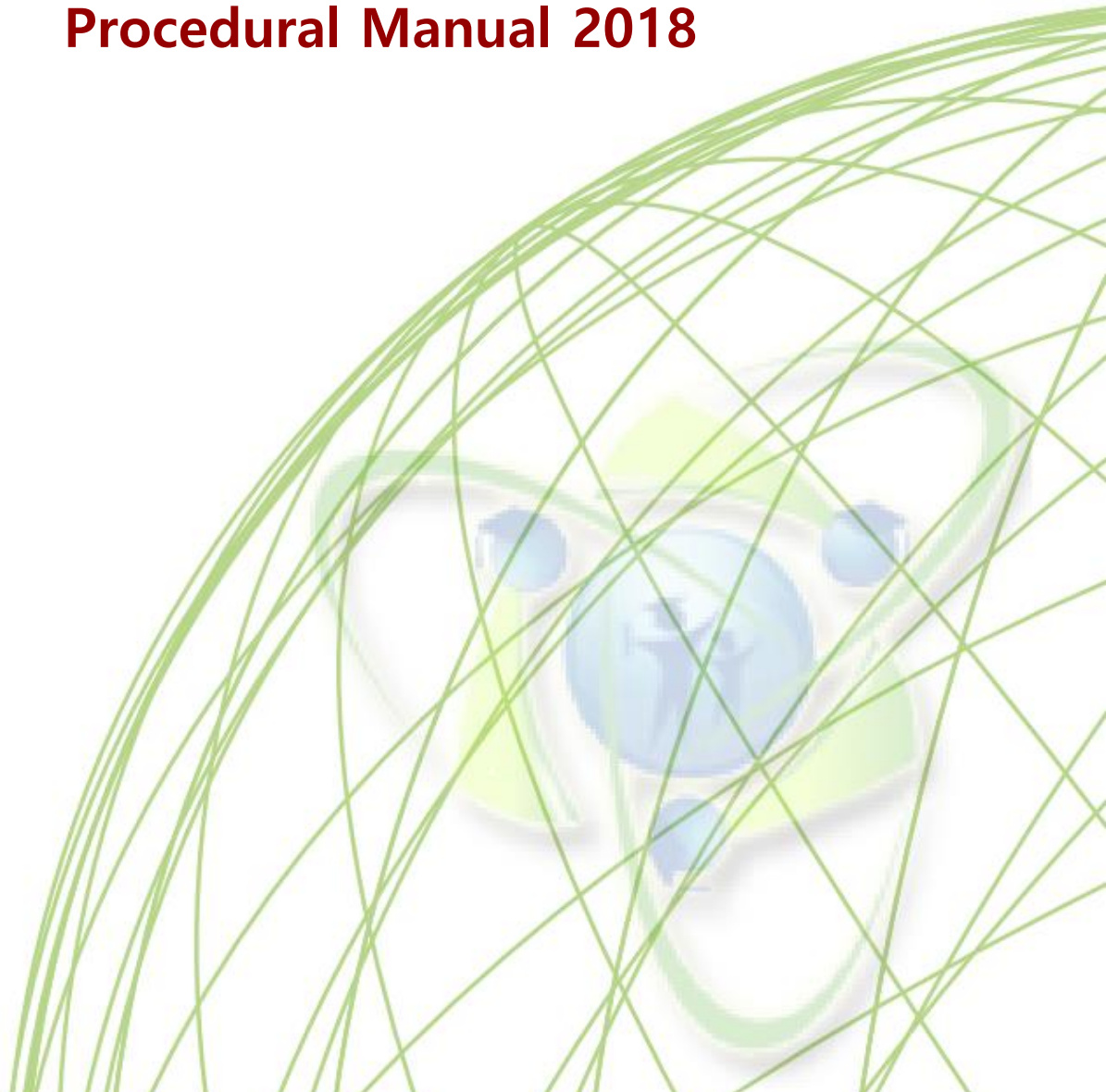




# **INQAAHE Guidelines of Good Practice**

## **Procedural Manual 2018**



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## FOREWORD




The INQAAHE Guidelines of Good Practice (GGP) originated, as a response to the growing massification, internationalisation and diversification of higher education provisions, as a tool to support the systems in safeguarding standards of higher education (HE) provisions, quality assurance (QA), in particular.

The GGP are part of INQAAHE's mission and are intended to promote high standards of professional practice by quality assurance agencies. The creation of the original GGP in 2003, along with its subsequent revision in 2006, demonstrates that, QA in higher education self-regulates through a code of conduct developed by the profession's membership for the higher education community at large. This is done through encouraging the INQAAHE members to review themselves against these standards of practice, to improve their operations and interactions with higher education institutions and programmes. Furthermore, organisations can request a formal review of their practices against the GGP by a panel of external Reviewers by contacting the INQAAHE Secretariat.

Since 2006, considerable changes have taken place in higher education and quality assurance due to advanced technology and, strictly related to the latter, increased diversification of HE and QA provisions. Considering the recent trends in higher education globally, and, in our pursuance to maintain relevance and effectiveness of the GGP, in 2014-2015 an INQAAHE Committee was established to review the GGP.

The revision included broad consultation with the INQAAHE stakeholders, founding members of INQAAHE, as well as the key implementers. The Committee submitted the revised version to the INQAAHE Board for approval, and, at the INQAAHE Forum in Fiji, 2016, received well-deserved special acknowledgements from the General Assembly for the valuable contribution.

Among other nuances, the new GGP:

-  have a special emphasis on QA of cross-border higher education;
-  emphasise the need for promoting integrity of QA providers as well as recognition of achievements;
-  promote links to the QA community.

In 2017, the procedures for the GGP alignment were revised to ease the burden of multiple recognition procedures for the EQAAs (external quality assurance agencies). The current manual provides a detailed description of the revised GGP and the respective procedures for alignment.

It is our hope that the fundamental principles of good practice in the external quality assurance (EQA) conveyed through the GGP lay a firm platform for the QA agencies in their daily operations, encourage and support good practice in member agencies, safeguard systems from bogus providers, thus benefiting HE institutions, their students and societies at large.







## THE GUIDELINES OF GOOD PRACTICE

A primary purpose of the INQAAHE Guidelines of Good Practice (GGP) is to provide criteria for use in the self- and external- evaluation of external quality assurance agencies (EQAAs).

The original Guidelines of Good Practice were published in 2003 and subsequently revised in 2006 and 2016. The revisions reflect the experience of the institutions, programmes, and Reviewers who have used the previous versions, as well as the changing landscape of HE and the societal expectations for HE.





The most current version of the GGP is intended to continue INQAAHE’s focus on the process of continuous improvement in the practices of EQAAs.

The benefits for QA agencies of undergoing a GGP alignment procedure are as follows:







-  Providing a firm platform for the quality assurance agencies in their daily operations and enhancement;
-  Encouraging and supporting good practice, thus, expanding potentials for collaboration with appropriate peers;
-  Safeguarding systems from bogus providers, thus, benefiting HE institutions, their students and societies at large;
-  Manifesting trustworthiness of EQAA and systems;
-  Providing a strong background for promoting mutual recognition of EQA outcomes and outputs;
-  Promoting transparency in EQAAs operations worldwide.

### The Structure of the 2016 GGP

The 2016, GGP evolve around four (4) major functional and operational dimensions of an EQAA, and are built around those major sections as follows:

-  Section I: The External Quality Assurance Agency (EQAA): Accountability, Transparency and Resources
-  Section II: Institutions of Higher Education and the EQAA: Relationship, Standards and Internal Reviews
-  Section III: EQAA Review of Institutions: Evaluation, Decision and Appeals
-  Section IV: External Activities: Collaboration with Other Agencies and Transnational/Cross-Border Education

In order to minimise any potential variances in the interpretation of INQAAHE’s the requirement on GGP recognition standards, the four (4) sections above were listed under six (6) key headings in 2018:

-  Section I: The External Quality Assurance Agency (EQAA):
-  Section II: Accountability of the EQAA
-  Section III: The EQAA’s framework for external review of quality in higher education institutions
-  Section IV: EQAA Review and its relationship to the public
-  Section V: Decision making
-  Section VI: The QA of cross-border higher education

Section I		Section II		Section III	
Structure of the External Quality Assurance Agency (EQAA)		Accountability of the EQAA		The EQAA Framework for external review of quality in higher education institutions (HEIs)	
Section IV		Section V		Section VI	
The EQAA and its relationship to the public		Decision making		The QA of cross-border higher education	

## I. The structure of the External Quality Assurance Agency (EQAA)

The EQAA is a recognised, credible organisation, trusted by the higher education institutions and the public. It has adequate mechanisms to prevent conflicts of interest in the decisions it makes; its staff has the needed skills to carry out the functions associated to external QA. The EQAA has the needed resources to carry out their mission.

### The agency's legitimacy and recognition

#### 1.1 Legitimacy and recognition

- 1.1.1 The EQAA has an established legal basis and is recognized by a competent external body.
- 1.1.2 The EQAA takes into consideration relevant guidelines issued by international networks and other associations, in formulating its policies and practices.
- 1.1.3 The EQAA has a clear and published policy for the prevention of conflicts of interest that applies to its staff, its decision-making body, and the external Reviewers.

#### 1.2 Mission and purposes

- 1.2.1 The EQAA has a written mission statement and a set of objectives that explicitly provide that external quality assurance of higher education is its major concern, describe the purpose and scope of its activities and can be translated into verifiable policies and measurable objectives.

#### 1.3 Governance and organisational structure

- 1.3.1 The EQAA has a governance structure consistent with its mission and objectives, and, adequate mechanisms to involve relevant stakeholders in the definition of its standards and criteria.
- 1.3.2 The composition of the decision-making body and/or its regulatory framework ensure its independence and impartiality.
- 1.3.3 The EQAA's organisational structure makes it possible to carry out its external review processes effectively and efficiently
- 1.3.4 The EQAA has a strategic plan that helps assess its progress and plan for future developments

#### 1.4 Resources

- 1.4.1 The EQAA has a well-trained, appropriately-qualified staff, able to conduct external evaluation effectively and efficiently in accordance with its mission statement and its methodological approach.
- 1.4.2 The EQAA has the physical and financial resources needed to fulfil its goals and carry out the activities that emerge from its mission statement and objectives.
- 1.4.3 The EQAA provides systematic opportunities for the professional development of its staff.

## II. Accountability of the EQAA

The EQAA has in place policies and mechanisms for its internal quality assurance, which demonstrate a continuing effort to improve the quality and integrity of its activities, its response to the changes to the context in which it operates and its links to the international community of QA.

### 2.1 Quality assurance of the EQAA

- 2.1.1 The EQAA operates with transparency, integrity and professionalism and adheres to ethical and professional standards.
- 2.1.2 The EQAA has in place mechanisms that enable it to review its own activities in order to respond to the changing nature of higher education, the effectiveness of its operations, and its contribution towards the achievement of its objectives.
- 2.1.3 The EQAA periodically conducts a self-review of its own activities, including consideration of its own effects and value. The review includes data collection and analysis, to inform decision-making and trigger improvements.
- 2.1.4 The EQAA is subject to external reviews at regular intervals, ideally not exceeding five years. There is evidence that any required actions are implemented and disclosed.

### 2.2 Links to the QA community

- 2.2.1 The EQAA is open to international developments in quality assurance and has mechanisms that enable it to learn about and analyse the main trends in the field.
- 2.2.2 The EQAA collaborates with other QA agencies where possible, in areas such as exchange of good practices, capacity building, and review of decisions, joint projects, or staff exchanges.

### III. The EQAA's framework for the external review of quality in higher education institutions

The main concern of the EQAA is the promotion of quality education and student achievement. In doing this, it recognises that quality is primarily the responsibility of the higher education institutions themselves, and, supports this principle in its criteria and procedures. These promote internal quality assurance (IQA) and provide higher education institutions with clear guidance on the requirements for self-assessment and external review.

#### 3.1 The relationship between the EQAA and higher education institutions

- 3.1.1 The EQAA recognises that institutional and programmatic quality and quality assurance are primarily the responsibility of the higher education institutions (HEIs) themselves, and respects the academic autonomy, identity and integrity of the institutions and programmes.
- 3.1.2 The EQAA promotes the development and appropriate implementation of IQA processes in accordance with the understanding that the primary responsibility for assuring quality resides with the institutions and its programmes.
- 3.1.3 The EQAA bears in mind the level of workload and cost that its procedures will place on institutions, and, strives to make them as time and cost effective as possible.

#### 3.2 The definition of criteria for external quality review

- 3.2.1 The EQAA recognises and values institutional diversity and translates this valuation into criteria and procedures that take into account the identity and goals of higher education institutions.
- 3.2.2 The standards or criteria developed by the EQAA have been subject to reasonable consultation with stakeholders and are revised at regular intervals to ensure relevance to the needs of the system.
- 3.2.3 Standards or criteria take into consideration the specific aspects related to different modes of provision, such as transnational education, distance or online programmes or other non-traditional approaches to HE as relevant to the context in which they operate.
- 3.2.4 Standards or criteria explicitly address the areas of institutional activity that fall within the EQAA's scope, (e.g., institutional governance and management, programme design and approval, teaching and learning, student admission, progression and certification, research, community engagement) and on the availability of necessary resources (e.g., finances, staff and learning resources).
- 3.2.5 Criteria or standards and procedures take into account internal follow up mechanisms, and, provide for effective follow up of the outcomes of the external reviews.
- 3.2.6 The EQAA procedures specify the way in which criteria will be applied and the types of evidence needed to demonstrate that they are met.

#### 3.3 The external review process

- 3.3.1 The EQAA carries out an external review process that is reliable and based on published criteria and procedures. It follows a self-assessment or equivalent, and, includes an external review (normally including a site visit or visits), and a consistent follow up of the recommendations resulting from the external review.
- 3.3.2 The EQAA has published documents, which clearly state what it expects from higher education institutions, in the form of quality criteria, or standards and procedures, for self-assessment and external review.

- 3.3.3 The external review process is carried out by teams of experts consistent with the characteristics of the institution/programme being reviewed. Experts can provide input from various perspectives, including those of institutions, academics, students, employers or professional practitioners.
- 3.3.4 The EQAA has clear specifications on the characteristics and selection of external Reviewers, who must be supported by appropriate training and good supporting materials such as handbooks or manuals.
- 3.3.5 External review procedures include effective and comprehensive mechanisms for the prevention of conflicts of interest, and, ensure that any judgments resulting from external reviews are based on explicit and published criteria.
- 3.3.6 The EQAA's system ensures that each institution or programme will be evaluated in a consistent way, even if the external Panels, teams, or committees are different.
- 3.3.7 The EQAA carries out the external review within a reasonable timeframe after the completion of a self-assessment report, to ensure that information is current and updated.
- 3.3.8 The EQAA provides the higher education institutions with an opportunity to correct any factual errors that may appear in the external review report

#### **3.4 The requirements for self-evaluation**

- 3.4.1 The EQAA provides clear guidance to the institution or programme in the application of the procedures for self-evaluation, the solicitation of assessment/feedback from the public, students, and other constituents, or the preparation for external review as necessary and appropriate.



## IV. The EQAA and its relationship to the public

The EQAA makes public its policies and decisions about institutions and programmes, discloses the decisions about its own performance and disseminates reports on outcomes of QA processes.

### 4.1 Public reports on EQAA policies and decisions

- 4.1.1 The EQAA provides full and clear disclosure of its relevant documentation such as policies, procedures and criteria.
- 4.1.2 The EQAA reports its decisions about higher education institutions and programmes. The content and extent of reporting may vary with cultural context and applicable legal and other requirements.
- 4.1.3 The EQAA has mechanisms to facilitate the public a fair understanding of the reasons supporting decisions taken.

### 4.2 Other public reports

- 4.2.1 The EQAA discloses to the public the decisions about the EQAA resulting from any external review of its own performance.
- 4.2.2 The EQAA prepares and disseminates periodically integrated reports on the overall outcomes of QA processes and of any other relevant activities.

## V. Decision making

The EQAA has policies and procedures in place that ensure a fair and independent decision-making process in the final review of the institution or the programme. It provides effective procedures to deal with appeals and complaints.

### 5.1 The decision-making process

- 5.1.1 The EQAA decisions take into consideration the outcomes of both the institution's self-assessment process and the external review; they may also consider any other relevant information, provided this has been communicated to the HEIs.
- 5.1.2 The EQAA decisions are impartial, rigorous, and consistent even when they are based on the reports of other quality assurance bodies.
- 5.1.3 The EQAA decisions are based on published criteria and procedures, and, can be justified only with reference to those criteria and procedures.
- 5.1.4 Consistency in decision-making includes consistency and transparency in processes and actions for imposing recommendations for follow-up action.
- 5.1.5 The EQAA's reported decisions are clear and precise.

### 5.2 The EQAA's process for appeals and complaints

- 5.2.1 The EQAA has procedures in place to deal in a consistent way with complaints about its procedures or operation.
- 5.2.2 The EQAA has clear, published procedures for handling appeals related to its external review and decision-making processes.
- 5.2.3 Appeals are conducted by a Panel that was not responsible for the original decision and has no conflict of interest; appeals need not necessarily be conducted outside the EQAA.

## VI. The QA of cross border higher education

The EQAA has policies relating to both imported and exported higher education. These policies take into account the characteristics of the providers and the receivers, and, refer to all types of transnational higher education.

### 6.1 Criteria for cross border higher education

- 6.1.1 The EQAA in a sending country makes clear that the awarding institution is responsible for ensuring the equivalent quality of the education offered, that the institution understands the regulatory frameworks of the receiving countries, and that the institution provides clear information on the programmes offered and their characteristics.
- 6.1.2 Students and other stakeholders receive clear and complete information about the awards delivered.
- 6.1.3 The rights and obligations of the parties involved in transnational education are clearly established and well known by the parties.

### 6.2 Collaboration between agencies

- 6.2.1 The EQAA cooperates with appropriate local agencies in the exporting and importing countries and with international networks. This cooperation is oriented to improve mutual understanding, to have a clear and comprehensive account of the regulatory framework and to share good practices.
- 6.2.2 The EQAA seeks ways to cooperate in the external quality assurance in transnational education provision, for example through mutual recognition.

# THE PROCEDURES

## I. Pathways for GGP Recognition

There are 3 basic pathways (see [ANNEX B](#)) for a member agency to demonstrate GGP alignment. They are:

- 1) Review
- 2) Joint Review, and
- 3) Recognition

### **1) Review**

This pathway is for the agency to apply for an external review by an international Reviewer Panel set up by INQAAHE. In this process, the applicant agency prepares a self-assessment report and hosts an on-site visit of the Reviewer Panel who submit a report to INQAAHE outlining the applicant agency's alignment with the criteria. The INQAAHE Board receives the report and makes a final decision regarding the agency's alignment with the GGP.

### **2) Joint Review**

This second pathway is for applicant agency to apply simultaneously for an external review by INQAAHE and another reputable QA body specialised in comparable practices. Prior arrangements with the latter have to be made before an application is filed to the INQAAHE. In this case, the INQAAHE Secretariat, coordinates with the counterpart QA body, will have to set up an international Reviewer Panel to carry out the joint review process and procedures.

The standards/criteria/guidelines of both of the QA bodies will be aligned to ensure elimination of potential duplication. While the procedure for conducting the review is carried out jointly, the decision on alignment/recognition are made independently by each of the QA bodies responsible for the review, thus granting double labels to the successful applicants.

### **3) Recognition**

This pathway is for the applicant agency to apply for acceptance of the agency's alignment with the GGP by demonstrating that it has already been reviewed against a set of standards or criteria set by a reputable, external organisation that are considered to be substantially equivalent to or exceed the requirements set forth in the GGP. This pathway requires INQAAHE to review the standards or criteria set by the external organisation to determine if equivalency exists. The applicant agency must provide evidence of the outcome of this review, including any report issued by the external organisation.

Regardless of which pathway is chosen, the alignment with the INQAAHE GGP will require submission of materials demonstrating the extent to which the applicant agency is aligned with the guidelines, along with an application review fee. In the cases of Review and Joint Review procedures additional fees covering the expenses of the external Reviewers will be incurred.





In all cases, the Board of INQAAHE uses external review reports to reach a conclusion on whether an agency is aligned with the GGP or not.

## II. Main Characteristics of the INQAAHE GGP Review

### ***Purpose of the Review***

The purpose of the GGP is to promote good practice for internal and/or external quality assurance of the EQAAs.





Specific goals include:

-  Creating a framework to guide the creation of new EQAAs
-  Providing criteria for use in the self and external evaluation of EQAAs
-  Promoting professional development between and among EQAAs and their staff
-  Promoting public accountability of EQAAs

When agencies demonstrate how their procedures relate to the Guidelines, there is a significant increase in both agencies' and the public's understanding of how EQAAs operate, thus leading to greater possibilities for collaboration and eventually the possibility for mutual recognition of agencies' decisions. These outcomes benefit agencies, governments, employers, and graduates of the programmes and institutions reviewed by the EQAAs.

### ***Principles of the GGP Review Process***

The review is based on the following 4 principles:

-  The review is an ***evidence-based*** process carried out by independent Reviewers.
-  The information provided by the agency is assumed to be ***factually correct*** unless evidence points to the contrary.
-  The review is a process of ***verification*** of information provided in the self-evaluation report (SER) and other documentation and the exploration of any matters which are omitted from that documentation.
-  The process is ***transparent*** and outputs are ***published***.

### III. Key steps of the INQAAHE Agency Review process

This review process takes approximately six (6) months to complete. It starts when an EQAA submits a request for an external review, including the self-evaluation report, to the INQAAHE Secretariat. The INQAAHE Secretariat informs the INQAAHE Board and its Recognition Committee of the submission and the Board decides if the agency is eligible for a review under the pathway for review selected by the agency. The INQAAHE Board takes the responsibility of ensuring a thorough review process.




Determining eligibility takes approximately twenty to thirty (20–30) days. The INQAAHE Secretariat informs the applying agency about the outcome. If the outcome is positive the INQAAHE Secretariat will propose a time schedule for the review and a list of potential Reviewers for the applicant's approval, if a site visit (see [ANNEX C](#) for sample site visit programmes) is required.

A contract between the agency and the INQAAHE Secretariat is then signed to stipulate the mutual rights and duties, including the timing for the review and the payment of the fee.

When an applicant agency applies under the pathway for Review, a payment of fee is required. The information about the fee can be requested in the Secretariat. This fee covers the honoraria for the Panel Members and the services of the INQAAHE Secretariat.

The fee should be paid before the visit as a whole; however, a request may be made to pay the fee in two (2) instalments - 50% before the visit and 50% upon receipt of the review Panel's report. In addition to the fee, the agency under review must pay at cost for the site-visit related travel, accommodation, meals and hospitality of the Panel Members.

If the application is withdrawn before the completion of the review process, the refund policy is as follows:

-  Withdrawal before the desk review – 30% will be refunded
-  Withdrawal after the desk-review – 15% of refund
-  Withdrawal after the site-visit – no refund.

The self-evaluation report (SER) submitted by the applicant agency provides the basis for the site visit to be conducted by the Panel and guides the Panel's decisions in setting the visit agenda, informing the programme of its time-related needs for scheduling interviews with relevant stakeholders, and requesting work space that provides privacy and/or access to relevant records. Thus, the Panel will do a thorough assessment of the SER prior to the visit, along with studying any available additional materials such as information on the agency's website.

The primary purpose of the site visit is to verify information provided in the SER and to gain first-hand knowledge about the agency under review. It is also an opportunity for the agency to engage in an exchange regarding its activities and development.

The Panel's judgement on alignment with each of the criteria outlined in the GGP uses the following grading scale: fully compliant, substantially compliant, partially compliant, or non-compliant.

Following completion of the site-visit, the Panel has one (1) month for writing and editing its report, and, submitting it to the agency under review for factual corrections. The agency has one to two (1-2) weeks to submit any corrections to the report. Corrections should be supported with factual documentation and sent directly to the INQAAHE Secretariat.

Once the agency has either agreed that the Panel Report is factually correct or has submitted documentation to correct or clarify misinformation to INQAAHE, the INQAAHE Secretariat forward the Panel Report and the agency's response to its Recognition Committee which then reviews the materials and develops a recommendation with regard to the agency's alignment with the GGP. This recommendation, along with the full documentation, is then forwarded to the entire INQAAHE Board for a final decision. The process takes approximately two (2) months.

## IV. Key Steps of the INQAAHE Joint Review Process

This pathway is for the agency to request a joint review by both INQAAHE and another reputable external organisation simultaneously. The joint review process requires approximately one (1) year to complete.




It starts when an EQAA submits a request for an external joint review to the INQAAHE Secretariat naming another external organisation with which the applicant EQAA has reached the prior agreement to conduct the joint review with INQAAHE. The INQAAHE Secretariat informs the INQAAHE Board and its Recognition Committee of the submission and the Board decides if the agency is eligible for a review under the pathway for joint review selected by the agency.

Then INQAAHE Secretariat contacts the identified reputable external organisation in order to reach decision on eligibility of the agency for a Joint Review.

Once the approval is reached, INQAAHE and the counterpart organisation enter into a trilateral agreement upon the request of the EQAA amongst INQAAHE, the EQAA, and the counterpart organisation. All the above-mentioned procedures take approximately two (2) months. The information about the fee can be requested in the Secretariat.




This fee covers the honoraria for the Panel Members and the services of the INQAAHE Secretariat. The fee should be paid before the visit as a whole; however, a request may be made to pay the fee in two (2) instalments - 50% before the visit and 50% upon receipt of the review Panel's Report. In addition to the fee, the agency under review must pay at cost for the site-visit related travel, accommodation, meals and hospitality of the Panel Members.

If the application is withdrawn before the completion of the review process, the refund policy is as follows:

-  Withdrawal before the desk review – 30% will be refunded
-  Withdrawal after the desk-review – 15% of refund
-  Withdrawal after the site-visit – no refund.

Once the agreement is signed, the two reviewing organisations must agree upon a set of criteria, represent an appropriate synthesis of the GGP and criteria of the counterpart organisation to the satisfaction of each organisation. This takes about one to two (1-2) months. After the joint standards are produced, the applicant agency receives them and produces its SER against those standards.

While the applicant agency is developing its SER, the INQAAHE and the partnering external organisation begin to work on the appointment of the Joint Review Panel. The Panel will consist of:

-  two (2) Chairs, one from each reviewing organisation
-  one (1) secretary, and
-  at least two (2) Reviewers from each partnering external organisation. This takes approximately two (2) weeks.

Once the SER is received it is sent to the two coordinators (Chairs) to determine if the application is ready to move forward for a visit. If so, the visit is scheduled and the SER is sent to all Panel Members for a thorough review prior to the scheduled site visit.

Following completion of the site visit, the Panel has one (1) month for writing and editing its report and submitting it to the agency under review, as well as to INQAAHE and the partnering review organisation. The agency is then requested to review the report to determine if there are any factual errors. The agency has one to two (1-2) weeks to submit any corrections to the report. Corrections should be supported with factual documentation submitted directly to INQAAHE and the partnering organisation.

After that, the INQAAHE Recognition Committee and Decision-making body of the partnering organisation are provided copies of the report to review and make decisions according to their own processes. Following its review of the report and agency response, the INQAAHE Recognition Committee is to develop a recommendation with regard to the agency's alignment with the GGP. This recommendation, along with the full documentation, is then forwarded to the entire INQAAHE Board for a final decision. The process takes approximately two (2) months.



## V. Key Steps of the INQAAHE Recognition Process

This pathway may be used when the applicant agency wishes to demonstrate its alignment with the GGP through its review and recognition of meeting standards set forth by another reputable, external organisation, whose criteria could be considered to be substantially equivalent to or exceed the requirements as set forth in the GGP. Selecting this pathway for alignment requires INQAAHE to review the other organisation's standards to determine if equivalency exists. Thus, the applicant agency must provide evidence of other agency's reputation, as well as the outcome of their most recent review, including any report(s) issued by the external organisation. This procedure will take a maximum of two (2) months.









A contract between the agency and the INQAAHE Secretariat is then signed to stipulate the mutual rights and duties, including the timing for the review and the payment of the fee. The information about the fee can be requested in the Secretariat.

This fee covers the honoraria for the Panel Members and the services of the INQAAHE Secretariat. The fee should be paid as a whole.

If the application is withdrawn before the completion of the review process, the refund policy is as follows:

-  Withdrawal before the desk review – 30% will be refunded
-  Withdrawal after the desk-review – no refund

### Steps of the Recognition process:

-  The applicant agency must submit a letter outlining the reputation and status of the external organisation, including information on how to access information (e.g., website URL), name(s) of persons in charge of the organisation with contact information who may be reached for verification.
-  The applicant agency must submit a copy of its original SER and any follow-up materials that have been submitted to the external organisation.
-  The applicant agency must submit a copy of the report from the external agency that outlines the outcomes of its review.
-  The application agency must submit an analysis of its alignment with the GGP through a cross-referencing of its SER responses to the standards of the external organisation.
-  Notification of receipt of and forwarding of materials to the Recognition Committee/nominated Review Panel.
-  The Recognition Committee completes a review of the SER and any other submitted follow-up materials, the external agency decision-making/outcome report(s), and the document demonstrating the applicant agency's alignment with the GGP through a cross-referenced analysis with the previous set of review standards. The Recognition Committee/nominated Review Panel is to develop a recommendation with regard to the substantial equivalency requirements of this pathway.
-  Based on the determination of equivalency, the Recognition Committee/nominated Review Panel develops a recommendation for the INQAAHE Board to provide mutual recognition or to recommend that the agency undergo a site visit to demonstrate alignment with the GGP.
-  The INQAAHE Board makes the final decision, which is then shared with the applicant agency



## **VI. Establishing the Terms of the Review**

Once INQAAHE has approved an agency's eligibility for undergoing the full review process (Review or Joint Review) the applicant agency will be asked to agree to specific contract terms as outlined below in the 'GGP Review Service Contract' (see [ANNEX A](#)).

It is important to note that a similar contract will be developed for the applicant requesting a review via the Recognition pathway, except that an on-site visit Panel will not be convened and an on-site visit will not be scheduled.

## VII. Developing the Self-evaluation Report (SER)

### ***Form and content of the self-evaluation report***

An essential part of the review process is the preparation of the applicant agency's self-evaluation report (SER), including the supporting documentation. The SER is the applicant agency's opportunity to reflect on how it measures its alignment against the GGP and to gather the key documentation that supports its level of alignment. Since the SER and supporting documents provide a substantial portion of the evidence that the Review Panel uses in forming both its initial impression of the applicant agency's operations, as well as its conclusions for how well the applicant agency meets the GGP criteria, it is critically important that the SER provide clear information, sufficient reflections, critique, and analysis and that its contents be corroborated by documentary and/or oral evidence about the ways in which the agency is aligned with the GGP. This allows the review team to prepare lines of enquiry in advance of the site visit.

The contents of SERs may vary depending on the applicant agency's range of activities, its geographical area of operation, its history and background of reviews, and so on. However, applicant agency must make sure to include a description and assessment of all the QA activities to be evaluated by the Panel, providing information about those activities in the context of each individual GGP criterion.




In other words, for each criterion, the applicant agency should indicate how they meet it, including sufficient evidence and analysis on the effectiveness of the applicant agency's approach. The SER is also expected to contain a brief description of the relevant HE system in which the applicant agency predominantly operates as well as of the applicant agency's QA activities abroad, where applicable.

INQAAHE expects that the SER clearly states, not only what has been achieved to date, but also to provides a reflection on practices that could contribute to enhancing the applicant agency's activities in the future. In other words, the SER should be both backward- and forward- looking, as well as to provide an accurate snapshot of the current situation based on an in-depth analysis. The SER should be analytical in nature and supported by evidences.

In order to harmonise the contents of the self-assessment, in terms of level of detail, thoroughness, and evaluative character, the SER should include two (2) primary sections.

### **Section I:**

Should provide the following to establish the context in which the applicant agency currently operates:

-  a brief description of the national higher education system and history of the applicant agency
-  an overview of the scope of QA activities carried out by the applicant agency, including any cross-border activities
-  a brief description of any internal and/or external QA processes undertaken by the applicant agency as a review of its own activities.

### **Section II**

As the main body of the SER, it should contain the applicant agency's narrative responses to each of the criteria outlined in the GGP, along with references and/or links to the supporting documentation. The agency is expected to enclose, as annexes to the narrative report, the most crucial documentation (within reason, but not more than 10 annexes) that it believes will assist the Panel in its analysis of the report. Further documents may be prepared by the applicant agency for the site visit or requested by the review Panel before or during the site visit. The SER, annexes, and additional documents for the site visit MUST be in English and made easily available to the Panel.

In conclusion, the SER should be self-standing and self-explanatory. The purpose of the annexes is to provide further background to the issues described and support for claims of compliance. However, should not be necessary for the basic understanding of the evidence provided.

In case of JOINT REVIEW pathway, the contents of the SER may vary from the above, depending on the partnering external organisation of the agreement between INQAAHE and partnering external organisation on the joint evaluation criteria.

***Eligibility of the self-assessment report***

When an applicant agency seeking GGP alignment is using the REVIEW pathway, the request is to be forwarded by the INQAAHE Secretariat to INQAAHE’s Recognition Committee for determination of eligibility, which then makes a recommendation for review and decision-making by the INQAAHE Board.

When an applicant agency seeking GGP alignment is using the JOINT REVIEW pathway, the Recognition Committee of INQAAHE is to make the eligibility determination along with the appropriate body within the partnering external organisation.

In the case of an applicant agency seeking GGP alignment is using the RECOGNITION pathway, the INQAAHE Board decides on the eligibility, following the review and recommendation being put forward by INQAAHE’s Recognition Committee.

Once an agency’s eligibility to move forward with either the Review or Joint Review processes is approved, the SER report and its supporting documentation (annexes) are sent to the Review Panel. Based on the Panel’s review, if any part of the SER and annexes is deemed to lack relevant, thorough, and evaluative information, the Panel’s Reviewers may ask, through the INQAAHE Secretariat, that the applicant agency revises the report with additional information and/or clarifications. In such cases, the INQAAHE Secretariat must receive copies of any revised reports.








## VIII. Appointment of the Review Panel

The INQAAHE Secretariat invites at least three (3) members to join the Review Panel in all the three (3) pathways above. Those three (3) members should at least include the Chair, the Secretary and one additional Reviewer. The agency under review may indicate that there are special qualifications needed for Panel Members.

In case of a JOINT REVIEW the Panel will be extended to include Reviewers from partnering external organisation. The Panel, in case of a JOINT REVIEW, will consist of two (2) Chairs, one from each reviewing organisation, one (1) secretary and at least two (2) Reviewers from each partnering external organisation.

### ***Nomination of Panel Reviewers***

Panel Members meet the following minimum qualifications:

-  They must have at least five (5) years of experience in assessing the quality assurance of programmes and/or institutions in Higher Education.
-  They must have at least three (3) times reviewer experience participated in the evaluation of EQAA.
-  They must have a profound knowledge of QA from an international perspective.
-  They must have been involved in various international QA activities.
-  They must be aware of cultural differences and able to conduct the review with respect for these differences.
-  They must have strong communication skills (be able to report, present and discuss QA aspects both orally and in writing)
-  They must have basic skills in accessing internet information, as well as preparing and distributing reports and/or conducting meetings through the use of web-based technology.

The competencies of the Panel Members should be complimentary to each other. At least one (1) Panel Member should have some prior knowledge about the HE system and culture in the country or region in which the agency operates.

All Panel Members will be asked to sign a declaration of impartiality to avoid possible conflicts of interest. If the language of the review (English) is not spoken by all Panel Members, the applicant agency will be required to provide the necessary translation.

### ***Training of Reviewers***




Every Reviewer involved in conducting GGP alignment must complete training provided by INQAAHE. The training is done either specifically for an upcoming review or may be offered by INQAAHE at fora or conferences periodically.







### ***Appointment of Reviewers***

The selection and appointment of Reviewers for a review process is always carried out by the INQAAHE Board, to avoid conflicts of interest and to preserve the integrity of the process.

When appointing Reviewers for the Review or Joint Review processes, a key requirement is to ensure that the members of the Panel are totally independent of the agency under review, and, they have a sufficient level of knowledge, experience, and expertise to conduct the review at a high standard.

In addition, when organising a Panel, the following selection criteria are applied in addition to the Panel Member qualifications outlined earlier:

-  All Panel Members must have been trained
-  At least one (1) Panel Member comes from outside the national system of the agency under review. It is INQAAHE's view that international member(s) of the Panel generally provide valuable insights for the review and assist in establishing credibility for the process.
-  The Chair and the Secretary may not come from the same country, and the Chair should not come from the country of the agency under review (in the case of nationally or regionally-based agencies).

-  At least one (1) member of the Panel has a good working knowledge and understanding of the HE and QA system in which the agency (predominantly) operates.
-  At least one (1) Panel Member has fluent knowledge of the main working language of the agency and/or the language of the country in which the agency (predominantly) operates.
-  No current or recent (at least five years) former members of staff of the agency under review can take part in the Review Panel.
-  Current members of the INQAAHE Board are not eligible to serve as Reviewers in the evaluation process.
-  The Chair will have previous experience in taking part in an INQAAHE GGP review Panel.
-  The Secretary will have previous experience in taking part in an INQAAHE GGP Review Panel.

In addition, whenever possible, at least one (1) Panel Member will not have previously participated in an INQAAHE GGP alignment procedure. Furthermore, the agency under review is given the opportunity to comment on the selected Panel Members, to signal any potential conflict of interest or bias, and, may request that a proposed Panel Member be removed from consideration.

The Review Panels must be approved by the INQAAHE Recognition Committee/INQAAHE Board. The Committee should be provided with the curricula vitae (CVs) of all Panel Members as well as a brief explanation about how the Panel meets the requirements for INQAAHE GGP reviews in terms of composition, profiles, experience, and skills as described above.

After the Panel has been established, the INQAAHE Secretariat introduces the Panel Members to each other and facilitates contact between the Chair and the Secretary and the agency's contact person for planning the next set of details required as part of the review process.

In case of JOINT REVIEW, INQAAHE Secretariat, together with the contact person from the partnering external organisation, will facilitate the introduction of the Panel Members and other site visit related issues.

## **IX. Conflict of Interest**

Reviewers are required to notify the INQAAHE Secretariat in writing of any connection or interest, which could result in a conflict, or potential conflict, related to the review. Furthermore, Reviewers are required to notify the INQAAHE Secretariat as soon as possible of any changes in, or additions to, the interests already disclosed which occur during the review process. If Reviewers are unsure as to whether an interest should be disclosed, they should discuss the matter with the INQAAHE Secretariat.

## **X. The Site Visit**

The primary objective of the site visit is to determine and/or verify whether the facts and figures stated in the self-evaluation report of the applicant QAA are true.

### ***Before the site visit***

The Panel should get to know each other, by holding at least one (1) preparatory virtual meeting via available online meeting technologies. Prior to this meeting, the Panel Members should study the report and make notes of what each believes will be important to ask about during the actual site visit. The Panel Members should also be prepared to discuss the types of meetings that should be scheduled while on site and with whom be asked and at what meetings.

To allow for a productive meeting, or series of meetings, among the Panel Members prior to the actual site visit, all relevant information (i.e., the SER and its supporting documentation) should be made available no less than six (6) weeks prior to the scheduled site visit dates. Agenda have to be made available two to three (2-3) weeks prior to the visit.









### ***During the site visit***

During the site visit, the schedule of meetings should provide Panel Members enough time to have productive conversations with selected agency personnel and/or any relevant stakeholders. It is recommended that a minimum of sixty (60) minutes to be provided for each meeting, when possible. Also, there should be enough time allotted in the daily schedule, for the Panel Members to have private internal meetings to review data that has been gathered, determine what, if any, additional information should be requested, and to make any adjustments in the schedule that might be needed to complete a thorough review process.

The advised length of a site visit is three (3) input days. Travel, accommodations, meals and hospitality related to the site visit should be organised and covered by the applicant agency. A sample of a site visit agenda (see ANNEX C) is presented below, showing the kind of meetings to be organised on each day of the site visit. Please note that in order to discuss the information, also various 'Panel only' sessions are part of the programme.

### ***After the site visit***

After carrying out the site visit the Panel's appointed secretary writes the final draft version of the review report. The review report includes the following elements:

-  Executive Summary
-  Introduction (provides the context of where, how, and why the agency exists)
-  Review against GGP
-  Findings
-  Conclusions
-  Summary List of Recommendations
-  Annex 1 - Copy of the site visit agenda
-  Annex 2 - Composition of the Panel

The appointed Panel Secretary, after receiving approval of the final draft version from the other Panel Members, sends the Review Report to the applicant agency with the notice that the agency has two (2) weeks to review the report and provide any corrections for factual errors, substantiated with supporting documentation of the corrections. The Panel Members, upon receipt of the agency's response to the Report, may choose to amend the report or leave it as is.

The final report as amended, or not, and, as approved by all Panel Members, is then forwarded to INQAAHE along with the agency's response to the Panel Report for final review and action.

Members of the INQAAHE Recognition Committee will then review the documents and make a recommendation for action to the full INQAAHE Board on whether the applicant agency can be considered aligned with the GGP and included on the INQAAHE list of aligned agencies. The outcome of the review will

be published on the INQAAHE website and in the INQAAHE Bulletin, along with the full report finalised by the Review Panel.

***Follow-up to the Review***









Based on the decision of the INQAAHE Board, the agency under scrutiny will be requested to follow up on the recommendations as set out in the final report. The follow up reports, as they are specified in the GGP alignment granting certificate and letter, should outline positive progress towards meeting any recommendations for improvement cited as part of the INQAAHE Board decision, within the specified timeframe.










## **XI. Panel Members' Roles and Responsibilities**

The following section outlines the roles and responsibilities for each member of a Review Panel.





### ***Responsibilities of the Chair***

-  Developing the site visit agenda in consultation with other Panel Members.
-  Chairing all Panel meetings (electronic preparatory, onsite, and any follow-up).
-  Reading of all the documents prepared by the applicant agency and preparing a set of draft site visit interview questions in consultation with the other Panel Members (Note: these questions can be used as input for the preparatory meeting of the Panel during the site visit).
-  Serving as the Panel's key spokesperson during the interview sessions and distributing the agreed upon questions among Panel Members prior to the scheduled interview.
-  Serving as the Panel's spokesperson during the final feedback session where the preliminary findings of the site visit review are shared with the applicant agency's key personnel.
-  Providing input to the draft report written by the Panel's appointed Secretary, along with responding to and giving suggestions with regard to the handling of the applicant agency's response to the report.
-  Signing off on the final report on behalf of the entire Panel and forwarding it to the INQAAHE office.
-  Taking final decisions on behalf of the Panel, whenever needed.

### ***Responsibilities of the Secretary:***

-  Communicating with the applicant agency regarding the site visit (e.g., visit agenda, materials, requests for additional information, meeting and travel logistics) after the INQAAHE Secretariat has received the draft agenda for the site visit from the Panel. The INQAAHE Secretariat will check whether the draft agenda includes the relevant stakeholders and will then hand over the preparation of the site visit to the Secretary of the Panel.
-  Reading of all the documents prepared by the applicant agency and preparing a set of draft onsite interview questions in consultation with the Chair and any other Panel Members (Note: these questions can be used as input for the preparatory meeting of the Panel during the site visit).
-  Serving as the main liaison with the applicant agency both before and during the site visit.
-  Developing the written draft review report in consultation with the Chair and other Panel Members and finalising the version to be sent to the applicant agency.
-  Sending the final draft version of the review report to the applicant agency and informing the agency that it has two weeks to review the report and provide any corrections for factual errors with supporting documentation of the correction(s).
-  Receiving the comments from the applicant agency, discussing those with the Chair and the Reviewer, and finalising the report with amendments or not, as determined by the full Panel.
-  Sending the final review report, as approved by the Panel, to the INQAAHE Secretariat, along with a copy of the applicant agency's response to the draft version of the report.

### ***Responsibilities of the Panel Members***

-  Reading of all the documents prepared by the applicant agency and preparing a set of draft site visit interview questions in consultation with the Chair and any other Panel Members (Note: these questions can be used as input for the preparatory meeting of the Panel during the site visit).
-  Discussing the documents and questions with the Panel.
-  Actively participating in the discussion of the SER both before and during the site visit.
-  Providing comments on the draft version of the review report as prepared by the Secretary of the Panel.

## **XII. Approximate Review Timeline following Receipt of an Application**

After the contract is signed, the fee is paid, and the necessary documents (SER and annexes) are submitted, it takes approximately 7 months to complete the review process and receive a decision. The following timeline may be expected.

3 months	Time between the submission of the SER and the actual site visit
1 month	Time between the site visit and the submission of the external review report to the applicant agency by the review Panel
2 weeks	Time between the receipt of the site visit report and submission of the agency's response to the report, along with any factual corrections, back to the review Panel
2 weeks	Time between the receipt of the agency's response and the final submission of the Panel's review report to INQAAHE
1 month	Time between the receipt of the external review materials by INQAAHE's Recognition Committee and submission of its recommendations to the full INQAAHE Board for decision-making.
1 month	Time between forwarding of review materials and notification of the Recognition Committee's recommendations to the INQAAHE Board and final decision being made by the Board.
2 weeks	Time between the Board's decision being made and the notification of the decision to the application agency via formal letter.

The timeline for JOINT REVIEW and RECOGNITION pathways would be individually determined on a case to case basis

### **XIII. Appeals Procedure**

Only the final decisions of the INQAAHE Board with regard to an agency's right to be labelled as 'in alignment' with the GGP are appealable.

Requests to appeal will be accepted by the INQAAHE Board only if one (1) or both of the following grounds for appeal are clearly stated and supported in writing:

1. The INQAAHE Board failed, to a material degree, to follow its published procedures in reaching its decision, and failure to follow procedures caused the decision to be unfair; and/or
2. The INQAAHE Board's decision was not justified based on the information available at the time of the decision.





As noted above, a request to appeal a decision must be made in writing. The written request must also be signed by the head staff member (CEO or Executive Director) of the appealing agency.

The request to appeal must be sent to the INQAAHE Secretariat within ten (10) days after receipt of the INQAAHE Board's decision. It must specify the exact reasons why either procedures were not followed or why the Board's decision was not justified based on the materials/reports generated in the review process at the time the decision was reached.

The INQAAHE Secretariat and/or its special council will, after receiving the appeal, notify the agency within five (5) days that the appeal request was received. The request for an appeal is then considered by the INQAAHE Internal Quality Assurance Committee (IQAC), which determines if there is sufficient evidence to move forward with an appeal hearing.

If an appeal hearing is approved, the IQAC submits names of individuals for constituting an Appeal Review Committee. These names are forwarded to the appealing agency, and the agency may request one or more names be removed from consideration with supporting evidence of a potential conflict of interest situation. The agency is given seven (7) days to submit the names of those individuals with conflicts and the documentation outlining the concerns. The IQAC, using this information, then constitutes the final composition of the Appeal Review Committee. The required support is provided to the Committee by the INQAAHE Secretariat and/or its special council.

The Committee, in the course of twenty (20) days, shall review:

-  the procedures completed by the Panel Members and INQAAHE in setting up and carrying out the review process,
-  the conclusions included in the final report that was developed by the Panel and shared with the agency,
-  the agency's response to the Panel's review report,
-  the conclusions included in the final report following receipt of any requested amendments from the agency with supporting evidence.

In light of these reviews, the Committee will make a determination if procedures were correctly followed, and, if the Panel's conclusions and the INQAAHE Board's final decision regarding "alignment" remain correct notwithstanding the issues identified and raised in the appeal.

#### ***Appeals Committee's Required Areas of Exploration***

Specifically, with regard to following procedures, the Appeals Committee shall determine whether INQAAHE and/or the Panel Members allowed procedural violations that could open to question the legitimacy of judgments. If violations are identified, the Appeal Committee is to assess whether these violations affected the conclusions made in the final report and by the INQAAHE Board.

The Appeals Committee shall also consider whether the decision of the INQAAHE Board regarding the agency's failure to be in alignment is justified and proportionate to the relative legitimacy of the review Panel's findings. Thus, if the Appeals Committee determines that the Review Panel's conclusions become questionable for procedural reasons or for neglect of important facts provided by the agency, then the Committee may decide that the Board's final decision should be reconsidered.

The Committee shall also find out whether the appeal contains materials that were not available to the Reviewers during the site visit or as part of the agency's response to the report of the Review Panel, thus trying to force INQAAHE to revise the final decision. If such materials are identified, the representatives of the agency will be informed that, materials that were not provided to the Review Panel Members during the site visit and review process cannot be considered in the decision-making process.

Finally, with regard to the members of the INQAAHE Board and/or its special council, the Appeals Committee shall determine whether any members of the INQAAHE Board and/or special counsel have personal interests, or, potential conflicts of interest, associated with any competing agencies that could call into question the legitimacy of decisions made.

### ***Appeals Committee Recommendations***

Having considered all aspects of an EQAA's disagreement with the final decision of the INQAAHE Board, the Appeals Committee may recommend one of the following two pathways for resolution:

- 🌿 To confirm the INQAAHE Board and/or special council's decision, citing
  - first that no evidence was found to indicate any significant procedural violations;
  - second that the review Panel's findings as included in the report were justified and proportionate; and
  - third that the appeal does not contain new materials that were missing during the review and decision-making process.
- 🌿 To request that the INQAAHE Board and/or its special council revisit the alignment decision-based evidence that procedures were not clearly followed and/or on the Appeals Committee findings that there is reason to suspect the validity of the conclusions drawn by the review Panel or decision-making body based on the documentation included in the review process.

The Appeals Committee informs INQAAHE of its recommendation to, either confirm the decision or revisit the decision. The INQAAHE Board must then consider the recommendation and notify the agency that either the decision stands or that the decision will be revisited. If the decision is revisited, the INQAAHE Board may request additional information to be submitted by the agency to address any outstanding questions.

The whole appeals procedure from the moment of appeal submission till the moment of decision should not last longer than three (3) months.

## ANNEX A: Sample GGP Review Service Contract

### *Sample Language of the GGP Review Service Contract*

The International Network for Quality Assurance Agencies in Higher Education (INQAAHE) and the NAME OF THE AGENCY (QAA) agree that:

1. INQAAHE will carry out a peer review to determine if the work of QAA complies with the INQAAHE Guidelines of Good Practice (GGP).
2. The peer review is based on the self-evaluation report and supporting documents provided by QAA.
3. The peer review will be carried out by a Panel that consists of one (1) Chair, one (1) Secretary and one (1) QA expert.
4. The INQAAHE Secretariat will identify and appoint the Panel Members and distribute a declaration of impartiality among them to prevent any potential conflict of interest.
5. A site visit will be organised to verify against the GGP and to discuss with QAA and stakeholders the self-evaluation report and the supporting documents.
6. QAA is responsible for the practical organisation of the site visit, this includes arranging, booking and paying for travel and accommodation of the Panel Members.
7. The INQAAHE Secretariat will provide a draft schedule for the conduct of the review in consultation with the Panel. The Secretary of the Panel will act as liaison between the Panel and QAA, and, communicate with QAA on the details of the site visit.
8. INQAAHE will raise a GGP alignment application fee tax invoice, amount USD XXX, to cover the honoraria for Panel Members and the services of the Secretariat for the (insert PATHWAY selected).
9. QAA agrees to pay this fee to INQAAHE before DD/MM/YYYY. The fee of USD XXX should be remitted by electronic bank transfer to the designated bank account as stated in the attached tax invoice.
10. After completion of the site visit, the Panel will prepare a report which consists of a review against the GGP and recommendations for improvement.
11. The review report will be sent to QAA for comments on the accuracy of the information presented, after which the Panel will finalise the report.
12. The Secretary of the Panel will send the final report to the INQAAHE Secretariat which will forward it for discussion and decision-making by the INQAAHE Board.
13. The INQAAHE Board decides whether the review has been carried out according to the procedures established for GGP reviews, whether a final decision with regards to an agency's alignment with the GGP can be determined, and whether the review report can be published on the INQAAHE website.
14. This contract ends with the publication of the review report and the decision of the INQAAHE Board.

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Signed on behalf of INQAAHE:

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Signed on behalf of QAA:

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NAME, Secretary of INQAAHE

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NAME, POSITION

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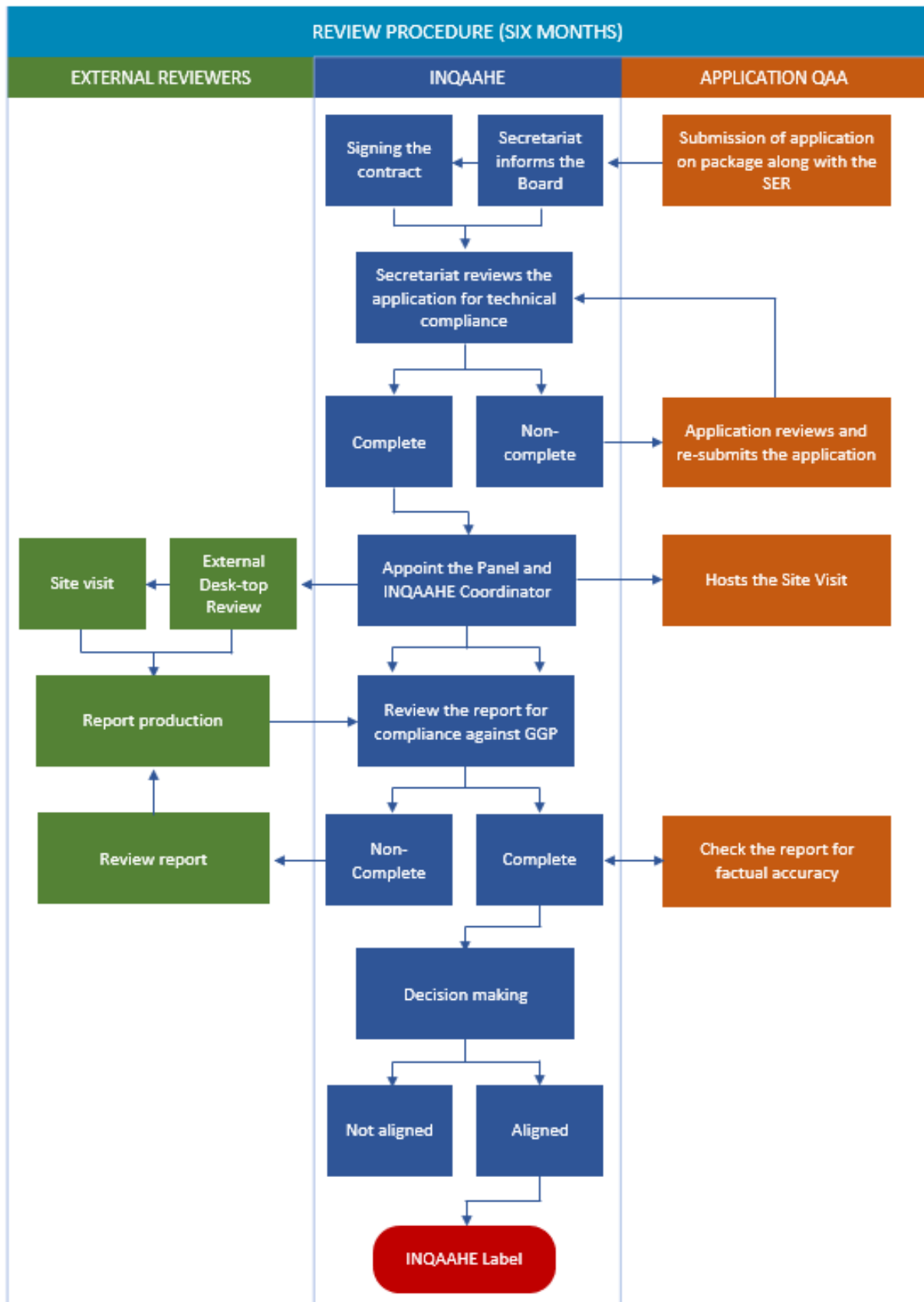
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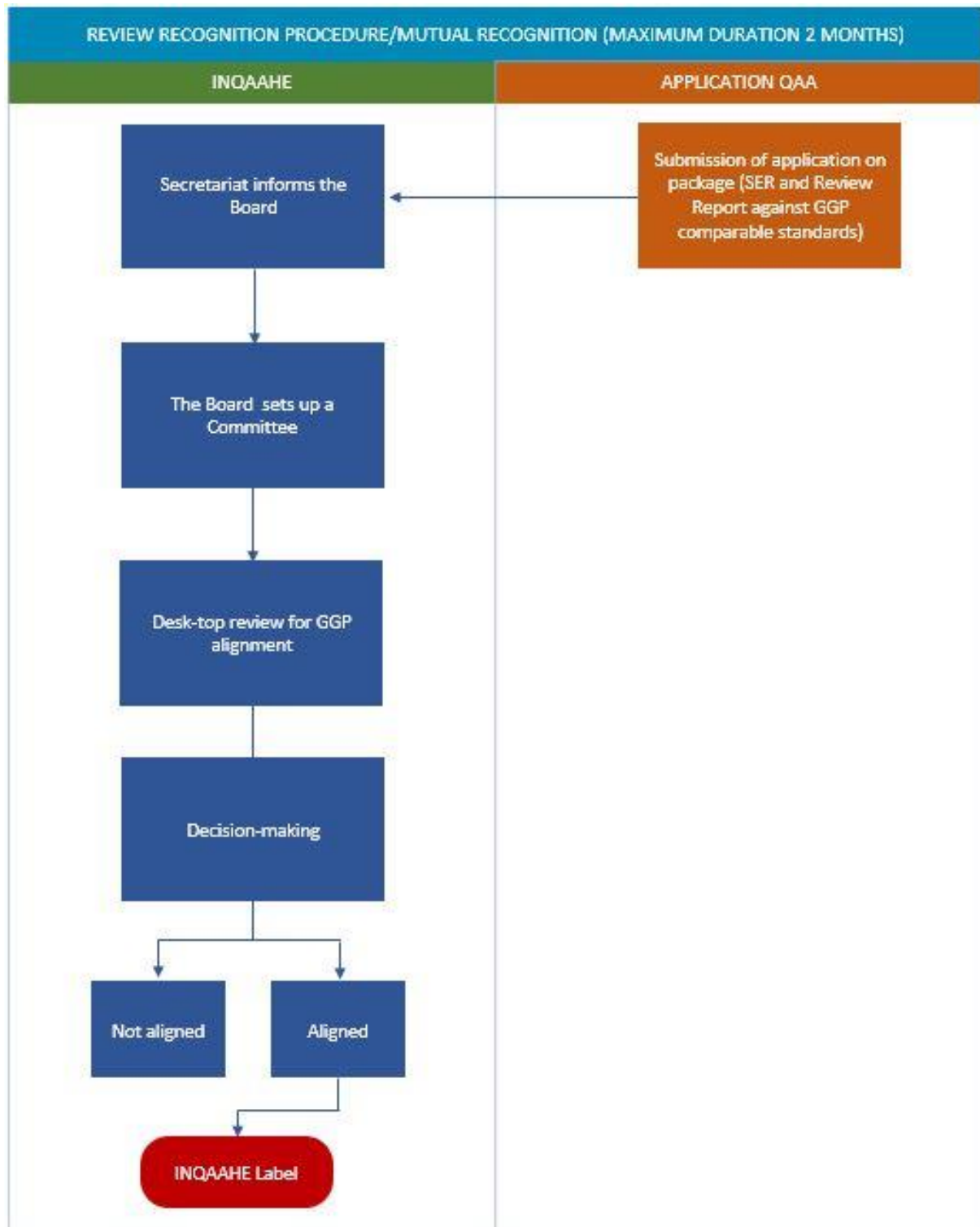
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# ANNEX B: GGP Procedure Flowcharts

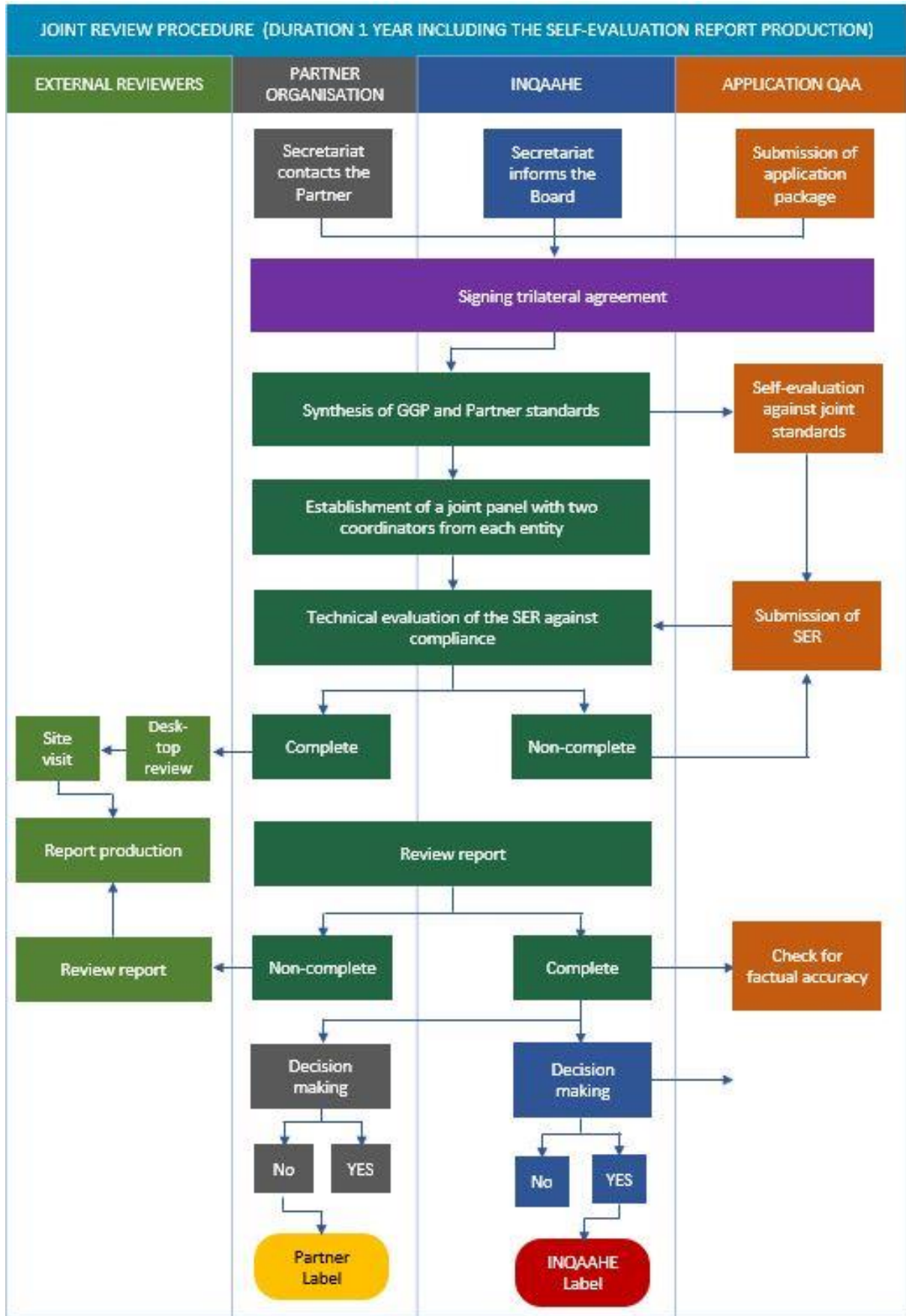
## 1. Review Pathway



## 2. Recognition



### 3. Joint Review

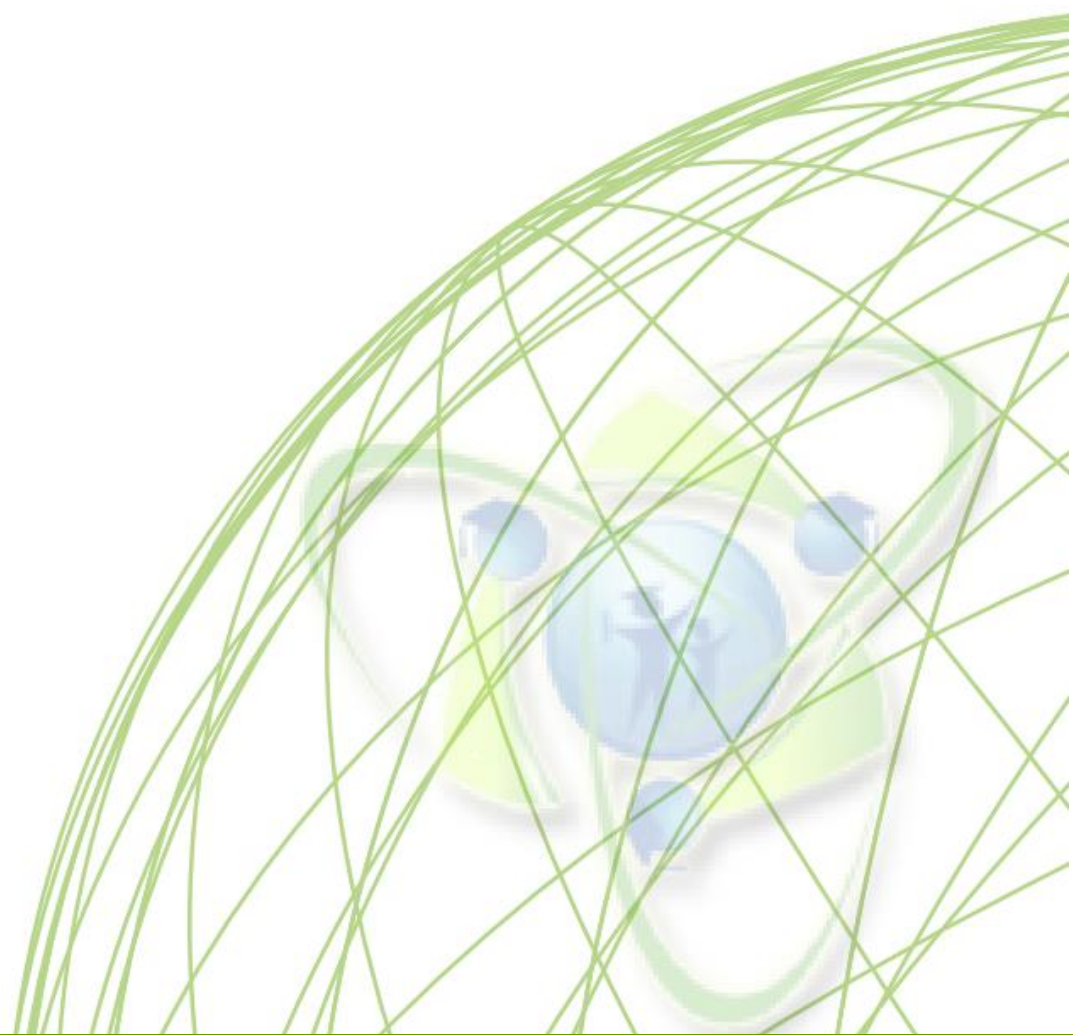




## ANNEX C: Sample Site-Visit Programme

### SAMPLE SITE VISIT AGENDA

DAY	Activity	Location
Day 1	Board members of the applicant agency	
	Decision making body of the applicant agency	
	Professional staff (Reviewers) of the applicant agency	
	Administrative staff of the applicant agency	
	Representatives from the ministry of education	
Day 2	Representatives from professional associations	
	Rectors or senior management representatives from HE institutions with accreditation experience	
	Quality Managers or equivalent with responsibility for the quality assurance portfolio from institutions of higher education (IHE)	
	Representatives from student associations	
Day 3	Staff members with experience from accreditation of programmes offered by IHE	
	Call back of the Executive Director and staff to clarify issues if necessary	
	Summary of the Panel's review findings to the Board and senior management (oral exit report)	



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