



INTERNAL EVALUATION
QUALITY ASSURANCE GUIDELINES
FOR
ECCLESIASTICAL UNIVERSITIES
AND FACULTIES



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Introduction

It is AVEPRO's aim to work in close harmony with the ecclesiastical faculties and universities across Europe, in accordance with the framework established by the Apostolic Constitution *Sapientia christiana* (15 April 1979), to develop a robust process of quality assurance that satisfies the requirements of the Bologna Process and meets the European Standards and Guidelines (ESG). There are two key strands to the European approach to quality assurance. The first is *internal*, based on the core principle that QA is the responsibility of the individual institution. The second is *external*, in the sense that it is organized and carried out by an external agency (in this case AVEPRO). The purpose of these guidelines is to set out in detail the process and procedures for cyclical internal quality assurance review to be adopted by ecclesiastical universities and faculties.

Reviews will be carried out, as appropriate, in academic, administrative and service departments, and in faculties and study programmes. Thematic reviews of institution-wide issues (e.g. research, doctoral programmes, assessment procedures) may also be carried out. For simplicity all of these will be referred to as "units" in our outline of the review process. AVEPRO gratefully acknowledges the extensive use of extracts from University College Dublin's "Guidelines for Self-Assessment, Review, Follow-Up" and the Irish Universities Quality Board's "A Framework for Quality in Irish Universities".

It is important to emphasise at the outset that the process is informed by several key principles and characteristics:

- Strategic planning and change
- Continual improvement
- Implementation of recommendations
- Accountability
- Inclusiveness
- Individual and collective ownership
- Publication of outcomes
- Transparency

Finally it is a primary concern that the approach to self-evaluation and review should be simple, flexible, relatively easy to implement, and certainly improvement oriented.



1. Institutional Infrastructure to Sustain QA Arrangements

Establishing a suitable internal infrastructure in each institution is an indispensable first step in organizing the QA process. Faculties and smaller institutions will follow the procedures of internal evaluation for individual units indicated further down. For a university, or other large multi-faculty institution, experience shows that:

- A high level University Quality Committee, reporting to the Senate, should be established to oversee and harmonise the quality procedures across the university, and to set and maintain strong policy leadership
- The Chair of the committee should be either the rector or vice-rector for academic affairs
- All members of the committee should have a strong enthusiasm for the quality effort
- The committee must have the unreserved and highly visible support of the rector, otherwise the interest of the staff will flag and the work will not flourish
- The executive function should be carried out by a Director of Quality Assurance (DQA), and a Quality Assurance Office established with appropriate resources to support the work of the DQA
- The DQA should also be a highly regarded member of the institution's academic community, be secretary of the Quality Committee, and thus have a strong voice in the formulation of quality policy
- The university should develop a robust institutional database of performance across various domains: student admission and progression, research output, etc.
- These structures should ensure that QA activities are closely connected to the university's strategic planning procedures, crucial in developing joined-up thinking.

The role of the Quality Office will normally include:

- Providing professional support for the development of the university's policy in relation to quality assurance and improvement in line with good international practice
- Driving new initiatives designed to resolve issues arising repeatedly in review reports
- Promoting a sense of ownership by individual departments and units of the university's quality assurance and improvement systems and procedures
- Supporting departments and units in implementing internal and external quality review processes
- Publishing review reports and other relevant reports
- Working with other institutions and with AVEPRO to improve cooperation in QA activities.



2. The Process

Put simply the process for Quality Assurance and Quality Improvement comes down to answering four fundamental questions. These questions also form the basis of the Institutional Evaluation Programme of the European University Association:

- What are you trying to do?
- How are you trying to do it?
- How do you know it works?
- How do you change in order to improve?

These questions lead to reflection on mission, aims, objectives and strategic priorities, on the systems and procedures in place and their suitability to fulfilling the mission, on the routine quality measures in use including feedback from students, staff, employers, and all stakeholders, on strategic planning procedures and the capacity to change and meet new challenges. There are well known international procedures designed to provide the answers to these questions, and they are outlined below.

The process provides a critical self-evaluation and a review of all elements of the work carried out by the unit, and of a variety of aspects of the students' and other users' experience.

For each unit under review, the components of the methodology are:

- A self-evaluation report is prepared under appropriate headings detailing the work and activities of the unit. The emphasis is on reflection, analysis and an honest critique.
- An international peer review group reads the self-evaluation report and spends a number of days on a site visit to the unit. The review group, composed of external experts, completes a report on their findings that emphasises recommendations for improvement.
- The peer review group report is made available to relevant parties.
- An action plan is agreed for the implementation of the review report's recommendations.

It is important to emphasise certain crucial aspects of the process. The review is carried out by the unit itself together with a small group of colleagues from other universities and organisations. The self-evaluation report will not be published. This will encourage the unit to carry out a critical, and sometimes painful, self-analysis, or better still an examination of conscience. The review is of the unit as a whole and not of individuals. When a review has been completed a peer review group report will emerge which will not identify any individual by name. Follow-up will be prompt and an action plan will be prepared and implemented.

During the self-evaluation, the review, and the follow-up procedures members of the unit will at all times respect the integrity of the process and the sensitivities of colleagues. Members of all committees involved in the process should adhere to a policy on Dignity and Respect in all transactions associated with the process. It must be remembered at all times that the University or Faculty is a community. All people who are part of it must feel co-responsible for the common good and the cohesion of the academic community.



3. Value of the Process

The process is of value to the unit because

- It presents detailed information about the unit, its mission, functions and activities, and the collective perception of staff and students of their role not only in the university but in social and cultural development and where appropriate in the international community
- It presents a succinct but comprehensive statement of the unit's view of its strategic objectives and capacity to deliver them
- It shows the quality systems and processes which are already in place and permits an assessment of their effectiveness
- It provides a comprehensive self-critical analysis of the activities of the unit
- It helps the unit to identify and analyse its strengths, weaknesses, opportunities and threats, and allows it to suggest appropriate remedies where necessary
- It identifies those weaknesses and shortcomings in policy and in procedural, organisational and other matters, including teaching and learning, research and societal interaction, which are under the direct control of the unit and which can be remedied internally.
- It identifies possible shortfalls in resources and provides an externally validated case for increased resource allocation
- It provides a framework within which the unit can continue to work in the future towards quality improvement
- Findings are validated by external international standards
- It facilitates the preparation of an action plan by which the unit can continue to work for continuous quality improvement.

4. Self-Evaluation Report

4.1 Preparation

A few months before the start of the self-evaluation process a small 'pre-evaluation' team should be assigned the task of establishing parameters and a design for the exercise. In the case of a university or large institution, this team should include the director of quality assurance, some senior members of the unit and either the rector or the relevant vice-rector. (see 'Preparing the Self-Evaluation Report: Notes of Guidance')

4.2 Co-ordinating Committee

The unit designates a group among its members to form a co-ordinating committee with responsibility for preparing the SER. The committee should be representative of all staff in the unit, and should include the head of the unit, who will play an active role in the self-evaluation. In the case of a faculty or academic department it should also include a student, preferably a postgraduate research student who is a recent graduate of the faculty and thus familiar with its procedures. Some care should be taken when appointing students to co-ordinating committees; they should not be expected (or allowed) to devote a large amount of time to the exercise. The



committee should be operational and therefore not too large. A member of the staff, normally the head of the unit, will chair the committee and liaise with the director of quality assurance (when the unit is part of a university or a large multi-faculty institution). A member of the committee will serve as secretary, take minutes of meetings, and have responsibility for collating and editing the SER.

4.3 Consultation within the Unit

It is important for the success of the exercise that all members of the unit be kept fully informed about the details of the self-evaluation as it progresses, especially at the initial planning stage. Thorough consultation with all unit staff is advised; they should be encouraged to study these guidelines, to discuss the detailed operation of the exercise, and to consider its implications for members of the unit. All staff may not be equally enthusiastic, but as far as possible a willingness to cooperate should be developed. The more often the self-evaluation process is discussed among colleagues the more effective it will be in raising awareness of issues of quality and in encouraging staff and students to develop and sustain a quality culture and a questioning attitude about routine procedures.

4.4 Questionnaires

Some of the data for the self-assessment report is collected via questionnaires completed by students, staff, graduates, employers and other users of the unit. A collection of questionnaires has been compiled by AVEPRO and these are available on request. This collection is neither definitive nor complete and is only intended as a guide. Individual units may have special requirements and these should be discussed at an early stage.

4.5 Writing the Self-Evaluation Report

When writing the SER the co-ordinating committee should bear in mind the importance of providing a critical analysis of all facets of the unit's work as opposed to a mere listing of factual information and of opinions obtained from questionnaires. The committee should keep before it at all times the four basic questions at the heart of the process: what is the unit trying to do? How is it trying to do it? How do you know it works? How do you change in order to improve? Strengths are emphasised and effective unit responses to concerns and opportunities are considered. Since the goal is quality improvement the formulation of strategies and recommendations for improving the work of the unit is highlighted. The subsequent external validation provided by the review will become an important element in the follow-up discussions within the university.

Weaknesses in general will fall into the following three categories:

- Academic, procedural, organisational and other matters which are completely under the control of the unit itself
- Shortcomings in services and procedures which are outside the control of the unit
- Inadequate levels of staffing, facilities, equipment and other resources which require capital or recurrent investment for improvement.



5. Peer Review

5.1 Peer Review Group

Composition

The PRG will be chosen by the quality committee of the university or by the faculty's coordinating committee (where the faculty is self-standing) and will consist of two, three or four members, depending on the size of the unit under review. All will be external to the institution and include at least one member with expertise and international experience in the work of the unit. One member will act as chair during the site visit discussions, and one as coordinator. The coordinator will write the final PRG report and liaise with the university's director of quality assurance or head of the faculty's coordinating committee (case of a self-standing faculty) on the details and organisation of the site visit.

Objectives

The objectives of the peer review group are to:

- Clarify and verify details of the self-evaluation report
- Verify how well the mission, aims and objectives of the unit are being fulfilled, having regard to the available resources, and comment on the appropriateness of the unit's mission, objectives and strategic plan
- Confirm the unit's strengths, weaknesses, opportunities and threats as outlined in the self-evaluation report
- Discuss any perceived strengths and weaknesses not identified in the self-evaluation report
- Check the suitability of the working environment
- Comment on the recommendations for improvement proposed in the self-evaluation report
- Make any additional recommendations for improvement, as deemed appropriate, but with due consideration for resource implications.

Function

The review group will:

- Study the self-evaluation report
- Visit the unit
- Clarify and verify details in the self-evaluation report, and consider other relevant documentation
- Review the activities of the unit in the light of the self-evaluation report
- Prepare a draft report and present the main findings in an exit presentation to staff and students
- Write the peer review group report and deliver it to the University within six weeks.

The Report

In keeping with the formative nature of the process the review group express their recommendations in a positive manner that encourages quality improvement. Such an approach is



in keeping with the spirit of a process in which an ethos of partnership and trust ensures that real enhancement can result.

As part of the report the peer review group will:

- Confirm and comment on the details of the self-evaluation report
- Provide an overview of the present state of the unit
- Comment briefly on each aspect of the unit's activities
- Acknowledge achievements and quality where they exist
- Point out unambiguously any deficiencies or inadequacies in management and operations that might be eliminated or ameliorated
- Identify critical resource limitations (if any) that bar the way to achieving improvements
- Comment on all plans for improvements that the unit has made in the self-evaluation report
- Emphasise the recommendations for improvement that the review group consider appropriate

On receipt of the peer review group report, the University or Faculty provides a copy to the unit for correction of clerical and factual errors. The report is then finalised by the Peer Review Group and sent back to the University or Faculty. The unit may then prepare a response which is added as an appendix to the report. A copy of the report with the appendix is sent to AVEPRO, and also to the Congregation for Catholic Education, the Grand Chancellor and other relevant parties.

5.2 Site Visit

The peer review group visits the unit over a one or two day period, depending on the size of the unit. This site visit is central to the review process and must be carefully planned. When the precise dates for the visit are being arranged close liaison is required between the unit's coordinating committee, the director of quality assurance (case of a unit included in a university) and the peer review group coordinator.

Structure

The detailed structure and programme for the site visit are agreed by the chair of the coordinating committee, the director of quality assurance and the coordinator of the peer review group and should be agreed six weeks prior to the visit. The details are then made available to all staff and students. Documents, e.g. management reports, financial and budgeting reports, PhD theses, sample examination papers for the previous three years, or any other relevant material are made available to the peer review group during the site visit.

A suitable room must be provided for the use of the review group during the course of the visit.

During the site visit the review group should (as time allows):

- Meet with the head of the unit, the rector, the coordinating committee, other members of the academic/service staff, and where appropriate students, senior university officers, graduates, employers, and representatives of all categories of users of the services of the unit, including representatives of external stakeholders



- Visit the facilities that contribute to the activities of the unit (classrooms, workrooms, offices, library, etc., as appropriate)
- Prepare a draft report and present the main findings in an exit presentation to staff and students

When the site visit is over no member of the unit should be in contact with the peer review group on matters relating to the evaluation process. If contact has to be made it should be done through the director of quality assurance or the head of the coordinating committee.

6. Quality Improvement Plan

6.1 Follow-Up

Follow-up is an integral part of the QA process. The decisions on improvement that are made following self-evaluation and review provide a framework within which the unit can upgrade its strategic plan and continue to work toward the goal of developing and fostering a quality culture.

Thus the final step for the unit is the preparation and implementation of an effective Quality Improvement Plan (QIP). The purpose of the plan is to enable the unit to benefit from the self-reflection and hard work put into the SER, and from the expert advice contained in the PRG report. The preparation of the QIP should be a very positive exercise that focuses on quality improvement by identifying strategies for change, and by making a sustainable case for any additional resources required to implement the recommendations of the PRG Report.

The QIP should be completed within three months of receipt of the PRG report and submitted to the appropriate governance bodies for consideration and approval in the context of the university or faculty's strategic planning and budgeting. AVEPRO and other appropriate entities should receive a copy of the plan and annual progress reports on implementation.

6.2 The Quality Improvement Plan

1. The unit should read and discuss the PRG report. The head of the unit should then set up, and chair, an Implementation Committee (IC) which is fully representative of the staff, and which will present the views of the unit in all subsequent discussion on follow-up.
2. The IC will draft the Quality Improvement Plan. This should include a brief introduction that gives the names of the IC and outlines the main findings of the PRG report (500 – 1,000 words). An appendix should give the composition of the Coordinating Committee and the PRG.
3. It is important that all recommendations in the PRG report be addressed. Some recommendations may have been explicitly stated, others may have occurred as suggestions, still others may be implied as a consequence of a stated concern e.g. “the department has not clearly stated its aims and objectives”. All of these, explicit or implied, should be included for consideration.



There may be recommendations that the IC considers counterproductive; the committee should give the reasons for such a conclusion and should, if possible, suggest alternative strategies for quality improvement.

4. Recommendations usually fall into three categories:

- Matters which are completely under the control of the unit involving: academic affairs related to programmes, pedagogy, research, scholarship; organisation; administration; other
 - Shortcomings in services, procedures and facilities which are outside the control of the unit
 - Inadequate staffing, facilities and other resources that require capital or recurrent funding.
- It is important to include recommendations that require extra funding even if there is no immediate prospect of such funding becoming available. This information will enable AVEPRO, over time, to build a database on needed resources across the sector.

In each of these categories the QIP should establish

- (a) a list of prioritised goals that can be realistically achieved in the following year, with details of how this will be done, who will be responsible, and where feasible, measurable outcomes
- (b) a list of prioritised longer term goals that can be achieved over the coming three years, with details of how this will be done, who will be responsible and where feasible, measurable outcomes
- (c) estimates of the capital and recurrent costs of resources required to implement recommendations.

5. The Quality Committee and the Director of Quality Assurance will monitor progress each year and report their findings to the Senate.

6. Quality improvement plans have an importance over and above their effect on the individual institutions. Over time they will enable AVEPRO to gain an overview and build a database on key areas that affect the quality of all ecclesiastical institutions. They will identify the strengths of the system and highlight common areas of concern with indications on how these may be confronted.