to a number of terms which may need further clarification. One example is the term policy. What is a policy, and what should be the minimum requirements for the content of a document if it is to qualify for the label policy? Another example is the term procedures. Can procedures be well-established habits or cultures, or must the way to conduct operations be described in writing if it is to be accepted as a procedure? If the latter is the case, yet another question is how long must it have been in operation to be accepted as more than just a piece of paper? A similar line of questioning arises concerning the terms: goals and objectives, legal basis, management plan, mechanisms, etc.



Reflections on the meaning of these terms might be useful to both agencies and their assessors, but it is equally important that such reflections do not result in formulations that are too narrow and prescriptive.

#### **5. Must an agency comply with all standards in order to be considered as being in compliance with the European standards and guidelines?**

The ENQA report explicitly demands that agencies should comply with all standards if they are to be included in the desirable sections of the planned register of external quality assurance agencies operating in Europe. This might imply that very few agencies could be accepted as being in compliance with European standards.

The discussions during the project concerning the Nordic agencies' compliance with the standards have shown that, although their operations in general have a very high level of compliance with the intentions behind the standards, specific operations and circumstances of minor importance can make compliance with certain standards questionable. This can, for instance, be due to national legislation, e.g. legislation concerning the role of an agency in the follow-up on external quality assurance processes.

The experiences of this project suggest that while a review process conducted by a panel of peers or experts should include an assessment of the compliance with the individual standards and their attached guidelines, it should be possible for a Register Committee to make an overall assessment, distinguishing between vital and less vital requirements of the European standards.

#### **6. Which demands should be made to assure a credible review process, including assessment of the agencies' compliance with the European standards and guidelines for external quality assurance agencies?**

The ENQA report assumes that review processes of agencies will primarily be organised at the national level. Although a growing interest for reviews organised by ENQA is notable, an assessment of the credibility of the review process, and of the quality of the documentation in the review report, becomes an important and separate task for a Register Committee.

An important experience gained from producing national descriptions and assessments in this project is that such written accounts need to be discussed and clarified in order to understand the actual nature of processes and procedures, etc. Each agency tends to interpret the requirements of the standards and guidelines from their own national perspective, and the same terminology might have different implications and meanings in different countries<sup>2</sup>.

This project suggests that the reviews of agencies should be thorough, and that it should be considered making a site-visit a mandatory element in the process in order to ensure the necessary documentation. This would enable the peer review group, or expert panel, to gain a deeper understanding of the working mode of the agency subject to review, including its interpretations of the standards and guidelines.

The independence of the peers or experts conducting a nationally organised review of an agency will, of course, be another important issue for a Register Committee to consider.

<sup>2</sup> This experience is very much in line with the conclusions in Crozier, Fiona et al., *Quality Convergence Study, ENQA Occasional Papers 7, Helsinki, 2005*.



## 4 Official status

### **European standard 3.2:**

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.

*There are no guidelines attached to this standard.*

### 4.1 About official status

External quality assurance is seen as a major tool for creating confidence and trust in academic standards and frameworks of qualifications, as the Bologna process progresses towards a common European Higher Education Area in 2010. Therefore, an important issue is what kind of organisations should be entrusted with the task of conducting external quality assurance processes.

Standard 3.2 states that these organisations should be agencies with official status, and that these agencies should fulfil some more detailed requirements in order to be viewed as organisations with an official status. In Denmark, Finland, Sweden and Norway, external quality assurance of higher education has almost exclusively been a task for the public agencies EVA, FINHEEC, HsV, and NOKUT respectively (and their predecessors if any), as an integrated part of the national quality assurance system. The question of official status has, therefore, been of less interest until recently.

With the increased need for transparency across national borders in a more open European landscape, it is natural that minimum standards are formulated in order to ensure reliable processes in countries or regions which have not yet established a system for external quality assurance.

At the same time, the emphasis on the public recognition and legal bases of the agencies suggests that external quality assurance in the future could be performed by organisations which are not, by definition, part of the national quality assurance system of higher education. The call for compliance with the legislative requirements of the jurisdiction in which they operate implicitly paints a picture of organisations with activities across national borders. The standard anticipates a situation where higher education institutions can choose more freely which agency they want to cooperate with.

A European Parliament and Council Recommendation from February 2006 falls in line with this approach to external quality assurance of higher education. The Parliament and the Council recommend that EU member states enable higher education institutions to choose an agency which meets their needs and profile among quality assurance agencies included in the European Register, provided that this is compatible with their national legislation or is permitted by their national authorities (2006/143/EC).

The Danish university act of 2003, in principle, already makes it possible for universities to choose other organisations than EVA to carry out the external quality assurance of their programmes,

provided that these organisations comply with international criteria for quality assurance agencies.

If this model becomes widespread, it is natural that the European standards and guidelines limit that choice to organisations that are recognised by competent public authorities and have an established legal basis in at least one of the Bologna member states.

The requirements of the European standard regarding official status will be discussed under the following three headings in the next sections:

- Recognition and established legal basis
- Compliance with requirements of jurisdiction

## 4.2 Recognition and established legal basis

*The agency should be formally recognised by competent public authorities in the European Higher Education Area as an agency with responsibilities for external quality assurance and should have an established legal basis.*

The above formulation does not offer any explanation as to who competent public authorities may be. An obvious interpretation is that the relevant public authorities in the country (or legislative jurisdiction) within which an agency operates, must authorise it to do so. In that case, an agency operating across borders in the European Higher Education Area would need to ask the relevant Ministry or another national authority for recognition as an agency with responsibilities for external quality assurance of higher education in the specific country.

Another possible interpretation is that the standard, with its wording, refers to the planned European register of quality assurance agencies. If that is the case, only agencies accepted for the register can operate external quality assurance processes in the signatory states of the Bologna process. This would also imply that once included in the register, an agency should have the possibility to carry out its processes within the whole European Area.

It is, of course, important to clarify the legal basis of an agency when assessing its official status. Even though they are all government bodies, the Nordic agencies have different kinds of legal foundations:

- EVA was established in law by the Danish parliament in 1999 as an independent institution under the auspices of the Danish Ministry of Education, with its predecessor having already operated since 1992. Three legal documents regulate EVA's activities: The Danish Evaluation Institute Act and two ministerial regulations.
- FINHEEC was established in 1995 and is governed by a decree. FINHEEC operates under the Finnish Ministry of Education.
- HsV is a state agency established in 1995 by the Swedish government (a predecessor already operated in 1992). Its operations are determined by different official documents, e.g. the annual budget directive and the ordinance, which contains instructions for the agency.
- NOKUT was established in 2003 by the Norwegian parliament as part of a reform of Norwegian higher education, and its activities are regulated by chapter 2 of the University and College Act, and in ministerial regulations.

All the Nordic agencies are established by law or decree as part of the national quality assurance system for higher education. Therefore, the question about public recognition is somewhat speculative at this stage, and will not be dealt with any further here.

### 4.3 Compliance with requirements of jurisdiction

*The agency should comply with any requirements of the legislative jurisdictions within which it operates.*

None of the Nordic agencies have yet gained international experience as a formal quality assurance agency. Naturally, the Nordic agencies all comply with the requirements in their home-countries. Therefore, the question about compliance with the requirements of other legal systems is also somewhat speculative at this stage.



# 5 Activities

**European standard 3.3:**

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.

## 5.1 About activities

The expectations expressed in standard 3.3, and the guidelines to the standard, signal that any organisation undertaking quality assurance activities cannot automatically be considered a quality assurance agency. To qualify for being considered as such, the organisation must be able to demonstrate a degree of regularity in its quality assurance activities, and that such activities are core functions of the organisation. In that way, the standard makes clear that credible management of external quality assurance activities requires a specific kind of professionalism and experience in the field.

The guidelines specify the meaning of the term “activities” by stressing that activities may involve evaluation, review, audit, assessment, accreditation or other similar activities. In that sense, it seems relatively straight forward to assess whether an agency complies with the standard, as a description of the activities of an agency would provide relevant and sufficient documentation.

As the remaining sections of this chapter will reveal, the terms “regular basis” and “core function” do, however, create some challenges to an assessment process. Section 5.2 discusses relevant interpretations of the former term, and section 5.3 deals with the latter.

## 5.2 Activities on a regular basis

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

There is a broad similarity in the mix of quality assurance activities undertaken by the Nordic quality assurance agencies. All four agencies are presently conducting both accreditations and evaluations. Audits are, at present, conducted by EVA, FINHEEC and NOKUT and have, until recently, also been part of the activities of HsV, and will be included in the next cycle. The objects and focuses of one or more of the activities are also quite similar among the Nordic agencies, in the sense that all four agencies have programmes as the object of one or more of their quality assurance activities. Thematic evaluations are also a common activity among all four agencies. Focus on institutions as objects of the quality assurance activities exists among all the agencies presently engaged in audits, and in thematic reviews as presently carried out by HsV.

The Nordic agencies undertake quality assurance activities on a regular basis, and these activities are planned and carried out continuously at all four agencies. This has been the case in all four countries for a considerable number of years.

### 5.3 Activities as a core function

*External quality assurance activities, e.g. evaluation, review, audit, assessment, accreditation or other similar activities, should be part of the core functions of the agency.*

The expectation that the quality assurance activities are part of the core functions of the agency may be interpreted in different ways. A central question is whether this guideline is to be interpreted quantitatively, in the sense that fulfilment requires that most of the financial and human resources are spent on the quality assurance activities of the agency, or whether a more qualitative approach – or a combination of a quantitative and qualitative approach – would be more appropriate. Whichever the choice, a threshold for the level of acceptance has to be established. The documentation required for the assessment of compliance will naturally depend on the choice of approach (quantitative or qualitative).

Quality assurance activities are a core function of all the Nordic agencies. Whether the quality assurance activities represent the core function of the individual Nordic agencies, or form part of the core functions of the agencies, reflects the mandate of the different agencies and thus the extent to which they undertake activities other than quality assurance, defined as evaluations, audits, accreditations, and similar activities.

The activities of EVA and FINHEEC are all related to external quality assurance, whereas both HsV and NOKUT also have an important function as centres for the recognition of foreign degrees. HsV has further tasks concerning statistics and analysis, planning and research, and information and legal supervision within higher education in Sweden.

Whereas the legal frameworks of EVA, FINHEEC and NOKUT implicitly or explicitly emphasise quality assurance activities as the core function of the agencies, the legal framework of HsV involves several tasks, but, in terms of activities, staff and resources, quality assurance is the core function. HsV has experienced that the quality assurance activities benefit from the agency's other activities, e.g. student statistics.

The tasks and functions of the Nordic agencies illustrate the importance of taking into account the mandate and context of an agency when considering the extent to which it complies with the requirement. Quality assurance activities should be part of the core functions of the agencies, but an agency can very well have other important tasks and functions which might even complement the quality assurance activities. What constitutes a core function must, therefore, be a question to be answered in each specific situation by considering a mixture of elements, e.g. the applied resources, percentage of employees, the status in the organisation, complementarity with other functions, etc.



# 6 Resources

**European standard 3.4:**

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.

*There are no guidelines attached to this standard.*

## 6.1 About resources

The credibility of an agency is very much dependent on its ability to perform its role in the national quality assurance system in an effective and efficient manner. Without the necessary resources, an agency cannot contribute to the assurance of quality in higher education programmes and institutions. Therefore, access to adequate and proportional resources – both human and financial - is highlighted as a requirement in the European standards and guidelines.

The words adequate and proportional indicate a threshold for the minimum resources allocated to an agency, but also imply that their application takes into account the national context and the nature of the quality assurance processes conducted by the agency. The requirement for agencies to have appropriate provisions for the development of their processes and procedures can also be viewed as a point of focus when assessing the resources of an agency.

Standard 3.4 will be discussed in the following two sections, which focus on financial and human resources respectively.

## 6.2 Financial resources

*The agency should have adequate and proportional financial resources to enable it to organise and run its external quality assurance process(es) in an effective and efficient manner, with appropriate provision for the development of its processes and procedures.*

The agencies in Denmark, Finland, Norway and Sweden are primarily funded by government grants.

- The scale of EVA's government grant is determined each year through the general finance act. The government grant makes up 92% of the revenue of the agency. The remaining 8% comes from commissioned work funded by external sources, e.g. ministries and institutions. All evaluations and other activities initiated by EVA are financed through EVA's government grant. The management draws up EVA's budget, which must be approved by the board and the minister of education. The government grant consists of two entries: salaries and general operating expenses. EVA can transfer from salaries to operating expenses, but not vice-versa.
- The Ministry of Education allocates FINHEEC's operating funds one year at a time, following negotiations. In principle, the council decides independently its plan of action, but the ministry may make the final decision on the implementation through its funding decision. In practice the tasks of FINHEEC are adjusted to match the resources.

- HSV receives a total grant each year for all its activities. The University Chancellor decides on the allocation of funds to the various aspects of the agency's operations. The Department of Evaluation has the largest budget of all the departments for its activities.
- NOKUT obtains its funding from the Ministry of Education. NOKUT decides how the funding is allocated. NOKUT has experienced an increase in funding over recent years.

As the Nordic agencies are all state funded, the question of financial resources is thus linked to the question of potential government interference in operations. The independence of an agency can indirectly be limited if its financial resources are scarce, or if they are accompanied by restrictions on how they may be used. For instance, a broad and strong mandate to evaluate higher education institutions can be of only limited value if the agency cannot afford the costs of hiring experts, paying site-visit expenses or perhaps conducting surveys, etc. Another consideration is that ministries (or higher education institutions) may gain some influence if they, through extra grants, can select programmes to be subjected to external quality assurance. Finally, grants can be earmarked for specific purposes, which in some cases can reduce the effectiveness and efficiency, as well as limit the operational independence of an agency.

The Nordic agencies receive annual grants at quite different levels, but it is difficult – if not impossible – to use the actual amounts as indicators for whether the resources are adequate and proportional. This is primarily due to the fact that the mandate and the nature of quality assurance processes differ considerably between the agencies. For instance, the grant allocated to HSV by the Swedish government not only covers expenses related to external quality assurance of higher education, but also finances the other mandatory tasks of the agency, e.g. recognition of foreign degrees, student information and analysis services for the government and parliament. In the Danish case, EVA's government grant not only finances quality assurance activities within the higher education sector, but in the school sector as well.

Even if it was possible to isolate funds allocated to quality assurance activities within the higher education sector, this would not provide a reliable basis for the assessment of financial resources. The adequacy and proportionality of the resources has to be seen in conjunction with the demands made by the chosen methodologies, processes and procedures. For instance, NOKUT can carry out far more programme accreditations than institutional audits for a given amount of money. And the Finnish approach to institutional audit might require more resources than the Norwegian one – or vice-versa – which makes direct comparisons a dangerous exercise.

The grant can also be allocated with certain restrictions on how it is to be used, or as a lump sum as in the case of NOKUT and HSV. Again, this implies that the actual amount of the annual grant is insufficient documentation for the assessment of an agency.

The only way forward seems to be a pragmatic one, with at least three steps. The first step is to assess whether the financial resources allows the agency to carry out its mandate effectively in terms of its current portfolio of quality assurance processes. Effectiveness in this respect must be seen as a question of the agency's ability to reach a satisfactory share of the national higher education sector with its quality assurance processes, within an acceptable timeframe. The degree of systemisation and coverage are key words in the assessment of this. For instance, if an agency shall, by mandate, conduct institutional audits and programme accreditations, the assessors must estimate whether the agency is able to process all relevant institutions and all relevant programmes within a reasonable number of years. The number of audits and accreditations carried out over the previous years can serve as an indicator.

The length of the timeframe could be another indicator. The European standards and guidelines call, in part 2, for external quality assurance to be undertaken on a cyclical basis, with a predefined length of cycle. The predefined length of cycle would then be the timeframe to use in the assessment of resources. The Finnish audits of universities and polytechnics are planned to be conducted at six-year intervals, but in practice FINHEEC can only audit all the Finnish higher education institutions on time if the Ministry of Education allocates sufficient, annual resources. Also EVA, HsV, and NOKUT use six-year intervals in the planning of cyclic processes.

The second step is to assess whether the agency has sufficient resources to run each individual quality assurance process effectively. Effectiveness in this respect must primarily be viewed as a question of the ability of the agency to gather, analyse, and assess documentation in a way that imparts credibility to any conclusions and recommendations in its reports. The solidity of the documentation material and the transparency of the assessment process would be in focus here. The whole of section 2 of the European standards and guidelines and standard 3.7 provide hints as to potential indicators and threshold values, e.g. that agencies should employ the submission of a self-evaluation report, the appointment of a group of experts, and the completion of a site visit as integral elements in their processes for external quality assurance of higher education.

The third step is related to the requirement that agencies have appropriate provision for the development of their processes and procedures. The agency must have sufficient resources to adjust current processes and procedures, and develop new approaches to external quality assurance. In an assessment process, it would be relevant to investigate the capability to conduct internal quality assurance activities, as required by standard 3.8, and to use the results for enhancement and development. It would also be relevant to focus on the process that leads to the introduction of new external quality assurance schemes. For instance, both FINHEEC and NOKUT conducted extensive consultation processes prior to completing and introducing new audit concepts in Finland and Norway respectively. EVA and HsV are currently conducting similar consultations.

### 6.3 Human resources

*The agency should have adequate and proportional human resources to enable it to organise and run its external quality assurance process(es) in an effective and efficient manner, with appropriate provision for the development of its processes and procedures.*

Besides financial resources, standard 3.4 also requires agencies to have adequate and proportional human resources. This does to some extent overlap with the requirement for financial resources, as an agency can and does use financial grants to hire staff. Therefore, the emphasis on the need for human resources must imply a requirement that agencies have a solid organisation capable of managing and administrating quality assurance processes.

The question of adequate and proportional human resources not only concerns the number of employees at an agency. The competences of the staff, and the way in which an agency ensures the continuous development of these, are equally important.

The Nordic agencies have different recruitment strategies and, hence, also different human resource profiles:

- EVA's evaluation consultants all have master's degrees or teaching degrees with supplementary education, but EVA does not currently have PhD's among its staff. Students are employed to assist the consultants in certain processes. EVA hires persons with comprehensive work experience from within the education sector, relevant ministries, etc., but also hires graduates and other personnel based on their methodological and personal competences.
- All staff members at FINHEEC, except for clerical staff, are in practise required to have Master's degrees. The Secretary General of the Council is required to hold a PhD, and also other employees have PhD's. Prior evaluation experience is required of Senior Advisers. Most staff members have prior work experience from either higher education institutions or education administration, or both. In recruiting project staff, subject knowledge and evaluation experience are recommendable. Additional experience in evaluation is gained through an apprenticeship-type introductory phase. It is the Secretariat's policy to hire staff with different educational backgrounds.
- The Evaluation Department at HsV is the largest department of the agency. About 40 per cent of its staff today have licentiate degrees or PhD's. As HsV has a number of other responsibilities in addition to evaluation, the competences of staff from other departments can also be used in the evaluation activities. The strategy of the agency is to recruit people with different academic backgrounds and ages, and to maintain a balanced gender distribution. All staff must also have experience of the university sector, preferably also of evaluation. They must possess "social competence" and be proficient writers.

- Most NOKUT employees are educated to at least Master's degree level. New staff have competences based on at least one of the following aspects: evaluation experience, knowledge and experience of the higher education sector.

The different staff profiles of the Nordic agencies, ranging from students to PhD's, indicate that tasks and needs can be viewed differently, although processes and procedures are, to a large extent, uniform. One reason for this is different national traditions, e.g. for the division of labour between agency staff, experts and institutions in the quality assurance processes; how legitimacy is guaranteed in the processes; the length and types of reports; etc. Thus, different staff profiles are not necessarily simply a result of sufficient or insufficient human resources. Any assessment process must seek to clarify the reflections an agency has made on the nature of the actual tasks and the related needs in terms of staff qualifications and competences. It would, of course, be preferable if the agency could document such reflections.

An assessment of human resources must examine whether the agency has mechanisms in place to ensure that staff competences conform to current tasks and needs. Are the reflections clear and explicit, and are they applied to a systematic development of the staff competences? Hence, to comply with the standard, an agency should be able to present documentation that competence development of its staff is both a priority and systematic. Relevant sources of documentation in the process of assessing an agency's fulfilment of these requirements are policies and procedures for staff recruitment, policies or concepts for staff development, accounts for competence development activities over a number of years, etc. A clear danger to competence building is high staff turnover in an organisation. Therefore, the degree of staff turnover in an agency should also be examined.

All the Nordic agencies have mechanisms in place to ensure systematic staff development:

- At EVA, development of staff competences is highly prioritised, and a concept for systematic staff development has been in place for years. The individual employee's competence profile and need for future development are discussed in a personal development interview once a year. The purpose of this interview is to ensure the continuous development of the competences of both the employee and the organisation as a whole. The development of competences is partly based on the individual employee's current needs and wishes, and partly on EVA's goals and needs. Relevant areas for development are identified through a competence profile clarification, based on a competence chart.
- At FINHEEC, staff competencies and development are discussed and planned according to current tasks in annual result- and development discussions between the Secretary General and the staff members. An internal document specifies the responsibilities and assignments for each staff member. The document is revised annually following the result- and development discussions. Staff policy is to encourage training and staff development. An inherent risk in competence development and the task of creating a learning organisation is high staff turnover and the use of fixed-term contracts (max. 4 years).
- HsV's policy of staff development defines staff development as a tool that includes everything that enhances the competence of the staff members, e.g. new and more advanced tasks; introduction programmes; courses; seminars; and participation in network, supervision or mentor programmes. The policy states that each staff member is responsible for his/her own development, which should be planned in development discussions with the head of department. The procedures for staff development at HsV are described in more detail below – see text box.
- NOKUT has several mechanisms to develop staff competences. NOKUT's policy for staff development is described in a plan. The plan states that development of competences is the responsibility of each unit, and that each employee has a responsibility for his/her own development. Another important element is the mandatory annual meeting between each employee and his/her manager, where discussions about the development of competences must take place. The plan also states that the effects of the efforts shall be evaluated by the units, annually.

### **Staff development at HsV**

The evaluation department has drawn up an inventory of the competence development needs of its staff and the possibilities open to them. This inventory is accessible via the evaluation department's Intranet. The purpose of the inventory is to make staff development possibilities known to everybody and to achieve a shared understanding of the kinds of competences required to work in the evaluation department.

The evaluation department has organised its operations on a project basis. The department has identified that the staff should have competences in four areas: general project management; evaluation theory and practice; pedagogy; and knowledge of national and international higher education, and related areas.

The general project management competence could include the following areas: project management; budgets and financial management; computer skills; knowledge of the higher education sector; knowledge of public administration; interviewing techniques; oral presentation; and languages.

Pedagogical competence could include group dynamics and learning. Knowledge of national and international higher education, and related areas, could include taking part in reference groups; taking part in conferences and networks; international surveys; and staff exchange with other evaluation organisations.

Some of the staff development activities are arranged for the staff as a whole, some on an individual basis. Furthermore, several thematic seminars have been held in conjunction with the Department's weekly meetings. Some of the themes addressed include: working in projects; the evaluation model; international issues.



# 7 Mission statement

## **European standard 3.5**

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.

## 7.1 About mission statement

The requirement to have a publicly available mission statement aims at enhancing transparency and the level of information. Having official status with an established legal basis is no longer sufficient, as the national framework for higher education is gradually being complemented by a European one. A mission statement can also help to improve transparency and accountability at the national level as well.

The guidelines provide more detailed requirements concerning what must be included in a mission statement. Apart from the goals and objectives of the quality assurance processes, the statement should describe the division of labour between relevant stakeholders, as well as the history and cultural context of the agency in its national quality assurance system. These descriptions can be of great assistance to foreign authorities, institutions or others who want to understand the nature of the organisation. In the national higher education community, this information will presumably be well known and might be of less interest, but it may nevertheless help to enhance understanding of the agency's work if this often scattered information were assembled in a single document.

Furthermore, the guidelines request agencies to adopt a systematic approach to achieving their goals and objectives and to demonstrate that the goals and objectives of the mission statement are translated into a clear policy and management plan. In other words, the management must work strategically and have converted the general goals and objectives of the agency to a more operational level to fulfil the requirements. The operational documents should, of course, be in line with the general goals and objectives, and the coherence between the two should be subject to examination when assessing compliance with the requirements. The operational documents can serve as the background for the accountability procedures of the agency, as required in European standard 3.8.

Standard 3.5 and the attached guidelines can be divided into three requirements, focusing on:

- Clear and explicit goals and objectives
- Division of labour, context and activities
- Systematic approach, clear policy and management plan

## 7.2 Clear and explicit goals and objectives

*The agency should have clear and explicit goals and objectives for its work, especially its quality assurance processes, contained in a publicly available statement.*

Standard 3.5 does not demand that agencies have a document entitled Mission Statement, but, taken literally, it does ask for a single document with the necessary information. To be publicly available, one should expect to find the statement accessible on the agency's website. If the statements are to enhance transparency across borders in the European Area for Higher Education, it would be an advantage if they were available in English as well as in the national language(s).

The Nordic agencies are not yet familiar with the idea of having a mission statement. Many of the elements supposed to be contained in a mission statement will have to be transferred from other public documents. As public institutions, the general goals and objectives of the Nordic agencies, and their quality assurance processes, are to a large extent described in their legal bases, e.g. laws, decrees, etc. (see the descriptions under standard 3.2 regarding official status). More detailed descriptions of the specific objectives of cyclic processes might be described in the official documents authorizing the agencies to undertake these.

None of the Nordic agencies have documents explicitly named Mission Statement, but they all have documents with goals and objectives for their work and quality assurance processes available on their websites:

- EVA's Strategy Plan 2004-06 was adopted by its board. It is available in Danish and English.
- For each four-year term, the council sets an action plan, in which FINHEEC's goals and objectives are specified for the term. FINHEEC's Action Plan 2004-07 is available in Finnish, Swedish, and English.
- HsV has its own internal documents, such as an activity plan and a more visionary document – the platform - adopted by the University Chancellor, that lay down the perspectives and approaches that are to characterise both its evaluation activities and the Agency's other operations.
- NOKUT's board has adopted a strategy plan with goals and objectives for its work. The plan has no fixed time schedule, but is reconsidered and revised – if necessary – once a year. The plan is available in Norwegian.

This indicates that it is not the title and format, but the content of central policy and strategy documents that should be in focus when working with the standard. A central question is whether goals and objectives are presented to the public in one key document, or whether this information is scattered in a number of documents. Another important question is the status of the documents. Have they been processed and adopted by the board, council or chancellor – if any – and have they been communicated actively to the higher education society?

Although the websites of the Nordic agencies all have supplementary explanations in English, it could ameliorate the communication to foreign stakeholders if goals and objectives as well as other crucial information were summarised and gathered in an easily accessible mission statement in English.

## 7.3 Division of labour, context and activities

*The statement should describe the division of labour between relevant stakeholders in higher education, especially the higher education institutions, and the cultural and historical context of the agency's work, and should make clear that the external quality assurance process is a major activity of the agency.*

The documents mentioned in 7.2 all contain general descriptions of the division of labour between higher education institutions and other stakeholders. The cultural and historical contexts of the work of the agencies are also described to various degrees. The readers of the documents are left with absolutely no doubt that external quality assurance is at the core of the agencies' activities.



A look across the Nordic documents shows that the requirements for more detailed information about the agencies can be fulfilled in many ways. The division of labour between the agency, higher education institutions and other stakeholders can be described explicitly in a separate section of the document, or take a more implicit form as part of a general description of the tasks and procedures of an agency. The context can be presented as part of an introduction, or as an analysis of developments in higher education and subsequent challenges to external quality assurance agencies, e.g. in relation to the Bologna process. And the focus on external quality assurance can make it very clear that such processes are a major activity of an agency although this is not explicitly stated in the document.

When working with this requirement, one should not only take explicit headlines and statements into account. It is necessary to make a general assessment of whether the documents provide a satisfactory explanation of the background, context and role of the agency within the higher education system in which it operates.

## 7.4 Systematic approach, clear policy and management plan

*The statement should make clear that there exists a systematic approach to achieving goals and objectives, and the agency should be able to demonstrate how the statement is translated into a clear policy and management plan.*

The requirements presuppose that an organisation has goals and objectives at a high level of abstraction, which are interpreted into more concrete policies and plans. The Nordic agencies use their own terminologies and understanding of the hierarchy between goals, objectives, policies and plans, but still with a systematic approach. For instance, both EVA and NOKUT have chosen an approach starting from a vision and basic values at a high level of abstraction, via goals and main strategies, to more concrete strategies and objectives for the various fields of action.

The policies and management plans can be an integral part of the key documents mentioned in 7.2, or be separate documents. FINHEEC's Action Plan – see text box – contains a plan for the activities in the term of the current council, whereas EVA and HsV have made management plans covering whole cycles of quality assurance activities as separate documents, supplemented by annual action plans. For example, after consultations with the higher education institutions, HsV established an action plan for subject and programme evaluation for the period 2001 – 2006, which was further detailed in each year's action plan. A process for 2007 – 2012 is now under way.

A critical issue when examining the practices of an agency is whether the initiative to commence quality assurance processes comes from the agency or from the institutions. In the latter case, the possibilities for making a management plan covering a whole cycle are reduced. For instance, the Norwegian institutions must apply for an accreditation by NOKUT, and, therefore, NOKUT has a more responsive planning concept depending on the annual number of applications.

### **FINHEEC's Action Plan 2004-07**

For each four-year term, FINHEEC sets an Action Plan, which details the council's tasks, operational policy, objectives and principles of operation for the ongoing term. It also specifies how these are operationalised into practice by detailing the quality assurance activities and evaluations performed during the term. In addition, a preliminary schedule for evaluations undertaken during the term is included. The action plan is revised annually.



# 8 Independence

## **European standard 3.6:**

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.

## 8.1 About independence

The independence of quality assurance agencies is a vital requirement in the European Standards and Guidelines. The question of independence is the focus of standard 3.6; but also standard 3.2 regarding official status, standard 3.4 regarding resources and standard 3.5 regarding mission statements are relevant to consider when assessing the independence of an agency.

Independence is not a clear and one-dimensional concept. This is partly due to the fact that higher education is government funded and regulated in the Nordic countries as in most other European countries. The Standards and Guidelines themselves identify several dimensions.

First, they emphasise that agencies must be independent from ministries, as well as from higher education institutions and other stakeholders. In Denmark, Finland, Norway, and Sweden, the agencies are government bodies. The question of independence from ministries is thus very relevant. The agencies have quite different legal and organisational set-ups, and this indicates that there are several ways to achieve the independence and autonomy requested in the Standards and Guidelines. As higher education institutions do not have any direct or indirect ownership of the Nordic agencies, independence in this respect is primarily a question of autonomy in the evaluation processes.

Second, the Standards and Guidelines make an implicit distinction between legal or organisational independence on one hand, and operational independence on the other. Agencies are not asked to be independent in the sense that they do not have any formal connections with ministries, higher education institutions or other stakeholders. The wording contains an underlying understanding that agencies in some way must be separated from the political offices of the ministries or the political bodies of the higher education institutions. For instance, the operational independence of an agency should be guaranteed in official documents. To fulfil this requirement,

an agency should at least form some kind of organisational entity that can be identified as being different to the political offices or bodies.

But the Standards and Guidelines, first and foremost, emphasise the need for independence and autonomy in the operation of the quality assurance processes, and in the formulation of conclusions and recommendations in reports. This implies that the definition and operation of procedures and methods, the nomination and appointment of external experts, and the determination of the final outcomes, e.g. conclusions and recommendations, are undertaken autonomously and independently.

Standard 3.6 and the attached guidelines will be discussed under the following four headings:

- Guaranties in official documents
- Definition and operation of methods and procedures
- Nomination and appointment of external experts
- Determination of outcomes

## 8.2 Guaranties in official documents

*The agency's operational independence from higher education institutions and governments is guaranteed in official documents, e.g. instruments of governance or legislative acts.*

As described in paragraph 4.3, the four Nordic agencies all have a legal basis. The legal bases guarantee to different extents the operational independence of the agencies:

- The legal documents regulating EVA's activities emphasize in a number of ways the independence of EVA. Both the Danish Evaluation Institute Act and the ministerial regulations for EVA state in their first sections the formal independence of EVA. Section two of the Act describes the agency's right to conduct evaluations on its own initiative.
- The legislative basis of FINHEEC contains no explicit provisions indicating the independence of the agency. The legislation dates back to the 1990s and no longer reflects the developments that have taken place in European quality assurance. It is currently under review by the Ministry of Education. The operation under the Ministry of Education has guaranteed the agency operational independence. This has been an established practice since the beginning.
- Like other Swedish state agencies, the tasks of HsV are laid down in a specific ordinance. The agency is formally independent with regard to methodology and decision-making. HsV is also independent in the sense that the agency can conduct evaluations and studies on its own initiative.
- NOKUT's operational independence is guaranteed by legislation, especially the University Act. The Ministry of Education may not instruct NOKUT beyond the level authorized by statute or laid down by the ministry in regulations.

An agency under assessment should provide an account describing to what extent the legal basis or other official documents guarantee its operational independence from ministries, institutions and other stakeholders. The differences in types of legal bases in the four Nordic countries suggest that such an account should contain an evaluation of the effectiveness of the existing legal basis in securing the operational independence of the agency. Has it proved its effectiveness in protecting the agency sufficiently from political pressure and opportunistic behaviour? The assessment should also take into account the national traditions.

Assessors should also examine the clarity of the mandate granted in the legal basis. A clear mandate with a clear description of the tasks of the agency can be a valuable contribution to operational independence and autonomy. An unclear mandate can open a window for ministries, institutions, and other kind of organs with political interests to influence operations.

The mandate is described with different levels of detail in the Nordic countries:

- Section one of the Danish Evaluation Institute Act states that the main purpose of EVA is to contribute to the quality assurance and enhancement of education, teaching and learning in Denmark. EVA has the right to initiate quality assurance processes for themes, programmes, and institutions, etc., from primary education (ground school) to long-cycle higher education

programmes (university master level). Private schools, doctoral programmes, and educational institutions and programmes under the auspices of other ministries are not obliged to participate in EVA's processes. EVA should also advise the ministry, other public authorities and educational institutions on questions related to quality assurance and development; and EVA also has the task of collecting national and international experiences of educational quality assurance and quality enhancement, and to renew the applied methods.

- FINHEEC's tasks are to provide assistance to higher education institutions and the Ministry of Education on issues related to quality assurance; evaluate polytechnic accreditation and establishment projects; evaluate activities of institutions and higher education policy. FINHEEC should also carry out initiatives concerning higher education evaluation activities and their development, engage in international co-operation in quality assurance, and promote research in higher education institution evaluation. An additional task is to evaluate and accredit the professional courses organised by the higher education institutions. Since 2005, FINHEEC has also been in charge of the evaluation of higher education institutions in the autonomous province of Åland.
- HsV is to contribute to the improvement of quality in the operations of higher education institutions. The major responsibilities are: to contribute to the quality enhancement of the institution itself (enhancement); to review the education vis-à-vis goals and provisions in the Higher Education Act and Ordinance, which also involves an accreditation of degree-awarding powers (control); and to provide information to students and others to support their choice of educational programme or subject (information). The relationship of the National Agency for Higher Education to the higher education institutions is laid down in official documents.
- NOKUT was established to supervise and help to enhance the quality of higher education in Norway. The purpose of NOKUT is laid down in the Act. The body shall be an independent state body which, by means of accreditation and evaluation, shall control the quality of Norwegian institutions that provide higher education, as well as recognize qualifications awarded by institutions not subject to the present Act. Accreditation and evaluation activities shall be designed in such a way that the institutions can draw benefit from them in their quality assurance and enhancement work.

A look at the mandates of the Nordic agencies gives a hint as to what constitutes a clear mandate. First, the purpose of the agency must be clearly described. This could include the balance between control/inspection and more enhancement oriented purposes. It could also include a description of the role of the agency in the national quality assurance system in higher education, e.g. the definition of NOKUT as the national accreditation authority in Norway. It could also include a description of the division of labour with other bodies, e.g. ministries, institutions, and other agencies, as well as the powers entrusted to the agency, e.g. to oblige institutions to take part in the quality assurance processes.

A clear mandate also implies that the area in which an agency operates is clearly described. This could for instance include a description of which types of programmes or institutions the agency could make subject to evaluation. It could also include a description of the geographical and/or ministerial areas covered by the agency, e.g. that FINHEEC is also responsible for quality assurance of higher education in the autonomous region of Åland.

Governments, educational institutions or other formal owners of agencies interact with the agencies in a number of ways. If a council or board is part of the organisational set-up, the owner will typically play an important role in the nomination and appointment of council or board members. Therefore, it is important to clarify the way this takes place when assessing the operational independence of an agency.

The diversity of legal foundations of the Nordic agencies also results in different kinds of relationships between governments and agencies:

- EVA is an independent body, outside the government structure, governed by a board with responsibility for the overall supervision of the Institute, including the annual action plan. The board appoints the executive director who must be formally approved by the Minister of Education. The Executive Director manages EVA and is responsible to the Board. The Minister of Education nominates and appoints the Chairman. The Minister of Education also appoints 9

of the other board members upon the recommendation of the ministry's advisory boards, while the tenth member is appointed by the Minister of Science, Technology and Innovation. The two ministers formally approve the annual action plan.

- FINHEEC is governed by a council of 12 persons with established experience in evaluation of higher education institutions. The Ministry of Education appoints the members for a four-year term, and also appoints one member to chair the council, as well as a vice-chair for the term. The ministry can institute special subcommittees within the council to prepare issues at hand. The Secretary General is head of the secretariat, which is located within the Ministry. The council appoints the Secretary General, who is formally approved by the Ministry of Education.
- HSV is led by the University Chancellor who is appointed by the Government. An external board, appointed by the Government, makes overall decisions on matters of principle. A government bill from 1999 binds HSV to carry out six-year cycles of evaluations of all subjects and programmes leading to the award of general degrees and professional degrees, including doctoral programmes, but HSV has the right to initiate any other forms of evaluation it considers appropriate. The ministry can only instruct HSV through government commissions.
- NOKUT is not part of the government structure and acts independently within a given framework of law and ministerial regulation. The ministry may not instruct NOKUT beyond what is authorized by statute or laid down by the ministry in regulations. NOKUT is led by a board which has the overall responsibility for the activity and decisions made by NOKUT. The board has seven members with three deputy (substitute) members. The board is appointed by the King (in Council) for a period of 2-4 years at a time. The Ministry of Education and Research appoints the Board's chairperson. The Board appoints the director of NOKUT for a period of 6 years. The director is responsible for NOKUT's day-to-day management according to the overall directives given by the board.

These quite different approaches make it obvious that an agency must be able to provide a clear description of the relationships and the powers entrusted to the different levels of the political and managerial structure. The process of appointing the board or council – if any – should have a high degree of transparency. It would be an advantage if the relationships between the owners/ministry, the board/council and the management of the agency were clearly described in the official documents.

### 8.3 Definition and operation of methods and procedures

*The agency undertakes the definition and operation of its evaluation methods and procedures autonomously and independently from ministries, higher education institutions, and organs of political influence.*

Not all agencies can define their methods and procedures completely autonomously or independently. The Nordic agencies have broader or narrower mandates, and their tasks are set to a greater or lesser extent, e.g. in their legal bases. This does not necessarily affect the degree to which the individual agency should be viewed as being independent. For instance, an agency can have the task to accredit higher education institutions after pre-determined criteria. Another agency can by law be obliged to include self-evaluation as a methodological element in all quality assurance processes. Although these agencies cannot define and operate their procedures and methods completely autonomously, they might be able to do so within the given task and mandate.

An agency can choose to involve a large number of stakeholders in the definition of a new cyclic quality assurance scheme, as HSV is currently doing in Sweden, and FINHEEC recently did in Finland when deciding on a period of cyclical audits – see text box below. An agency can also engage in a broad consultation process when formulating new criteria to be applied in the quality assurance processes. This was carried out in Norway in 2005, when NOKUT revised its criteria. These kinds of searches for consensus should be viewed as a natural element in establishing ownership, even though the agency in practical terms does involve ministries, institutions and other organs of influence in its definition process.

Yet another example is where an agency can have obligations to coordinate its quality assurance activities with other bodies or authorities. This does not necessarily imply restrictions in operational independence if the purpose and procedure is clear. For instance, EVA's annual action plan has to be approved by the ministries, but this is primarily a means of mutual orientation in order to avoid evaluations being surpassed by planned law reforms.

An agency under review should not only provide an accurate account of the scope of its mandate (see above), but should also present arguments to show that the mandate leaves a meaningful room for autonomous decision-making when defining and implementing procedures and methods. In addition to this, agencies should list direct obligations and restrictions concerning its operational independence. The crucial question here is whether the agency is actually able to fulfil the role it is supposed to in the national quality assurance system, as an autonomous and independent body.

#### **FINHEEC's consultation process prior to definition of new audit concept**

In designing the national quality assurance system in higher education, Finland has used a wide consultation process involving stakeholders at all stages. FINHEEC's audit model was designed by a task force, with representatives of higher education institutions, students, employers and FINHEEC. Stakeholders were also involved in the process through numerous seminars where the audit model and manual were discussed. This offered a means of collecting feedback, but also helped to familiarise institutions with the upcoming audit model. The audit system was piloted at two higher education institutions in 2005. Feedback from the pilots was also used to refine the audit model prior to its final completion.

## **8.4 Nomination and appointment of external experts**

*The agency undertakes the nomination and appointment of external experts autonomously and independently from ministries, higher education institutions, and organs of political influence.*

The capacity to recruit external experts without interference is a fundamental element in the overall independence of quality assurance agencies. The guideline distinguishes between the nomination process and the final appointment of experts.

The process of nomination of experts takes quite different forms in the Nordic countries.

- EVA drafts a list of academic and professional profiles to be included in an expert team and adds specific names to match the different profiles. The specific names are identified through the preliminary study. The Nordic network is often involved in recommending Scandinavian experts, and EVA does occasionally ask the involved institutions to suggest relevant experts. The management presents the list to the board, who will then discuss the names and put them in order of priority. When the group has been appointed, the involved institutions can express whether they perceive formal conflicts of interest in the composition of the group.
- FINHEEC uses predefined criteria for external evaluation groups. For each evaluation, the staff at FINHEEC compiles a list of required expertise for the external evaluation group. Following this, suitable experts are located. This may include asking for recommendations from other agencies, a search from FINHEEC's own expert database or relying on FINHEEC's networks. In certain evaluation types, the institutions are asked to propose expert names that are added to a pool of names, from which suitable experts are chosen, based on the predefined criteria. Before the experts are appointed, the institutions subject to evaluation are given a possibility to comment on the proposed experts..
- HsV specifies the type of assessors that can be considered, and the higher education institutions are then allowed to propose members for the panels of assessors. HsV supplements the recommendation of the institutions with further references and also comes up with its own proposals and makes the final decision on appointments.
- NOKUT's quality system contains detailed criteria for the selection of experts and composition of the expert committees. NOKUT itself finds the experts, and might consult, for instance, student organisations in order to get suggestions. Before a committee is appointed the institu-

tions will be given the right to comment upon the composition of the committee, and a situation where the suggested expert is considered to be incompetent may occur.

None of the agencies involve ministries or other organs of political influence in the nomination process, but the extent to which the institutions to be evaluated participate in the nomination differs considerably. HsV has experienced that the quality assurance activities gain greater legitimacy if institutions have the opportunity to recommend names of experts.

The consultation with institutions, however, only applies to the nomination process. The control of the procedures for the appointment of experts lies with the agencies in all the Nordic countries:

- The board of EVA must approve the individual members of each expert team.
- The Council of FINHEEC formally approves and appoints all experts in evaluation groups.
- HsV always makes the final decision on appointments of experts.
- The Board of NOKUT has delegated the authority to appoint experts to the Director.

Whereas different stakeholders may be involved in the nomination process, the appointment process must be without the influence of third parties, if an agency is to comply with the standard.

## 8.5 Determination of outcomes

*The agency undertakes the determination of the outcomes of its quality assurance processes, e.g. conclusions and recommendations in reports, autonomously and independently from ministries, higher education institutions, and organs of political influence.*

The guidelines attached to standard 3.6 very clearly state that it is only natural to consult the relevant stakeholders in higher education, particularly students/learners, in the course of quality assurance processes. Nevertheless, the final outcomes of the processes should remain the responsibility of the agency.

All the Nordic agencies carry out consultation processes before finalising their reports:

- EVA's consultation procedure implies that institutions may comment only on factual errors in the draft report, as well as commenting on the evaluation process as such. The consultation procedure rarely leads to changes to conclusions and recommendations in the final report. This only happens when the correction of factual errors seriously affects the basis for a conclusion or a recommendation.
- FINHEEC gives institutions subject to evaluation a possibility to correct factual errors in the report before publication.
- HsV circulates the descriptive parts of the draft report to the institutions, which are asked to comment on points of fact. Once these comments have been submitted, the report is finalised and published.
- In audits, NOKUT sends the report to the institutions, which are given the opportunity to comment on factual errors, before the report is finalized. In accreditations, the institutions can comment on the experts' final report. In both audits and accreditations, NOKUT's Board will produce a final conclusion based on the report and the institutions' comments. The institutions or any other stakeholder may not influence the conclusions in the report.

The consultation processes in the Nordic countries only include the institutions and aim primarily at correcting factual errors. None of the agencies invite ministries or other organs of political influence to comment on the draft report.

There are different traditions regarding whether the draft report sent to the institutions should include conclusions and recommendations, or whether it should only comprise the descriptive parts of the report. When including conclusions and recommendations, there is, in principle, a greater risk that the institutions might try to influence the final outcomes of the quality assurance processes. Agencies with this practice should be prepared to deal with this kind of pressure.



All the Nordic agencies publish their reports with their respective conclusions and recommendations autonomously and independently. The reports are published both on the agencies' websites and as printed versions.



## 9 External quality assurance criteria and processes used by the agencies

### **European standard 3.7:**

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 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 light of the constitution of the agency.

### 9.1 About criteria and processes

The European standard and guidelines concerned with the quality assurance criteria and processes used by the agencies contain a number of expectations and requirements.

First of all, the standard states that the processes, criteria and procedures used by agencies should be pre-defined and publicly available. Secondly, the standard emphasises a number of elements that the processes will normally be expected to include.

Compared to the formulation of the other European standards, it is interesting to note how the formulation of this standard is fundamentally different. The difference lies in the wording as well as the level of detail of the requirements expressed in the standard.

The standard lists a number of requirements that should be included in the quality assurance processes. In addition, instead of using the wording *should include* - as in the other standards – the wording *will normally be expected to include* is used. This difference in terminology is significant and may leave agencies and potential assessors confused about the status of this standard. The choice of formulation gives rise to a central question about the extent to which the inclusion of these elements in the quality assurance processes should be considered compulsory.

To answer this question it is relevant to refer to the focus of European standards and guidelines 2.4 to 2.6, as they stress that the named methodological elements actually should be included in external quality assurance processes.

The standards and guidelines related to criteria and processes have been interpreted as covering the following elements, which will be treated in turn in sections 9.2 to 9.7:

- Pre-defined and publicly available processes, criteria and procedures
- Inclusion of self-assessment, external assessment by a group of experts, site visits and a public report
- Inclusion of a follow-up procedure
- Professional management
- Consistent conclusions and decisions
- The existence of an appeals procedure

## 9.2 Pre-defined and publicly available processes, criteria and procedures

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

The emphasis on predefined and publicly available processes, criteria and procedures is likely to be seen as a reflection of the general ambition of the European standards, namely the ambition to ensure that the professionalism, credibility and integrity of the agencies are visible and transparent to stakeholders.

The quality assurance processes used by the Nordic agencies are predefined and publicly available on the websites of the agencies. One example is the audit manual of FINHEEC – see text box below. Publication of processes, criteria and procedures on the website is likely to be the general rule among other European agencies as well, and suggests that an agency's compliance with this part of the standard can be assessed merely by accessing the website of the agency.

When criteria are used by the Nordic agencies they are also pre-defined and publicly available on the websites of the agencies. The extent to which criteria are used does however differ among the agencies as well as within each agency depending on the type of quality assurance activity in question. A general rule is that (predefined and publicly available) criteria – or quality aspects in the case of HsV – are used, as a minimum, when a quality assurance process results in formal decisions.

A central question is whether this selective use of a criteria based approach restricts the extent to which the Nordic agencies comply with the standard. To put it differently, a central question is whether to interpret the standard as one that demands all quality assurance activities to rest on a criteria based approach. This question is implicitly answered by European standard 2.3 which specifies that any formal decisions made as a result of an external quality assurance activity should be based on explicit, published criteria. By doing so, the standard implicitly signals that quality assurance activities that do not result in formal decisions need not rest on predefined criteria. This conclusion is supported by the statement in relation to standard 3.7 that agencies may develop and use other processes and procedures for particular purposes.

As a consequence, a determination of an agency's compliance with the standard requires the provision of detailed information about the outcomes of the different types of quality assurance activities that an agency undertakes, and whether those leading to formal decisions rest on (pre-defined and publicly available) criteria.

#### **FINHEEC's Audit manual**

The manual describes the Finnish audit model: its targets, criteria, methodologies, and follow-up measures. It explains the entire audit process. Thus, it can be used as handbook by FINHEEC, the audit groups and higher education institutions preparing for an audit. The manual is publicly available on FINHEEC's website in Finnish, Swedish and English.

### **9.3 Inclusion of self-assessment, external assessment by a group of experts, site visits and a public report**

*The processes will normally be expected to include a self-assessment or equivalent procedure carried out by the subject of the quality assurance process; an external assessment by a group of experts, including, where appropriate, student member(s), site visits as decided by the agency and publication of a report, including any decisions, recommendations or other formal outcomes.*

By specifying some specific elements that a quality assurance process is (normally) expected to include, the standard provides clear advice on what to look for in the assessment of an agency's compliance with the standard. Moreover, it makes clear that assessors should focus on the extent to which each of the processes used by the agency being assessed include:

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

Whereas this section will focus on interpretations of the first three elements and what to look for in an assessment process, follow-up procedures will be dealt with separately in section 9.4.

The clear specifications of the elements which are expected to be included in any quality assurance process undertaken by an agency make it evident what kind of documentation one should ask for when assessing an agency's compliance with the standard. In relation to 1), the documentation to request would thus be a description of the forms in which the subject of a quality assurance process is involved in the process. In relation to 2), the agency's strategy for the composition of groups of experts, and a description of the division of labour between the experts and the agency staff as regards the assessments would be required. Finally an account of the extent to which site visits form part of the quality assurance processes would be needed. Examples of published reports would constitute a relevant source of documentation for an assessment of an agency's compliance with 3).

Although the specifications of elements to be included in the process aid the assessment process, the wording of some parts of the specifications does leave substantial room for different interpretations that require a discussion of relevant minimum requirements. One example is the formulation "equivalent procedure" in relation to self-assessment. This formulation implies that assessors will need to discuss what a procedure must contain to qualify for being considered as equivalent to a self-assessment. This in turn would require a discussion of the appropriate definition of a self-assessment. An analysis of the forms of procedures used by the Nordic agencies suggests that a procedure should include, as a minimum, some form of reflection on own strengths and weaknesses if it is to qualify for being considered equivalent to a self-assessment. With this definition, procedures that only comprise, say, a questionnaire comprising "closed" questions - as opposed to procedures including qualitative elements - should not be accepted as a form of self-assessment. To assist in this assessment, the characteristics of the forms of self-assessment applied to the different types of quality assurance processes that the agency carry out, as well as examples of self-assessment guides in relation to each form of self-assessment, would be relevant to consider.

The statement that the external group of experts will be expected to include a student member “as appropriate” is another example of a part of the standard requiring assessors of an agency to agree on a definition or a threshold. At least they will have to do so if students are not always to be included in the expert groups. Alternatively, the assessors may in such cases decide that the decisive factor should be whether the agency being assessed is able to provide convincing arguments for deciding not to include students in the expert groups. In any case, a description of the strategy for student participation in the groups would be required. An account of any student participation in expert groups over recent years could also be relevant.

#### **HsV’s inclusion of students in expert groups and follow-up on their experiences**

HsV attaches central importance to the inclusion of both undergraduate and postgraduate students in the panels of assessors. The panels set up by the agency between 2001 and 2005 have included both categories of students, and a grand total of 209 have participated. During the site visits, the panels meet both undergraduate and postgraduate students. Acting as an assessor, or having some other involvement in the site visits, offers students one way of exerting influence over their programmes. In order to persuade more undergraduate and postgraduate students to take part in the evaluations, HsV has improved its information to the student unions at the higher education institutions.

Seminars are held each year with student and doctoral student members of expert panels to discuss their experiences. The aim has been to gather opinions on how the evaluation process can be developed and improved. HsV’s point of departure is that undergraduate and postgraduate student assessors are on an equal footing with other panel members. The student assessors have always expressed a positive opinion about their task and the process adopted by the agency. In general the student members of the panels have reported that they enjoy the respect of the other assessors. For some of the panels, the role of the chair has circulated, with an undergraduate and postgraduate student sharing the post with a professor on the panel. This approach was considered a positive experience.

## **9.4 Inclusion of a follow-up procedure**

*The process will normally be expected to include 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.*

European standard 3.7 emphasises that quality assurance processes are (normally) expected to include a follow-up procedure to review action taken by the subject of the quality assurance process in light of any recommendations contained in the report.

By so doing, the standard expresses the expectation that a quality assurance agency includes follow-up procedures as part of its quality assurance processes, irrespective of whether the agency has been given a formal role as regards follow-up or not.

The understanding and importance of follow-up is elaborated in the guidelines related to standard 2.6. These guidelines include the following statement:

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 statement suggests that the focus of a procedure must be considered when assessing whether a described procedure qualifies for being considered as a follow-up procedure. More specifically the statement suggests that a minimum requirement for a follow-up procedure is that it focuses on how the subjects of the quality assurance processes deal with the recommendations and fulfil any procedural requirements concerning follow up. For this purpose it may be relevant to distinguish between procedures that provide information about the effects of quality assur-

ance processes and those focusing on the adequacy of quality assurance processes. Whereas the former should be viewed as a follow up mechanisms, the latter should rather be seen as quality work mechanisms. This is, however, not to say that the two areas of focus cannot be integrated in one activity.

The follow-up procedures of the Nordic agencies comprise the following:

- Although it is not part of the mandate of the agency, EVA monitors whether the programmes and institutions which have been subject to a quality assurance activity formulate and publish a follow-up plan, and also asks the institutions if they have begun implementing the plan. As regards accreditations of professional bachelor education programmes, EVA has a defined role in the follow-up procedure in cases where an accreditation results in a recommendation of a conditional approval of a programme. In these cases, EVA will be involved in two phases. Firstly, the Ministry of Education will ask EVA to assess the follow-up plan sent in by the institution. The institute will evaluate the planned initiatives and solutions, and analyse whether implementation of these would be sufficient to change the hitherto negative assessments of specific quality criteria to positive assessments. On the basis of EVA's written response, the Ministry will decide whether to approve the follow-up plan. Secondly, EVA will evaluate whether the institution has implemented the follow-up plan satisfactorily within the time frame given by the Ministry of Education. In turn, EVA will submit a new report to the Ministry with conclusions as to whether the recommendation of a conditional approval can be changed to a recommendation of an unconditional approval. EVA plays a similar role in the accreditation of medium cycle higher education institutions as university colleges, except that there is no phase one. The follow-up procedure moves directly to the evaluation of revised or new documentation.
- In Finland, the higher education institutions themselves are responsible for the measures recommended by evaluations, as they are for the quality of their activities. An important form of follow-up is the annual result and target negotiations between the higher education institutions and the Ministry of Education. FINHEEC is not involved in these negotiations. However, a follow-up procedure is included as part of FINHEEC's thematic and programme evaluations – see text box below.
- There is clear and explicit legislation governing HsV's task of undertaking follow-up on completed evaluations, as well as other kinds of follow-up. The division of responsibilities is also clear and explicit. HsV's instructions make it clear and explicit that the agency is to undertake follow-up of completed evaluations, and that it may implement the evaluations and follow-ups that it considers appropriate using what it deems to be appropriate methods. This means that it is HsV, the authority that conducts evaluations, that follows up its own evaluations. It is also HsV that makes its own independent decisions about the form follow-up is to take. Follow-up is an integral part of the HsV evaluation model and can take a number of forms. One is a feed-back conference about three months after the publication of a subject or program review. Such conferences aim, among other things, to discuss views on the implementation of the review and discuss the content of the assessments as seen from the perspective of representatives from the reviewed subjects or programmes. Another form of follow up is one that takes place after one year if reviews have resulted in the questioning of entitlement to award degrees. If the weaknesses have not, by then, been adequately remedied, the institution will lose its right to award the degree in question. Finally, after three years, a follow-up of all reviewed programmes and subjects is made. The aim is to acquire information on how the departments have dealt with the recommendations made in the report and what improvements have been carried out. The follow-up also includes consideration of the overall effects of the reviews.
- The legislation concerning NOKUT does not say anything about follow-up procedures. NOKUT has no legal basis or authority to conduct follow-ups and has not established such procedures. However, the system of audit and accreditation in itself works in such a way that it encourages the institutions to follow up on recommendations given in NOKUT's reports. In the case of audits, this is because the institution will have to go through another quality audit if it fails the first one, and if the institution wants to retain the right to establish new study programmes. In addition, the cyclical nature of the audit regime gives NOKUT a possibility to investigate whether the institutions have improved their quality systems in the period between the audits. If an application for accreditation is turned down, the institution must apply once

more to be accredited. The institution will have to improve the deficiencies in order to satisfy NOKUT's criteria. If the experts approve to the first application, there is no need for follow-up, because the institution is qualified and gets its accreditation. An accredited institution is supposed to be of such a quality that there is no need for further investigation.

Whereas these descriptions show that all Nordic agencies have procedures to review actions taken by subjects of quality assurance activities, a comparison of the descriptions reveals that the procedures differ substantially among the Nordic agencies. The impression is that the differences relate to at least two main factors.

First of all, the differences in the mandate the agencies have been given as regards reviewing actions taken by subjects of quality assurance processes, and thus the division of labour between different authorities as regards follow-up, appears to be decisive. The impression is that the more an agency bears a formal responsibility for reviewing actions taken by the subject of the quality assurance process, the more firm and comprehensive are the follow-up procedures applied by an agency. Any assessment of the follow-up procedures of an agency will thus have to take into account the mandate and formal role of the agency in relation to follow-up.

Secondly, a look at the practices of the Nordic agencies suggests that the basic characteristics of the quality assurance activities affect the extent to which follow-up procedures are needed. The nature of the quality assurance processes can automatically ensure that the subjects of the quality assurance processes follow-up on the detected weaknesses or errors. In NOKUT's accreditations, the institutions will lose their right to take in new students if they do not follow-up on a negative assessment. In this case, the follow-up procedures of the agencies are of less importance. The nature of the quality assurance activities is, therefore, also important to consider when assessing the follow-up procedures of an agency.

#### **FINHEEC's follow-up evaluations**

A follow-up procedure is included as part of FINHEEC's thematic and programme evaluations. It is not a second evaluation, but an analysis of the impact of the evaluation proper and to what extent the enhancement issues and recommendations raised during the evaluation have materialised.

The follow-ups occur approximately three years after the evaluation report has been published. They are always initiated by FINHEEC. A steering group, with members representing the most comprehensive expertise in the evaluation object or theme, is appointed for each evaluation to plan and conduct the follow-up. The follow-up procedure constitutes a survey of the participating higher education institutions, a concluding report based on the survey, and a closing seminar for the participating institutions.

Follow-ups have no formal consequences, but they are deemed to constitute an integral part of the evaluation process and improvement of the quality of higher education. The higher education institutions have commented in their feedbacks that the follow-ups are important tools for the enhancement of their operations.

## **9.5 Professional management**

*The agency should ensure that its requirements and processes are managed professionally.*

The quality assurance activities of an agency are often managed by different individuals and groups of individuals, which obviously implies a risk of different levels of management professionalism across the activities. This risk is likely to exist particularly when the management of quality assurance activities – or parts hereof – are subcontracted to individuals outside the agencies, but it also exists even when they are managed by a smaller number of agency staff. In order to assure the same high level of professionalism in the management of the activities of an agency it is, therefore, important that agencies have procedures to assure this. The guideline is



likely to be seen in this perspective and may thus be interpreted as calling for the existence of detailed prescriptions of how the different elements included in the quality assurance activities of an agency must be handled. The Nordic agencies are all very aware of the importance of procedures to ensure consistent and professional management in general. Their comprehensive strategies for staff recruitment and policies for staff development, presented in section 8.2, clearly illustrate this. It is also illustrated by the fact that all the agencies have in place a number of internal quality assurance mechanisms, ensuring that the quality assurance processes are managed in a consistent and professional manner:

- EVA has an Evaluation Handbook describing in detail the procedures EVA has adopted and implemented to ensure the quality of the processes related to the evaluations, see text box below. The methodology unit provides methodological guidance to the evaluation officers responsible for EVA's evaluations in order to ensure a sound methodological quality of the evaluations and a correct methodological use of different forms of documentation in the evaluation reports, i.e. statistical data and information from interviews, self-evaluation reports and site visits. The staff of the methodology unit, administrative staff and also staff with special expertise in relation to language and communication are involved in different stages of the evaluation processes. This form of project organisation is an important part of the way in which EVA assures the professional management of its quality assurance processes.
- All FINHEEC's evaluation processes follow certain procedures and practices. They are documented into FINHEEC's evaluation handbooks. There is also a separate manual for audits (see 9.2.). Due to methodological variation in the evaluation forms, some evaluation forms do not contain all of the procedures. More experienced staff members tutor younger colleagues to ensure that an evaluation fulfils required procedures. In addition, an important tool for ensuring consistency is the training of external experts.
- HsV's evaluations are to follow the evaluation procedures and routines that have been documented (prior determination of quality aspects, instructions for self-evaluation, assessor's manual, "internal guidelines" and other joint documents), i.e. quality assurance is to apply to all elements of the evaluation process, including the recruitment of experts. The Agency tries to minimise the number of differences in assessments through directives on how reviews should be implemented, through common quality aspects, through frames of reference formulated by the assessors and through the training of assessors.
- NOKUT's staff use detailed procedures in order to quality assure the appointment of experts, site visits, report writing, etc. A description of the procedures is stated in NOKUT's regulations and can be found on NOKUT's website. NOKUT ensures that the conclusions are reached in a consistent manner through different methods. Among those are the criteria the committees use as a basis, the mandate given to the committees, information and training of experts, the cooperation between the committees and internal discussions in NOKUT.

#### **EVA's Evaluation Handbook**

The evaluation handbook describes how each of the different steps and activities in an evaluation process must be handled. The evaluation handbook is electronic, which makes revisions easy whenever a procedure is considered outdated or irrelevant. Furthermore, the electronic handbook makes it easy to access relevant standardised documents such as letters and agendas to be used in the process as the book contains direct links to these. The evaluation handbook specifies at which stages it is obligatory for the evaluation officers to consult staff members with special methodological, communication, language or administrative expertise.

## **9.6 Consistent conclusions and decisions**

*The agency should ensure that its conclusions and decisions are reached in a consistent manner, even though the decisions are formed by different groups of people.*

This guideline appears to primarily concern agencies conducting quality assurance activities where the number of programmes, or institutions included in each activity, implies that the number of, for example, site visits exceeds that which a single group of experts can reasonably manage in

terms of human resources, a given timeframe, etc. In such cases, the risk of inconsistency is high, and mechanisms to ensure consistency are needed. In an assessment process, an agency should, in such cases, be able to account for the mechanisms it applies to ensure consistency in conclusions and decisions.

EVA, HsV, and NOKUT all have activities where conclusions and decisions are reached by different groups of people. The mechanisms these agencies use to ensure consistency are fairly similar and mainly comprise the use of predefined criteria and the training of experts. Furthermore, and most importantly, agency staff involved in the quality assurance activity concerned are explicitly given the responsibility of ensuring that conclusions and decisions are reached with reference to similar interpretations of the criteria and threshold values, e.g. through close dialogue with the involved experts and in the drafting of reports.

## 9.7 The existence of an appeals procedure

*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 each agency.*

The Nordic countries do not have a strong tradition of formal appeals procedures. Only Norway has set up a formal procedure:

- Section 13 of the EVA Act states that institutions can register objections to conclusions made by EVA with the Minister of Education. Until recently, the conclusions of evaluation reports had no formal consequences for the institutions, and the possibility of objecting has not been used. In the accreditations of professional bachelor programmes, it is the Ministry of Education that is responsible for making the final decision on the basis of EVA's analyses and recommendations. The Ministry of Education has not established a special appeals procedure for accreditation decisions, but institutions can use the Ministry's general complaints procedures.
- Only two types of evaluations conducted by FINHEEC include a formal decision, against which a higher education institution may wish to appeal. These are the accreditation of professional courses and audits of quality assurance systems of higher education institutions. The appeals can be made to an administrative court in Finland.
- There is no formal system of appeal against decisions taken by HsV. According to Swedish legislation, only decisions affecting individuals can be appealed against. The Higher Education Act lays down the power of the National Agency for Higher Education to both question and withdraw a higher education institution's entitlement to award degrees. The Higher Education Ordinance also lays down that no appeal may be made against a decision by the Agency pursuant to the Higher Education Act and Higher Education Ordinance.
- An institution can appeal against NOKUT's decisions on accreditations and evaluations of quality assurance systems. An institution cannot file a complaint about NOKUT's academic evaluation of the quality assurance systems. Neither can an institution file a complaint about NOKUT's academic evaluation of an application for accreditation.

The diversity among the Nordic countries indicates that the question of appeals is rather new. This is probably related to the fact that quality assurance processes have primarily had an enhancement perspective until recently. Only in Sweden have accreditation-like practices been in existence for a longer period of time as an element in the processes. Norway is the first country to introduce a comprehensive accreditation system, and it is also here that one finds the most developed appeals procedure – see text box.

**NOKUT's Complaints Committee**

An institution can appeal against NOKUT's decisions on accreditations and evaluations of quality assurance systems. Complaints will be dealt with by an independent complaints committee. The committee will only deal with decisions in relation to the formal administrative rules governing the processing of applications. An institution cannot file a complaint about NOKUT's academic evaluation of the quality assurance systems or about an application for accreditation. Decisions of the appeal board may not be appealed.

Governmental regulation (to the Act relating to universities and university colleges) states that there shall be an appeals board, consisting of six members and personal deputies. Two members shall be students. The Chairman and Deputy Chairman shall fulfil the statutory qualification requirements for judges of the Court of Appeal. The Chairman shall not be an employee or member of the board of an institution subject to the Act relating to universities and university colleges. The members of NOKUT's complaints committee are appointed by the Ministry of Education and Research.



# 10 Accountability procedures

## **European standard 3.8:**

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 subcontracted 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.

## 10.1 About accountability procedures

A fundamental expectation to institutions of higher education is that they are able to demonstrate the existence of well functioning internal quality assurance systems. This expectation is, for instance, expressed in part 1 of the European Standards and Guidelines report, which contains a number of requirements for internal quality assurance within higher education institutions. To have similar expectations to quality assurance agencies is logical and is expressed in standard 3.8, which states that agencies should have procedures in place for their own accountability.

The guidelines related to the standard specify a number of elements that are expected to be part of the accountability procedures of agencies. Similar to the guidelines related to standard 3.7, these guidelines are also very detailed. The guidelines will be discussed in sections 10.2 to 10.8.

A general observation is that the guidelines attached to standard 3.8 stress some specific processes that are expected to be quality assured by an agency, while other important processes are not dealt with. Whereas the guidelines, for instance, emphasise quality assurance of the work of subcontractors, quality assurance of important documents such as the guidelines for self-evaluation, and central processes such as site visits and the use of documentation are not mentioned at all. When examining compliance with the standard, one should be aware that the guidelines do not mention all the processes of an agency that are likely to be the focus of its internal quality assurance system.

A challenge regarding the content of the guidelines is that there seems to be some interrelations between the guidelines related to accountability procedures and some other standards and guidelines for external quality assurance agencies. An example illustrating this will be highlighted in section 10.4.

Finally, some of the terms used in the guidelines leave substantial room for different interpretations.

This will be elaborated in the relevant subsequent sections, where each of the guidelines to standard 3.8 will be treated in turn under the following headings:

- Published policy for internal quality assurance
- Evaluation of fulfilment of mission and goals
- No-conflict-of-interest of external experts
- Quality assurance of the work of subcontractors
- Feedback mechanisms
- Internal reflection mechanism
- External review.

## 10.2 Published policy for quality assurance

*The agency has a published policy for the assurance of the quality of the agency itself, made available on its website.*

This requirement emphasises the importance of a systematic and transparent approach to quality assurance. A central question is what a document must contain in order to be accepted as a policy. The different types of documents that the Nordic agencies refer to in their reflection on the extent to which they have a policy for the assurance of the quality of the agencies themselves, clearly illustrate that “policy” may be interpreted in various ways:

- EVA includes an extensive focus on internal quality assurance and quality enhancement mechanisms in its different strategy documents, where the visions and values underlying the quality work at EVA are also presented. The agency plans to develop a quality assurance handbook which will, among other things, include a presentation of the purpose of EVA’s quality work and the activities involved. EVA’s overall strategy is publicly available on its website, and is also published and distributed to a wide range of stakeholders.
- FINHEEC’s Action Plan and strategy provide the general foundation for its quality assurance. The agency has established procedures that assure quality, but these have not yet been formulated into a separate written quality policy.
- HsV has a policy for quality assurance of its evaluation activities. This policy has been adopted by the University Chancellor and describes how the agency works with the internal quality assurance and monitoring of its operations, and with the external appraisal of its activities. For more detailed information – see text box below. The policy for quality assurance is published on HsV’s website.
- NOKUT’s quality system builds on, and refers to, the strategy plan of NOKUT. The plan states that the quality system shall work in such a way that it unveils critical points in the processes and leads to improvement and development. The quality system states both the main objectives of, and criteria for good quality work. NOKUT’s strategy plan is openly available on the agency’s website. The document that describes the quality assurance system is not.

### **HsV’s policy for quality assurance**

HsV has a quality assurance policy for its evaluation activities. This comprises both internal and external quality assurance. The quality assurance is based on practising what we teach, i.e. subjecting the Swedish National Agency’s evaluation activities to the same kind of appraisal as the higher education institutions undergo, and complying with the same demands as those it makes of the higher education institutions. Awareness of the significance of quality assurance for its own operations and for the credibility of the agency’s evaluation activities is a strength. The policy is published on the agency’s website in a

Swedish and an English version. This also applies to other information on the department's activities.

Examples of important parts of the policy are:

- Evaluations are to follow the evaluation procedures and routines that have been documented (prior determination of quality aspects, instructions for self-evaluation, assessor's manual, "internal guidelines" and the other joint documents), i.e. quality assurance is to apply to all elements of the evaluation process.
- In appointing the panel of assessors, the risk of conflicts of interest must be avoided.
- Exchange between different kinds of evaluation organisations, both nationally and internationally, must be ensured.
- An analytical summary of the evaluations undertaken during the year, and their effects, is to be drawn up. This analysis is intended for the higher education institutions, the Government and the general public.

**Internal monitoring:** Evaluation projects are to be monitored continuously, while in process, through operational review, at project manager conferences and at specific information meetings.

**External monitoring:** After evaluation projects have been concluded, feed-back is to be given by the assessors, project staff, higher education institution and students. "Feed-back" can take several different forms, such as completed questionnaires, seminars, special studies, etc. Evaluation activities are to be monitored continuously by the Advisory Board with international experts appointed by HsV.

**External review:** Evaluation activities are to be reviewed by external assessors at least once every five years.

### 10.3 Evaluation of fulfilment of mission and goals

*The quality work includes procedures which demonstrate that the agency's processes and results reflect its mission and goals for quality assurance (of higher education).*

It is obvious that a basic prerequisite for the ability to comply with this requirement is that an agency has explicit missions and goals for its quality assurance activities, and thus that an agency complies with ENQA standard 3.5 (see chapter 7). The standard is also related to standard 2.8 which asks quality assurance agencies to produce summary reports describing and analysing the general findings of their reviews, evaluations, and assessments, etc.

The Nordic agencies employ a number of different procedures to monitor the fulfilment of missions and goals. The procedures for each agency comprise the following:

- The annual performance contracts between EVA and the Ministry of Education include goals for achievements in relation to the institute's evaluations and other activities. Each of EVA's units sets goals for its activities on an annual basis, with reference to the general strategy of EVA. The goals are decided upon at the beginning of each year, and follow-up on their achievement takes place at the end of the year. Surveys among external stakeholders focus specifically on the extent to which the agency fulfils its mission and goals.
- FINHEEC has different procedures to monitor the correspondence of its operations with its mission and goals:
  - The council recurrently discusses and redefines its policy. In addition, the frequent communication between the council chairs and the Secretary General/Secretary ensures that the staff and the council are aware of each others' activities.
  - Annual negotiations with the Ministry of Education and Rectors' Councils of both higher education sectors provide relevant stakeholder feedback on FINHEEC's operations. FINHEEC has also conducted several large analyses of its evaluations.

- Self-evaluation is used as a reflection tool for determining whether there is correspondence between missions, goals and operations.
- At the end of each term, FINHEEC publishes a report on the past term. It contains reflection in retrospect, which is used for planning the next term.
- HsV evaluates the fulfilment of missions and goals in various ways. Each year, HsV reports its fulfilment of missions and goals to the government. Activities are internally monitored continually throughout the year. On a regular basis, HsV follows up the panels' views on the evaluations through questionnaires and special seminars. Furthermore, the institutions that have participated in an evaluation are invited to a feedback conference to offer their views on the outcomes of the process. Special studies are carried out, from time to time, on the basis of questionnaires to Vice-Chancellors and officers responsible for quality. Furthermore, a major study has been conducted by an independent researcher on the way in which the agency has fulfilled its missions and goals, as seen by the institutions and assessors.
- The Board of NOKUT makes the final judgement in all audits and institutional accreditations. Annual self-evaluations are conducted, where elements like feed back from institutions and external experts are included.

The approaches applied by the Nordic agencies illustrate that information about the extent to which an agency's processes and results reflect its mission and goals of quality assurance may be obtained by very different means. It can be obtained through the collection of the views of external stakeholders, such as the reviewed institutions, programmes or policymakers, etc. The collection of views may be obtained through both qualitative methods, such as seminars and self-evaluation, and quantitative methods, such as questionnaires. Evidence might also be provided through external evaluations or summary reports – see text box below.

Moreover, the form of the procedures is not decisive. What is important is that the accountability procedures actually provide information on the extent to which an agency's processes and results reflect its mission and goals. This in turn suggests that an agency should be able to point out how the different questionnaires, seminars or other activities contribute with information about the fulfilment of the formulated missions and goals.

As the requirement also stresses that the procedures applied should demonstrate that the agency actually fulfils its missions and goals, an agency must also be able to provide evidence that this is the case. It goes without saying that the methods used must be valid and appropriate for measuring the extent to which an agency fulfils its missions and goals.

#### **HsV's summary reports - How did things turn out?**

The policy for quality assurance states that an analytical summary of the evaluations should be undertaken during the year, and their effects are to be drawn up. This analysis is intended for the higher education institution, the Government and the general public. The report includes an account of the state of higher education in Sweden, and is also an important document which shows the extent to which HsV fulfils its missions and goals. This report, "How did things turn out?" has become one of the agency's most important and popular reports. The report shows the results from the evaluations conducted during the year. It also includes sections on: the results and effects of the evaluations; the quality of Swedish higher education compared to other countries; the employers' or professionals' views on the programmes that have been evaluated; and an analysis of the composition of the expert panels. The report also suggests what the higher education institutions and the government should do to improve Swedish higher education. The report is published in Swedish and English.



## 10.4 No-conflict-of-interest of experts

*The internal quality work contains procedures which demonstrate that the agency has in place, and enforces, a no-conflict-of-interest mechanism in the work of its external experts.*

The expectation expressed in this guideline should be seen in conjunction with the guideline related to European standard 3.6, requiring that an agency appoints external experts without interference from third parties. The two guidelines are interrelated in the sense that an agency's appointment of external experts without interference from third parties appears to be prerequisite for an agency's ability to ensure that the work of the experts is characterised as having no conflicts of interest. However, this is not to say that an agency's full control of the appointment of experts is a sufficient means to ensure no conflict of interest exists in the work of the external experts. This control will have to be supplemented by some forms of mechanisms to prevent conflicts of interests arising, or at least to ensure that immediate action is taken if conflicts of interests become apparent.

All the Nordic agencies apply mechanisms to prevent conflicts of interest arising in the work of the external experts. Predefined procedures and criteria for the selection of experts and composition of groups of experts are mechanisms employed by all the agencies in this respect. Selection criteria include, among others, a requirement that the experts do not have any form of relation to the institution(s) or programme(s) under review. To ensure that the experts are aware that their independence is a fundamental requirement, EVA and NOKUT also demand that the appointed experts confirm in writing that they are not in any way associated with the institution(s) or programme(s) under review. If they fail to do so, their appointment is redrawn, and another expert is appointed. In the case of HsV, potential experts are asked about possible conflicts of interest, and references are taken. If such conflicts are found to exist the person is not appointed. Once groups of experts have been established, the mechanisms employed by the agencies to prevent any conflicts of interests arising vary. As an example, HsV again raises the question of conflicts of interest in the 1-2 day training sessions, and the topic is included in the handbook for assessors.

When scrutinising the mechanisms applied by an agency to prevent and avoid conflicts of interest in the work of the experts, focus should rest on the extent to which the mechanisms are well documented and employed systematically.

### **NOKUT's no-conflict-of-interest mechanisms**

The purpose of NOKUT's no-conflict-of-interest mechanisms is to prevent situations where doubt is cast on a committee's conclusions because an expert is suspected of not being impartial.

NOKUT's quality system contains procedures for how to select and recruit experts in order to prevent conflicts of interest. Among these are the evaluation subject's right to comment on an expert. In addition, NOKUT has detailed criteria on the selection of experts and the composition of groups. All experts also need to confirm - in writing - that they do not have any appointments with the institution or programme that is the subject of the evaluation, or any other connection that may cast doubt upon their impartiality

## 10.5 Quality assurance of subcontractors

*The internal quality work includes procedures which demonstrate that the agency has reliable mechanisms to ensure the quality of activities and material produced by subcontractors.*

All the Nordic agencies use subcontractors for travel planning, catering services, the printing of reports or other practical purposes. These kinds of subcontractors should not be in focus when comparing the practices of an agency to the requirement. The guideline must be aimed at activities and materials that have a direct link to the central elements of the quality assurance proc-

esses, e.g. the gathering of information and documentation, site visits, assessment, formulation of conclusions and recommendations, report writing, and follow-up procedures. Among the Nordic agencies, only EVA uses subcontractors in its quality assurance processes on an every day basis. The subcontractors used by EVA are consultancy firms who carry out user surveys, which often form part of the documentation in EVA's evaluations. The agency has established an internal unit to assure the quality of work of the consultancy firms – see text box below.

#### **EVA's methodology unit.**

The methodology unit plays a vital role in the quality assurance of EVA's production processes. Originally, the unit was established with the main purpose of assuring the quality of the co-operation with, and the material produced by, consultancy firms that carry out the user surveys which are often part of the documentation in EVA's evaluations. This task is still an important one, and it comprises a number of different activities, ranging from contract management to the assessment of the quality of the reports. In relation to the evaluation process, the unit is today also responsible for providing methodological guidance to the evaluation officers responsible for EVA's evaluations in order to ensure sound methodological quality of the evaluations and correct methodological use of different forms of documentation in the evaluation reports, i.e. statistical data and information from interviews, self-evaluation reports and site visits.

The unit is currently working on developing a methodological handbook, and also initiates various kinds of methodological development projects with the purpose of ensuring the sound methodological quality of EVA's evaluations and other projects.

## 10.6 Feedback mechanisms

*The internal quality work includes procedures which demonstrate that the agency has in place both internal (staff, council/board) and external (reviewed institutions, experts) mechanisms for feedback on its activities, in order to inform and underpin its own development and improvement.*

This requirement indicates that at least three elements must be considered when assessing an agency's feedback mechanisms. First of all, the extent to which feedback opportunities are given to relevant internal and external stakeholders. Secondly, assessors should examine the focus of the feedback. Finally, it seems relevant to examine whether the content of the feedback has been documented in such a way that it is possible to use it for development and improvement.

It is difficult to make a universal definition of the term "stakeholders", as stakeholders have different relations to quality assurance agencies, depending on the organisational structure of the agency, the national context in which it operates, etc. Similarly, "mechanisms" may take a number of different forms. As the subsequent descriptions illustrate, feedback mechanisms are highly prioritised by the Nordic agencies, and a number of stakeholders are provided with feedback opportunities concerning the activities of the agencies.

External feedback mechanisms:

- EVA conducts a number of external surveys in order to monitor its external activities on a regular basis, or whenever the need for such a survey is identified. Besides the surveys, feedback from key stakeholders is also ensured through meetings with the Ministry of Education, the Ministry of Science, Technology and Innovation and meetings with the Danish Rectors' Conference. It is the ambition of EVA to establish quality assurance activities in all relevant areas of its work. These activities should provide the basis for the accumulation of internal knowledge and, thereby, on the one hand monitor internal compliance with established policies and, on the other hand, constitute a basis for decisions on the alteration of policies and procedures. EVA sees an interesting perspective in creating an inclusive and joint expression of the satisfaction with the operation of the institute and, not least, in being able to follow the development of this overall expression over time – see text box below.

- FINHEEC collects feedback from external experts and the higher education institutions who have participated in evaluations concerning the processes and methodologies of the evaluations. A web-based feedback solution has been tested for one evaluation, and, in the future, all evaluations will make use of this solution. In addition, The Board of Professional Courses has separate feedback collection mechanisms. Informal stakeholder feedback is collected at annual meetings with the Rectors' Councils and student unions of both higher education sectors. The follow-up evaluations also offer feedback on evaluation methods.
- HsV sends out questionnaires to all those responsible for quality assurance at the higher education institutions, to all vice-chancellors and to members of all the expert panels. The responses are analysed and action is taken where it is deemed reasonable. HsV has also initiated a study which focuses on the results of the provision of higher education as presented in the evaluations. Seminars are held each year with student and doctoral student members of expert panels to discuss their experiences. In order to obtain further points of view on its quality evaluation procedures, the National Agency has arranged an annual conference for those responsible for quality assurance at the higher education institutions. Seminars on the evaluations have been held with the vice-chancellors of the higher education institutions, and arranged, for instance, by the Association of Swedish Higher Education (SUHF). An international Advisory Board was appointed in 2001, and it has monitored the Agency's implementation of the quality evaluations continuously. This group submitted its final report in the spring of 2005. A new group is now being appointed. The board consisted of five internationally recognised researchers in the field of evaluation. The Board not only bases its discussions on the evaluation reports but also on discussions with members of the staff of HsV. The Board has presented its observations and recommendations in four reports.
- NOKUT's units have procedures for feedback from reviewed institutions and experts. The units also have mechanisms for getting feedback from external associates in their annual self evaluation. These mechanisms shall have focus on development and improvement. The units are still developing these feedback mechanisms, and they are not complete yet.

#### Internal feedback mechanisms:

- EVA also monitors its internal activities in a number of internal surveys. They are conducted on a regular basis, or whenever the need for such a survey is identified. These activities should provide the basis for the accumulation of internal knowledge and, thereby, on the one hand monitor internal compliance with established policies and, on the other hand, constitute a basis for decisions on the alteration and improvement of policies and procedures.
- At FINHEEC, the council and the secretariat have both performed a self-evaluation every four years, at the end of each council's term. The self-evaluation has been performed on the basis of needs at that time, e.g. in 2003, FINHEEC used INQAAHE's guidelines for good practice as the self-evaluation template. The self-evaluations have been used in planning the next four-year term. In 2005, the secretariat began to employ self-evaluation on an annual basis. In addition, internal feedback is collected in annual results- and development discussions with staff members.
- At HsV, the project managers of each year's reviews meet regularly to discuss their experiences and problems, and to raise questions of common interest. A monitoring meeting between the project group and the Head of Department takes place about halfway through each project. After the conclusion of each review, there are follow-up meetings with the managers of the department and the project group concerned in order to gather experiences from the review and the work of the group. A departmental seminar is arranged annually to discuss the experiences of the past year's evaluations. In the light of experiences gained, and discussions with the Advisory Board, and on the basis of the outcomes of self-evaluations and external evaluation reports, routines are updated continuously.
- NOKUT's units also have mechanisms for obtaining feedback from internal associates in their annual self evaluation. These mechanisms shall have focus on development and improvement. The units are still developing these feedback mechanisms, and they are not yet complete.

### **The EVA-barometer**

The construction of an EVA-barometer reflects the fact that although the external or semi external surveys are concerned with the opinions of different stakeholders, many of them include a focus on the same six issues that are of prime concern to EVA. These are: the quality of the information respondents receive from EVA; cooperation and EVA's level of service; EVA's organisation of quality assurance processes; the reliability and validity of the chosen methods; the outcome of a process; and the final products' achievement of aims, e.g. the quality of the final report.

Until recently, the results of the many different surveys have been reported separately. However, as the range of surveys - and particularly the external ones - has become more extensive, EVA has seen an interesting perspective in creating an inclusive and joint expression of the satisfaction with the operation of the institute and, not least, being able to follow the development of this overall expression over time. This is what the so-called EVA-barometer is about, and it offers the advantage of making it easier for EVA to gain a current overview of relevant areas for improvement.

## **10.7 Internal reflection mechanism**

*The internal quality work includes procedures which demonstrate that the agency has in place an internal reflection mechanism, i.e. the means to react to internal and external feedback, and recommendations for improvement.*

This guideline can be viewed as a logical continuation of the part of the guideline discussed in the previous section. Whereas the guideline concerning feedback mechanisms emphasises that such mechanisms should be designed in such a way that they inform and underpin the development and improvement of the agency, the guideline cited above, literally, only adds that an agency should follow-up on the findings of the feedback mechanisms. Put differently, dissemination of the findings of the feedback mechanisms is a fundamental prerequisite for fulfilling this requirement. Unfortunately, dissemination of findings is not enough to ensure that the agency reacts to the feedback and recommendations for improvement. A more systematic procedure for follow-up on findings is needed.

A description of the practises of each of the Nordic agencies illustrates that such systematic follow-up procedures can take different forms and may provide some inspiration:

- The information about the quality of EVA's work that surveys and other quality assurance mechanisms produce is shared by means of EVA's Intranet and regular internal meetings. At these meetings, the results of the surveys and the recommendations for improvement they have led to, are presented and discussed. In order to ensure correspondence between EVA's goals and improvement initiatives, the use of predefined "satisfaction goals" has proved efficient. These goals facilitate the selection of results which need to be the focus of formulations of recommendations for improvement, which in turn ensure that EVA focuses its improvement initiatives on those areas where improvement is most needed. EVA has recently implemented an internal procedure to ensure that each recommendation will be followed by a clarification of who is obliged to follow-up on the recommendation, by which means and within which deadline.
- In FINHEEC, both formal and informal feedback is discussed and processed by the staff and, when appropriate, the council. Feedback is used for the planning of operations, evaluation processes and action plans for the next year/term, as well as for the development of evaluation methodology. The self-evaluations performed by both the staff and the council also work as reflection tools.
- At HsV, the outcomes of the internal and external feedback mechanisms, as described in 10.6, are continually reflected upon by the staff and the heads of departments, and appropriate action is taken after due consideration.

A major feature of NOKUT's quality assurance system is reflection. The units are supposed to assess: whether the methodologies and procedures are efficient; whether the work has been done in accordance with the procedures; and whether the quality and results of the work are satisfactory. This also includes reflections on feedback from external and internal associates. NOKUT's annual self-evaluation group conducts an assessment of the assessments that have been made in the units' reports - see text box below.

These different ways of ensuring internal reflection and reaction to feedback and recommendations for improvement suggest that an assessment of an agency's internal reflection mechanism compliance should focus on the actual outcome of the reflection processes, rather than the content. Moreover, emphasis should be placed on the extent to which the agency is able to document that it has followed up on the feedback and recommendations for improvement.

#### **The annual self-evaluation at NOKUT**

NOKUT's units collect external feedback after each evaluation. This is from both the institutions being evaluated and the experts being used in the evaluations. The units also hold internal debriefings after each evaluation. In addition, the units collect internal feedback, both during the year and as part of the annual self evaluation. Information from these feedback mechanisms is used in the annual self assessment conducted by each unit, and this is, in turn, used to improve procedures and mechanisms.

At the NOKUT level, an annual self evaluation group evaluates the way NOKUT's units are conducting their tasks, including how their feedback mechanism works, and how the units react to the feedback. In addition, internal cooperation between the units is an aspect of the annual self evaluation. NOKUT's annual quality report is presented to the board, and the Director is responsible for making a follow-up plan. The units take the annual report and the plan into account in their continued quality work.

## **10.8 External reviews of agencies**

*The agency is subject to external review of the agency's activities at least once every five years.*

The expectation that quality assurance agencies, themselves, undergo an external review on a cyclical basis resembles European standard 2.7, requiring agencies to undertake external quality assurance of institutions and/or programmes on a cyclical basis. The arguments for cyclical reviews are put forward in relation to standard 2.7. Here it is stated that:

*"Quality assurance is not a static, but a dynamic process. It should be continuous, and not "once in a life-time". 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." (Standards and Guidelines for Quality Assurance in the European Higher Education Area, p. 22)*

The guideline does not prescribe what the focus of external reviews of agencies should comprise, which elements the review process should consist of, or who the initiators of a review are expected to be. This may leave assessors of an agency with the impression that selection decisions concerning these features are left to the individual agencies. As is evident from chapter three of the report on the European Standards and Guidelines, a number of expectations do indeed apply in these respects. This chapter specifies among other things that external reviews of agencies should be concerned with not only the activities of the agency, but also its processes, and that the results of the review should be documented in a report that states the extent to which the agency complies with the European standards for external quality assurance agencies. The chapter also states that the process of the review should comprise a self-evaluation, an independent panel of experts and a published report. Follow-up is not mentioned explicitly as being expected to be part of the review process, but indirectly it is, as it is stated that the responsibility for follow-

up on a cyclical review of an agency rests first and foremost with the national authorities (i.e. owners of the agency) and the agency itself.

The expectations to external experts reviewing an agency, only state that they should be “international experts with appropriate expertise and experience”. In a worst case scenario, it may reduce the credibility of reviews if more specific criteria for the characteristics of the experts are not agreed upon in a European context.

Among the Nordic agencies, only EVA and HsV have so far been subject to external reviews, and reviews which fulfil the requirements mentioned above. The one the Evaluation Department of HsV has been subject to took place in 2003/2004. This review was followed up in 2005 and supplemented in a new external review of its evaluation activities to establish whether the agency meets the European Standards. The report was submitted to HsV in December 2005 and to ENQA in March 2006. EVA (and its predecessor EVC) has gone through two large-scale evaluations and one smaller one since 1998. The last one was conducted in 2005, and included, as with the review of HsV, an assessment of EVA’s compliance with the European standards – see text box below.

### **External Review of EVA in 2005**

In spring 2005, HsV was entrusted with the task of evaluating EVA. The brief was to evaluate the totality of the activities of EVA in three central areas: evaluation, knowledge centre activities and revenue-generating activities. The strategic considerations of the institute were examined, as well as the processes and chosen methodologies. The management and internal organisation of the institute were also analysed. The external framework and conditions pertaining to the work of the institute were considered in the assessment. It was an explicit aim that the evaluation should qualify the agency for inclusion in the planned register of quality assurance agencies active in Europe.

The evaluation was carried out by a panel of assessors consisting of five Nordic experts. HsV acted as the panel’s secretary and was responsible for the implementation of the evaluation. EVA prepared a self-evaluation report which served as the basis of the assessments of the panel. Supplementary information was gathered during a four day site visit to EVA. The staff, management, board and committee of representatives were interviewed, as well as chairs of panels of assessors, representatives of stakeholders and the Ministry of Education and the Ministry of Science, Technology and Innovation.