CONFERENCE 2011



THEME

Independence of QA vis-à-vis different stakeholders

TITLE

Accreditation of courses of studies: quality standards and their effect on

university autonomy

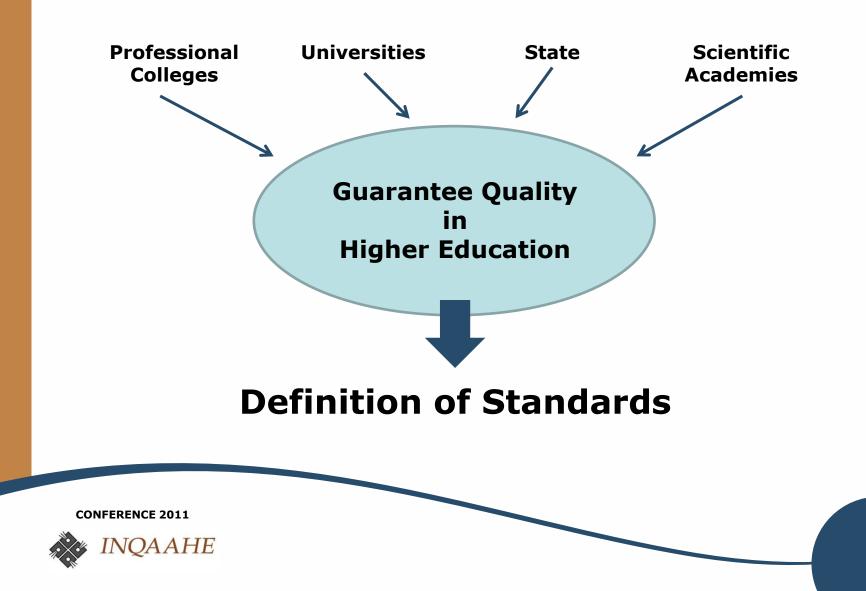
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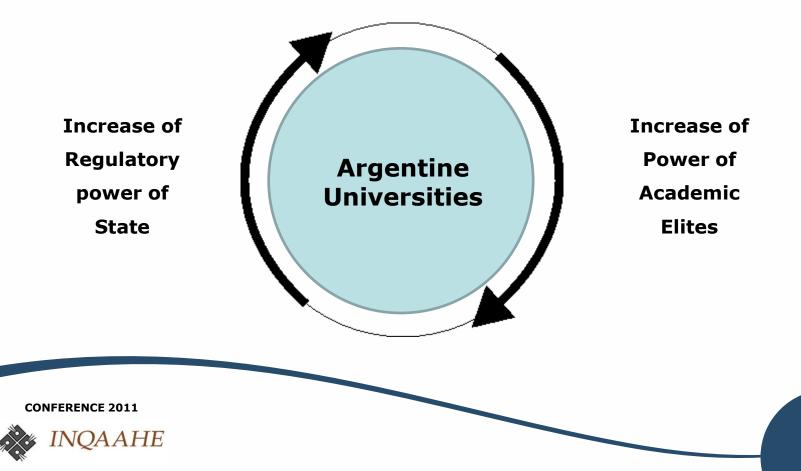
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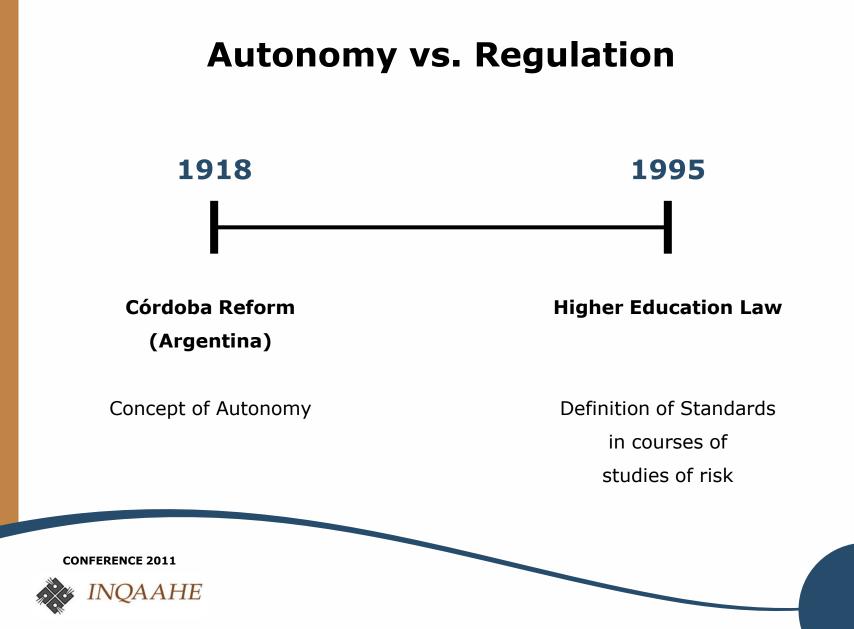
CONTACT DETAILS

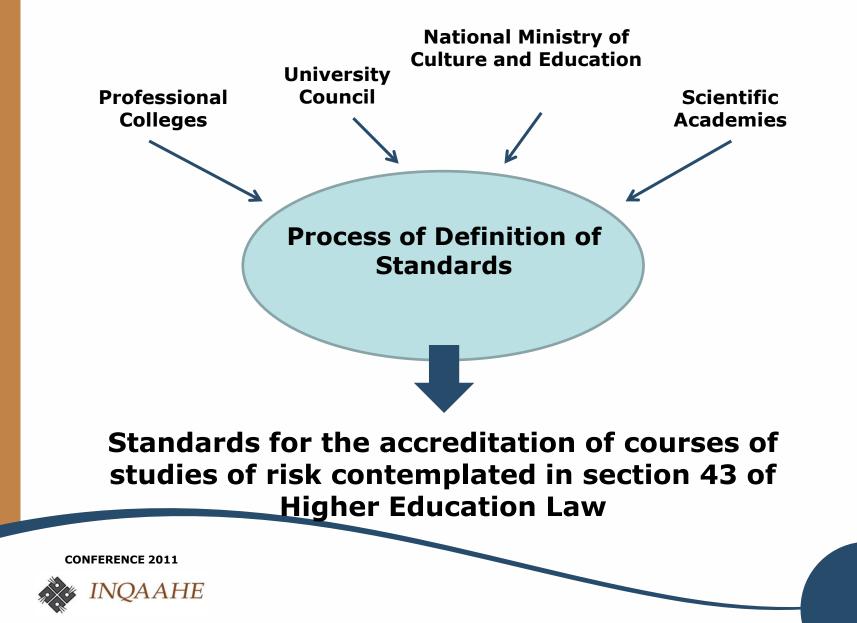
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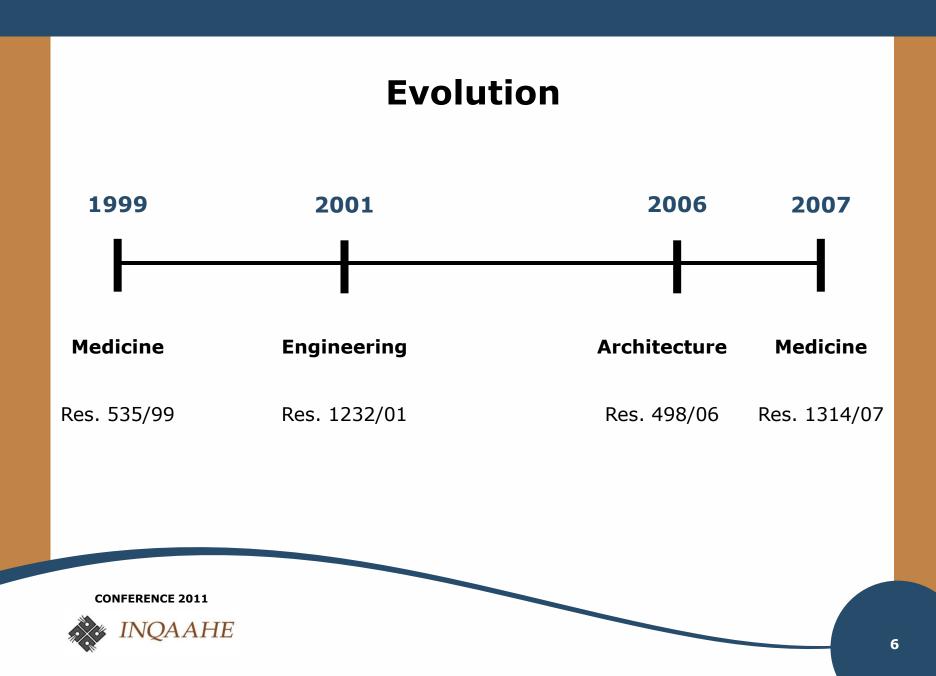












Queries in the Research

What was the level of participation of the State, the universities, the professional colleges and the scientific academies in the definition of quality standards?

How did relations among these actors evolve along the different processes?

In which way was the autonomy of universities affected by these processes?



About the level of participation of the involved actors

In favor of Autonomy: Those appealing to the suppression of concepts, sentences or reports suggesting control or interference in tasks and functions unaware to the need of regulation. Furthermore, it includes the ones that imply a fixed position of the institution which is supported by the autonomy itself.

• **In favor of Regulation**: Those which semantically propose changes suggesting a major control, regulation or order.

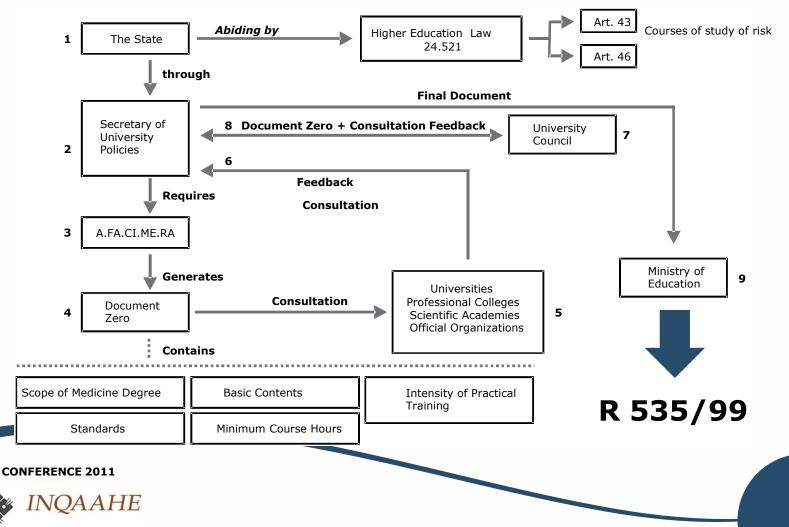


Definition of Standards for Medicine

	Minimum course hours	Basic Contents	Intensity of Practice Formation	Scope of the Title of Doctor of Medicine	Standards	Total
Total observations carried out	3	113	11	22	269	418
In favor of Autonomy	2	96	8	12	100	218
In favor of Regulation	1	17	3	10	169	200
Total observations considered at Resol. 535/99.	0	12	8	1	77	98



Summary Chart of the decision-making process for the case of the regulation of courses of studies in medicine



Analysis of the level of autonomy admitted by standards

Scoring Table				
ACTION	MAY - SHOULD	1		
	MUST	0		
SUBJECT	NOT DEFINE	1		
	DEFINE	0		
MATTER	CONCEPTUAL	1		
	OPERATIVE	0		

Course of studies	Total Scoring	Quantity of Standards	Relation Scoring - Standards
MEDICINE - Res. 535/99	167	126	1.32
ENGINEERING - Res. 1232/01	75	63	1.19
ARQUITECTURE - Res. 498/06	70	63	1.11
MEDICINE - Res. 1314/07	89	67	1.46



Conclusions

Which was the level of participation of the State, the universities, the professional colleges and science academies in the definition of quality standards?

1) We found that the success key for the consensus was that most universities and actors consulted show their analysis and points of view according to their possibilities or decisions.

2) The State could adopt a new attitude developing a policy that guarded over the quality by means of evaluation and accreditation with the purpose of harmonizing expansion and quality, without interrupting the process of development of the institutions of higher education; but carrying out instruments for their control.

How did the relations between these actors evolve along the different processes?

We cannot yet see the evolution, because we have just analyzed the case of the regulation of medicine. There remains the analysis of the case of engineering and architecture to be able to conclude how the relations evolved.

How was university autonomy affected by these processes?

We found that the quantity of standards does not define the degree of autonomy.
We found that the key of the regulation is in the writing of each of the standards.



Elements of a Standard that determine its position towards university autonomy

