



Agència
per a la Qualitat
del Sistema Universitari
de **Catalunya**

GUIDE TO THE CERTIFICATION OF INTERNAL QUALITY ASSURANCE SYSTEMS (IQAS) IMPLEMENTATION

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C. dels Vergós, 36-42
08017 Barcelona

© Authors: Josep Manel Torres Solà, Miquel Vidal Espinar, Caterina Cazalla Lorite, Esther Huertas Hidalgo

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1. INTRODUCTION

Aims of the guide

In 2007, the Agència per a la Qualitat del Sistema Universitari de Catalunya (AQU Catalunya) introduced the AUDIT programme to support and guide higher education institutions (HEIs) in the design of internal quality assurance systems (IQAS). AUDIT is structured around a group of dimensions based on the content of the European Standards and Guidelines (ESG) (ENQA, 2015). Specifically, the ESGs incorporate standard 1.1: “Policy for quality assurance”, which reads as follows:

“Institutions should have a policy for quality assurance that is made public and forms part of their strategic management. Internal stakeholders should develop and implement this policy through appropriate structures and processes, while involving external stakeholders.”

Following the assessment of the IQAS designs, the HEIs embarked on the next stage: implementation. This should seek to improve the delivery and quality of study programmes and, in particular, facilitate the monitoring and accreditation of the qualifications within its scope.

As established for the accreditation procedure, (integrated or affiliated) university centres or other higher education institutions (such as higher schools of art, etc.) are the organisational unit on which the certification process is focused, given that they are structured around a set of qualifications with shared disciplinary areas, physical and human resources and services. These university centres also have shared heads of study, who oversee the implementation and ongoing operation of the IQAS. Consequently, IQAS certification is also organised at the level of units rather than specifically for individual study programmes run by a unit.

Accordingly, the goal of the assessment for certification of IQAS is to check whether the system has been implemented and is in operation at the institution in charge of running the study programmes within the scope of the IQAS, and to ensure it is apt for quality assurance. This means that the IQAS certification procedure is not intended to verify compliance with the current legislation by HEIs since this is specifically incumbent upon said institutions.

This guide pursues the following objectives:

- To establish the pre-conditions for requesting certification of IQAS implementation.
- To provide the units with detailed information on the certification process so that they can direct their actions accordingly and reinforce those aspects that are considered most significant in the implementation of their IQAS.

- To ensure that the people responsible for IQAS implementation and the people who are responsible for assessing said implementation are working with the same points of reference.

Regulatory framework

The importance of the IQAS and its influence on the university system is exemplified by the fact that Royal Decree 1393/2007, establishing the organisation of recognised university programmes, incorporates a dimension specifically covering IQAS systems, which is a mandatory component in the procedure for reviewing recognised study programmes.

Moreover, Royal Decree 420/2015, on the creation, recognition, authorisation and accreditation of HEIs and university centres, stipulates that in order to secure institutional accreditation, centres that deliver recognised higher education study programmes (hereinafter units) must have obtained certification of IQAS implementation focussed on the continual improvement of the education offered to students, in line with section 9 of Annex 1 of Royal Decree 1393/2007, and in accordance with the quality assurance criteria and guidelines implemented in the European Higher Education Area. This Royal Decree likewise stipulates that in order to secure institutional accreditation, these units also need to have renewed the initial accreditation for at least half of the recognised Bachelor's and Master's degree qualifications they award in line with the process generally laid out in article 27 *bis* of Royal Decree 1393/2007.

2. ORGANISATION AND PLANNING OF THE ASSESSMENT

2.1. Assessment committees and boards

2.1.1. External assessment committees (CAE-IQAS)

The assessment process relies on an external assessment committee (CAE-IQAS) which undertakes a visit to the institution. It is incumbent upon said body to draft a report on the visit undertaken for certification of IQAS implementation on the basis of the standards laid down in this guide.

The CAE-IQAs should consist of at least four experts with the following profiles:

1. Quality assurance system experts
 - At least two people with experience in IQAS processes and who are familiar, if necessary, with study programmes, HEIs or teaching staff.
 - At least one of these experts must be a teacher and researcher at an HEI.
 - As a general rule, the role of chair of the CAE-IQAS is awarded to the most experienced academic representative, provided that he/she has previously held positions of responsibility in governing bodies.
2. Methodology experts
 - At least one person with specific expertise in quality assessment methodologies for HEIs systems. These people will preferably be technical staff of a quality agency or a technical quality unit, with experience in quality assurance systems and quality assessment of qualifications, institutions or teaching staff. In exceptional cases this role may be taken by one of the IQAS experts.
3. Students
 - A student, preferably with experience in quality assurance systems.

Members of CAE-IQAS are to be appointed by the Institutional and Programme Assessment Committee (CAIP, from de Catalan) chairperson. The individuals appointed must ensure that independence, objectivity, absence of conflicts of interests, ethical commitment and confidentiality form the pillars of their work. Accordingly, committee members should be external to the institution they are assessing and have no association with it whatsoever.

To ensure the necessary transparency, the composition of CAE-IQAS will be published on the AQU Catalunya website.

2.1.2. The Special Committee for Certification

Among other functions, it shall be incumbent on the Special Committee for Certification (CEC, from the Catalan), appointed by the CAIP, to issue the report concerning certification of the IQAS taking into consideration the visit report issued by the CAE-IQAS as the primary source of evidence.

The CEC is composed as follows:

- a) Chairperson
The position of Chair of the CEC is awarded to the Chair of the CAIP. If necessary, the position may be delegated at the discretion of the Chair of the CAIP.
- b) Quality assurance system experts
At least two people with specific expertise in quality assurance systems and knowledge of the higher education institutions system, who will be appointed by the Chair of the CAIP.
- c) Secretary
A Secretary, appointed by the Chair of the CAIP, who must be an employee of AQU Catalunya.

It shall be incumbent on the CAIP to select and appoint members of the CEC, assuring independence, objectivity, absence of conflicts of interests, ethical commitment and confidentiality.

To ensure the necessary transparency, the composition of the CEC and the background of its members will be published on the AQU Catalunya website.

2.1.3. The Appeals Committee

The Appeals Committee is responsible for addressing all appeals lodged on the context of assessment processes involving HEIs. In order to resolve appeals, the committee shall use reports prepared by IQAS experts, preferably from outside the Catalan higher education institutions.

2.2. The assessment procedure

The assessment procedure envisaged in this assessment guide falls in line with the *Protocolo para la certificación de sistemas de garantía interna de calidad de los centros universitarios* (Protocol for the certification of university centres internal quality assurance systems) from the Spanish Ministry of Education, Culture and Sport (see Annex I).

2.2.1. Pre-conditions for certification

In order to be eligible to request IQAS certification, HEIs must first ensure that they meet a series of pre-conditions designed to safeguard the viability of the external review process and that all the information required is available.

Each unit must guarantee compliance with the following criteria:

- a) The unit offers study programmes within the scope of the IQAS that already have at least one graduating class.
- b) The IQAS design has been favourably assessed under the AUDIT programme or by the institution's technical quality unit.
- c) The unit's IQAS is a stable, mature system in which all processes relating to the quality of the study programmes delivered are implemented, obtaining satisfactory results.
- d) The unit has conducted at least one review of its IQAS. If required, the unit has established an enhancement plan as a result of this review.
- e) Information on the VSMA framework assessment processes in which the unit has taken part and the resulting reports is complete and may be accessed by all stakeholders.
- f) There is clear evidence that actions for improvement are carried out as a result of the assessments conducted.

If any of these requirements is not met during the IQAS certification procedure, the definitive assessment must necessarily be unfavourable.

2.2.2. Description of the certification procedure

The procedure for certification of IQAS implementation incorporates the following stages:

1. **Application for participation.** Pursuant to the provisions of resolution EMC/1310/2016, of 12 May, Catalan HEIs must apply to AQU Catalunya for certification of the IQAS in the respective units.

Once a unit has demonstrated compliance with the pre-requisites described in section 2.2.1 of the guide, the institutions may apply for certification for each unit, specifying the fact that one of the following two requirements has been met:

- i. The IQAS of the unit has been assessed on the context of the AUDIT programme.
- ii. The unit has received a favourable assessment report for the IQAS design from its technical quality unit.

Moreover, the unit shall undertake to provide AQU Catalunya with access to the documentation specified in this guide.

The procedure for submitting an official application is detailed on AQU Catalunya's website (www.aqu.cat).

2. **Planning the visit.** The dates for the site visit to each unit shall be planned jointly by AQU Catalunya and the Catalan HEIs.
3. **Documentation to be supplied to the CAE-IQAS.** Three months before the CAE-IQAS conducts its external site visit, the institution must make available (preferably via its website) the following documentation associated with the implementation of the IQAS:
 - a) **Quality handbook and procedures document** for the implemented IQAS. The handbook must define, at least, the scope of the IQAS, its quality policy and objectives, the body of processes that make up the IQAS, and the links between each process (possibly in the form of a process map).
 - b) **A list of the indicators for the IQAS** and its most recent values recorded and used for the process review, according to the frequency determined in said IQAS.
 - c) **Reports and records** generated during the IQAS implementation process and in the assessment processes relating to the VSMA framework, such as the self-assessment reports and those drawn up by AQU Catalunya, the assessment report on the IQAS design, IQAS review reports, enhancement plans, relevant records, etc.

The institution must ensure that the documentation submitted is the most recent version. The institution must also ensure that the members of the CAE-IQAS have access to its information management system and to relevant documentation from the beginning of the certification process.

4. **Preliminary analysis.** The CAE-IQAS will conduct a preliminary analysis of the documentation and data provided in order to identify shortcomings or weaknesses in terms of the quality or comprehensiveness of the documentation and evidence, which must be addressed before the external site visit for the purposes of IQAS certification.

Consideration will also be given to the outcomes of IQAS processes associated with the VSMA framework. In other words, the panel will consider whether the validation reports, modifications, monitoring reports and self-assessment accreditation reports generated in previous years have been used correctly and

provide evidence of sufficient quality as part of a management system designed for continuous improvement.

In particular, the CAE-IQAS will conduct a preliminary analysis of the IQAS design for those units that have not taken part in the AUDIT programme.

5. **Preliminary site visit.** Depending on the outcome of the preliminary analysis, and no later than six weeks after the documentation is submitted, the CAE-IQAS may decide to carry out a preliminary visit to the unit to request additional information, resolve doubts or address any other matter it deems important. The stakeholders to be interviewed shall also be agreed on. The unit should be represented by at least its director; a person who has been involved in the management process of the IQAS in the unit; and the HEI's technical unit. On the preliminary visit it will be decided whether the external assessment process may be continued or whether, depending on the evidence provided, it would be appropriate to postpone it.

As a result of the preliminary site visit or, if one is not carried out, after the preliminary review, the CAE-IQAS will issue a report (preliminary visit report) advising on whether the unit should continue with the certification process. The unit will need to submit a specification of actions in response to the demands set out in the preliminary visit report.

6. **Assessment.** The assessment involves the analysis of all the documents submitted. The reviewers are to use the provided rubric table, giving appropriate examples.
7. **Organisation of the visit.** On the basis of the preliminary visit, the unit and AQU Catalunya shall agree on the agenda for the main visit, which shall define the various focus group meetings to be held as agreed beforehand with the CAE-IQAS. Consultations will be held with the unit's management team and quality assurance committee or similar body; and with members of the HEI's technical quality unit and with the study programme coordinators, provided that they are not members of the corresponding quality assurance committee. It is also advisable to consult other stakeholders, such as teaching staff, students, etc. The CAE-IQAS will visit the site at its own discretion. Space and facilities will also need to be set aside for the work of the CAE-IQAS.
8. **External review process.** The primary goals of this phase are to verify *in situ* the degree to which the unit has implemented and is continuing to operate the IQAS and to assess its capacity to ensure the quality of the education provided on the context of the study programmes of the degrees. As a general rule, the external site visit is carried out six weeks after the draft report is issued.

Two visit days are generally considered to be adequate for most units.

9. **Draft external review report and preliminary certification report.** No later than six weeks after the visit, through AQU Catalunya the CAE-IQAS will send its preliminary external assessment report to the CEC so that the latter committee may take it into consideration and prepare the preliminary IQAS certification

report. An approximate period of eight weeks after the visit is considered a suitable period for delivering these reports to the HEIs.

The rubrics given in the examples should be used in order to draft the external visit report. In this report, the good practices should be clearly stated, along with recommendations for the improvement of IQAS implementation and, if applicable, areas that need to be addressed in order to be eligible for IQAS certification.

The CEC should draft the respective preliminary certification report once the preliminary external assessment report has been received and the additional documents to the external visit report should then be reviewed.

10. **Issue of preliminary reports and allegations.** AQU Catalunya will jointly issue the preliminary external visit report and the preliminary IQAS certification report. Within a period of about twenty days, the institution may submit the allegations which it deems appropriate in relation to the preliminary reports, so that the CAE-IQAS and the CEC may take them into consideration.

The preliminary IQAS certification report will set out the preliminary outcome of certification, defined as follows:

- a. **Favourable certification** when all standards are met to a satisfactory or adequate level.
- b. **Provisionally unfavourable certification pending the analysis of new documentation** whenever any standard is rated as unsatisfactory but the CEC deems that the unit could solve the situation within a maximum period of 6 months and the aforesaid committee will be able to verify this by telematic means. In other words, a supplementary visit to the unit will not be required in order to verify whether the shortcomings identified have been addressed.

In this case, the unit will have a maximum period of six months in order to issue the CAE-IQAS with a plan for corrective actions and with pertinent evidence showing that the shortcomings identified have been addressed.

- c. **Unfavourable certification** when standards are identified as being given an unsatisfactory assessment and the CEC deems that it is not possible for them to be resolved in a period of less than 6 months or that it would not be possible to verify that they have been addressed by telematic means.

11. **Definitive reports.** Within a period of about twenty days after receiving the allegations, if any, the CAE-IQAS will prepare the draft definitive external visit report.

This period does not apply to units classified as having a provisionally unfavourable certification pending the analysis of new documentation. In these

instances, the unit will have a maximum period of 6 months plus 20 days in order to submit a plan for corrective actions and new evidence showing that the shortcomings identified have been addressed.

The final external visit report, along with the allegations received, if any, shall be forwarded to the CEC in order for the latter to draw up the definitive certification report. AQU Catalunya will issue the definitive external assessment report and the certification report together.

The result of the final certification report will be specified as **favourable** or **unfavourable**.

12. **The appeal procedure.** An appeal may be lodged to AQU Catalunya Appeals Committee in objection to reports issued by the CEC.

The Appeals Committee must issue a resolution within a period of no more than 3 months. A resolution issued in relation to the appeal will put an end to administrative proceedings.

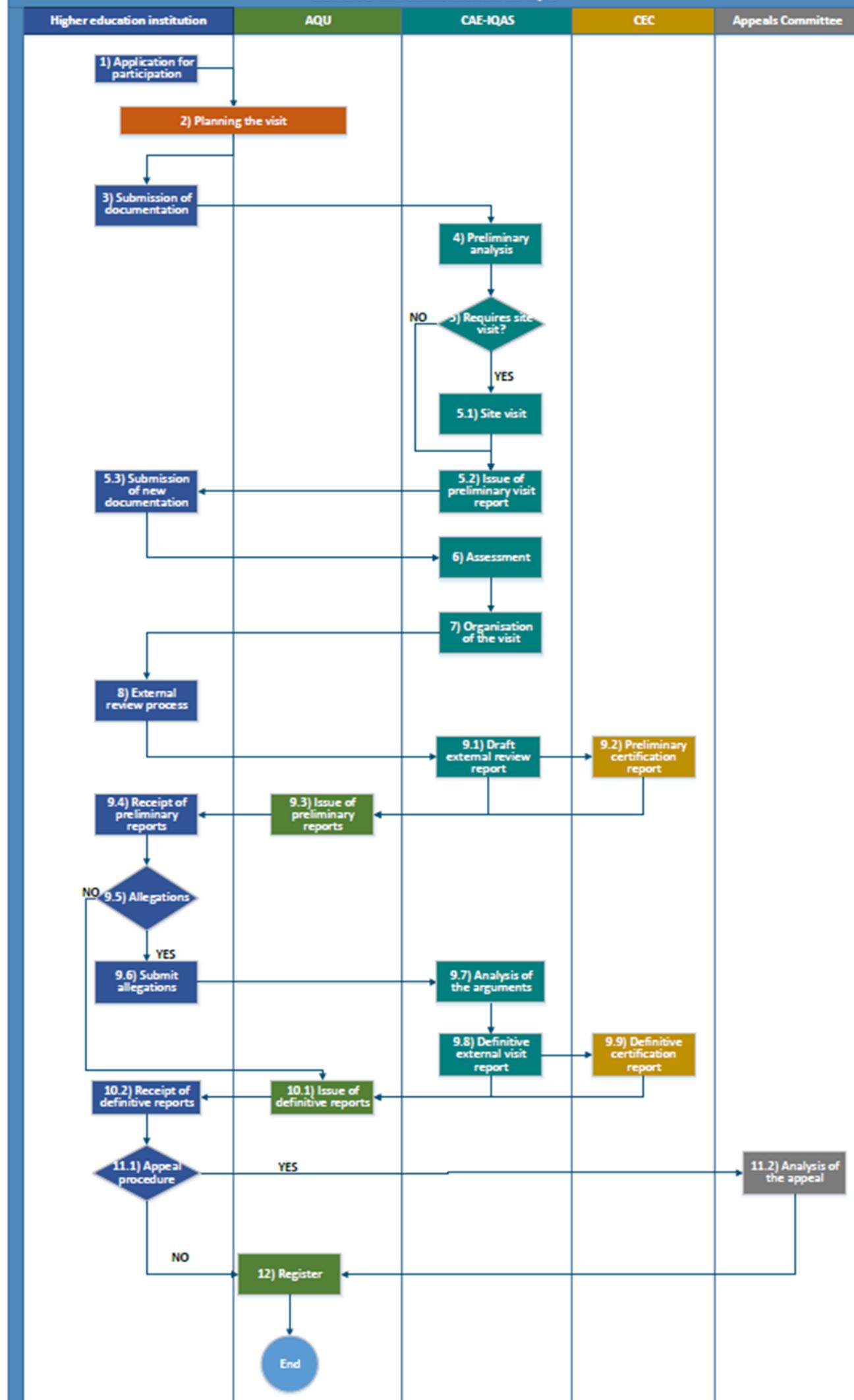
Either due to no statement being lodged by the university or due to the statement being resolved, the assessment will be deemed as terminated and, to this end, the result will be disclosed as specified in section 4 of this guide.

13. **Register.** AQU Catalunya will create a specific public, accessible register of the units that have obtained favourable certification of IQAS implementation, which will be made available via its website.

An organisational chart of the procedure for assessing certification of IQAS implementation is set out below.

 [Download chart](#)

GUIDE TO THE CERTIFICATION OF IQAS



2.2.3. Description of the certification procedure for units including cross-disciplinary processes in their IQAS

If the HEI has implemented cross-disciplinary processes in all its teaching units, AQU Catalunya will propose that a preliminary assessment be carried out on these areas the outcome of which shall subsequently be carried over to the IQAS certification procedures for said units.

The HEI will need to define the cross-disciplinary scope of its procedures – or parts thereof – which answer to each dimension in the guide. This information will need to be presented summarised, ideally in the form of a table, and referred to AQU Catalunya before the start of the assessment procedure.

Accordingly, prior to IQAS certification for the first unit that requests it, AQU Catalunya will appoint a committee to assess the cross-disciplinary processes that apply across the institution as a whole if this is agreed on with the HEI. The results of this assessment will subsequently be incorporated into the IQAS certification of each unit and an assessment will be carried out on how the unit incorporates the results of the cross-disciplinary processes within the unit-specific processes and how it proposes to improve these processes. Under no circumstances shall this cross-disciplinary assessment lead to the specific unit's system receiving certification.

The cross-disciplinary assessment shall be valid for no more than five years.

2.2.4. Outcomes of the certification process

The assessment protocol is based on the six dimensions described in section 3 of this guide. Each of these is broken down into a series of standards that are considered to reflect pertinent aspects of the IQAS and form the basis of the assessment made by the CAE-IQAS. One standard may belong to one or more processes. Each standard is assessed according to the following scale:

- **Good.** The standard is fully achieved and there is additional evidence of good practice.
- **Satisfactory.** The basic aspects of the standard are achieved.
- **Unsatisfactory.** The standard is only partially achieved and certain aspects must be improved.

Once all of the standards of a dimension have been evaluated, the CAE-IQAS will assess the degree of implementation of the dimension as a whole. In order to secure a satisfactory or good assessment, **all** standards must at least be given a satisfactory assessment. Dimensions are assessed on the following scale:

- **Advanced implementation.** The processes corresponding to the dimension have been implemented successfully, are comprehensive and efficient, and there is additional evidence of good practice. All of the standards – or most of them – have been assessed as good and no standard has received a rating of unsatisfactory.

- **Satisfactory implementation.** The processes corresponding to the dimension have been implemented adequately and are, in general, complete and efficient. Most standards have been assessed as satisfactory and no standard has received a rating of unsatisfactory.
- **Partial implementation.** The processes corresponding to the dimension have not been implemented suitably, and areas have been detected in which improvement is essential. A number of standards have been assessed as unsatisfactory.

In order to receive **favourable** certification of IQAS implementation, all dimensions reviewed must be assessed as advanced or satisfactory, at least. Dimensions showing incomplete implementation, meaning that one or more standards have been assessed as unsatisfactory, will give rise to an **unfavourable** certification of IQAS implementation.

3. DIMENSIONS AND STANDARDS OF THE ASSESSMENT

Stemming from the experience gained during the IQAS design assessment stage on the context of the AUDIT programme, and taking into consideration enhancements arising from the meta-assessment processes conducted over this period, six dimensions are established for certification of IQAS implementation, in keeping with the ESGs (ENQA, 2015). The dimensions defined in this guide are aligned with the Protocol for IQAS certification of the Spanish Ministry of Education, Culture and Sport (see Annex I).

For each dimension, several assessment standards are laid out, in addition to its rubrics.

Assessment on the design of the processes comprised in the IQAS was conducted on the context of the AUDIT programme and a key condition for being awarded certification of the IQAS is for the processes to have been implemented. Therefore, certification of IQAS implementation is primarily focussed on information collection processes, which play a cross-disciplinary role in the IQAS, and on actions for reviewing, preparing and following up on process enhancement plans.

3.1. Dimension 1. IQAS review and improvement

The unit has an implemented IQAS which includes processes for its review and continuous improvement and enhancement.

The IQAS design, assessed previously in the framework of the AUDIT programme, may have developed and improved since the processes were first implemented, following the recommendations made in the design assessment report and through periodic analysis. At the time certification is awarded, the system must be fully and stably implemented as a result of the analyses performed and the enhancements introduced. All processes must be fully operational, in accordance with a consistent process map that clearly delineates the relationships between them.

Accordingly, the IQAS for each unit must specifically define where responsibility lies for the implementation and analysis of said IQAS, and for each process therein. Additionally, decision-making by the academic representatives and committees involved in each process must be clearly and unambiguously reported. Consequently, the chain of responsibility and stakeholder representation on the committees must be clearly defined for each process. Requirements on the chain of responsibility and stakeholder representation apply across all dimensions of the IQAS and to each of the processes that they comprise.

As set out in the *Standards and guidelines for quality assurance in the European Higher Education Area* (ESG, 2015), policies and processes are the main pillars of a coherent institutional quality assurance system that forms a cycle for continuous improvement

and contributes to the accountability of the institution. The institution must have a formally approved and publicly accessible quality policy. Said policy supports the development of a quality culture in which all internal stakeholders assume responsibility for quality and engage in quality assurance at all levels of the institution. This culture of quality has a favourable bearing on the quality of training programmes.

The policy, which is a publicly accessible formal instrument, is implemented through a host of internal quality assurance processes making it easier for the entire institution to take part while ensuring the involvement of external interested parties at the same time. It is incumbent on each institution to determine how the policy is applied, supervised and reviewed.

The stages of analysis and, if applicable, design and monitoring of enhancement plans for the IQAS must have addressed issues such as the up-to-date nature of the quality goals and policy of the unit, the suitability of and coherent relationship between processes, the need to remove certain processes or create new ones, and the efficiency and comprehensiveness of such processes in achieving their objectives (that is, not only whether they achieve what they are intended to, but if what they achieve is sufficient).

The information compiled within the framework of the IQAS (learning outcomes, results of satisfaction surveys, complaints and suggestions, labour market outcomes, etc.) is the key component in the analysis of all processes and in the design of enhancement actions, which must therefore be complete and reliable, in order to guarantee well-founded decision-making. To assess the degree to which the compiling of information is comprehensive, consideration will be given to the data and indicators described in the *Guia per al seguiment de les titulacions oficials de grau i màster (Guide to the monitoring of recognised Bachelor's degree and Master's degree programmes)* and the *Guide to the accreditation of recognised Bachelor's and Master's degree programmes* documents.

On the context of the compiling and analysis of information, in addition to a document management system, the IQAS must be based on an information management system that allows for flexible and reliable monitoring of the indicators associated with the system and analysis of the results achieved and the trends therein. Indeed, such a system should in short allow for the improvement of the study programmes covered by the IQAS and for the analysis and improvement of the IQAS itself.

The standards and guidelines for quality assurance in the European Higher Education Area (ENQA, 2015) related to dimension 1 are as follows:

- ESG 1.1. Policy for quality assurance
- ESG 1.7. Information management
- ESG 1.9. On-going monitoring and periodic review of programmes

The dimension is broken down into the following standards:

- 1.1. The chain of responsibility has been defined along with all the stakeholders involved in order to ensure proper functioning of the processes for the analysis and improvement of the IQAS.
- 1.2. The unit has a publicly available and known quality policy and objectives forming part of its strategic management. The quality policy and objectives are reviewed and improved regularly and all stakeholders involved are taken into consideration.
- 1.3. The IQAS process map is consistent with the processes implemented and the links defined between them.
- 1.4. The IQAS, which addresses the dimensions in the AUDIT programme and the stages in the VSMA framework, is implemented.
- 1.5. The unit has a system for the management of IQAS documentation that provides easy access to the most recent version of each document.
- 1.6. The unit has an easily accessible information management system that allows for the dynamic, comprehensive and representative collection of data and indicators related to the implementation of IQAS processes.
- 1.7. There is clear and continuous evidence that processes are efficient for decision-making and that the IQAS is periodically analysed, improved and enhanced.

Assessment rubrics

1.1. The chain of responsibility has been defined along with all the stakeholders involved in order to ensure proper functioning of the processes for the analysis and improvement of the IQAS.		
Good	The chain of responsibility and the stakeholders for ensuring proper functioning of the processes for the analysis and improvement of the IQAS are highly suitable in order to take on these functions and there is a high level of engagement. Decision-making is highly suitable and is always performed by following the chain of responsibility set out in the processes.	
Satisfactory	The chain of responsibility and the stakeholders for ensuring proper functioning of the processes for the analysis and improvement of the IQAS are suitable in order to take on these functions. Decision-making is suitable, although it is not always performed by following the chain of responsibility set out in the processes.	
Unsatisfactory	The chain of responsibility and the stakeholders for ensuring proper functioning of the processes for the analysis and improvement of the IQAS are not always suitable in order to take on these functions. Consequently, decision-making is not always suitable and is not performed by following the chain of responsibility set out in the processes.	
1.2. The unit has a publicly available and known quality policy and objectives forming part of its strategic management. The quality policy and objectives are reviewed and improved regularly and all stakeholders involved are taken into consideration.		
Good	The unit has an up-to-date, publicly available quality policy and objectives forming part of its strategic management. Internal parties develop and apply this policy and the objectives using suitable processes and structures and, at the same time, they involve external interested parties.	
Satisfactory	The unit has an up-to-date, publicly available quality policy and objectives forming part of its strategic management. Internal parties develop and apply this policy and the objectives using generally suitable processes and structures though they do not always involve external interested parties.	
Unsatisfactory	The unit has a quality policy and objectives that are not up-to-date. Internal parties develop and apply this policy and the objectives using processes and structures that are not always suitable and without seeking involvement from external interested parties.	
1.3. The IQAS process map is consistent with the processes implemented and the links defined between them.		
Good	The unit has an up-to-date process map that includes each of the processes established in the IQAS.	
	The IQAS processes are consistently implemented as defined in the map.	
Satisfactory	The unit has an up-to-date process map that includes each of the processes established in the IQAS.	
	The IQAS processes are, in general, consistently implemented as defined in the map. However, some of the links between processes are not fully coherent.	
Unsatisfactory	The process map is not consistent with the IQAS processes implemented.	
	There are many inconsistencies in links between the processes implemented as defined in the map.	
1.4. The IQAS, which addresses the dimensions in the AUDIT programme, is implemented.		
Good	The IQAS implemented addresses the dimensions in the AUDIT programme highly suitably. The IQAS is advanced and the smooth development of the study programmes is assured.	

<i>Satisfactory</i>	The IQAS implemented addresses the dimensions in the AUDIT programme suitably. The development of the study programmes is assured.	
<i>Unsatisfactory</i>	IQAS implementation is incomplete. The IQAS addresses the dimensions in the AUDIT programme in an incomplete manner. The development of the study programmes is not always assured.	
1.5. The unit has a system for the management of IQAS documentation that provides easy access to the most recent version of each document.		
<i>Good</i>	The unit has a system for the management of IQAS documentation that is easy to access and contains the most recent versions of the IQAS and of all of the documents generated. The documentation is organised systematically.	
<i>Satisfactory</i>	The unit has a system for the management of IQAS documentation that contains the most recent versions of the IQAS and of the most relevant documents generated. Most of the documentation is organised systematically.	
<i>Unsatisfactory</i>	The unit has a system for the management of IQAS documentation that contains a previous version of the IQAS and/or of relevant documents generated. In addition, the documentation is not organised systematically.	
1.6. The unit has an easily accessible information management system that allows for the dynamic, comprehensive and representative collection of data and indicators related to the implementation of IQAS processes.		
<i>Good</i>	The unit has an information management system that systematically compiles representative and reliable data and indicators on all of the IQAS processes. The information management system provides the different stakeholders with easy access to data and indicators.	
<i>Satisfactory</i>	The unit has an information management system that compiles generally representative and reliable data and indicators on IQAS processes. The information management system provides the different stakeholders with relatively easy access to data and indicators.	
<i>Unsatisfactory</i>	The unit has an information management system that partially compiles data and indicators on IQAS processes. The information management system does not guarantee the representativeness or reliability of the data or the indicators for which data are compiled. The information management system does not provide the different stakeholders with sufficiently easy access to data and indicators.	
1.7. There is clear and continuous evidence that processes are efficient for decision-making and that the IQAS is analysed and improved periodically.		
<i>Good</i>	The information generated by the IQAS processes, based on data and indicators, allows for efficient decision-making that ensures the quality of study programmes.	
	Periodic review of the IQAS leads to the definition of an improvement plan. This plan is complete and structured.	
<i>Satisfactory</i>	The information generated by most of the IQAS processes, based on data and indicators, generally allows for decision-making that ensures the quality of study programmes.	
	Periodic review of the IQAS leads to the definition of an improvement plan. This plan addresses only the most pertinent aspects, although it is adequately structured.	
<i>Unsatisfactory</i>	The information generated by the IQAS processes is not put to use or is not relevant for decision-making that ensures the quality of study programmes.	
	The IQAS is not reviewed, or the periodic review of the IQAS leads to an improvement plan that is incomplete, lacks one or more pertinent aspects, and is not adequately structured.	

3.2. Dimension 2. Design, review and improvement of study programmes

The unit has functioning processes for the design, review, improvement and enhancement of study programmes and, if required, the termination of these programmes, and also for the series of quality assurance procedures carried out within the VSMA framework.

As laid down in the VSMA framework, once a degree course has been designed and validated, the unit is responsible for monitoring its implementation on an annual basis – leading, if necessary, to the establishment of an enhancement plan, modification of the curriculum, or termination of the degree – and for securing the pertinent accreditations. Assessment activities carried out in the VSMA framework must be aligned with IQAS processes.

The standards and guidelines for quality assurance in the European Higher Education Area (ENQA, 2015) related to dimension 2 are as follows:

- ESG 1.2. Design and approval of programmes
- ESG 1.3. Student-centred learning, teaching and assessment
- ESG 1.9. On-going monitoring and periodic review of programmes

The dimension is broken down into the following standards:

- 2.1. The chain of responsibility has been defined in order to ensure proper functioning of the processes related to the design, review and improvement of study programmes; and in order to analyse and improve these processes.
- 2.2. The actions related to the design, review and improvement of study programmes are performed on the context of the VSMA framework in line with the IQAS processes and suitable development of study programmes is assured.
- 2.3. Information is compiled for the analysis, improvement and enhancement of study programmes.
- 2.4. There is clear and continuous evidence that study programmes are periodically analysed and, if necessary, improved and enhanced.

Assessment rubrics

2.1. The chain of responsibility has been defined in order to ensure proper functioning of the processes related to the design, review and improvement of study programmes; and in order to analyse and improve these processes.		
<i>Good</i>	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to the design, review and improvement of study programmes, and in order to analyse and improve these processes, is highly suitable in order to take on these functions and shows a high level of engagement. Decision-making is suitable and is always performed by following the chain of responsibility set out in the associated processes.	
<i>Satisfactory</i>	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to the design, review and improvement of study programmes; and in order to analyse and improve these processes, is suitable in order to take on these functions. Decision-making is suitable, although it is not always performed by following the chain of responsibility set out in the processes.	
<i>Unsatisfactory</i>	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to the design, review and improvement of study programmes, and in order to analyse and improve these processes, is not always suitable in order to take on these functions. Consequently, decision-making is not always suitable and is not performed by following the chain of responsibility set out in the associated processes.	
2.2. The actions related to the design, review and improvement of study programmes are performed on the context of the VSMA framework in line with the IQAS processes and suitable development of study programmes is assured.		
<i>Good</i>	All actions related to the design, review and improvement of study programmes are performed on the context of the VSMA framework and are always carried out in accordance with the specifications of the associated processes. Suitable development of study programmes is assured.	
<i>Satisfactory</i>	Actions related to the design, review and improvement of study programmes are performed on the context of the VSMA framework and are generally carried out in accordance with the specifications of the associated processes. Satisfactory development of study programmes is assured.	
<i>Unsatisfactory</i>	Most actions related to the design, review and improvement of study programmes are performed on the context of the VSMA framework but are not carried out in accordance with the specifications of the associated processes. The development of study programmes is not always assured.	
2.3. Information is compiled for the analysis, improvement and enhancement of study programmes.		
<i>Good</i>	Comprehensive, reliable and systematic information is compiled on aspects relating to the study programme, for instance, stakeholder satisfaction, learning outcomes, access to the labour market and other aspects needed to review the programmes.	
<i>Satisfactory</i>	Fairly comprehensive and generally reliable information is compiled on aspects relating to the study programme, for instance stakeholder satisfaction, learning outcomes, access to the labour market and other aspects needed to review the programmes.	
<i>Unsatisfactory</i>	Incomplete and scantily reliable information is compiled on aspects relating to the study programme, for instance, stakeholder satisfaction, learning outcomes, access to the labour market and other aspects needed to review the programmes.	
2.4. There is clear and continuous evidence that study programmes are periodically analysed and, if necessary, improved and enhanced.		



<i>Good</i>	Where applicable, the analysis of study programmes leads to an improvement plan. This plan is comprehensive and structured. Systematic monitoring is performed on the improvement plan.	
<i>Satisfactory</i>	Where applicable, the analysis of study programmes leads to an improvement plan that addresses only the most pertinent aspects, although it is adequately structured. Monitoring is performed on the most pertinent aspects of the improvement plan.	
<i>Unsatisfactory</i>	Study programmes are not analysed or, where they are, the analysis only leads to an incomplete improvement plan, lacking one or more pertinent aspects, which is not adequately structured. Incomplete monitoring is performed on the improvement plan.	

3.3. Dimension 3. Teaching-learning and support for students

The unit has functioning processes to encourage student learning.

The teaching-learning processes, along with support for students, may encompass various elements but must include:

- Access examinations and admission criteria.
- Teaching methodology and evaluation of learning outcomes.
- Bachelor's degree final-year projects (TFG from the Catalan) and Master's degree final-year projects (TFM from the Catalan).
- External work placements and mobility.
- Academic and professional guidance.

At the time certification is awarded, the teaching-learning processes, as well as support for students, must be fully functioning and adapted to the specific features of each study programme. The IQAS must ensure mechanisms are implemented for coordinating the following areas: teaching-learning and assessment processes; delivery of teaching; and, teaching plans. Consideration must therefore be given to cases in which access examinations are required or teaching methods must be adapted to specific learning requirements.

The IQAS must incorporate specific mechanisms for the assignment, monitoring and assessment of final-year projects and dissertations, which are a key part of Bachelor's and Master's degree curricula.

Furthermore, the IQAS must have functioning processes to ensure that external work placements are managed in such a way as to guarantee that students carry out tasks that match the professional area in question, and that all mobility actions are consistent with the goal curriculum plan and desired learning outcomes.

In terms of guidance systems, it is necessary to assure that academic guidance – with a suitable tutorial action plan (PAT, from the Catalan) – and professional guidance are provided.

The standards and guidelines for quality assurance in the European Higher Education Area (ENQA, 2015) related to dimension 3 are as follows:

- ESG 1.3. Student-centred learning, teaching and assessment
- ESG 1.4. Student admission, progression, recognition and certification
- ESG 1.6. Learning resources and student support
- ESG 1.9. On-going monitoring and periodic review of programme

The dimension is broken down into the following standards:

- 3.1. The chain of responsibility has been defined for ensuring proper functioning of the teaching-learning processes and of those related to support for students, and in order to analyse and improve these processes.
- 3.2. Actions related to teaching-learning (access examinations, admission criteria, teaching methodologies, learning assessment, Bachelor's degree final-year projects, Master's degree final-year projects, external placements and mobility) are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.
- 3.3. Actions related to support for students (academic and professional guidance) are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.
- 3.4. Information is compiled for the analysis and improvement of the process of teaching-learning and of the support for students.
- 3.5. There is clear and continuous evidence that the process of teaching-learning and the support for students are analysed and, if necessary, improved and enhanced.

Assessment rubrics

3.1. The chain of responsibility has been defined for ensuring proper functioning of the teaching-learning processes and of those related to support for students, and in order to analyse and improve these processes.		
Good	The chain of responsibility that has been defined for ensuring proper functioning of the teaching-learning processes and of those related to support for students, and in order to analyse and improve these processes, is highly suitable in order to take on these functions and there is a high level of engagement. Decision-making is highly suitable and is always performed by following the chain of responsibility set out in the processes.	
Satisfactory	The chain of responsibility that has been defined for ensuring proper functioning of the teaching-learning processes and of those related to support for students, and in order to analyse and improve these processes, is suitable in order to take on these functions. Decision-making is suitable, although it is not always performed by following the chain of responsibility set out in the processes.	
Unsatisfactory	The chain of responsibility that has been defined for ensuring proper functioning of the teaching-learning processes and of those related to support for students, and in order to analyse and improve these processes, is not always suitable in order to take on these functions. Consequently, decision-making is not always suitable or is not always performed by following the chain of responsibility set out in the associated processes.	
3.2. Actions related to teaching-learning (access examinations, admission criteria, teaching methodologies, learning assessment, Bachelor's degree final-year projects, Master's degree final-year projects, external placements and mobility) are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.		
Good	All actions related to teaching-learning are always carried out in accordance with the specifications of the associated processes. Suitable development of study programmes is assured.	

<i>Satisfactory</i>	Actions related to teaching-learning are generally carried out in accordance with the specifications of the associated processes. Satisfactory development of study programmes is assured.	
<i>Unsatisfactory</i>	Most actions related to teaching-learning are not carried out in accordance with the specifications of the associated processes. The development of study programmes is not always assured.	
3.3. Actions related to support for students (academic and professional guidance) are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.		
<i>Good</i>	All actions related to support for students are always carried out in accordance with the specifications of the associated processes. Suitable development of study programmes is assured.	
<i>Satisfactory</i>	Actions related to support for students are generally carried out in accordance with the specifications of the associated processes. Satisfactory development of study programmes is assured.	
<i>Unsatisfactory</i>	Most actions related to support for students are not carried out in accordance with the specifications of the associated processes. The development of study programmes is not always assured.	
3.4. Information is compiled for the analysis and improvement of the process of teaching-learning and of the support for students.		
<i>Good</i>	Comprehensive, reliable and systematic information is compiled on the process of teaching-learning and on support for students.	
<i>Satisfactory</i>	Fairly comprehensive and generally reliable information is compiled on the process of teaching-learning and on support for students.	
<i>Unsatisfactory</i>	Incomplete and scantily reliable information is compiled on the process of teaching-learning and on support for students.	
3.5. There is clear and continuous evidence that the process of teaching-learning and the support for students are analysed and, if necessary, improved and enhanced.		
<i>Good</i>	The process of teaching-learning and the support for students are effective and, where applicable, their analysis leads to an improvement plan. This plan is comprehensive and structured. Systematic monitoring is performed on the improvement plan.	
<i>Satisfactory</i>	The process of teaching-learning and the support for students are generally effective and, where applicable, their analysis leads to an improvement plan. This plan addresses only the most pertinent aspects, although it is adequately structured. Monitoring is performed on the most pertinent aspects of the improvement plan.	
<i>Unsatisfactory</i>	The process of teaching-learning and the support for students are scantily effective and they are either not analysed or, where applicable, their analysis leads to an incomplete, unstructured improvement plan, lacking one or more pertinent aspects. Incomplete monitoring is performed on the improvement plan.	

3.4. Dimension 4. Academic staff

The unit has functioning processes to guarantee the competence and qualifications of academic staff.

Under current legislation on university education, each institution is responsible for ensuring and continuously monitoring the skills and competences of its teaching staff. Consequently, the unit must provide an environment that is conducive to staff carrying out their work effectively.

Since academic staff policies are usually cross-disciplinary and defined at the HEI level, IQAS certification shall focus on processes associated with the management of teaching resources, as well as reviewing teaching training and assessment.

For the management of teaching resources, the unit's IQAS must include fully implemented processes for detecting aspects such as academic staff requirements, giving due consideration to the profile needed for the study programmes covered by the IQAS; for defining the criteria on the profiles of teaching staff who should be responsible for tuition in different areas (for example, first year, theoretical or practical tuition, optional subjects, supervision of final-year projects, etc.), distinguishing between Bachelor's and Master's degrees; and for establishing actions for teaching staff acknowledgment and promotion.

Institutions must put in place a process to guarantee suitable training and assessment – for instance, through the Docentia programme – of their teaching staff to encourage their development and acknowledgment.

The standard and guideline for quality assurance in the European Higher Education Area (ENQA, 2015) related to dimension 4 is as follows:

ESG 1.5 – Teaching staff

The dimension is broken down into the following standards:

- 4.1. The chain of responsibility has been defined for ensuring proper functioning of academic staff processes, and in order to analyse and improve these processes.
- 4.2. Actions related to academic staff management are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.
- 4.3. Actions related to academic staff training and assessment are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.
- 4.4. Information is compiled for the analysis and improvement of academic staff management, training and assessment.
- 4.5. There is clear and continuous evidence that academic staff management, training and

assessment are analysed and, if necessary, periodically improved.

Assessment rubrics

4.1. The chain of responsibility has been defined for ensuring proper functioning of academic staff processes, and in order to analyse and improve these processes.		
Good	The chain of responsibility that has been defined for ensuring proper functioning of academic staff processes, and in order to analyse and improve these processes, is highly suitable in order to take on these functions and there is a high level of engagement. Decision-making is adequate and always follows the chain of responsibility established in the process map.	
Satisfactory	The chain of responsibility that has been defined for ensuring proper functioning of academic staff processes, and in order to analyse and improve these processes, is suitable in order to take on these functions. Decision-making is adequate but does not always follow the chain of responsibility established in the process map.	
Unsatisfactory	The chain of responsibility that has been defined for ensuring proper functioning of academic staff processes, and in order to analyse and improve these processes, is not always suitable in order to take on these functions. As a result, decision-making is not always adequate and does not follow the chain of responsibility established in the process map.	
4.2. Actions related to academic staff management are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.		
Good	All actions related to academic staff management are carried out in accordance with the specifications of the associated processes. Suitable development of study programmes is assured.	
Satisfactory	Actions related to academic staff management are generally carried out in accordance with the specifications of the associated processes. Satisfactory development of study programmes is assured.	
Unsatisfactory	Most actions related to academic staff management are not carried out in accordance with the specifications of the associated processes. The development of study programmes is not always assured.	
4.3. Actions related to academic staff training and assessment are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.		
Good	All actions related to academic staff training and assessment are carried out in accordance with the specifications of the associated processes. Suitable development of study programmes is assured.	
Satisfactory	Actions related to academic staff training and assessment are generally carried out in accordance with the specifications of the associated processes. Satisfactory development of study programmes is assured.	
Unsatisfactory	Most actions related to academic staff training and assessment are not carried out in accordance with the specifications of the associated processes. The development of study programmes is not always assured.	

4.4. Information is compiled for the analysis and improvement of academic staff management, training and assessment.		
Good	Comprehensive, reliable and systematic information is compiled on, at least, the detection of needs and actions to promote training, recognition, promotion and assessment of academic staff.	
Satisfactory	Fairly comprehensive and generally reliable information is compiled on the detection of needs and actions to promote training, recognition, promotion and assessment of academic staff.	
Unsatisfactory	Incomplete and unreliable information is compiled on the detection of needs and actions to promote training, recognition, promotion and assessment of academic staff.	
4.5. There is clear and continuous evidence that academic staff management, training and assessment are analysed and, if necessary, periodically improved.		
Good	Academic staff management, training and assessment are effective and, where applicable, their analysis leads to an improvement plan. This plan is comprehensive and structured. Systematic monitoring is performed on the improvement plan.	
Satisfactory	Academic staff management, training and assessment are generally effective and, where applicable, their analysis leads to an improvement plan. This plan addresses only the most pertinent aspects, although it is adequately structured. Monitoring is performed on the most pertinent aspects of the improvement plan.	
Unsatisfactory	Academic staff management, training and assessment are scantily effective and are either not analysed or, where they are, this analysis leads to an incomplete improvement plan, lacking one or more pertinent aspects, which is not adequately structured. Incomplete monitoring is performed on the improvement plan.	

3.5. Dimension 5. Physical resources and services

The unit has functioning processes for the management of physical resources and services connected with its study programmes.

Processes associated with the management of physical resources and services (for example, scientific and technical equipment, virtual campuses, ICTs, lecture rooms, study rooms, computer rooms, laboratories, workshops, library facilities, copy services, etc.) must make effective provisions for the maintenance of current resources and services and for the detection of emerging requirements for new resources and services. If necessary, the processes established in the IQAS may overlap with cross-disciplinary processes implemented by the university.

The standard and guideline for quality assurance in the European Higher Education Area (ENQA, 2015) related to dimension 5 is as follows:

- ESG 1.6. Learning resources and student support

The dimension is broken down into the following standards:

- 5.1. The chain of responsibility has been defined for ensuring proper functioning of the processes related to physical resources and services, and in order to analyse and improve these processes.
- 5.2. Physical resources and service management is carried out in accordance with the IQAS processes and suitable development of study programmes is assured.
- 5.3. Information is compiled for the analysis, improvement and enhancement of physical resources and service management.
- 5.4. There is clear and continuous evidence that physical resources and service management are periodically analysed and, if necessary, improved and enhanced.

Assessment rubrics

5.1. The chain of responsibility has been defined for ensuring proper functioning of the processes related to physical resources and services, and in order to analyse and improve these processes.		
Good	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to physical resources and services, and in order to analyse and improve these processes, is highly suitable in order to take on these functions and there is a high level of engagement. Decision-making is adequate and always follows the chain of responsibility established in the associated processes.	

<i>Satisfactory</i>	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to physical resources and services, and in order to analyse and improve these processes, is suitable in order to take on these functions. Decision-making is adequate but does not always follow the chain of responsibility established in the processes.	
<i>Unsatisfactory</i>	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to physical resources and services; and in order to analyse and improve these processes, is not always suitable in order to take on these functions. As a result, decision-making is not always adequate and does not follow the chain of responsibility established in the associated processes.	
5.2. Physical resources and service management is carried out in accordance with the IQAS processes and suitable development of study programmes is assured .		
<i>Good</i>	All actions related to physical resources and service management are always carried out in accordance with the specifications of the associated processes. Suitable development of study programmes is assured.	
<i>Satisfactory</i>	Actions related to physical resources and service management are generally carried out in accordance with the specifications of the associated processes. Satisfactory development of study programmes is assured.	
<i>Unsatisfactory</i>	Most actions related to physical resources and service management are not carried out in accordance with the specifications of the associated processes. The development of study programmes is not always assured.	
5.3. Information is compiled for the analysis, improvement and enhancement of physical resources and service management.		
<i>Good</i>	Complete, reliable and systematic information is compiled on, at least, maintenance of and detection of the need for new physical resources and services.	
<i>Satisfactory</i>	Fairly complete and generally reliable information is compiled on, at least, maintenance of and detection of the need for new physical resources and services.	
<i>Unsatisfactory</i>	Incomplete and unreliable information is compiled on maintenance of and detection of the need for new physical resources and services.	
5.4. There is clear and continuous evidence that physical resources and service management are periodically analysed and, if necessary, improved and enhanced.		
<i>Good</i>	Physical resources and service management is effective and, where applicable, its analysis leads to an improvement plan. This plan is comprehensive and structured. Systematic monitoring is performed on the improvement plan.	
<i>Satisfactory</i>	Physical resources and service management is generally effective and, where applicable, its analysis leads to an improvement plan. This plan addresses only the most pertinent aspects, although it is adequately structured. Monitoring is performed on the most pertinent aspects of the improvement plan.	
<i>Unsatisfactory</i>	Physical resources and service management is scantily effective and is either not analysed or, where it is, this analysis leads to an incomplete improvement plan, lacking one or more pertinent aspects, which is not adequately structured. Incomplete monitoring is performed on the improvement plan.	

3.6. Dimension 6. Public information and accountability

The unit has functioning processes that ensure the publication of complete, up-to-date information on its study programmes for the purposes of accountability.

The unit must publish information on the operational deployment of all qualifications, and on the data and indicators related to the implementation and outcomes of the study programmes. It should also publish the results and reports stemming from the processes for the validation, monitoring, modification and accreditation of its programmes. Moreover, it is necessary to publish all documents associated with the quality manual and the processes of the IQAS, and those related to the assessment of its design. This information, which will allow for accountability in the unit's activities, should be accurate, up-to-date and easily accessible to the general public.

The standards and guidelines for quality assurance in the European Higher Education Area (ENQA, 2015) related to dimension 6 are as follows:

- ESG 1.1 – Policy for quality assurance
- ESG 1.7 – Information management
- ESG 1.8 – Public information

The dimension is broken down into the following standards:

- 6.1. The chain of responsibility has been defined for ensuring proper functioning of the processes related to public information and accountability, and in order to analyse and improve these processes.
- 6.2. Actions related to public information and accountability are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.
- 6.3. Information is compiled for the analysis, improvement and enhancement of public information.
- 6.4. There is clear and continuous evidence that public information and accountability are analysed and, if necessary, improved and enhanced.

Assessment rubrics

6.1. The chain of responsibility has been defined for ensuring proper functioning of the processes related to public information and accountability, and in order to analyse and improve these processes.		
Good	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to publication of information and accountability, and in order to analyse and improve these processes, is highly suitable in order to take on these functions and there is a high level of engagement. Decision-making is highly adequate and always follows the chain of responsibility established in the process map.	
Satisfactory	The chain of responsibility that has been defined for ensuring proper functioning of the processes related to publication of information and accountability, and in order to analyse and improve these processes, is suitable in order to take on these functions. Decision-making is adequate but does not always follow the chain of responsibility established in the process map.	
Unsatisfactory	The chain of responsibility for ensuring proper functioning of the processes related to publication of information and accountability; and in order to analyse and improve these processes, is not always suitable in order to take on these functions. As a result, decision-making is not always adequate and does not follow the chain of responsibility established in the process map.	
6.2. Actions related to public information and accountability are carried out in accordance with the IQAS processes and suitable development of study programmes is assured.		
Good	All actions related to public information and accountability are always carried out in accordance with the specifications of the associated processes. Suitable development of study programmes is assured.	
Satisfactory	Actions related to public information and accountability are generally carried out in accordance with the specifications of the associated processes. Satisfactory development of study programmes is assured.	
Unsatisfactory	Most actions related to public information and accountability are not carried out in accordance with the specifications of the associated processes. The development of study programmes is not always assured.	
6.3. Information is compiled for the analysis, improvement and enhancement of public information.		
Good	Comprehensive, reliable and systematic information is compiled on public information.	
Satisfactory	Fairly comprehensive and generally reliable information is compiled on public information.	
Unsatisfactory	Incomplete and unreliable information is compiled on public information.	
6.4. There is clear and continuous evidence that public information is periodically analysed and, if necessary, improved and enhanced.		
Good	Public information is effective and, where applicable, its analysis leads to an improvement plan. This plan is comprehensive and structured. Systematic monitoring is performed on the improvement plan.	



<i>Satisfactory</i>	Public information is generally effective and, where applicable, its analysis leads to an improvement plan. This plan addresses only the most pertinent aspects, although it is adequately structured. Monitoring is performed on the most pertinent aspects of the improvement plan.	
<i>Unsatisfactory</i>	Public information is scantily effective and is either not analysed or, where it is, this analysis leads to an incomplete improvement plan, lacking one or more pertinent aspects, which is not adequately structured. Incomplete monitoring is performed on the improvement plan.	

4. ASSESSMENT RESULT

4.1. Final certification report

On the basis of the report on the visit undertaken by the CAE-IQAS, the final report issued by the CEC on whether or not it is appropriate to award certification of IQAS implementation may give an evaluation of favourable or unfavourable, and it must include at least the following:

1. Indications from the teaching unit.
2. Description of the procedure used, including the experts involved.
3. Results of the assessment for each of the standards and dimensions.
4. Final assessment result of IQAS implementation.
5. Best practices identified in IQAS implementation.
6. Proposals for improvement (recommendations for follow-up measures on IQAS implementation).

If a report issues a favourable evaluation, certification will be given for IQAS implementation in the unit.

In both cases, i.e., whether the result is deemed favourable or unfavourable, AQU Catalunya shall publish the following reports on the review reports portal (<http://estudis.aqu.cat/informes>):

- a) The final report on the visit undertaken for certification of IQAS implementation issued by the CAE-IQAS.
- b) The final report for certification of IQAS implementation issued by the CEC.

Both reports will be disclosed upon completion of the entire procedure by AQU Catalunya, including resolving on the appeal, if any, regardless of whether they are used as the primary source of evidence in other instances.

4.2. Hallmarks and certificates

If the report evaluates certification with a favourable result, each specific unit will be rewarded with a quality hallmark with its own unique number and the corresponding certificate. They will be valid for a period of five years and may be renewed for periods of equal length subject to successful completion of a new external assessment procedure.



The terms of use are specified in the *AQU Catalunya quality hallmarks and terms of use thereof (Segells de qualitat d'AQU Catalunya i condicions per al seu ús)* document, approved by the Management Board of AQU Catalunya on 8 July 2014.

These hallmarks will be published on the University Study Programmes of Catalonia (EUC) website, <http://estudis.aqu.cat>, in relation to all study programmes run by the institution under the umbrella of each certified IQAS.

4.3. Effects of the assessment

IQAS certification confirms that the unit has measures in place to ensure the correct implementation of specific actions for the validation, monitoring, modification and accreditation of its study programmes. This information should therefore be taken into consideration when submitting study programmes to each of these procedures.

Accordingly, generally speaking, a favourable evaluation for certification of IQAS implementation shall give rise to the following effects:

- a. Aspects related to quality assurance will receive automatic validation in the case of study programmes taught by units with IQAS certification. Consequently, once an IQAS has been assessed and certified, official study programmes falling within its scope that are submitted to assessment procedures for the purposes of validation, modification or accreditation will be exempted from the presentation of additional documentation on the IQAS.

However, AQU Catalunya also reserves the right to review any aspect (dimensions, criteria, standards, etc.) of the processes detailed above if problems are detected during the validity of its certification, essentially through the unit monitoring reports.

It is important to take into account that while IQAS certification validates those aspects of quality assurance covered by the VSMA framework, failure to secure accreditation for one or more study programmes will mean that the unit is ineligible to apply for IQAS certification or may lose its existing certification.

- b. Those effects set out in Royal Decree 420/2015, on the creation, recognition, authorisation and accreditation of HEIs and university centres. According to this decree, certification of the IQAS is vital in order to subsequently be awarded institutional accreditation.

On the other hand, a report with an unfavourable valuation means that the institution will have to wait another two years in order to be able to re-apply for IQAS certification, when it is deemed that the system may be better established.

5. FOLLOW-UP AND CONTINUAL IMPROVEMENT

Certification of IQAS implementation shall be valid for a period of five years. Even so, as clearly detailed in the pertinent guidelines relating to the standard for implementing assessment processes (ESG 2.3) (ENQA, 2015):

“External quality assurance does not end with the report by the experts. The report provides clear guidance for institutional action. Agencies have a consistent follow-up process for considering the action taken by the institution. The nature of the follow-up will depend on the design of the external quality assurance.”

In keeping with this assumption, and taking into consideration the outcome of certification of the IQAS, the goal of AQU Catalunya should be to ensure that the institution swiftly addresses areas with scope for improvement and that a spirit of advancement is encouraged.

With this approach in mind, throughout the effective period of the certification the unit shall be responsible for performing follow-ups and continual improvement of the IQAS pursuant to its own internal management processes. To this end, the unit must report on the situation regarding improvements implemented by means of unit follow-up reports (ISC, from the Catalan) as specified in the AQU Catalunya *Guia per al seguiment de les titulacions oficials de grau i màster (Guide to the follow-up of recognised Bachelor’s degree and Master’s degree programmes)*. These reports should also detail changes made as a result of the alterations required which were stipulated in the report for certification of IQAS implementation.

If the institution makes any change to the nature of the unit that could affect the scope or validity of the certificate,¹ this must be specified in the ISC. In addition, such changes should be reported to AQU Catalunya so it may assess the continued validity of the certificate issued.

The CEC reserves the right to change the scope of the certification, cancel it or revoke it on the basis of information compiled in the ISCs or any other evidence-based source, if:

- Changes take place that bring about an irreversible, detrimental effect on the conditions under which the IQAS certification was awarded.
- The certificate is used for improper purposes.

¹ The suppression or incorporation of new recognised qualifications at one of the institution’s units will not affect the scope or validity of the certificate provided the terms of the IQAS are adhered to.

6. REFERENCES

AQU Catalunya (2014). *Segells de qualitat d'AQU Catalunya i condicions per al seu ús*.
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Resolution EMC/1310/2016, of 12 May, disclosing the procedure for certification of IQAS implementation in HEIs and university teaching institutions (Official Journal of the Government of Catalonia issue no. 7128, 16-05-2016).

Application for certification of IQAS implementation in HEIs and university teaching institutions.

<http://www.aqu.cat/universitats/certificaciolQAS/index.html#.V5iH4vmLRpg>

ANNEX I. RELATIONSHIP BETWEEN THE DIMENSIONS SET OUT IN THE AQU CATALUNYA GUIDE TO THE CERTIFICATION OF IQAS IMPLEMENTATION AND THOSE SET OUT IN THE PROTOCOL FOR IQAS CERTIFICATION OF THE SPANISH MINISTRY OF EDUCATION, CULTURE AND SPORT (MEC)

DIMENSIONS IN AQU CATALUNYA GUIDE TO IQAS CERTIFICATION						
DIMENSIONS IN MEC PROTOCOL	IQAS review and improvement	Design, review and improvement of study programmes	Teaching-learning and support for students	Academic staff	Physical resources and services	Public information and accountability
1	X					
2		X				
3.1			X			
3.2				X		
3.3					X	
4	X	X	X	X	X	X
5.1	X					X
5.2						X

1. Quality goals and policy
2. Management of programme design
3. Delivery of study programmes
 - 3.1. Student-oriented approach of study programmes
 - 3.2. Guarantee and improvement of academic staff and teaching support
 - 3.3. Guarantee and improvement of physical resources and services
4. Results
5. Information management

- 5.1. Analysis and use of information generated
- 5.2. Publication of information on activities and programmes

ANNEX II. ACRONYMS

Term	Acronym
Internal quality assurance system	IQAS
Agència per a la Qualitat del Sistema Universitari de Catalunya	AQU Catalunya
Standards and guidelines for quality assurance in the European Higher Education Area	ESG
External Assessment Committee	CAE-IQAS
Institutional and Programme Assessment Committee	CAIP
Special Committee for Certification	CEC
Technical quality unit	UTQ
Framework for validation, monitoring, modification and accreditation	VSMA framework
Bachelor's degree final-year project	TFG
Master's degree final-year project	TFM
Tutorial action plan	PAT
Programme for supporting the assessment of the teaching activities of university teaching staff	DOCENTIA
Resource centres for learning and research	CRAI
Unit follow-up reports	ISC
Spanish Ministry of Education, Culture and Sport	MEC



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