Guide to Standards and Criteria for the Renewal of Institutional Accreditation of University Centres

Guide drawn up by the technical staff and management of Unibasq, with contributions from the Unibasq Advisory Board and the agents of the Basque University System to whom the Agency would like to express its most sincere thanks.

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1. Introduction

This Unibasq Guide establishes the standards and criteria for the renewal of Institutional Accreditation - or Institutional Re-accreditation - of University Centres in the Basque University System (SUV). In line with the philosophy of the member agencies of the European Association for Quality Assurance in Higher Education (ENQA), this Guide sets out the general philosophy and specific guidelines for the renewal of the Institutional Accreditation of University Centres. The normative references are described in the following section. The Guide also provides senior managers in University Institutions and Centres with guidelines for the preparation of their self-assessment. (The self-assessment report may be called the Institutional Accreditation Report, Management Report, Analysis and Improvement Report, or similar.) A self-assessment report is the mandatory starting point for the process of renewal of Institutional Accreditation and provides Unibasq's external assessment teams the references that enable them to perform their evaluation in a systematic and reliable manner.

Institutional Accreditation is a voluntary process. The University accepts the responsibility for guaranteeing the quality of the operations / services provided by the University Centre, and oversees the continuous improvement of study programmes. The process integrates the evaluation and accreditation that is required by law.

The University Centre and its parent University are jointly responsible for applying the Standards and Guidelines (also known as ESG) for quality assurance in the European Higher Education Area. ESG establish the principle that "*Higher education institutions have primary responsibility for the quality of their provision and its assurance...* [ESG provide] *the criteria at European level against which quality assurance agencies and their activities are assessed*" (ENQA, 2015).

ESG (ENQA, 2015) are designed to:

- "*Set a common framework for quality assurance systems for learning and teaching at European, national and institutional level;*
- *enable the assurance and improvement of quality of higher education in the European higher education area;*
- *support mutual trust, thus facilitating recognition and mobility within and across national borders;*
- *provide information on quality assurance in the EHEA*".

The **ESG** establish a **common framework** for **Quality Assurance** systems for teaching and learning at European level.

Institutional Accreditation strengthens the autonomy of University Institutions by confirming that a University Centre complies with its legal responsibility to ensure the quality of its operations. The University Centre is responsible for integrating the Guidelines and directives for quality assurance into its daily work and its Quality Management System (QMS).[1]

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[1] The *ESG* use the concepts Internal Quality Assurance System (IQAS), Quality Systems, and Quality Assurance Systems (QAS) as synonyms, but differentiates between those that operate at University level, Centre level, or the level of study programmes. In this Guide we use the generic term QMS, which is perhaps the most widely used.

To be an effective tool, the *ESG* state that the QMS of a University or University Centre should constitute, "*a coherent institutional quality assurance system that forms a cycle for continuous improvement and contributes to the accountability of the institution*". When they design and develop a QMS, often following the AUDIT model, universities and their centres gather experience that supports a quality approach that has a positive impact on the processes of evaluating study programmes at different phases of design and accreditation, monitoring and re-accreditation.

Unibasq recognises the need for flexibility in the development of a culture of quality and improvement - whether at the general institutional level or at the specific university centre level. If appropriate, the approach can even transcend the university's own quality assurance paradigm. Other models and references for improvement can be used, such as the Advanced Management Model (MGA), a self-assessment model promoted by Euskalit since 2014. MGA has been adopted by many public and private organisations in the Basque Autonomous Community.

Advanced Management
Model of Euskalit (2018)

2. Institutional Accreditation Renewal Model

The Unibasq model for the renewal of Institutional Accreditation is structured in six dimensions that encompass a series of fundamental, interrelated aspects of the activity of university centres. Each dimension is structured in criteria, standards and guidelines for assessment, both self-assessment and external assessment. All the guidelines for improvement (enhancement) and accountability are designed to enable the University Centre to prepare a self-assessment report, which must be accompanied by supporting evidence and information that can corroborate the self-assessment.

The **PDCA** (Plan-Do-Check-Act) cycle of continuous improvement is a graphical representation of the concept of continuous improvement widely used to represent **Quality Management Systems** in accordance with the main international benchmarks such as EFQM, Fundibeq, Malcolm Baldrige and ISO 9001.

Unibasq's model for the renewal of Institutional Accreditation (see Figure 1 on page 8) is inspired by the PDCA cycle of continuous improvement. The design of this model incorporates: (1) various legal references and guidelines; and (2) the very diverse experience of the Agency and three SUV universities and their University Centres.

The following legal provisions are taken into consideration: Royal Decree 822/2021 of 28 September, Royal Decree 640/2021 of 27 July, Order 4067/2018 of the Basque Government, Law 13/2012 of 28 June of Unibasq-Agency for Quality of the Basque University System, and the Resolution of 3 March 2022 of the General Secretariat for Universities. The General Secretariat for Universities issues instructions on the procedure for the institutional accreditation of public and private university centres and publishes the *Protocol for the Certification of Internal Quality Assurance Systems of University Centres,* and the *Protocol for the Evaluation Procedure for the Renewal of the Institutional Accreditation of University Centres*. The protocols were approved by the General Conference on University Policy. Taken together,

Institutional Accreditation is conducted at the level of the **University Centre**. The centres propose an **Academic Project** made up of a series of study programmes in related disciplines that usually share resources. The projects are usually related to the **university missions** of **research** and **transfer of knowledge** to society, in addition to that of teaching.

these laws, regulations, and protocols form the context for Institutional Accreditation. Table 1 summarises the correspondence between the model for the renewal of Unibasq's Institutional Accreditation, the REACU *Protocol for the Renewal of the Institutional Accreditation of University Centres*, the ESG, and the AUDIT model.

Table 1: Correspondences between the Unibasq Institutional Accreditation renewal model, the REACU protocol, the ESG, and the AUDIT model.
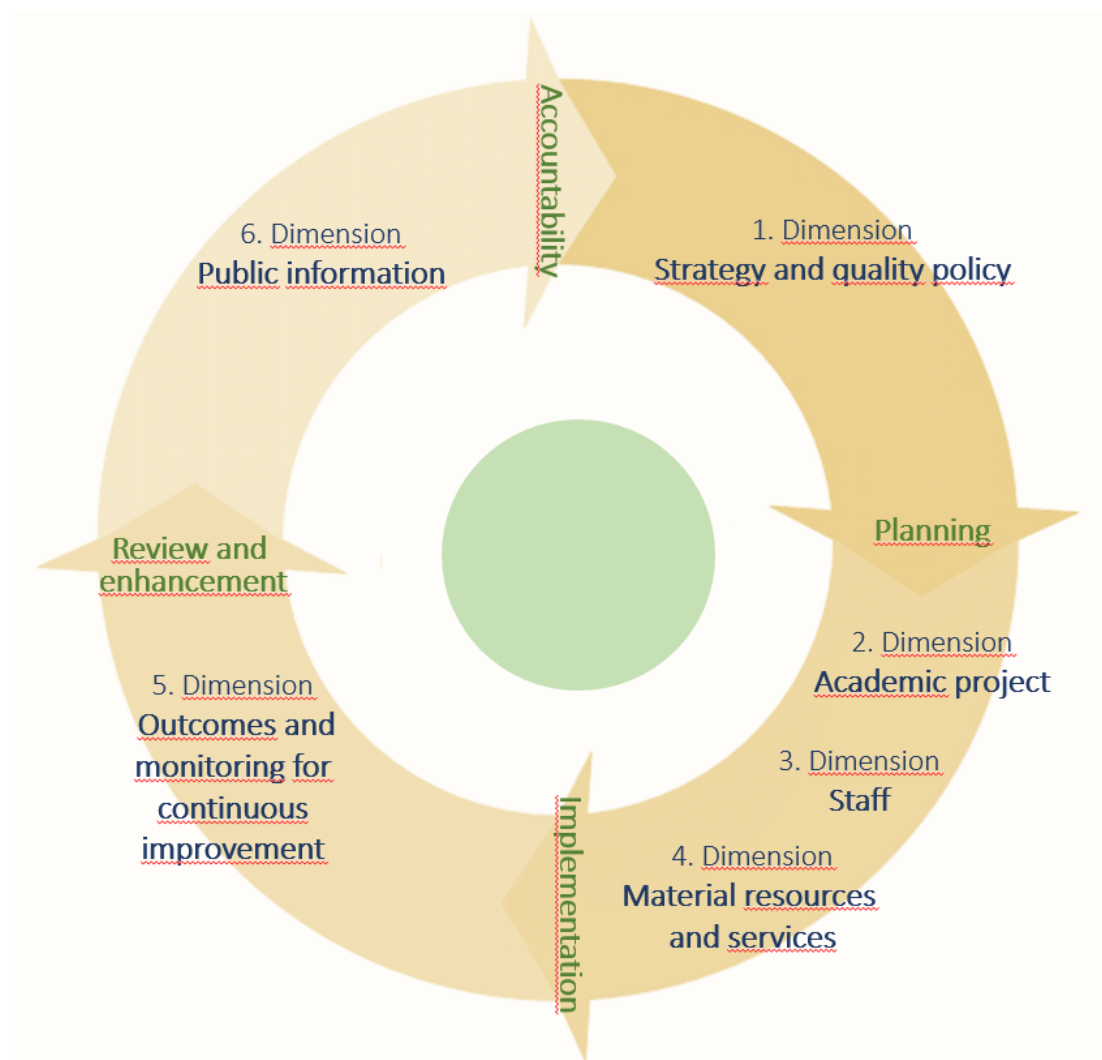
Unibasq Institutional accreditation (criteria)	REACU *Protocol* – Reference Standards (IQAS certification)	ESG (2015)	AUDIT
Definition of strategy and quality policy	I. Quality policy and objectives.	1.1. Policy for quality assurance	How the centre defines its quality policy and objectives
Management of the design of the centre's academic project	II. Quality assurance of educational programmes.	1.2. Design and approval of programmes	How the centre ensures the quality of its educational programmes
Deployment and implementation of the centre's student-centred academic project	III. Orientation of teaching towards students	1.3. Student-centred learning, teaching and assessment	How the centre orients its teaching towards students
		1.4. Student admission, progression, recognition and certification	
Guarantee and enhancement of the staff of the university centre	IV. Assurance and enhancement of its academic and teaching support staff	1.5. Teaching staff	How the centre ensures and enhances the quality of its academic staff
Guarantee and improvement of material resources and services	V. Ensuring and improving material resources and services	1.6. Learning resources and student support	How the centre manages and improves its material resources and services
Outcomes analysis	VI. Analysis of the results of the educational programmes	1.7. Information management	How the centre analyses and takes account of outcomes
Publication of information on the centre's activities and the academic project	VIII. Publication of information on the centre's programmes and activities	1.8. Public information	How the centre publishes information about programmes
Monitoring of the centre's activities and the academic project	VII. Analysis and use of the information generated on the centre's activities	1.9. On-going monitoring and periodic review of programmes	How the centre analyses and takes account of outcomes

Source: Unibasq.

This Guide also refers to the ESG and the work being carried out by ENQA member agencies, in particular the experience of the most innovative agencies regarding of cross-thematic analysis and risk assessment (see Section 3.3. of this Guide). It also refers to the ESG-aligned AUDIT assessment model.

This Guide also refers to practical experience, especially the work carried out by the Agency evaluating SUV programmes, that included verification-authorisation (ex-ante accreditation), monitoring and renewal of accreditation. It also refers to the work carried out in relation to the recognition of Quality Labels, regarding Dual Learning and Internationalisation of Unibasq. It draws on the experience of the evaluation of the designs of the QMS of centres of the three SUV universities and since 2013 on the experience of the certification of the implementation of the QMS of centres with a sufficient maturity level.

Figure 1: Unibasq's Institutional Accreditation Renewal Model

Source: Unibasq.

The current regulatory framework allows that SUV University Centres can secure Institutional Accreditation by certifying their QMS in accordance with the AUDIT model, although other routes to Institutional Accreditation are possible if they are aligned with part 1 of the ESG. Unibasq promotes innovation and improvement in this field, in the interests of rationalisation and debureaucratisation of the QMS and its orientation towards enhancing the quality of higher education in internal and external quality assurance, in line with what has been emphasised by ENQA.

Finally, reference should also be made to Unibasq's experience both in the evaluation of the DOCENTIA Programme, which evaluated university teaching quality, and with the Egiaztapena Programme for accreditation of the teaching and research staff of SUV universities.

The six dimensions of the Unibasq Institutional Accreditation renewal model can be represented as an improvement cycle similar to the PDCA cycle of continuous improvement, as shown in Figure 1. Public information and accountability have been added, to underline the connection with the application of the ESG. Unibasq's Institutional Accreditation renewal model is a model that is intended to strengthen the strategic and integrated vision of University Centres. The model emphasises their responsibility for enhancing accountability and guaranteeing the quality of their Academic Projects.

The model should make the process of university evaluation and accreditation more effective and efficient by simplifying and integrating into it other types of evaluations - be the awarding or monitoring - of Unibasq's Quality Labels.

3. Institutional Accreditation Renewal Procedure

The Institutional Accreditation Renewal Procedure consists of eight steps that are described in the following sections.

3.1. Submission of applications for the renewal of the Institutional Accreditation of University Centres

The accreditation of University Centres, or Institutional re-accreditation, must be renewed within six years of the most recent accreditation resolution of the Council of Universities. SUV universities must submit their application for renewal of Institutional Accreditation of their University Centres to the Universities Council through the platform of the Ministry of Universities. A self-assessment report of the Centre must be submitted with the application, in accordance with the dimensions and assessment criteria set out in this Guide. The self-assessment report must cover the period from the date of the most recent Institutional Accreditation resolution of the Universities Council to the date of application. Evidence supporting the self-evaluation must also be submitted. The application must be made in good time, so that the Institutional Accreditation can be assessed within the established timeframe.

3.2. Constitution of the Review Team

On receiving the application, Unibasq will constitute the review teams that will conduct the evaluation and the visit to the Centre.

Each team will have the following composition:

- An academic who will chair the team
- A variable number of academic members
- A person to act as secretary
- A student member with training in evaluation processes
- A labour market representative in the scientific-technical field of the programmes to be assessed.

The academics must have experience in quality evaluation (as far as possible in institutional and/or programme evaluation). One of the members of the review team must be an expert in quality assurance or university management. Experience of reporting processes prior to the authorisation, verification or monitoring of study programmes as a member of agency evaluation committees will also be an asset.

3.3. Preliminary analysis

Before the visit to the Centre, and before the review team examines the Institutional Accreditation dossier, external experts (members of the Institutional Accreditation Committee, members of the Study Programmes Assessment Committees or other external experts selected for this purpose) will conduct a preliminary analysis, with the assistance of Unibasq technical staff. This preliminary analysis will examine aspects that are specific to the University level and not the Centre (for example, student satisfaction or staff policy). This analysis will focus on the improvement (enhancement) of the quality of education across the University.

The Agency will also have an input at this stage, ensuring that important issues from Institutional Accreditation monitoring reports, or related Agency evaluation programmes and, where appropriate, a summary of the main external complaints and suggestions for improvement are included.

The preliminary analysis will include, in addition to the information and documentation provided by the University for the assessment process, information from the faculty's website and the study programmes offered by the faculty. The results of the preliminary analysis will be made available to the review team and the Institutional Accreditation Committee. The preliminary analysis and the subsequent evaluation will be conducted in a manner that is consistent with risk assessment approaches promoted by some ENQA member agencies in the EHEA (Sánchez Chaparro, 2022).

The Institutional Accreditation Committee may decide not to continue with the external visit as a result of the preliminary analysis. In that case, the Committee will issue an Institutional Review Report.

3.4. Analysis of the Institutional Accreditation Renewal Dossier by the Review Team

Unibasq will provide the review team with access to the Institutional Accreditation renewal dossier of the institution, which will include all the information necessary to carry out the visit:

- The self-evaluation report of the Centre, and associated evidence.
- The latest version of the verified report for each study programme delivered in the faculty.
- Other reports issued by the Agency for the programmes in which the Centre has participated, as indicated in the regulations.
- The information obtained in the preliminary analysis.

Before the visit, the members of the review team will review the documentation to identify strengths and areas for improvement, taking into account the criteria and standards established in this Guide.

The review team will determine the aspects to be inspected during the visit. The review team shall, among other things, specify the following:

- Aspects to be evaluated and interest groups to be interviewed. It will identify the main issues to be clarified during the visit.
- Additional evidence to be requested. It will require additional information or data to be provided during the visit to clarify those aspects that are confusing, contradictory or that are not supported by sufficient evidence.
- Specific facilities to be seen during the visit
- A draft agenda proposal. A proposed agenda will be sent to the University before the visit.

3.5 Visit to the Centre

The review team will carry out the visit according to the agenda agreed with the Centre. The University will appoint a person to receive the review team and coordinate the visit.

In order for the visit to run smoothly, the Centre shall:

- Ensure that the Centre's main interest groups (and in particular its students and teaching staff) are aware of the external evaluation and encourage their participation.
- Ensure at all times the public hearing of the different interest groups in the visit.

> It is very important that the **social representation** is **ensured**, and that the review team gathers opinions that reflect the **plurality** of **opinions, approaches and sensitivities** of different groups.

- Select people from the different stakeholder groups requested by the review team, ensuring plurality and diversity of views.
- Organise the meetings appropriately, attending to the review team's requests regarding the evaluation process.
- Make available to the review team any additional evidence that may be requested.
- Make available to the review team the necessary rooms, suitably equipped, in which they can carry out the planned interviews, as well as their own meetings. The Centre must also provide internet access for the review team.
- Facilitate travel within campus for the review team.
- If required, make available to the review team an IT solution for online hearings.

The main objective of the visit is to learn, in situ, about the development of the Academic Project and the effectiveness of the quality improvement policies adopted at the Centre.

The review team will need time to review the evidence requested in advance that was not provided before the visit, and to hold a public hearing which may be attended by anyone who wishes to provide additional information related to the activity of the Centre. During the visit, the review team will interview the interest groups listed in the agenda and in exceptional cases may also interview other groups and/or persons if deemed appropriate. The duration of the visit will depend on the Centre, its size and the number of study programmes. Non-face-to-face or remote visits may be planned, using the available telematic means, such as videoconferencing. Interviews, or some of them, may also be carried out remotely using the same means.

3.6 The Visit Report and the Provisional Report on the Renewal of Institutional Accreditation

The review team shall draw up the Visit Report, which shall be issued collegially.

Once the Visit Report has been finalised, the person chairing the review team shall send it to Unibasq.

The Self-assessment Report, the Visit Report and the other available information included in the Institutional Accreditation dossier will be analysed by the Unibasq Institutional Accreditation Committee(s) appointed for this purpose.

As a result of the analysis carried out, the Committee will draw up an assessment report. This provisional evaluation report may be: favourable to the renewal of Institutional Accreditation or unfavourable. If the latter it must identify what must be modified in order to obtain a favourable report.

> Unibasq's **Institutional Accreditation Committee** will draw up an **evaluation report** that may be either **favourable** to the renewal of Institutional Accreditation or **unfavourable** and with aspects that must necessarily be modified in order to obtain a favourable report.

All reports, whatever their outcome, shall be reasoned. The report shall state the strengths and good practices detected, the weaknesses and, where appropriate, the aspects to be improved and the recommendations.

The interim Institutional Accreditation renewal report shall be sent to the university.

In the event that it is favourable, the Centre or University may make the appropriate considerations within a period of 20 working days. When the result of the final report is favourable and appropriate, the university will present an Improvement Plan with specific targets that are specific, easily monitored and with achievable timelines. The Improvement Plan must be implemented once the assessment process has been completed, to eliminate any deficiencies identified in the provisional Institutional Accreditation Report. Compliance with the objectives set out in the Improvement Plan will be monitored over the following academic years and will be an important indicator of the effectiveness and consistency of the Centre's QMS.

In the event that the result of the Interim Report is unfavourable, the university may make the appropriate clarifications on the deficiencies detected within 20 working days. In addition to these clarifications, the university must attach an Improvement Plan with the characteristics indicated above. Once the Improvement Plan has been reviewed by the corresponding Committee, it may be considered inadequate to respond to the deficiencies detected, giving rise to an unfavourable report, or it may be considered adequate, in which case a period of time will be established for the Agency to monitor compliance with the Improvement Plan. If, once the period has elapsed, and no appeals have been presented, the University will be considered to have waived the right of appeal and the provisional report will become an unfavourable report with the status of a definitive report.

> **Compliance** with the objectives set out in the **Improvement Plans** will be verified throughout the **monitoring** of **Institutional Accreditation** and will be understood as a **very relevant indicator** of the effectiveness and consistency of the internalisation of the Centre's **QMS**, in particular, and of its **culture of quality** and **continuous improvement** in general; **especially** in those actions resulting from **observations** and/or **requirements** for improvement detected in **previous** evaluations.

The report is mandatory for the Council of Universities and may lead to the suspension of the maximum period for resolving and notifying the resolution of the procedure, under the terms provided in Paragraph d, Section 1 of Article 22 of Law 39/2015, of 1 October, on the Common Administrative Procedure of Public Administrations. Unibasq shall notify the University of the suspension of this period, which shall be

calculated from the date of registration of the university's application. This notification shall be attached to the file. If this deadline is not suspended, Unibasq will have a maximum of five months to issue the report, counting from the date of registration of the application.

The dispatch of the report shall be notified to the University. In cases where the deadline for resolving and notifying the resolution of faults is exceeded, this notification will have the effect of notifying the University of the end of the suspension.

As indicated in the regulations, the scope of the report shall also have effects for the renewal of the certification of the implementation of the Centre's QMS, unless the University has previously renewed the certificate in another way.

3.7. Resolution on Renewal of Institutional Accreditation by the Council of Universities

Once the Unibasq report has been received, the Council of Universities will issue the corresponding resolution within six months from the date of registration of the University's application. In the absence of an express resolution within that period, the application shall be considered to have been accepted. The decision may be either in favour or against the application, in which case the reasons must be given. In the event of a decision rejecting the application, which must be reasoned, the decision shall state the appeals that may be lodged against it, the administrative or judicial body before which they must be lodged and the deadline for lodging them.

All the **official university study programmes** of the accredited centre will incorporate as the **date of renewal of accreditation** in the RUCT the date corresponding to the **resolution of renewal of Institutional Accreditation** by the Council of Universities.

In accordance with the provisions of Article 35 of Royal Decree 822/2021 of 28 September, the renewal of the accreditation of the Centre implies the renewal of the accreditation of the official university degrees it offers. In the RUCT, the date of its renewal shall be the date corresponding to the institutional accreditation resolution issued by the Council of Universities, with the exceptions indicated in the Resolution of 3 March 2022, of the General Secretariat of Universities. In accordance with the provisions of Article 14. 10 of Royal Decree 640/2021 of 27 July, in the event that the Council of Universities issues a decision rejecting institutional accreditation or its renewal, the university Centre involved must apply for the renewal of the corresponding accreditation for each of the official study programmes it offers, within the period established in relation to the start of their activity or the last renewal of accreditation. The institution may also apply for the renewal of the certification of its QMS, the external assessment of which will focus on rectifying any deficiencies that may have been detected in the last assessment of Institutional Accreditation.

3.8. Monitoring of the Institutional Accreditation by the Centre and Unibasq

In the exercise of their co-responsibility and their orientation towards continuous improvement within the framework of their QMS, University Centres with Institutional Accreditation will present an Institutional Accreditation monitoring report each year.

This monitoring report must analyse the specific actions included in the Improvement Plan and those aspects that have been highlighted in the final Institutional Accreditation report for improvement and special monitoring. For its part, Unibasq will monitor the aspects that need to be improved, if necessary instituting exceptional mechanisms for monitoring and supervision of the University Centre.

The objectives of Institutional Accreditation monitoring include the following:

- To ensure the effective implementation of the improvement plan as planned.
- To ensure the public availability of relevant and pertinent information for the different interest groups.
- Detect possible deficiencies in the effective development of the Academic Project, the strategy and the quality policy, and analyse the actions taken to remedy them.
- Provide recommendations and/or suggestions for improvement.
- Identify good practices in the deployment and improvement of the Academic Project, strategy and quality policy for their dissemination within the SUV framework.

Annually, Unibasq will select from among the Institutional Accreditation monitoring reports received those that -either in their entirety or with regard to some of the dimensions of the model- will be evaluated according to the following criteria:

- Priority will be given to the monitoring reports of those University Centres that present deficiencies in the renewal reports, in previous monitoring reports and/or in other reports issued by Unibasq.
- The reports of those University Centres that the Universities or the Agency identify as requiring special attention.
- A variable number of those that have not been previously evaluated.

The monitoring reports that are not selected will become part of the accredited Centre's file and will be taken into account in the renewal of Institutional Accreditation when appropriate.

Repeated and therefore serious non-compliance in the monitoring of Institutional Accreditation, such as non-compliance with the objectives established in the Improvement Plans - especially in those actions resulting from observations and/or improvement requirements detected in previous evaluations - will lead to the issuing of an unfavourable report on the renewal of Institutional Accreditation. In accordance with Law 13/2012, which empowers the Agency to evaluate quality in the field of SUV and to provide information to society on the results of its activities, the Agency may notify the university institution, the body responsible for university policy in the Department of Education of the Autonomous Community of the Basque Country, other interest groups and society in general of this situation, using the means of communication and dissemination it deems appropriate.

4. Institutional Accreditation: dimensions

- ### Dimension 1. Strategy and quality policy

Criterion 1. Definition of strategy and quality policy

Standard: *The institution establishes clear strategic objectives, which it reviews periodically, and plans a series of actions aligned with these objectives, all aimed at developing a quality culture that involves the different stakeholders. These actions will also be aligned with the university's strategic objectives and quality policy.*

Guideline 1.1. The centre manages the information needed to define the strategy and quality policy
Aspects to consider in this guideline:

- The Centre identifies the most important stakeholders of the organisation, knowing their needs and expectations.
- The Centre identifies the necessary information on the current and future situation, taking into account the local and international context, applicable legislation, etc.
- The Centre identifies its potential risks and opportunities.

Guideline 1.2. Reflection and definition of strategy and quality policy

Aspects to consider in this guideline:

- The Centre has a systematic way of reflecting, establishing and approving the strategy and quality policy, quality objectives and strategic objectives, stimulating the participation of stakeholders.
- The Centre has a governance model that allows for autonomous reflection, definition and approval of the strategy and quality policy, quality objectives and strategic objectives.
- The Centre establishes a strategy and quality policy aligned with that of the University.
- The Centre establishes strategic objectives taking into account the risks and opportunities in its field and plans the corresponding actions.

Guideline 1.3. Deployment of strategy and quality policy

Aspects to consider in this guideline:

- The Centre has an internalised governance and management model (with its bodies, guidelines for action, etc.), which allows for the appropriate deployment of the strategy and quality policy.
- The Centre implements the strategy and quality policy through action plans.
- The Centre has adequate human and material resources and the necessary involvement for deployment.
- The Centre has an implemented and internalised QMS, which formalises those aspects that it considers to be key for internal quality assurance in accordance with the ESG[2].

Guideline 1.4. Communicating, reviewing and updating the strategy and quality policy

Aspects to consider in this guideline:

- The Centre establishes effective communication of the strategy and quality policy to different stakeholders.
- The Centre uses indicators to monitor, measure and improve the strategy and quality policy.
- The Centre systematically reviews and evaluates the strategy and quality policy and its action plans.

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[2] As mentioned in the introductory section of the Guide, in accordance with the current regulatory framework and the trajectory that has been developed in this respect in the SUV universities, the centres have been obtaining their Institutional Accreditation by certifying their QMS in accordance with the AUDIT model. This reference model is obviously considered adequate for the purposes of the renewal of Institutional Accreditation in general, and for the assessment of this guideline in particular, but other possible developments aligned with part 1 of the ESG could also be considered.

- The Centre establishes improvement plans based on the results of the review and evaluation of the strategy, quality policy and action plans.

Evidence that can be analysed to ensure the level achieved in this criterion:

- Organisational structure of the Centre.
- Centre regulations (Centre rules and regulations).
- Strategic plan or strategic reflection carried out at the Centre.
- Quality Policy.
- Annual Management Plan.
- Monitoring reports.
- Improvement Plans.
- Access to the database and records of the Centre's QMS.

- Dimension 2 – Academic project

Criterion 2. Management of the Design of the Centre's Academic Project

Standard: *Quality Assurance of the educational programmes. The Centre has a system for the design, approval and periodic accreditation of its educational programmes in an integrated manner, guaranteeing the participation of stakeholders, which enables it to improve and renew the Centre's Academic Project in order to respond to the challenges of society.*

Guideline 2.1. The Centre manages relations with its main stakeholders

Aspects to consider in this guideline:

- The Centre has contrasted and updated information on the needs and expectations, related to its Academic Project, of its main interest groups (graduates, employers, professional associations, students, teaching staff, etc.).
- The Centre actively collaborates with its main interest groups with a view to improving and updating its educational proposal in order to respond to the challenges of society.
- The Centre adequately manages proposals, suggestions and complaints from its different interest groups.

Guideline 2.2. The Centre designs and approves its Academic Project

Aspects to consider in this guideline:

- The Centre takes into account the different interest groups in the design of its Academic Project.
- The Centre has a body with the capacity to manage the design and approval of its study programmes, objectives and associated competences in an integrated manner.
- The Centre has mechanisms and guidelines that regulate the decision-making process regarding the integrated educational offer, the design and adaptation of the study programmes and objectives, taking into account the social, territorial and labour context.

- The Centre has mechanisms and guidelines for consultation with the main agents linked to each study programme in order to obtain the necessary information on the suitability of the real graduate profile of the graduates.
- The Centre has mechanisms that guarantee the decision-making process and continuous improvement related to the following key elements or aspects of its Academic Project: definition of admission/graduation profiles; admission and enrolment criteria; appeals, complaints and suggestions; support and guidance for students on the development of teaching; teaching and assessment of learning; student-centred teaching; external placements (and, where appropriate, Dual or Alternance University Education); student mobility and professional guidance.
- The Centre has a dissemination plan endorsed by the University to publicise its Academic Project, especially with regard to its offer of integrated educational programmes, and evaluates its adaptation to the challenges of society.

Evidence that can be analysed to ensure the level achieved in this criterion:

Stakeholder **satisfaction surveys** are a **cornerstone** for the proper functioning of **QMS**s. They must therefore be analysed with **rigour** and improved, using consistent and systematic tools for collecting information that reduce possible biases and distortions for **continuous improvement**.

- Satisfaction studies of students, graduates, teaching staff, administrative and service staff, employers and other groups.
- Improvement plans.
- Monitoring reports.
- Procedure for the Management of Complaints, Suggestions and Proposals for Improvement, and the recording and processing of these.
- Study programmes verification applications.
- Teaching guides (Catalogue of courses).

Criterion 3. Deployment and implementation of the Centre's student-centred academic project

Standard: *The institution has defined a system and guidelines that promote student-centred learning for the programmes that form part of its Academic Project. These guidelines must take into account the diversity of entry profiles and be based on the use of teaching methods and methodologies, tutorial action plans, assessment systems and other resources that help students to achieve the learning outcomes expected for each study programme.*

Student-Centered Learning (SCL) is an educational approach that emphasises **active** and experiential **learning**. It emphasises that students are responsible for their own learning and are provided with flexible learning alternatives. SCL represents both a **mindset** and a school/university **culture**.
Source: Todorovski et al. (2015).

Guideline 3.1. The Institution deploys and implements its study programmes in an integrated manner with a student-centred approach to learning.

Aspects to consider in this guideline:

- To ensure that the entry profile of the student body is appropriate to start their respective studies (admission criteria).
- The programmes taught at the Centre are up to date and have been implemented in an integrated manner in accordance with the conditions established in the

verification reports and/or their subsequent modifications and the aspects indicated in the different reports drawn up by the Agency.

- The educational activities, their teaching methodologies and the assessment systems used are appropriate and adequately adapted to student-centred learning and to the objective of acquiring the expected learning outcomes.
- Each programme has internalised and integrated teaching coordination mechanisms (horizontal and vertical articulation between the different subjects), which allow both an adequate allocation of the workload of students and teaching staff and an adequate time planning, ensuring the achievement of the expected learning outcomes.
- The Centre has developed a tutorial action that allows for an adequate accompaniment and monitoring of students.
- The learning outcomes achieved satisfy the objectives of the study programme and are in line with their MECES level.
- Processes for the recognition of students' prior learning or experience are in place, relevant and adequately applied.
- The Institution has mechanisms in place to ensure that unacceptable academic practices, such as fraud and plagiarism, are prevented, identified and responded to.
- The application of the various academic regulations is adequately enforced.

Guideline 3.2. R&D&I activity and knowledge transfer deployed by the Centre[3]

Aspects to be considered in this guideline:

- The Centre develops mechanisms that ensure a research structure that plans and develops research programmes and projects with internal and/or external funding, so as to achieve research results aligned with the research lines of the doctoral programme in which they participate, with international benchmarks in their corresponding disciplinary fields.
- The Centre develops knowledge transfer activities in collaboration with entities, companies, institutions and organisations, among others, that generate innovation and progress in society.

Evidence that can be analysed to ensure the level achieved in this criterion:

- Educational model.
- Improvement plans.
- Monitoring reports.
- Teaching guides.
- Study programmes verification applications.
- External evaluation reports.
- Satisfaction studies of students and graduates.
- Welcome plan.
- Tutorial action plan.

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[3] This Guideline only applies to Centres offering official doctoral degrees, in accordance with the Resolution of 3 March 2022 of the General Secretariat for Universities.

- R+D+I and knowledge transfer plan of the Centre.[4]

▪ Dimension 3 - Staff

Criterion 4. Guarantee and enhancement of the staff of the University Centre

Standard: *The Centre develops mechanisms that ensure that the access, management, and training of its staff, as well as the periodic and systematic evaluation of their activity, is carried out with due guarantees, allowing them to carry out their functions, always respecting their freedom and integrity.*

Guideline 4.1. The Centre develops an effective staff management policy

Aspects to consider in this guideline:

- The Centre has a body, which includes the stakeholders involved, with the capacity to define and approve staff policy (academic and administration and services), access, training, evaluation, promotion and recognition.
- The Centre has strategies in place to identify the most suitable profiles and attract talent. It establishes and follows clear, transparent and fair processes for the recruitment of appropriate staff and the achievement of its objectives, ensuring effective equality of opportunity, competition, merit and ability and with employment conditions that recognise the importance of teaching.
- As a result of the above processes, the staff (academic and administration and services) is sufficient and adequate and has the appropriate dedication for the development of its functions and to attend to the student body, in accordance with the characteristics of the programme and the number of students.
- The Centre has implemented the commitments included in the verification reports and the recommendations defined in the verification, authorisation and monitoring reports of the programmes it manages in a comprehensive manner in relation to its staff (academic and administration and services).
- The academic staff has the level of qualification and academic specialisation required for the teaching of the programmes included in the Academic Project offered by the Centre (both for generic adaptation at programme level and specific adaptation at subject level). It also has the teaching, research and knowledge transfer experience and quality required to deploy and implement the Academic Project.
- The Centre systematically collects and analyses up-to-date information on the needs of its staff (academic and administration and services). There are mechanisms and an internalised working system that make it possible to monitor, review and implement improvements in staff policy.
- The Centre has strategies and measures in place to ensure equal opportunities for women and men.
- The Centre evaluates the satisfaction of its staff (academic and administrative and service staff) through the use of surveys, interviews or focus groups that provide relevant and substantive information.
- Mechanisms and an internalised working system are in place to ensure accountability for the results of the staff policy.

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[4] Only for Institutions offering official doctoral programmes.

Guideline 4.2. The Centre ensures and promotes the training and development of its staff

Aspects to be considered in this guideline:

- The Centre identifies and analyses the training needs of its staff (academic and administration and services), establishes training plans and measures the impact of the actions carried out, periodically evaluating the effectiveness of the training plans.
- The Centre provides opportunities for the professional development of its staff (academic and administrative and service).
- The Centre promotes the training and capacity building of its academic staff for the continuous improvement in the deployment of its Academic Project.
- The Centre fosters intellectual activity to strengthen the link between teaching, research and knowledge transfer and thus improve its Academic Project.

Guideline 4.3. The Centre evaluates and recognises individuals

Aspects to consider in this guideline:

- The Centre has a teaching quality assessment/performance management model that facilitates the recognition of staff (academic and administration and services).
- The Centre has mechanisms in place to regulate and ensure decision-making on models for the evaluation, promotion and recognition of academic and teaching support staff.

Evidence that can be analysed to ensure the level achieved in this criterion:

- Improvement Plans.
- Monitoring reports.
- Staff policy.
- Academic staff structure and staffing.
- Link to public information on teaching staff.
- Training plans and their evaluation.
- Analysis of the results of the DOCENTIA programme.
- Equality Plan.
- Satisfaction surveys.

▪ Dimension 4 - Material resources and services

Criterion 5. Guarantee and improvement of material resources and services

Standard: *The Centre has mechanisms in place that enable it to design, manage and improve its material resources and services for the proper development of its Academic Project.*

Guideline 5.1. The Centre has adequate material resources and services for the development of the teaching-learning process included in its Academic Project.

Aspects to be considered in this guideline:

- The services made available for the development of the teaching-learning process integrated in the Centre's Academic Project are adequate according to the nature, modality, number of students enrolled and competences to be acquired.

- The academic, professional and mobility support and guidance services made available to students once enrolled are in line with the competences and modality of the programme and facilitate the teaching-learning process.
- In the case of extracurricular placements, these have been planned and are appropriate for the acquisition of the competences of the programmes offered at the faculty.
- The Centre guarantees adequate participation of other entities in the development of educational activities and formalises this participation appropriately.
- The material resources (classrooms and their equipment, work and study spaces, laboratories, workshops and experimental spaces, libraries, etc.) are adapted to the number of students and to the educational activities programmed.
- The infrastructures, services and materials are suitably arranged to allow universal access.
- The Centre has implemented the commitments included in the verification report and the recommendations defined in the verification reports, authorisation, where applicable, and monitoring of the degree in relation to the support staff involved in the educational activities, the material resources and the programme's support services.
- In the case of blended or distance learning, the Centre has the material resources and services available to attain its objectives, such as associated centres, computer equipment, virtual platforms, telecommunications infrastructure, etc., which guarantee support for this type of teaching.

Evidence that can be analysed to ensure the level achieved in this criterion:

- Improvement plans.
- Monitoring reports.
- Resourcing plan.
- Tutorial action plan.
- Satisfaction surveys of students, graduates, teaching staff, administrative and service staff, employers and other groups.

- **Dimension 5 – Outcomes and monitoring for improvement**

Criterion 6. Outcomes analysis

Standard: *The Centre has defined a system for the continuous collection, analysis and use of data on the results of its Academic Project. The Centre has a system for the evaluation and improvement of the outcomes of its Academic Project, -including learning outcomes, labour market insertion and satisfaction of the different interest groups-, for subsequent decision-making and the improvement of the quality of the Project.*

Guideline 6.1. The Centre collects and analyses indicators on its outcomes that facilitate decision-making aimed at improving its Academic Project.

Aspects to be considered in this guideline:

- The evolution of the main data and indicators (such as performance rates, satisfaction results or labour market insertion) of the programmes that form part of the Academic Project offered by the Centre is adequate, in accordance with the

subject area and the challenges posed by the social, territorial and labour context of the Centre.

- The analysis of the indicators includes comparison between the outcomes obtained and established objectives, to enable the analysis of trends over recent years.
- The evidence of the learning outcomes of the programmes included in the Academic Project is coherent with that established in the verification reports.
- The Centre periodically reviews the raison d'être and effectiveness of its indicators and the information collected.
- The indicators collected enable and facilitate the monitoring, modification and continuous improvement of the Centre's Academic Project.

Evidence that can be analysed to ensure the level achieved in this criterion:

- Improvement Plans.
- Monitoring reports.
- Satisfaction studies of students, graduates, teaching staff, administrative and service staff, employers and other groups.
- Scorecard with the main data and indicators (performance rates, satisfaction results, labour market insertion) that the Centre considers key for the development of its Academic Project.
- Analysis of the labour market insertion of graduates.
- Sample of subject evaluations.
- Sample of Bachelor's or Master's programmes Final Projects.
- Sample of external internship reports.
- Sample of Dual Learning reports.

Criterion 7. Monitoring of the Centre's activities and the Academic Project.

Standard: *The Centre has an internalised monitoring system and guidelines aimed at continuous improvement at all levels of the institution.*

Guideline 7.1. The Institution has a systematic monitoring system and guidelines for the improvement of its educational programmes and other related activities.

Aspects to consider in this guideline:

- The QMS facilitates the preparation of internal study programme monitoring reports that lead to the design of Improvement Plans, which include, as a minimum, a set of actions to meet the needs detected, the people and collegiate bodies responsible for the development of these actions, a deadline for execution and a system for monitoring and measuring their execution.
- The Centre ensures the review and improvement of the QMS.
- The Centre, and in particular its Management or Coordination Team, makes decisions for the monitoring and continuous improvement of its processes based on the information provided by the QMS, with special attention to the teaching-learning process.
- The Centre takes into consideration fundamental aspects of the environment (economic, social and academic) and all stakeholders for the monitoring and continuous improvement of its programmes.

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Evidence that can be analysed to ensure the level achieved in this criterion:

- Improvement Plans.
- Monitoring reports.
- Audit reports or internal evaluation of the QMS.

- **Dimension 6 – Public information**

Criterion 8. Publication of information on the Centre's activities and the Academic Project.

Standard: The Centre has a system and guidelines for the regular publication of updated information on its activities and its Academic Project to underpin decision-making processes, accountability and continuous improvement at all levels of the institution.

Guideline 8.1. The institution regularly publishes adequate and up-to-date information on its programmes and other related activities.

Aspects to consider in this guideline:

- The Centre publishes updated and accessible information on the programmes that form part of its Academic Project in accordance with what is stated in the verification reports, their development and outcomes.
- The QMS documentation is accessible to the university community involved and faithfully describes the processes related to the general teaching-learning process developed at the Centre, as well as its systematisation, measurement, analysis and improvement mechanisms.

Evidence that can be analysed to ensure the level achieved in this criterion:

- Centre's website/related study programmes.
- Improvement Plans.
- Monitoring reports.
- Satisfaction surveys of students, graduates, teaching staff, administrative and service staff, staff and students.

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