

QUALITY MANUAL

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Εθνική Αρχή
Ανώτατης Εκπαίδευσης
Hellenic Authority
for Higher Education

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TERMINOLOGY

<i>Accreditation</i>	External evaluation process carried out on the basis of specific, pre-defined, internationally accepted and, ex-ante published quantitative and qualitative criteria and indicators, and in line with the Principles and Guidelines for Quality Assurance in the European Higher Education Area (EHAE) (European Standards Guidelines 2015).
<i>Review</i>	A process of reviewing and/or providing an overall assessment of the conclusions drawn from the operation of a system's processes and procedures.
<i>Procedure</i>	A specified way of performing processes.
<i>Quality assurance</i>	The systematic and continuous process of monitoring, evaluating and improving quality.
<i>Process</i>	A set/series of (interdependent) actions to achieve an objective.
<i>Performance indicators</i>	Measurable characteristics, indicative of the extent to which objectives have been achieved.
<i>Administration</i>	Director-General
<i>Corrective action</i>	Action aimed to eliminate the cause of non-compliance with the standard.
<i>Document</i>	Means to provide information, e.g. procedure form, draft, report, template.
<i>Quality culture</i>	Commonly accepted values and beliefs in terms of quality.
<i>Non-compliance</i>	Deviation from or failure to meet the requirements of the standard.
<i>Working instruction</i>	Description of the stage of a procedure in the form of detailed steps for its implementation.
<i>National Information System for Quality Assurance in Higher Education</i>	HAHE's Information System for the collection of quality data from the Higher Educational Institutions of Greece.
<i>Quality policy</i>	Document reflecting the management's commitment to quality.
<i>Quality objective</i>	Expected result in the context of the quality policy.

ACRONYMS

SC	Supreme Council
DSP	Doctoral Study Programme
EAC	Evaluation & Accreditation Council
EEAP	External Evaluation & Accreditation Panel
EHAE	European Higher Education Area
ENQA	European Association for Quality Assurance in Higher Education
EQAF	European Quality Assurance Forum
EQAR	European Quality Assurance Register for Higher Education
ESG	European Standards and Guidelines
EUA	European University Association
HAHE	Hellenic Authority for Higher Education
HEI	Higher Educational Institutions
IQAS	Internal Quality Assurance System
IQS	Internal Quality System
KPI	Key Performance Indicator
MERAS	Ministry of Education, Religious Affairs & Sports
MODIP	Quality Assurance Unit
NSRF	National Strategic Reference Framework
OECD	Organisation for Economic Cooperation and Development
NISQA	National Information System for Quality Assurance in Higher Education
SP	Study Programme
PSP	Postgraduate Study Programme
SAR	Self-Assessment Report
SM	Social Media
TTFB	Time to First Byte
TQM	Total Quality Management
UNESCO	United Nations Educational, Scientific and Cultural Organisation
USP	Undergraduate Study Programme

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INTRODUCTION

1. Quality Assurance

The HAHE is responsible for ensuring and continuously improving quality, as well as for the efficient operation and rendering of its services, in line with international practices, particularly those of the European Higher Education Area, and the principles and guidelines of ENQA. HAHE's Department of Quality Documentation is the body responsible for administering and managing the Authority's internal quality system. The Department of Quality Documentation is responsible for the organisation, operation and continuous improvement of the IQS, the implementation and coordination of the internal evaluation procedures of the departments, as well as for supporting the external evaluation and accreditation procedures, within the framework of ENQA's principles, guidelines and instructions.

2. Internal Quality System: Purpose and scope of application

The purpose of the Internal Quality System (IQS) is to achieve high quality in HAHE's operation and the effective operation, efficiency and improvement of its services, in line with international practices, in particular those of the European Higher Education Area and ENQA's principles and guidelines. The scope of the Internal Quality System (IQS) is the implementation of quality assurance in the administrative and scientific pillar of the HAHE and in what relates to its human resources. More in particular, this includes accreditation of the Internal Quality System (IQS).

3. Quality Manual

The Quality Manual is an official document of the IQS and is used as a guide for its implementation. It consists of work modules which are termed "processes", and of which the aim is to meet the requirements of ESG2015. The processes take into account items, termed "input data", which are necessary for the operation of a process. The results of a process are termed "output data". Each process is evaluated internally, in terms of both its functionality and its effectiveness (i.e. if it produces sufficient results to justify its existence). A procedure is the way such a process is implemented. The procedure has a start, an end, and stages or steps. The procedures include steps to be followed in order to achieve the expected process outcome. The documentation of processes is achieved by means of the necessary documents and forms (listed in the Annex).

4. General ESG2015 Requirements (short description)

A) Internal Quality Assurance

1.1 Quality Assurance policy

Institutions are expected to have a quality assurance policy that is made public and is part of their management strategy. Internal stakeholders need to develop and implement this policy through appropriate structures and procedures, with the involvement of external stakeholders.

1.2 Design and approval of study programmes

Institutions are expected to have procedures for designing and approving their study programmes. The curricula should be designed so to meet the objectives set for them, including expected learning

outcomes. The qualifications resulting from a programme should be clearly identified, communicated and correspond to the appropriate level of the National Qualifications Framework for higher education and, consequently, to be in line with the qualifications framework of the European Higher Education Area.

1.3 Student-centred learning, teaching and evaluation

Institutions are expected to ensure that programmes of studies are offered in a way that encourages students to have an active role in the formulation of the learning process and that student evaluation indeed reflects this approach.

1.4 Admission of students, stages of study, recognition of studies and graduation

Institutions should consistently apply pre-defined and published regulations covering all phases of student "life cycle", e.g. admission, advancement to stages of study, recognition and graduation.

1.5 Teaching staff

Institutions must ensure the competence of their teaching staff. They are expected to apply fair and transparent procedures for staff recruitment and career development.

1.6 Learning resources and student support

Institutions must have appropriate funding to ensure their teaching activities and that adequate and directly accessible learning resources and support are offered to students.

1.7 Information management

Institutions should ensure that relevant information is collected, analysed and used for the effective management of their programmes and other activities.

1.8 Public information

Institutions should publish clear, accurate, objective, up-to-date and easily accessible information about their activities, including their programmes.

1.9 Continuous monitoring and periodic evaluation of programmes

Institutions should periodically monitor and review their programmes to ensure that they meet the objectives set and respond to the needs of students and society. Such periodic reviews should lead to a continuous improvement of the curriculum. Any action planned or taken as a result must be communicated to all parties concerned.

1.10 Periodic external evaluation

Institutions should be subject to periodic external accreditation of their quality assurance system in accordance with the ESG instructions and guidelines.

B) External Quality Assurance

2.1 Audit of the internal quality assurance system

The external audit of the quality assurance system should examine the effectiveness of the internal quality assurance system, as described in Part 1 of the ESG guidelines.

2.2 Designing appropriate methodologies

The QA audit should be defined and designed in such a way as to ensure its suitability for achieving its aims and objectives, taking into account the relevant regulations. Stakeholders should be involved in its design and continuous improvement.

2.3 Application of processes

The external QA processes should be reliable, useful, pre-defined, consistently applied and published. They include a self-evaluation or equivalent activity, an external evaluation which normally includes an on-site visit, the preparation of the external evaluation report and consistent monitoring of progress.

2.4 Experts

The external QA process should be carried out by teams of external experts, with the participation of students.

2.5 Criteria for results

The results or judgements of the external quality assurance audit should be based on explicit and published criteria applied consistently, regardless of whether the outcome of the process is a formal decision.

2.6 Publication of reports

The full text of the expert reports should be published, be clear and accessible to the academia, external partners and other interested persons. If the quality assurance body takes a formal decision on the basis of these reports, the decision must be published together with the report.

2.7 Complaints and objections

The procedures aimed to deal with complaints and objections should be clearly identified as part of the design of external quality assurance procedures and communicated to institutions.

C) Quality assurance bodies

3.1 Quality assurance activities, policy and processes

Quality assurance bodies should regularly perform external quality assurance activities as set out in Part 2 of the ESG. They should have clear and explicit objectives that are part of their published mission. These elements should be translated into day-to-day working conditions of the organisation. Stakeholders should involve stakeholders in their governance and operation.

3.2 Legal status

Quality assurance bodies should have a defined legal basis and be officially recognised as quality assurance bodies by the competent public authorities.

3.3 Independence

Quality assurance bodies should be independent and act autonomously. They must have full responsibility for their operation and their effects without being influenced by third parties.

3.4 Thematic analysis

Quality assurance bodies should regularly publish reports describing and analysing the general findings of external quality assurance activities.

3.5 Resources

Quality assurance bodies must have sufficient and appropriate resources (both human and financial) to carry out their work.

3.6 Internal quality assurance and professional ethics

Quality assurance bodies should have internal quality assurance procedures linked to the definition, assurance and enhancement of the quality and integrity of their activities.

3.7 Periodic external evaluation

Quality assurance bodies must undergo an external audit at least once every five years, in order to demonstrate compliance with the ESG.

5. Quality Policy

The mission of HAHE, Greece's Quality Assurance and Accreditation Authority, is to ensure high quality in higher education. As part of its mission, the Authority supports the state and the HEIs in formulating and implementing the national strategy for higher education, and accredits the quality of operation of the HEIs.

In order to carry out its mission and achieve its objectives, the HAHE implements a specific Quality Policy, as summarised below.

It is committed to establishing and maintaining an internal QA system, and to allocating the necessary resources and taking the necessary measures to promote its mission and vision for high quality in Higher Education, as set out in the Authority's strategic planning.

The purpose of HAHE's internal QA system is the design, organisation, implementation, monitoring and improvement of standards, procedures, criteria and indicators that are deemed suitable for accrediting the quality of the Internal Quality Assurance Systems and the Programmes of Studies of Greece's HEIs.

The standards, procedures and criteria issued by the HAHE are in line with the national legislation and the European standards and guidelines of the EHEA (ESG2015).

HAHE monitors and improves the quality of its operations by means of commonly defined processes, procedures and systems included in its quality manual. The ten processes of the quality manual are: quality policy, management of resources, quality targeting, development and revision of standards, organisation of external quality assurance procedures, measurement, analysis and improvement, communication with institutions, publication of information, progress monitoring and continuous improvement activities, organisation of external quality assurance and accreditation of HAHE.

It collects and analyses data and information from the implementation of quality assurance activities in HEIs, on the basis of which it takes decisions to improve standards, criteria and procedures.

The objectives set out in its Strategic Plan, as well as the Action Plan, are reference points for all its operations. It also specifies measurable objectives for quality. These objectives are established and assessed as to their degree of achievement, in the context of the review of the internal QA system.

In the context of the system review, the Authority reviews and continuously improves the characteristics of its services, to the extent possible, and the effectiveness of the relevant processes.

The members of the Councils and the Authority contribute to the achievement of its objectives and are responsible for the performance and output of their work.

The HAHE guarantees transparency in all its activities through the establishment of accountability mechanisms, the adoption of a Code of Ethics and the development of a quality culture.

The HAHE is itself subject to a periodic external evaluation every five years, in accordance with the European standards and guidelines of the EHEA (ESG2015) and its membership in ENQA and in EQAR.

The above Quality Policy is made known to interested parties and is implemented by all the staff of the Authority.

6. Responsibility of the Administration

The effective implementation of the IQS requires a clear commitment to quality on the part of the Authority's administration. Therefore, it must first contribute to:

1. Monitoring the implementation of quality objectives and the overall operation of the IQS through the annual reviews.
2. Aligning quality policy with the Authority's overall strategic objectives.
3. Disseminating/communicating the quality policy to all the Authority's staff and to all administrative levels, through regular information meetings of the heads of departments, through exchange of views on IQS issues, staff participation, discussion of possible improvements or techniques used, etc.
4. Ensuring the necessary resources for the implementation of the quality policy and the functioning of the IQAS.
5. Taking decisions to continuously improve the level of QA activities, in the context of the IQS review.
6. Developing an appropriate operating environment within the Authority, by also recruiting adequate and highly qualified staff, as well as through systematic training and evaluation.

PROCESS 1: Quality Policy

1.1 Aim of the process

The aim of the Authority's quality policy is to continuously and systematically ensure, improve, and enhance the quality of all elements and components of Greece's higher education system. This policy includes specific quality assurance actions aimed at creating a quality framework within which institutions and their academic and administrative units operate. The quality policy therefore reflects the Authority's systematic, structured and continuous commitment to providing services aiming to ensure high quality in higher education. This policy derives from the mission and responsibilities of the Authority, as reflected in the relevant statutory framework. The object of HAHE's quality policy is:

- the establishment and preservation of an Internal Quality Assurance System
- the allocation of resources necessary for its implementation
- the definition of methods for designing, organising, implementing, monitoring and improving the system and the necessary documents and materials
- the development of an appropriate quality strategy and targeting and its support with data and information
- the periodic review and improvement of the system
- public accountability and transparency of quality activities and results
- the periodic external evaluation of the system by ENQA and EQAR
- the dissemination of its policy to the Authority's human resources and to stakeholders

1.2 Process input data

1. HAHE's strategy
2. The National Strategy for Higher Education, as adopted by the Ministry of Education, Religious Affairs & Sports
3. The conclusions of the thematic analysis of the IQAS and study programmes accreditation reports
4. HAHE's annual reports
5. Principles, theory and standards of Total Quality Management (TQM)
6. Pertinent standards and guidelines by European QA bodies and agencies (ENQA, EUA, EQAF, etc.)
7. Views of external stakeholders

1.3 Process output data

HAHE's quality policy

1.4 Process management

Procedure 1.1: Design, approval, review and evaluation of HAHE's quality policy

1.5 Process efficiency indicators

1. Number of improvements made in HAHE's Internal Quality System
2. Number of accredited IQAS/USP/PSP/DSP and change over time
3. Percentage (positive or negative) change of the ranking of institutions based on HAHE indicators
4. Degree of compliance with ESG requirements based on HAHE's external evaluation report

1.6 Process control methods

1. Through the Authority's internal evaluation
2. By measuring process efficiency indicators
3. Through the Authority's external evaluation (ENQA)

1.7 Process improvement actions

1. Feedback on quality policy from the results of its internal evaluation (review)
2. Feedback from possible revisions of HAHE's strategy
3. Suggestions for improvement based on the Authority's external evaluation

1.8 Process procedures

Procedure 1.1 Design, approval, review and evaluation of HAHE's quality policy

Steps:

1. The Department of Quality Documentation meets to prepare the Authority's quality policy. The policy document is based on the process input data, i.e.:
 - a. HAHE's strategy
 - b. The National Strategy for Higher Education, as adopted by the Ministry of Education
 - c. The conclusions of the thematic analysis of the IQAS and Study Programmes accreditation reports
 - d. HAHE's annual reports
 - e. Principles, theory and standards of Total Quality Management (TQM)
 - f. Pertinent standards and guidelines of European QA bodies and agencies (ENQA, EUA, EQAF, etc.)
 - g. Views of external stakeholders
2. The Department of Quality Documentation submits its recommendation to the Director-General.
3. Making corrections/improvements in the quality policy text
4. Director-General's recommendation to the Authority's Evaluation and Accreditation Council and approval of the quality policy
5. Dissemination of the Quality Policy internally and externally
6. Review of HAHE's Quality Policy, which arises as a need in the following (indicative) cases:
 - a. Suggestions for improvement resulting from the Authority's internal and/or external evaluation in terms of deviations, problems, and/or areas in need of improvement;

- b. Review of HAHE's strategy;
 - c. Changes in the applicable statutory framework;
 - d. Adaptation made on the basis of updated guidelines and decisions of the European Higher Education Area;
 - e. Feedback from academic, social and productive bodies.
7. In each of the above cases, the Department of Quality Documentation prepares a recommendation to the General Director and steps 4 and 5 of the procedure are repeated.

Parties involved:

HAHE EAC, Director-General, Department of Quality Documentation, stakeholders.

Timetable:

The Authority's Quality Policy is designed once and then approved. It is reviewed and evaluated internally in accordance with the procedure.

Related documents:

- Strategy of the Authority
- External/internal evaluation report of the Authority
- ENQA standards and instructions in relation to quality assurance
- Statutory framework of the HAHE

PROCESS 2: Resource management

2.1 Aim of the process

The aim of the process is to ensure that necessary resources in terms of staff, funding, infrastructures and equipment are provided so that the process can function and thus maintain the quality policy implemented and continuously improve its effectiveness.

The Authority must ensure the necessary funding, the necessary material infrastructure and the appropriate working environment, and develop its human resources to meet the needs for efficiently running the QA system processes.

2.2 Process input data

1. Annual regular funding and financing by the NSRF, material infrastructures (buildings, expressed in m² per employee, office equipment and information infrastructures), working environment, human resources (number/permanent posts).
2. Supreme Council's Decisions on the implementation of a financial strategy, of a human resource management strategy, on infrastructures and services, etc.
3. Administrative decisions and regulations for staff training and evaluation (HR management).

2.3 Process output data

1. Financial statements and justification of deviations from the planning, as well as the eventuality of insufficient coverage of the Authority's needs.
2. Proposals for improvement to ensure additional funding, better use of existing funding, improved allocation process, efficiency of financial management systems, etc.
3. Proposals for the allocation of staff by organisational unit of the Authority. Proposals may be documented based on staff time histograms, both individually and cumulatively (by department, staff category, etc.).
4. Evaluation of staff and a performance-based system of development, rewards and incentives.

2.4 Process management

Procedure 2.1: Allocation and management of resources

2.5 Process efficiency indicators

- Absorption rate of budgeted financial resources.
- Percentage of use of building infrastructures.
- Percentage of use of equipment.
- Complaints regarding the management of the working environment.
- Rate of coverage of the needs in:
 - human resources

- infrastructures
- administrative services
- Average number of training hours per employee.
- Number of training courses per year.
- Employee satisfaction rate.

2.6 Process control methods

- Through planned internal controls carried out by the Department of Quality Documentation.
- Through the analysis of process efficiency indicators.
- By presenting the results of the process and analysing its data during the review of the Authority's Internal Quality System.

2.7 Process improvement actions

1. Actions related to improving the procedure of the process.
2. Review of the relevant process in the Authority's Quality Manual.

2.8 Process procedures

Procedure 2.1 Allocation and management of resources

Description:

Availing and/ or allocating financial and human resources, infrastructures and equipment, as necessary for carrying out the Authority's activities, based on decisions taken by the Authority's competent bodies. The resources are being managed by the competent departments and bodies, in accordance with the relevant statutory framework and the Authority's internal regulations.

Steps:

1. The Department of Quality Documentation provides annually, at a specified time, the General Director with the operating data (in relation to finance, infrastructures and human resources), as well as with related indicators.
2. The General Director proposes to the Supreme Council the annual allocation of resources.
3. The Supreme Council of the Authority decides on the annual allocation of resources.
4. The Directorate of Information Systems and Documentation technically processes the Supreme Council's decision and enters into the Authority's IT system the relevant data and information so as to produce the relevant reports and indicators.

Parties involved:

Supreme Council, Directorate-General, Department of Quality Documentation, Organisational Units.

Timetable:

The allocation and management of resources is a recurring process, taking place on an annual basis.

Related documents:

Approved budgets, financial statements (regular budget, public investment programme, NSRF, etc.), annual reports on infrastructures and services, strategy of the Authority, contributions for the allocation, evaluation and development of human resources.

PROCESS 3: Quality goalsetting

3.1 Aim of the process

The Authority details its strategy by using annual quality objectives, which are in turn measured and revised as part of the IQS operation. The process aims to define clear and specific objectives for the continuous improvement of the Authority in the whole spectrum of its activities. It therefore includes:

1. The specification of the strategy based on annual quality goals and by using a specific model of the SMART approach. This is the responsibility of the Director-General, in collaboration with the individual Directorates.
2. The Director-General's recommendation to the Supreme Council and its approval by the latter.
3. The annual monitoring and production of the annual progress report.

3.2 Process input data

1. HAHE's Strategy.
2. HAHE's Quality Policy.
3. Suggestions for improvement.
4. Results from the review of the Authority's Internal Quality System.

3.3 Process output data

Quality objectives and corresponding indicators (KPIs) are mentioned indicatively and concisely:

1. Goals and Performance Indicators (KPIs) of the annual amount of funding and its absorption.
2. Goals and Performance Indicators (KPIs) of the annual utilisation of the Authority's available infrastructure and equipment.
3. Goals and Performance Indicators (KPIs) of human resources.
4. Goals and performance indicators (KPIs) of the annual number of accreditations.
5. Goals and Performance Indicators (KPIs) of experts and their specific characteristics.
6. Goals and Performance Indicators (KPIs) of information/advisory actions for higher education institutions.

3.4 Process management

Procedure 3.1 Defining quality goals

3.5 Process efficiency indicators

1. Rate of achievement of goals on an annual basis.

3.6 Process control methods

- Through planned internal evaluations carried out by the Department of Quality Documentation.
- Through the analysis of process efficiency indicators.

3.7 Process improvement actions

1. Comparative performance analysis based on national and international measures (benchmarking).
2. Review of the relevant process in the Authority's Quality Manual.
3. Improvement of process procedures, through internal evaluations of the IQS.

3.8 Process procedures

Procedure 3.1 Defining quality goals

Description:

The definition of quality goals is based on decisions taken by the Authority's competent bodies. Goalsetting is accompanied by a corresponding planning of actions to be implemented in order to meet goals and the corresponding monitoring indicators.

Steps:

1. The Department of Quality Documentation provides annually (at a specified time) the General Director with the values of the indicators related to operation of the HAHE.
2. The General Director submits to the Supreme Council a proposal for annual goalsetting.
3. The Supreme Council of the Authority decides on the annual goalsetting.
4. The Directorate of Information Systems and Documentation technically processes the Supreme Council's decision and enters into the Authority's IT system the relevant data and information, to produce the relevant reports and indicators.

Parties involved:

Supreme Council, Directorate-General, Service Units, Department of Quality Documentation.

Timetable:

The definition of quality goals takes place at the beginning of each year and is a recurring process.

Related documents:

Manual of quality indicators, decisions on the definition of goals and performance indicators (KPIs).

PROCESS 4: Specification and updating of standards

4.1 Aim of the process

The HAHE specifies the standards for quality assurance in Greek higher education institutions, based on an in-depth analysis of ENQA's principles and guidelines, on international experience, and on the views of higher education institutions and other stakeholders. The final version of the standards, once approved by the Authority's Evaluation and Accreditation Council, is communicated to the institutions and other interested parties and published on HAHE's website. The Department of Quality Documentation reviews the standards on a regular basis to ensure their relevance and effectiveness and it updates them in accordance with the ENQA guidelines, and the trends and developments in higher education.

4.2 Process input data

1. ESG 2015.
2. International higher education reports (e.g. OECD, UNESCO, EUA).
3. Annual quality reports of the HAHE.
4. Thematic analysis (based on quality assurance activities) and relevant quality indicators.
5. Views of higher education institutions.
6. Views of special interest groups.
7. Expert views on the procedure.

4.3 Process output data

1. Accreditation standards for IQAS/Study Programmes.
2. Compliance control forms.
3. Models of accreditation proposals / reports.
4. Accreditation guide.

4.4 Process management

Procedure 4.1 Specification and updating of standards.

4.5 Process efficiency indicators

1. Number of stakeholders involved in the consultation process.
2. Number of comments/views of stakeholders gathered.

4.6. Process control methods

1. Through the analysis of process efficiency indicators.

2. Through the analysis of expert reports (in the context of quality assurance activities).
3. Through the internal evaluation of the IQS.

4.7 Process improvement actions

1. Revision of standards and accreditation forms.

4.8 Process procedures

Procedure 4.1 Specification and updating of standards

Description:

The HAHE specifies standards for its quality assurance activities taking into account the views, ideas or recommendations, if any, of higher education institutions and other stakeholders. The standards developed are published and revised according to the date they are valid.

Steps:

1. Definition of initial modules/requirements of standards
2. Preparation of draft standards
3. Communication to institutions/interested parties-consultation
4. Collection and evaluation of views
5. Finalisation and publication of standards
6. Preparation of accompanying documents
7. Application of standards in quality assurance procedures
8. Review and updating of standards

Parties involved:

HAHE, MODIP, interested parties

Timetable:

The standards are defined depending on the subject of the accreditation and are updated whenever required.

Related documents:

1. ESG 2015.
2. International higher education reports (e.g. OECD, UNESCO, EUA).
3. Annual quality reports of the HAHE.
4. Thematic analysis (based on quality assurance activities) and relevant quality indicators.
5. Views of higher education institutions.
6. Views of special interest groups.
7. Expert views on the procedure.

PROCESS 5: Organisation of external QA activities

5.1 Aim of the process

The external QA process includes three stages: (a) carrying out the institution's internal evaluation, through the Quality Assurance Unit (MODIP) and in the context of operation of the IQAS; (b) the institution's external evaluation (site visit) by a committee of independent experts; and (c) the submission of a monitoring report by the institution to the HAHE. The process focuses on improving the quality and effectiveness of the IQAS and the institution's PSs.

More in particular, the aim of the process is to:

1. implement a strategy of continuous improvement of the quality of the services provided by the institution;
2. ensure that the requirements of the Quality Standards of the HAHE are being met, but also continuously improve the performance and competences of graduates (learning outcomes) by also matching them with the expected professional qualifications, consistently with the needs of society and the labour market.

External quality assurance is a periodically recurring process.

The institution and the departments ensure that the necessary measures are taken to improve and utilise the feedback in the IQASs and the SPs.

5.2 Process input data

1. Reports of the latest external evaluation or accreditation of the Study Programmes (SPs).
2. Report of the latest external evaluation or accreditation of the Internal Quality Assurance System (IQAS).
3. Internal evaluation reports or proposals for SP accreditation.
4. Internal evaluation reports or IQAS accreditation proposal.
5. Relevant HAHE standards and guidelines for carrying out external evaluations or accreditations.
6. Notifications from institutional administration (compliance status)
7. IQAS/SP Progress report
8. Ex officio observation report by HAHE

5.3 Process output data

1. Internal/external evaluation or accreditation reports of SPs.
2. Internal/external evaluation or accreditation report of the IQAS.
3. SP/IQAS progress reports.

5.4 Process management

Procedure 5.1: Management of IQAS or USP accreditations

Procedure 5.2: Withdrawal of accreditation

5.5 Process efficiency indicators

1. Number of recommendations made by the External Evaluation or Accreditation Panel.
2. Number of recommendations of the IQAS External Assessment or Accreditation Panel.
3. Number of actions defined by the academic unit to implement the recommendations and improve the SP in the relevant action plan of the progress reports.
4. A number of actions identified by the institution to implement the recommendations and improve the IQAS in the relevant action plan of the progress reports.
5. Through the achievement rate of accreditation planning.

5.6 Process control methods

1. Through planned internal evaluations by the HAHE.
2. Through the analysis of process efficiency indicators.
3. Through presentations of the results of evaluation or accreditation to HAHE's Evaluation and Accreditation Council.
4. Through presentation of the results of the process and the analysis of its data during the IQAS review.

5.7 Process improvement actions

1. Re-evaluation of HAHE's strategy.
2. Develop an action plan to improve the external evaluation procedure.
3. Develop an action plan to improve the quality standard and related procedures.

5.8 Process procedures

Procedure 5.1 Management of IQAS or USP accreditations

The accreditation process is implemented in five (5) distinct phases having the following individual steps:

Phase 1: Submission of accreditation proposals

1. The HAHE publishes and sends to the institutions a call to submit accreditation proposals.
2. The HAHE receives electronically the institutions' accreditation proposals and verifies the completeness of the proposal documents and the accreditation proposal. In case deficiencies or errors are found, the HAHE informs the institution, which in turn resubmits the proposal within a specified deadline (sub-procedure 5.1.1).

Phase 2: Setting up of a accreditation panel, updates and submission of the material, finalisations

3. A call for cooperation is sent to experts selected from HAHE's Register in order to verify their availability to participate in HAHE's quality assurance procedures.
4. In case of a negative response, the previous step is repeated.

5. In the event of a positive response, a proposal is made to participate in an accreditation panel.
6. In case of a negative response, the previous step is repeated.
7. In the event of a positive response, the institution is informed (to identify possible conflicts of interest, etc.).
8. In case of a negative response, the previous step is repeated with other experts.
9. In the event of a positive response from the institution, HAHE's Evaluation and Accreditation Council approves the setting up of the accreditation panel.
10. The President of the HAHE then signs the deed setting up the accreditation panel.
11. A formal invitation is sent to the experts, in relation to their participation in the accreditation panel (Letter of Intent).
12. In case of a negative response, the previous step is repeated with other experts.
13. The person within the HAHE who is in charge of the specific accreditation process (coordinator) sends the material (programme, video, Dropbox files) to the experts and officially informs the institution about the on-site visit.
14. The composition of the accreditation panel is finalised and corrections are made to the relevant deed, if necessary.

Phase 3: Preparing and conducting the on-site visit-draft accreditation report

15. An information meeting of experts is organised at HAHE's offices.
16. The on-site visit to the institution takes place.
17. The draft accreditation report is prepared by the experts and submitted to the HAHE.
18. The HAHE receives the draft accreditation report.

Phase 4: Verification and transmission of the draft accreditation report-receipt and transmission of remarks

19. The HAHE checks the draft accreditation report and makes comments, if necessary.
20. The draft accreditation report is sent to the institution.
21. Comments on the accreditation draft, if any, are sent by the institution to the HAHE.
22. The HAHE sends the institution's remarks to the accreditation committee.

Phase 5: Accreditation decision-objections

23. The accreditation panel sends its final accreditation report to the HAHE.
24. The HAHE verifies the final accreditation report and submits a relevant recommendation to the Evaluation and Accreditation Council.
25. If there is a positive decision on accreditation, the final accreditation report and the accreditation decision are sent to the institution and the Ministry of Education and Religious Affairs. If case of a negative decision, a relevant letter is sent to the institution and the Ministry of Education and Religious Affairs.
26. The institution may submit to the HAHE an objection to the non-accreditation decision taken. The objection is examined by HAHE's Evaluation and Accreditation Council at a special meeting. The Council is responsible for taking the final decision.

Parties involved:

HAHE's Evaluation and Accreditation Council, HAHE's President, Directorate of Quality Assurance and Accreditation, MODIP, experts (accreditation panel).

Timetable:

The duration of the procedure is 29 weeks. More in particular, the implementation of phase 1 requires 20 weeks, while four weeks are required for phase 2, one week for phase 3, and two weeks for phases 4 and 5, respectively. The accreditation implementation process is planned once and is reviewed whenever deemed necessary by the HAHE.

Related documents:

- Evaluation and Accreditation Council decisions (setting up of the accreditation panel, accreditation, objections)
- Information letter to the institution
- Document of findings
- Letter to the institution/ Ministry of Education and Religious Affairs
- Instructions to the accreditation panel
- Accreditation Guide
- Deed setting up the accreditation panel
- On-site visit programme
- Invitations to experts
- Call for submission of accreditation proposals
- Proposal to participate in an accreditation panel
- IQAS/PS accreditation standard
- Draft accreditation report
- Model for drawing up an accreditation proposal
- Accreditation proposal dossier check sheet
- Accreditation proposal check sheet
- Information letter to institutions

Procedure 5.2 Withdrawal of accreditation

Description

The procedure refers to the case of accreditation withdrawal by the Authority in case accreditation standards have ceased to be fulfilled.

Steps

1. Notification by the Rector of the Institution, ex officio action by the Authority and/or biannual progress report
2. Receipt and screening/preparation of case for submission to EAC
3. Submission of case to EAC
4. Evaluation of case
5. Decision of withdrawal of accreditation status

Parties involved:

HAHE's Evaluation and Accreditation Council, Directorate of Quality Assurance and Accreditation

Timetable:

Upon the submission of a notification, report to HAHE and the commencement of the procedure.

PROCESS 6: Measurement, analysis and improvement

6.1 Aim of the process

The HAHE manages the quality data of educational, research and other academic activities, as well as the administrative operational data of institutions. At the same time, it collects and processes quality data relating to the internal operation of the HAHE, to facilitate decision-making at all levels and to document the implementation of improvements.

This process involves collection, analysis and use of quality data in the internal evaluation of the IQS processes and in the decision-making process.

6.2 Process input data

1. Quality assurance goals.
2. Data from NISQA.
3. Data from the operation of HAHE directorates (e.g. staff, finance, infrastructures).

6.3 Process output data

1. Indicators of effectiveness of all IQS processes.
2. Indicators for the evaluation of HAHE's strategy.
3. NISQA data and indicators (institutions).
4. Reports (comparative/full/individual).

6.4 Process management

Procedure 6.1: Collection, measurement, analysis of data, specification of indicators and correlation thereof with quality assurance goals

6.5 Process efficiency indicators

1. Number of data collection sources.
2. Number and categories of indicators per quality objective.
3. Number of reports for decision-making.

6.6 Process control methods

1. Through the analysis of process efficiency indicators.
2. Through presentations of the results of the measurement and analysis of the data.
3. Through the internal evaluation of the IQS.
4. Through the IQS review.

6.7 Process improvement actions

- 1 Feedback from the process to establish quality assurance goals.
- 2 Improvement of data analysis techniques.
- 3 Planning the further development of HAHE's IT infrastructure.

6.8 Process procedures

Procedure 6.1 Collection, measurement, analysis of data, specification of indicators and correlation thereof with quality assurance goals

Description:

The HAHE collects data from higher education institutions and itself, by utilising its IT systems. At the same time, it publishes the annual quality indicators, by utilising, at its discretion, NISQA data and data from its IT system or other sources. The annual quality indicators are:

- Quality indicators for the academic and administrative activities of institutions.
- Quality indicators for the effectiveness of IQAS processes.
- Indicators for HAHE's internal operation.

Steps:

1. Collection of data by using HAHE's IT systems.
2. Data validity and reliability check.
3. Calculation of quality indicators.
4. Preparation of quality indicator reports (to assist quality assurance processes, decision-making to improve the quality of the institution/HAHE, support in matters of strategy and quality policy, etc.).

Parties involved:

MODIP, HAHE Directorates.

Timetable:

The collection of quality data takes place at the beginning of each year, within the deadlines set by the HAHE and is a recurring process.

Related documents:

NISQA quality data manual, annual quality targets and performance indicators, process effectiveness indicators.

PROCESS 7: Communication with institutions

7.1 Aim of the process

The HAHE communicates on a regular basis with higher education institutions, informing them about the requirements, purpose and benefits of the various quality assurance actions, organises workshops and seminars to present the results of its activities and engages institutions in consultation processes, whenever necessary (so as to formulate standards, documents, etc.).

7.2 Process input data

1. Resources available
2. Communication plan
3. List of contact details
4. Feedback from institutions
5. Institutions' queries

7.3 Process output data

1. Information material
2. Workshops/events
3. Information (by email or phone)
4. Press releases
5. Presentations at international conferences
6. Studies
7. Press conferences
8. Visits to institutions
9. Television/radio interviews

7.4 Process management

Procedure 7.1: Communication with institutions

7.5 Process efficiency indicators

1. Number of workshops/events
2. Number of participants
3. Degree of satisfaction of participants
4. Frequency of material updates
5. Web analytics
6. Degree of recognition of the HAHE
7. Number of downloads of digital material

7.6 Process control methods

1. By analysing process efficiency indicators
2. Through the internal evaluation of the HAHE
3. Through the review of HAHE's IQS

7.7 Process improvement actions

1. Staff training in communication issues
2. Regular updates of an information hub (e.g. website)
3. Redesign of communication material
4. Programme to strengthen relations with institutions
5. Use of alternative means of communication (e.g. social media)
6. Improvement of HAHE's image (e.g. in events)

7.8 Process procedures

Procedure 7.1 Communication with institutions

Steps

1. Identification of recipients (institutions) and their needs
2. Developing a communication plan (what will be communicated, how, by whom, why, how often, what material will be needed)
3. Implementation of the communication plan
4. Collection, processing and utilisation of the views of institutions
5. Evaluation of the communication plan and implementation of improvements

Parties involved:

MODIP, institutions, HAHE directorates.

Timetable:

Communication with institutions is carried out on an ongoing basis.

Related documents:

Register of institutions, information material.

PROCESS 8: Publication of information

8.1 Aim of the process

The HAHE must publicise the activities (quality assurance, opinions, studies) which fall within the scope of its responsibilities and their results, whether they concern higher education institutions, policy-makers or itself.

The purpose of this process is to make the relevant information directly accessible, up-to-date and formulated in an objective and clear manner.

8.2 Process input data

1. Material for publication / utilisation:
 - a. Details of structure, organisation and operation of the HAHE
 - b. Internal and external evaluation reports of academic units and institutions
 - c. Annual reports on Greece's higher education
 - d. Studies
 - e. Opinions
 - f. Press releases
 - g. HAHE decisions
 - h. National legislation
 - i. Other electronic and printed information material (e.g. quality assurance documents, technological applications)
 - j. Website user reviews

8.3 Process output data

1. HAHE webpage
2. Annual reports on Greece's higher education
3. Reports of results of QA activities (of institutions or the HAHE)
4. Studies
5. Opinions
6. Press releases
7. Other electronic and printed information material (e.g. quality assurance documents, technological applications)

8.4 Process management

Procedure 8.1: Creation, maintenance, updating and evaluation of websites, web applications and other information tools

8.5 Process efficiency indicators

1. Number of visits to HAHE's website

2. Number of third party reports on the website
3. Time To First Byte Index (TTFB) indicator
4. Uptime indicator
5. Website Full Page Load Time
6. Bounce rate indicator
7. Average page speed
8. Number of inactive hyperlinks (broken links)
9. Number of users from organic results in search engines
10. Human support staff numbers
11. Number of languages for publishing information

8.6 Process control methods

1. By analysing process efficiency indicators
2. Through the internal evaluation of the HAHE
3. Through the review of HAHE's IQS

8.7 Process improvement actions

1. Comparative study of websites of other quality assurance and accreditation bodies in higher education
2. Proposals to exploit applications in the operation of the website
3. User suggestions to improve the website

8.8. Process procedures

Procedure 8.1 Creation, maintenance, updating and evaluation of websites, web applications and other information tools

Description:

The process determines the manner of creation, maintenance, updating and evaluation of websites, web applications and other information tools of the HAHE, to fulfil the requirement of immediately accessible, up-to-date and objectively and clearly formulated information for all interested parties.

Steps:

1. Website design
2. Compilation of a list of material for publication
3. Collection and verification of the material for publication
4. Publication of material
5. Website maintenance and regular updating of website content. The HAHE, in the context of the internal evaluation process, evaluates the adequacy, clarity, objectivity and accessibility of the content published on its website.

Parties involved:

HAHE Directorates, HAHE Supreme Council (communication strategy)

Timetable:

The publication of information is an ongoing process, carried out on a daily basis. The evaluation of the procedure is carried out by the HAHE through an internal IQS evaluation/review.

Related documents:

HAHE website, annual reports for Greece's higher education system, reports of results of QA activities (of institutions or the HAHE), studies, opinions, press releases, other electronic and printed information material (e.g. quality assurance documents, technological applications).

PROCESS 9: Progress monitoring and continuous improvement

9.1 Aim of the process

The aim of this process is to investigate whether the HAHE is still fully aligned with ENQA principles and guidelines. In case deviations are identified by resorting to appropriate mechanisms (use of quantitative and qualitative indicators, feedback from external experts and stakeholders), corrective action is taken where necessary (a timetable, actions and responsible persons are specified). The IQS is reviewed at least once on an annual basis. Additional revisions are also carried out if necessary.

9.2 Process input data

1. ENQA evaluation/progress reports for the HAHE - Recommendations
2. Thematic analysis
3. Expert feedback (questionnaires)
4. Feedback from stakeholders (questionnaires)

9.3 Process output data

1. Roadmap for the improvement of actions
2. Corrective actions and proposals for improvement

9.4 Process management

Procedure 9.1: Progress monitoring and continuous improvement

9.5 Process efficiency indicators

1. Number of recommendations (by ENQA)
2. Number of actions identified by the HAHE to implement the recommendations
3. Number of recommendations implemented and degree of achievement
4. Number of possible revisions of HAHE's IQS processes and procedures
5. Number of possible revisions of HAHE's strategy

9.6 Process control methods

1. By analysing process efficiency indicators.
2. By presenting the evaluation or accreditation results to HAHE's Evaluation and Accreditation Council
3. By presenting the results of the process and analysing its data during the IQS review.

9.7 Process improvement actions

1. Favourable/suitable environment for continuous monitoring of progress
2. Strengthening automated controls
3. Staff guidance for implementing improvements
4. Utilisation of all communication channels with interested parties
5. Support to MODIPs and experts in the development of critical QA skills

9.8 Process procedures

Procedure 9.1 Progress monitoring and continuous improvement

Description:

The process specifies how progress is monitored on the basis of HAHE's internal control mechanisms, ENQA recommendations, stakeholder opinions/evaluations, how deviations are identified and how improvements are made in the operation of the HAHE.

Steps:

1. Definition of goals for improving the IQS
2. Identification of control areas (based on ESG standards)
3. Identification of indicators for monitoring progress
4. Determination of intervals for monitoring progress
5. Controls (collection and processing of data and information)
6. Identification of improvement actions, time-frame, responsible persons

Parties involved:

HAHE Directorates, stakeholder groups, MODIP, ENQA, external experts.

Timetable:

The monitoring of progress and the implementation of improvements are repeated at least once on an annual basis.

Related documents:

ESG instructions and guidelines (ENQA), self-evaluation reports (HAHE), external evaluation reports (IQAS/SP/HAHE), progress monitoring reports, stakeholder reports/opinions.

PROCESS 10: External evaluation and accreditation (ENQA)

10.1 Aim of the process

The accreditation includes: (a) internal evaluation of the HAHE; and (b) external evaluation by a committee of independent experts. The process focuses on improving the quality and effectiveness of the IQS.

More in particular, the process aims to implement a strategy of continuous improvement of the quality assurance and accreditation services provided to higher education institutions and policy makers, in accordance with the requirements of ESG2015.

External evaluation is a periodically recurring process.

HAHE's Directorates adopt the necessary measures aimed at the improvement of and feedback from the IQS.

10.2 Process input data

1. Reports of the latest external evaluation or accreditation of the HAHE (by ENQA)
2. Progress report on the implementation of recommendations/improvements
3. Report of the latest internal evaluation or accreditation of HAHE's Internal Quality Assurance System
4. Self-assessment/evaluation report (SAR)
5. Current strategic plan of the HAHE
6. Quality manual
7. Evaluation results report by institutions and experts (in terms of quality assurance procedures)
8. Summary of conclusions of HAHE's annual reports (of the previous four years)
9. Latest external evaluation or accreditation reports of the institutions' Study Programmes/IQASs
10. Applicable standards and HAHE instructions on the implementation of the external evaluation or accreditation processes
11. Applicable ENQA standards and guidelines for the implementation of external evaluation or accreditation processes

10.3 Process output data

1. External evaluation or accreditation reports of the HAHE.
2. Evaluation of the external evaluation or accreditation process (in accordance with the relevant ENQA form).

10.4 Process management

Procedure 10.1: External evaluation / accreditation of the HAHE

10.5 Process efficiency indicators

1. Number of recommendations made by the External Evaluation or Accreditation Committee (ENQA)
2. Number of actions identified by the HAHE to implement the recommendations and improve the IQAS in the relevant action plan
3. Number of possible revisions to HAHE's quality policy
4. Number of possible revisions to HAHE's strategy

10.6 Process control methods

1. Through planned internal evaluations carried out by the HAHE.
2. Through the analysis of process efficiency indicators.

10.7 Process improvement actions

1. Re-evaluation of HAHE's strategy.
2. Drawing up an action plan to improve areas of operation of the HAHE.

10.8 Process procedures

Procedure 10.1 External evaluation and accreditation

Description:

Accreditation is an external evaluation process, based on specific, predefined, internationally accepted and, ex-ante publicised, quantitative and qualitative criteria and indicators, in line with the Principles and Guidelines for Quality Assurance in the European Higher Education Area (European Standards Guidelines 2015). It aims to improve the quality of the services provided by quality assurance bodies, continuously.

Steps:

1. Participation of the HAHE in relevant ENQA briefings — search for instructions
2. Preparation of the HAHE for the external evaluation-preparation of the roadmap
3. Submission of the self-evaluation report to ENQA
4. Compliance verification of the self-evaluation report in terms of structure and content, in accordance with ENQA guidelines and specifications (by the responsible coordinator) - in case of deviations steps 3 and 4 are repeated, following the introduction of corrections/improvements
5. Submission of the final self-evaluation report to ENQA and publication on the website
6. Sending the self-assessment report (including previous evaluation/progress reports) to the ENQA coordinator for distribution to the members of the expert committee
7. Sending the self-assessment report (together with previous evaluation/progress reports) to the ENQA coordinator for distribution to the members of the expert committee
8. Receipt of the on-site visit programme and of other Related documents by the committee of experts (e.g. the document of findings)

9. Preliminary meeting of the committee of experts before the on-site visit
10. Conducting the on-site visit
11. Final meeting of the committee of experts
12. Meeting of the committee of experts with members and staff of the HAHE
13. Evaluation of the process by ENQA
14. Preparation of the external evaluation draft report and submission to ENQA
15. Sending the draft external evaluation report to the HAHE
16. Submission of comments by the HAHE on the draft external evaluation report
17. Submission of the final external evaluation report to ENQA by the committee of experts
18. Submission of the ENQA membership application by the HAHE
19. Evaluation of the application and the external evaluation report by the Board of ENQA
20. Where appropriate, additional information is requested
21. Decision on accreditation (by ENQA)
22. The final decision of ENQA's Board together with the external evaluation report and the recommendations, if any, are published on the websites of ENQA and the HAHE
23. A right of objection is granted in the event of disagreement with the decision of ENQA's Board or the recommendation of the committee of experts
24. Preparation of the progress report (follow-up report)
25. Submission of the progress report to ENQA
26. Publication of the progress report on ENQA's website
27. Optional on-site visit (progress visit)
28. Review of the whole process by the HAHE and implementation of corrective actions where necessary

Parties involved:

HAHE Directorates, HAHE Councils, External Evaluation Committee, ENQA Board

Timetable:

Determined by triggering the procedure by the HAHE, taking into account the deadlines announced by ENQA

Related documents:

1. Application for HAHE's accreditation
2. Self-evaluation report
3. Roadmap (previous evaluation recommendations, actions)
4. On-site visit programme of the External Evaluation / Accreditation Committee (ENQA)
5. Draft External Evaluation / Accreditation Report (ENQA)
6. Document of remarks on the submitted draft of the External Evaluation / Accreditation Report
7. Final External Evaluation/Accreditation Report
8. Progress reports
9. ENQA decision granting accreditation

PROCESS 11: Appeals and complaints

11.1 Aim of the process

The effective management of appeals and complaints that may arise in the context of the Authority's quality assurance actions and overall its operation either by higher education institutions or by interested parties.

The goal of the process is on the one hand the immediate correction of weaknesses and continuous improvement through learning. This is achieved within a culture of quality, which does not sanction but recognizes and rewards learning and problem solving. In this way, staff (under the guidance of administration) gradually becomes more capable and convinced in the management of appeals and complaints.

11.2 Process input data

1. Appeals within the framework of quality assurance procedures
2. Complaints within the framework of quality assurance procedures/operation of the Authority
3. Self-evaluation reports of the Authority
4. Quality manual
5. Feedback reports from institutions and experts (as per quality assurance procedures)
6. Standards and guidelines of HAHE and ENQA
7. Internal rules of operations

11.3 Process output data

1. Corrective actions and recommendations for improvement
2. Roadmap for improvement

11.4 Process management

Procedure 11.1: Submission and management of complaints

Procedure 11.2: Submission and management of appeals

11.5 Process efficiency indicators

1. Number of complaints resolved
2. Number of accepted appeals
3. Number of actions undertaken by HAHE for complaint resolution and progress degree
4. Number of actions undertaken by HAHE for appeals handling and progress degree
5. Number of possible updates of processes/procedures of the Internal Quality System of HAHE

11.6 Process control methods

1. Scheduled self-evaluations by HAHE
2. Analysis of process efficiency indicators

11.7 Process improvement actions

1. Implementation of changes in policies, practices and processes
2. Recognition of staff contribution in problem solving

11.8 Process procedures

Procedure 11.1 Submission and management of complaints

Description

The procedure prescribes the way in which complaints are submitted and managed with a view to solving problems and introducing improvements in the operation of HAHE.

Steps

1. Submission of a complaint accompanied by appropriate documentation from the interested party to HAHE Secretariat
2. Confirmation of receipt of the complaint by HAHE Secretariat
3. Preliminary review of a complaint by HAHE Secretariat
 - a. Acceptance and forwarding to the relevant Council
 - b. Rejection
 - c. Inform the interested party for the need of additional documentation
4. Acceptance and promotion of a complaint to the relevant Council
5. Assignment of a complaint by the competent Council to the Complaints Committee
6. Examination of the complaint by the Complaints Committee and collection of evidence (where deemed necessary)
7. Decision of the Complaints Committee
 - a. Acceptance of complaint and recommendation to the relevant Council to review the decision, taking into account the findings of the Complaints Committee
 - b. Acceptance of complaint and recommendation to the relevant Council to take the appropriate measures depending on the issue raised and taking into account the findings of the Complaints Committee
 - c. Recommendation to the relevant Council for rejection of the complaint
8. Council Decision
 - a. Acceptance
 - b. Rejection
9. Information of the interested party about the result

Procedure 11.2 Submission and management of appeals

Description

The procedure specifies the way in which appeals are submitted, their evaluation is done and the decision to accept or reject them is made.

Steps

1. Submission of an appeal accompanied by appropriate documentation from the interested party to HAHE Secretariat
2. Confirmation of receipt of the appeal by HAHE Secretariat
3. Preliminary review of the appeal by HAHE Secretariat
 - a. Acceptance and forwarding to the relevant Council
 - b. Rejection
 - c. Inform the interested party for the need of additional documentation
4. Acceptance and promotion of an appeal to the relevant Council
5. Assignment of an appeal by the competent Council to the Appeals Committee
6. Examination of the appeal by the Appeals Committee and collection of evidence (where deemed necessary)
7. Decision of the Appeals Committee
 - a. Acceptance of appeal and recommendation to the relevant Council to review the decision, taking into account the findings of the Appeals Committee
 - b. Acceptance of appeal and recommendation to the relevant Council to take the appropriate measures depending on the issue raised and taking into account the findings of the Appeals Committee
 - c. Recommendation to the relevant Council for rejection of the appeal
8. Council Decision
 - a. Acceptance
 - b. Rejection
9. Information of the interested party about the result

Parties involved:

HAHE Directorates, HAHE Councils, Appeals Committee, Complaints Committee

Timetable:

Upon the submission of a complaint/an appeal to HAHE and the commencement of the procedure.

PROCESS 12: Stakeholders` engagement

12.1 Aim of the process

The process aims to achieve stakeholders` engagement in the work of HAHE and more specifically in its quality assurance activities.

12.2 Process input data

- Activities of HAHE
- Documents of activities
- Activities` plan
- Agreements

12.3 Process output data

- Stakeholders` register
- Activities` plan update
- Stakeholders` engagement plan

12.4 Process management

Procedure 12.1: Stakeholders` engagement

12.5 Process efficiency indicators

- Stakeholders` satisfaction
- Stakeholders` degree of participation in HAHE`s activities

12.6 Process control methods

1. Scheduled self-evaluations by HAHE
2. Analysis of process efficiency indicators

12.7 Process improvement actions

1. Provision of information and training to stakeholders
2. Implementation of changes in policies, practices and processes

12.8 Process procedures

Procedure 12.1 Stakeholders` engagement

Description

The procedure describes the necessary steps to achieve stakeholders` engagement and it includes 4 distinctive steps outlined below.

Steps

1. Identification of the purpose for stakeholder engagement
2. Identification of relevant stakeholders
3. Planning and management of stakeholders engagement
4. Monitoring

Parties involved

Supreme Council, Evaluation and Accreditation Council, General Director, HAHE Directorates

Timetable

This is an ongoing process. HAHE performs the monitoring and evaluation of this procedure within the framework of its IQS self-evaluation/review.

PROCESS 13: Self-evaluation

13.1 Aim of the process

The purpose of the specific process is to evaluate and control the implementation of the Internal Quality System of HAHE. More specifically, it is checked whether and to what extent its individual units follow and apply the requirements of the quality standard, errors or gaps are identified and the necessary corrections are made, in order to achieve the goals that have been set, with the expected result of improving quality. The purpose of the internal evaluation is to formulate final assessments regarding the suitability of the applied Internal Quality System, as well as to make decisions on the necessary corrective, preventive or improvement interventions.

The results of self-evaluation are recorded in internal reports, drawn up by the Department of Quality Documentation, where possible deviations from the quality standard are noted, which are communicated - where required - to the interested parties. The Authority's decisions to correct, comply or improve the operation of the IQS include (indicatively) actions related to:

- The improvement of IQS and its processes.
- The improvement of services provided to institutions
- The improvement of the conditions and procedures for the implementation of the administrative and scientific project.
- The improvement of the working environment for the staff.
- The review of resource allocation.
- The establishment of new quality objectives.

The quality system is reviewed by Management at least once a year. Unscheduled reviews of the EAC can be done at any time if deemed necessary. At the annual meeting of the IQS Review Committee, its members are informed about the IQS, processes, procedures, quality indicators, as well as recommendations for their improvement.

13.2 Process input data

1. Internal evaluation program (document)
2. Internal evaluation questionnaire (document)
3. HAHE Quality Policy
4. Reports on the results of the control of the IQS processes
5. Annual quality data
6. Annual Internal Reports of the units
7. Sample ENQA accreditation proposal, including ESG 2015 standards.

13.3 Process output data

1. Internal assessment findings by process.
2. Internal evaluation procedures per process.
3. Minutes of the Department of Quality Documentation Reviews for the IQS and the Quality Policy of HAHE
4. Reports of the Department of Quality Documentation to the Administration.
5. Status of corrective and preventive actions (to be implemented).
6. Suggestions for improvement.

7. Strategy and Quality Policy of HAHE.

13.4 Process management

Procedure 13.1: Self-evaluation

Procedure 13.2: IQS Review

13.5 Process efficiency indicators

1. Number of corrective actions resulting from self-evaluations.
2. Number of preventive actions derived from self-evaluations.
3. Number of suggestions for improvement.

13.6 Process control methods

1. Through scheduled internal assessments carried out by the Department of Quality Documentation.
2. Through the analysis of process efficiency indicators.
3. Through presentations of the self-evaluation results to the Department of Quality Documentation and the Administration.

13.7 Process improvement actions

1. Actions to improve the efficiency of the ISP processes.
2. Actions to implement corrective and preventive actions.
3. Feedback on the HAHE strategy and possible improvements.
4. HAHE quality policy feedback and possible improvements.
5. Feedback on the quality of the Authority's units, with possible recommendations for improvement

13.8 Process procedures

Procedure 13.1 Self-evaluation

Description

The self-evaluation process aims to control processes and procedures of the IQS, such as, for example, the Authority's quality assurance policy, allocation and management of the necessary resources, establishment of quality assurance objectives, collection of quality data (measurement, analysis and improvement), publication of information, external evaluation, as well as the elements/data of the administrative and scientific work of HAHE and the relevant annual reports.

Steps:

1. Decision on the subject and date of the internal evaluation by the Department of Quality Documentation.
2. Relevant information from the Department of Quality Documentation to the parties involved.

3. Allocation of evaluation work.
4. Compilation of an evaluation program and questionnaire for each evaluation object, based on the standard, where the evaluation findings are recorded
5. Conducting the evaluation (while conducting the evaluation, the findings must be documented and the planning followed).
6. Meeting of the Department of Quality Documentation to assess the findings and document non-conformities or observations (after the end of the assessment).
7. Compilation of a report of the internal evaluation by the Department of Quality Documentation, which includes the recorded non-conformities and possible suggestions for improvement.
8. Communication of the Department of Quality Documentation with interested parties (Authority's units), with whose cooperation appropriate corrective or preventive actions are immediately planned.
9. Inspection by the Department of Quality Documentation of the corresponding activities within the configured schedule and evaluation of the adequacy or effectiveness of the implemented corrective actions.

Parties involved

- Department of Quality Documentation staff
- Heads of administrative units
- Administration

Relevant Documents:

- Authority's Quality Procedures Manual.
- The results of Quality Assurance System processes.
- The Annual Internal Reports of the Authority's Units.
- Process documentation file (schedule, questionnaire, minutes of the Department of Quality Documentation meeting, report and list of corrective and/or preventive actions).
- Data on the Authority's administrative and scientific activity.
- Quality data.
- Results of staff questionnaires.

Procedure 13.2: IQS Review

The review of IQS takes place once a year by the Department of Quality Documentation.

Steps

1. Committee meeting, with main topics for discussion:
 - The results of self-evaluation.
 - The performance of system processes.
 - The results of preventive and/or corrective actions.
 - The evaluation of the degree of completion of actions, decided by the Administration in previous reviews.
 - The formulation of possible changes that could affect the ineffectiveness of the IQS.
 - The formulation of proposals for the improvement of the processes and procedures of the IQS.
 - The degree of achievement of the Authority's quality objectives (monitoring and/or their adjustment).
2. Recording of the decisions of the Review Committee.

3. Informing the Administration (the Department of Quality Documentation informs the Administration about the development of quality assurance issues, quality objectives, the degree of their achievement, as well as about the improvement actions that will be implemented).

4. Feedback of the Authority's strategy and quality policy (the results of the review may affect the existing strategic objectives of the Authority, as well as the quality policy. In this case, the Administration, after a recommendation from the Department of Quality Documentation, decides on the review of the Authority's existing strategy and quality policy).

Involved parties

- Department of Quality Documentation staff.
- Administration
- Evaluation and Accreditation Council/Supreme Council

Relevant documents

- Review Minutes of the Department of Quality Documentation for the IQS (this form lists the participants, the main topics discussed, possible decisions - actions, responsible officials for execution and monitoring of the necessary actions and date of completion of the necessary actions).
- Reports of the Department of Quality Documentation to the Administration.
- Status of corrective and preventive actions carried out.
- Suggestions for improvement.
- Quality Manual.
- The results of the processes of the Department of Quality Documentation.
- Quality Strategy and Policy of the Authority.

PROCESS 14: Formation and training of External Evaluation and Accreditation Panels

14.1 Aim of the process

The management of the registries of experts and students who form the External Evaluation and Accreditation Panels (EEAP). The panels have a pivotal role in external quality assurance processes of the Authority. The experts are rigorously selected based on predefined and published criteria and then included in the Registries. The Directorate of Quality Assurance and Accreditation forms the panels for the external evaluation of IQAS and study programmes. Before site visit, experts attend a comprehensive training meeting in order to effectively conduct the external evaluation, write the accreditation report and result in a final judgement.

14.2 Process input data

1. Calls for the expression of interest
2. Applications
3. Trainings
4. EAC Decisions

14.3 Process output data

1. Registry records
2. EEAPs
3. Accreditation reports

14.4 Process management

Procedure 14.1: Management of Experts` Registry

Procedure 14.2: Management of Students` Registry

Procedure 14.3: Formation and training of EEAP

14.5 Process efficiency indicators

1. Number of applications
2. Number of new experts
3. Number of EEAPs
4. Number of trainings performed

14.6 Process control methods

1. Through the analysis of process efficiency indicators

14.7 Process improvement actions

1. Actions to improve the efficiency of the IQS processes.
2. Actions to implement corrective and preventive actions.

14.8 Process procedures

Procedure 14.1 Management of Experts` Registry

Description

The process of registering and activating experts in the Registry is implemented in 2 ways, through the public announcement of a call for the expression of interest and through an invitation to the institutions to suggest candidate experts. The process steps are shown below:

A) through public announcement of a call for the expression of interest

1. HAHE publishes a call for the expression of interest which includes all the necessary information (criteria, method of submitting applications, deadline).
2. Candidates register electronically in the Register.
3. The information entered by candidate experts is checked by HAHE for possible errors or omissions.
4. In the event that errors or omissions are found, HAHE contacts the candidates, in order to make the necessary changes. If there are no errors or omissions, the applications are forwarded to EAC.
5. The EAC examines each application separately and proceeds with its acceptance or rejection.
6. If the application is accepted, the new experts are activated and receive a special code. In case of rejection, the candidate experts are informed accordingly.

B) through an invitation to institutions/stakeholders to suggest candidates

1. HAHE sends an invitation to the institutions/interested parties in order to propose candidates for inclusion in the register of experts.
2. Institutions/interested parties submit their proposals to HAHE.
3. HAHE receives and initiates submissions.
4. Proposals are checked for legality.
5. A relevant recommendation is made to EAC.
6. The EAC approves or rejects the recommendations.
7. In the case of approval, an invitation is sent to the prospective experts for registration in the HAHE register.
8. Responding prospective experts can either i) register in the register, ii) declare temporary incapacity, in which case their details are retained in the register (to be activated at a future time), iii) declare that they are not interested in registering in the register. In case there is no response, a reminder is given two more times. If there is no response, the candidate experts are deleted.
9. HAHE checks the registration of the details of the candidate experts and in case of errors/omissions, the candidates are informed accordingly.

10. Registration is approved by HAHE, new experts are activated and passwords are sent.

Parties involved:

EAC, Directorate of Quality Assurance and Accreditation, Institutions, candidates/new experts

Timetable:

The process of registration and activation of experts in the Registry is designed once and is revised whenever deemed necessary by HAHE.

Relevant documents:

- *Call for the expression of interest*
- *Invitation to candidate experts*
- *EAC Decisions*

Procedure 14.2 Management of Students` Registry

Description

The process of registering and activating students in the Registry is implemented through the publication of an invitation to express interest. The process steps are shown below:

A) through public announcement of a call for the expression of interest

1. HAHE publishes a call for expression of interest which contains all the necessary information (criteria, method of submitting applications, deadline).
2. Prospective experts register electronically in the Register.
3. The information entered by the prospective experts is checked by HAHE for possible errors or omissions.
4. In the event that errors or omissions are found, HAHE contacts the candidates, in order to make the necessary changes. If there are no errors or omissions, the applications are forwarded to EAC.
5. The EAC examines each application separately and proceeds with its acceptance or rejection.
6. If the application is accepted, the new experts are activated and receive a special password. In case of rejection, the candidate experts are informed accordingly.

Parties involved:

EAC, Directorate of Quality Assurance and Accreditation, Institutions, candidates/new students

Timetable:

The process of registration and activation of experts in the Registry is designed once and is revised whenever deemed necessary by HAHE.

Relevant documents:

- *Information letter for students` registry*
- *Call for the expression of interest for Students` Registry*

- *Letter template for the department of studies*
- *EAC Decisions*

Procedure 14.3 Formation and training of EAP

Phase 2+3 of Procedure 5.1

1. An invitation to cooperate is sent to HAHE registry experts in order to verify their availability to participate in quality assurance procedures.
2. In the case of a negative answer, the previous step is repeated.
3. In case of a positive answer, a proposal is made to participate in an EAP.
4. In the case of a negative answer, the previous step is repeated.
5. If there is a positive answer, the institution is informed about it (so as to identify a possible conflict of interest, etc.)
6. In the case of a negative answer, the previous step is repeated for other experts.
7. If there is a positive response from the institution, the EAC approves the establishment of an EAP
8. The President of HAHE signs the deed establishing the EAP.
9. An official invitation is sent to the experts for their participation in the EAP (Letter of Intent)
10. In the case of a negative answer, the previous step is repeated for other experts.
11. The HAHE official who is responsible for the specific accreditation process (coordinator) sends material (schedule, video, dropbox) to the experts and proceeds to officially inform the institution about the on-site visit.
12. The certification committee is finalized and possible corrections are made.

Preparation and realization of on-site visit-accreditation report plan

1. An informative meeting of the experts is organized at the offices of HAHE
2. The on-site visit to the institution is carried out.
3. The draft certification report is written by the experts and submitted to HAHE.
4. HAHE receives the draft accreditation report.

Parties involved

Directorate of Quality Assurance and Accreditations, General Director, EAC

Timetable

The calls for experts are ongoing as well as the formation of panels and the conduct of external evaluation and accreditations.

APPENDIX

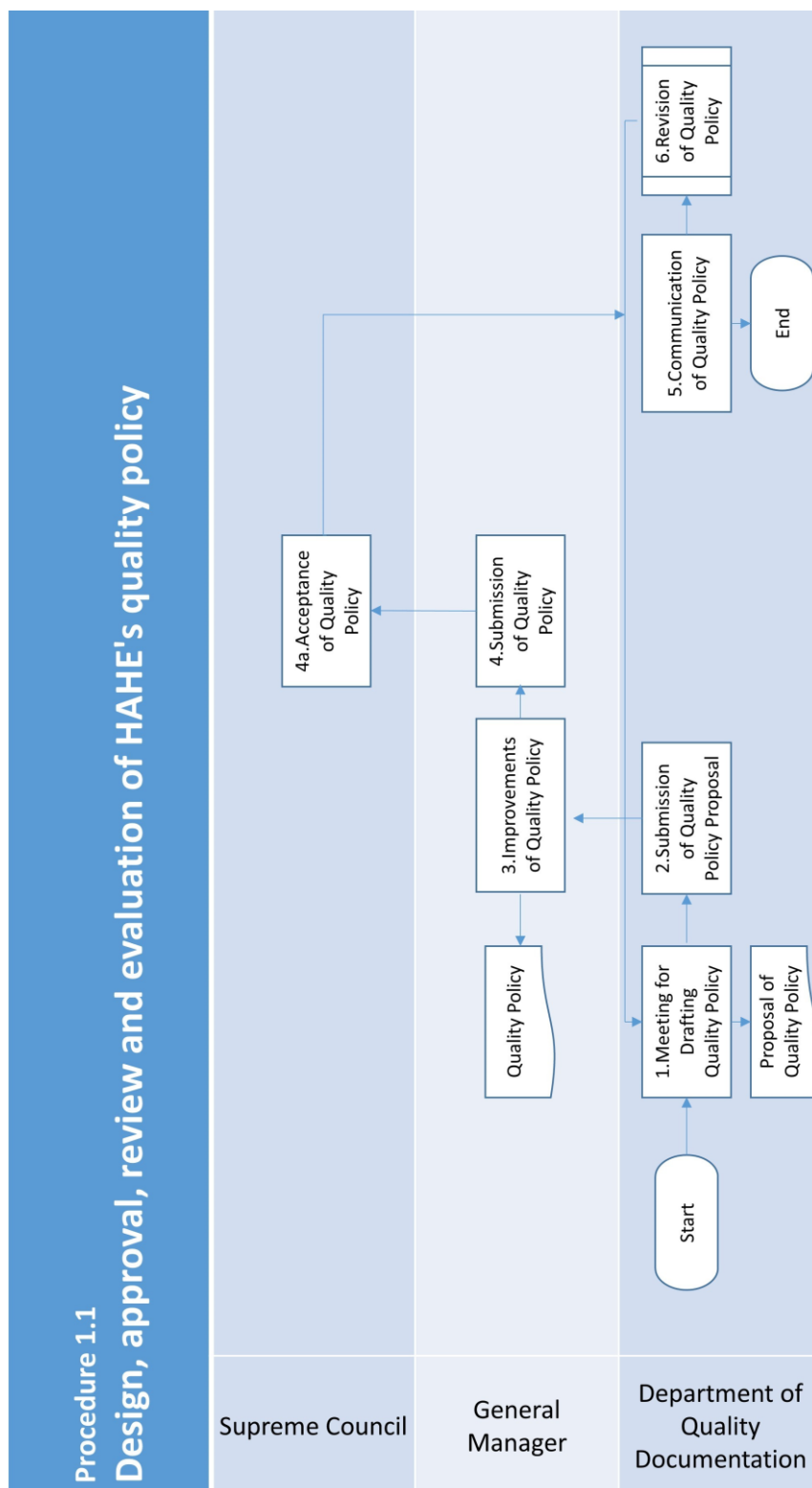


Figure 1 Procedure 1.1 Design, approval, review and evaluation of HAHE's quality policy

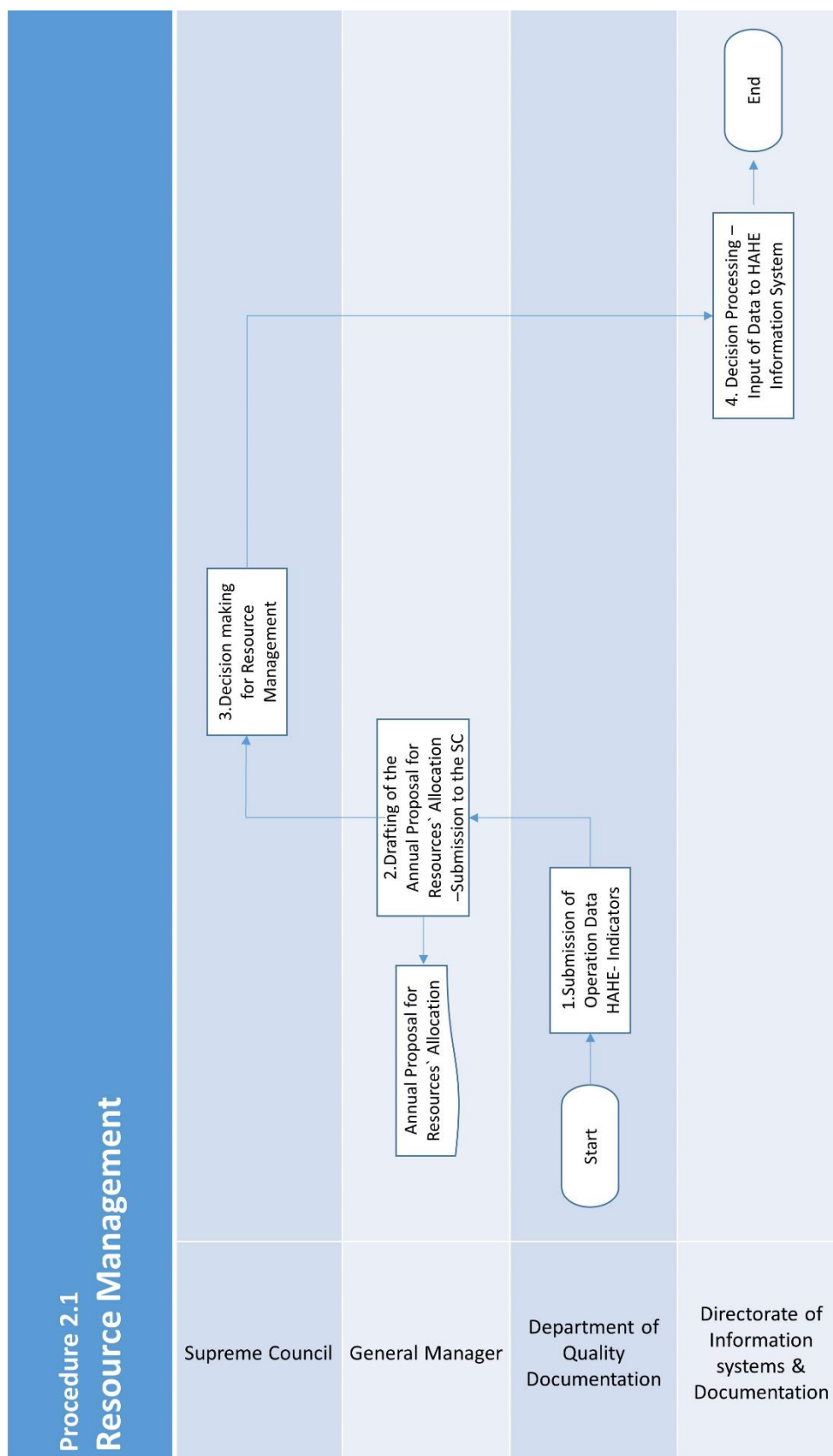


Figure 2 Procedure 2.1 Allocation and management of resources

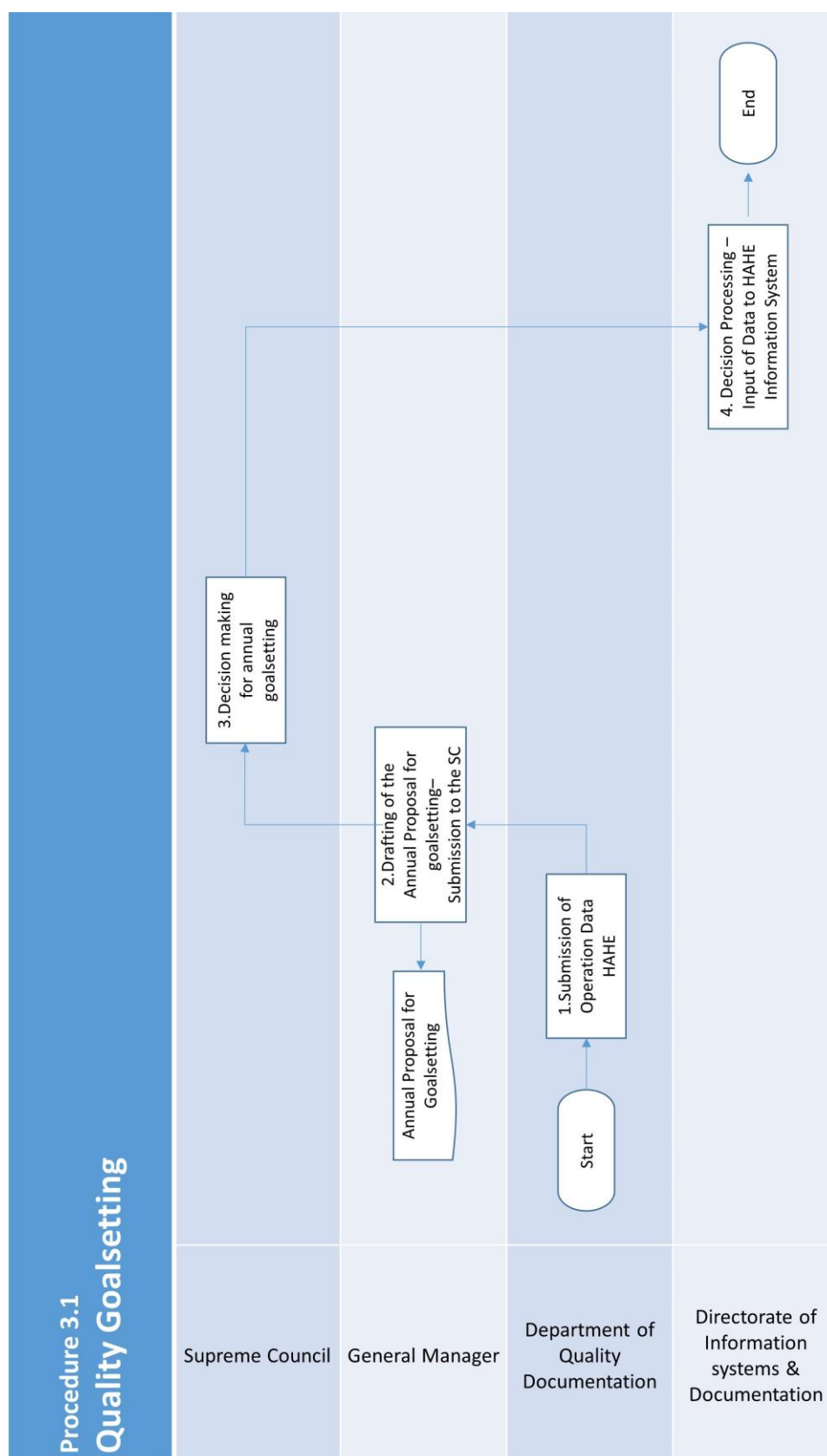


Figure 3 Procedure 3.1 Quality goalsetting

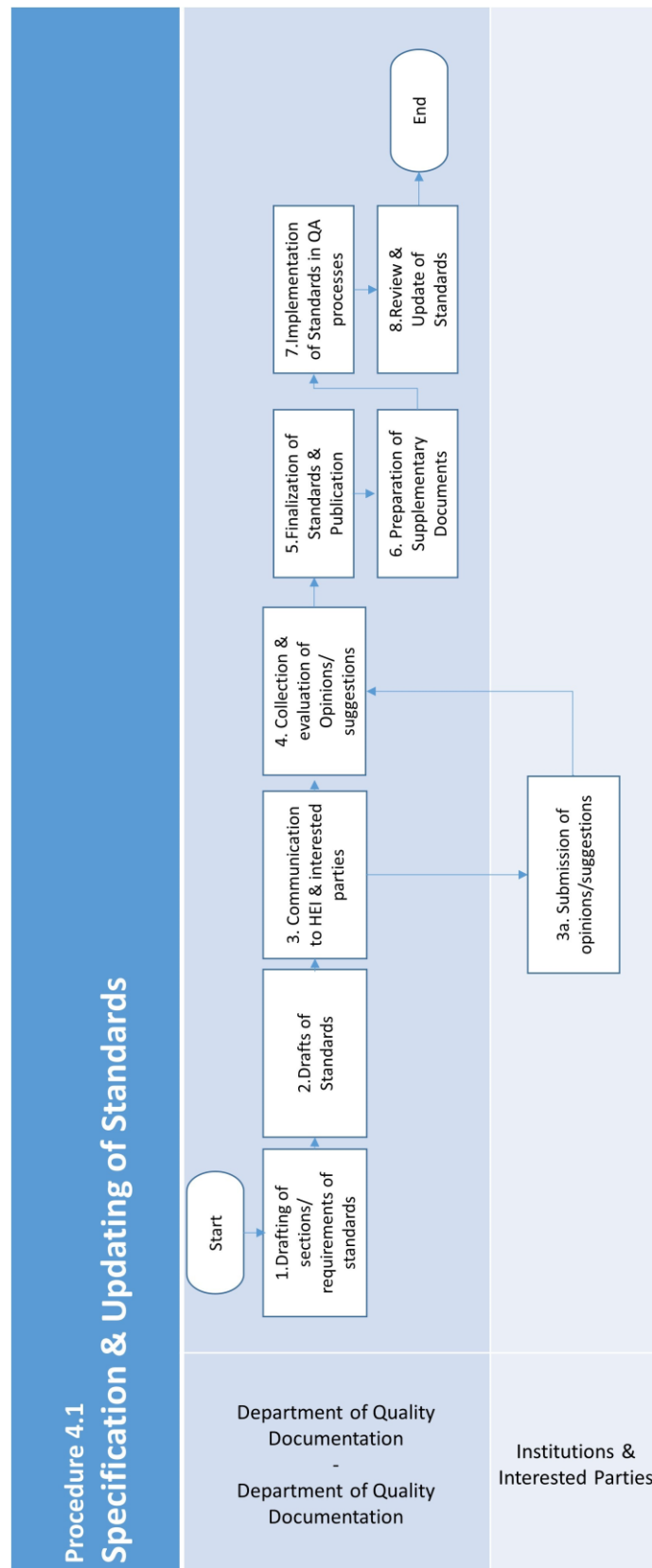


Figure 4 Procedure 4.1 Specification & updating of Standards

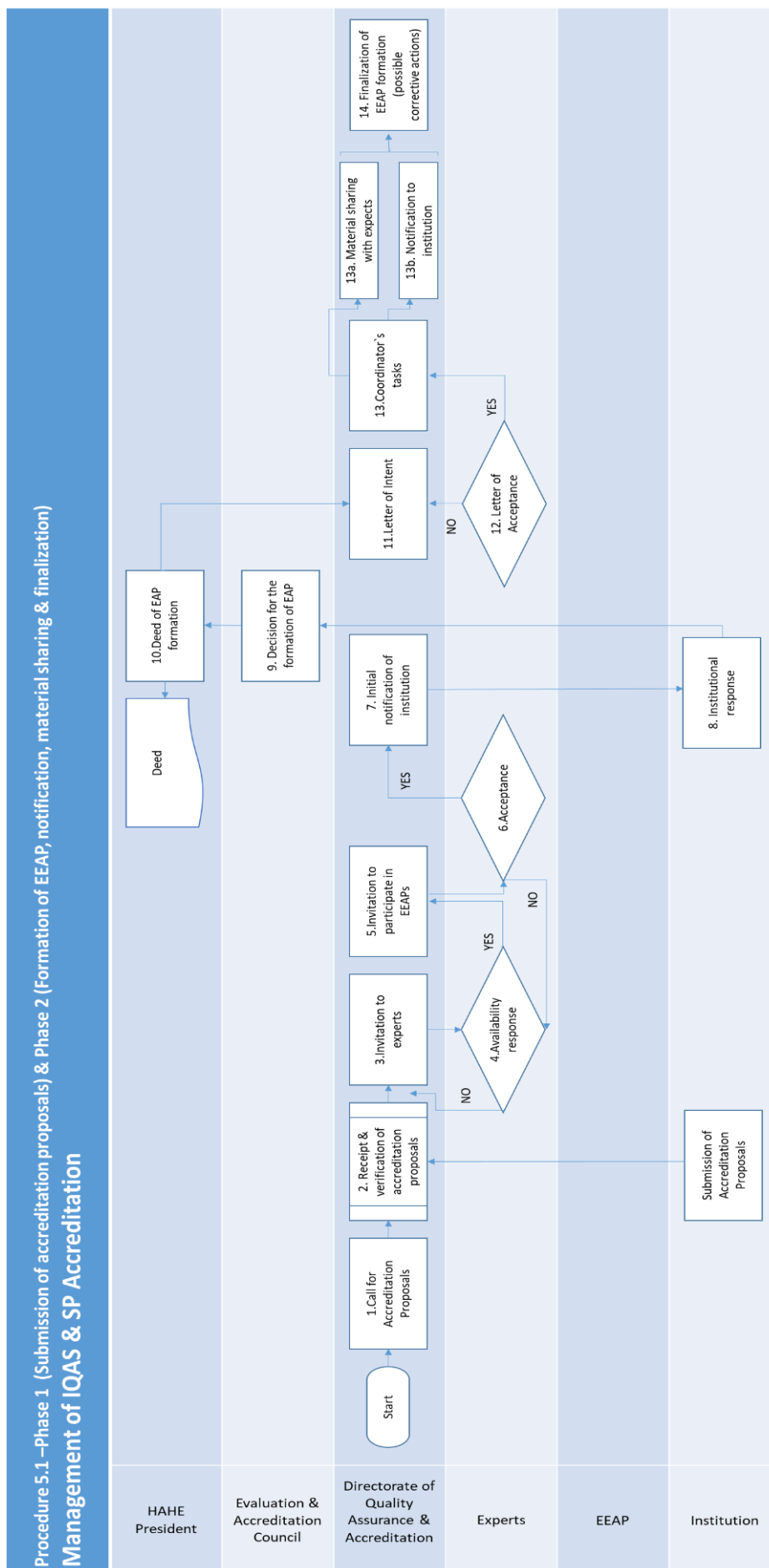


Figure 5 Procedure 5.1 (Phase 1 & 2) Management of IQAS & SP Accreditation

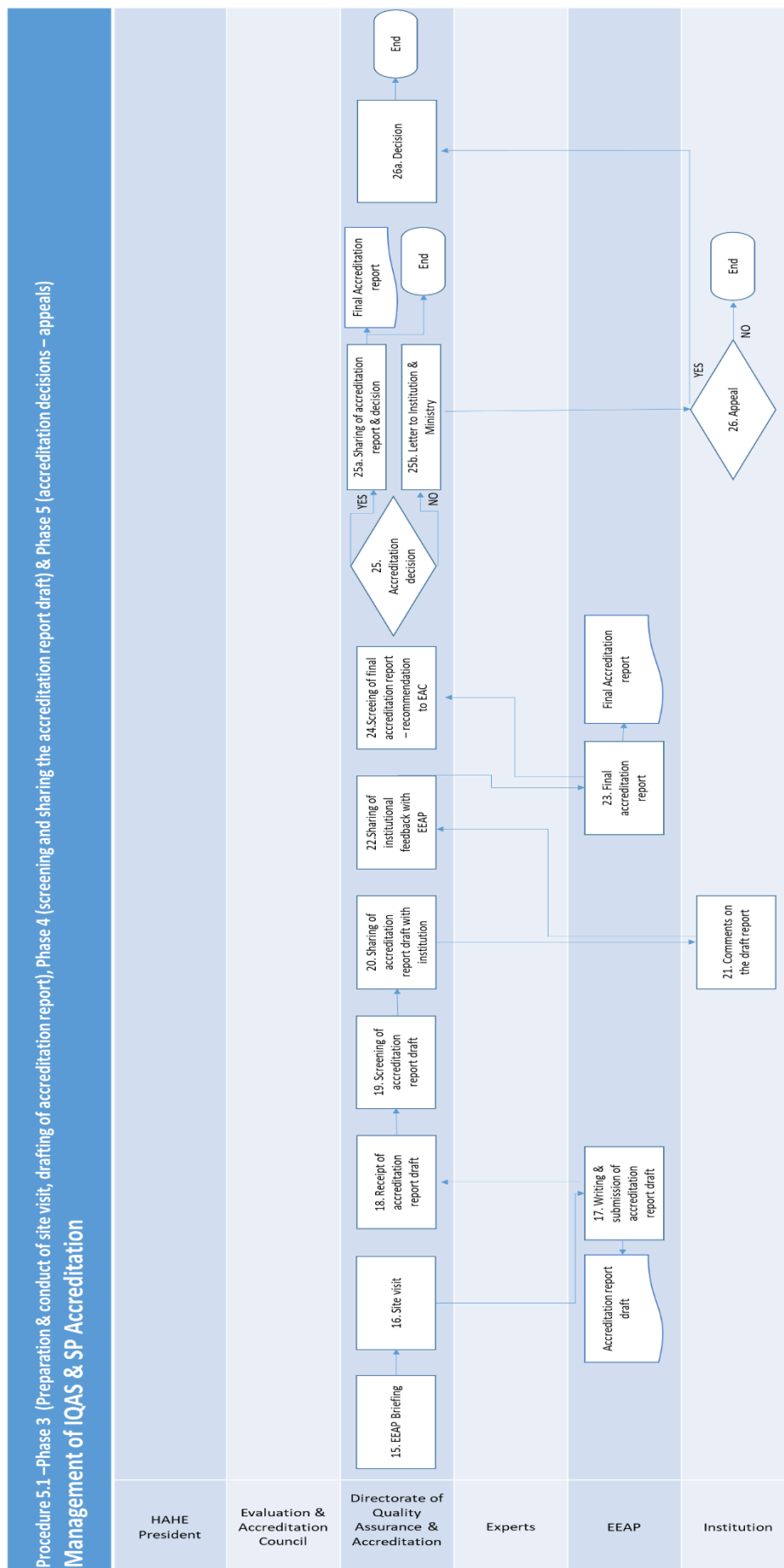


Figure 6 Procedure 5.1 (Phase 3,4,5) Management of IQAS & SP Accreditation

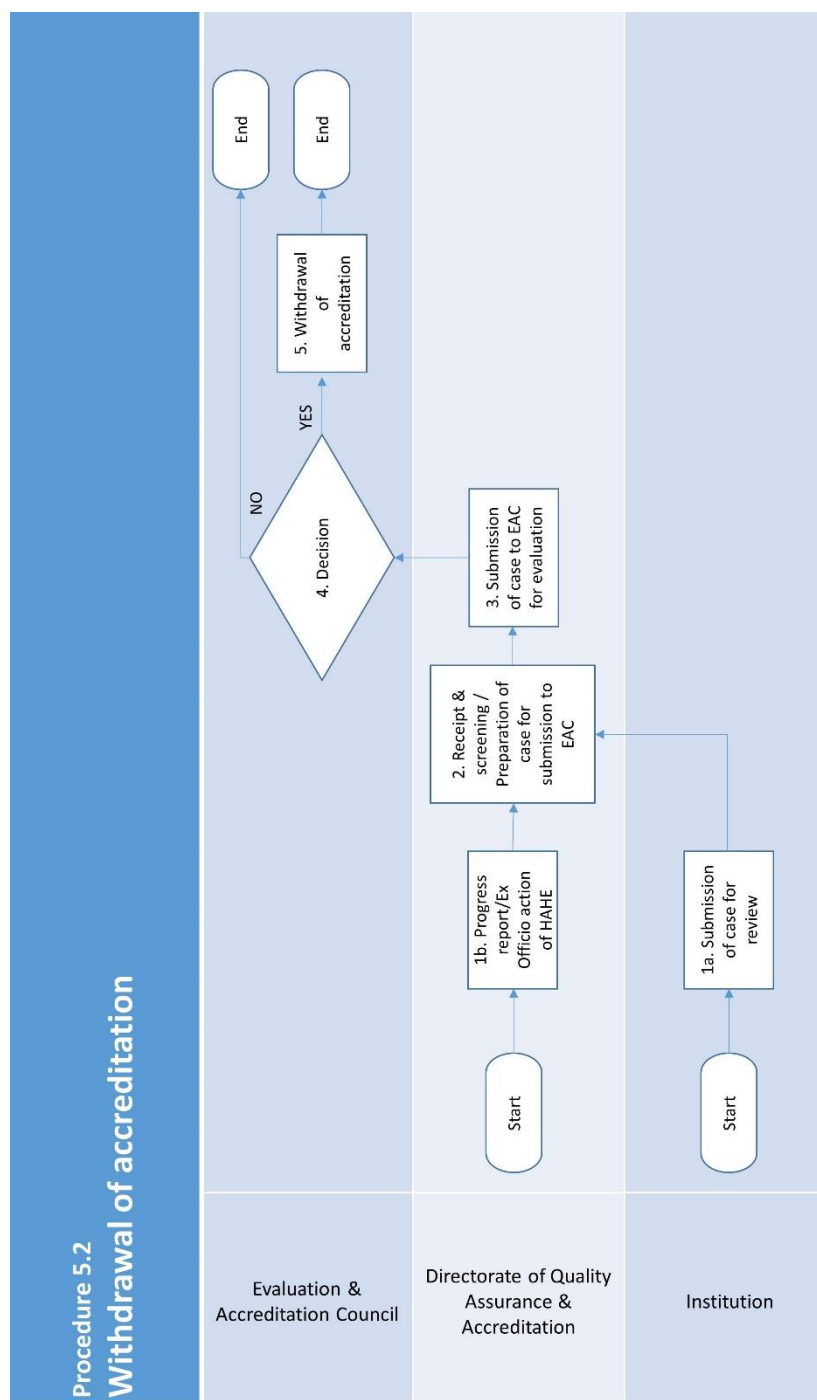


Figure 7 Procedure 5.2 Withdrawal of accreditation

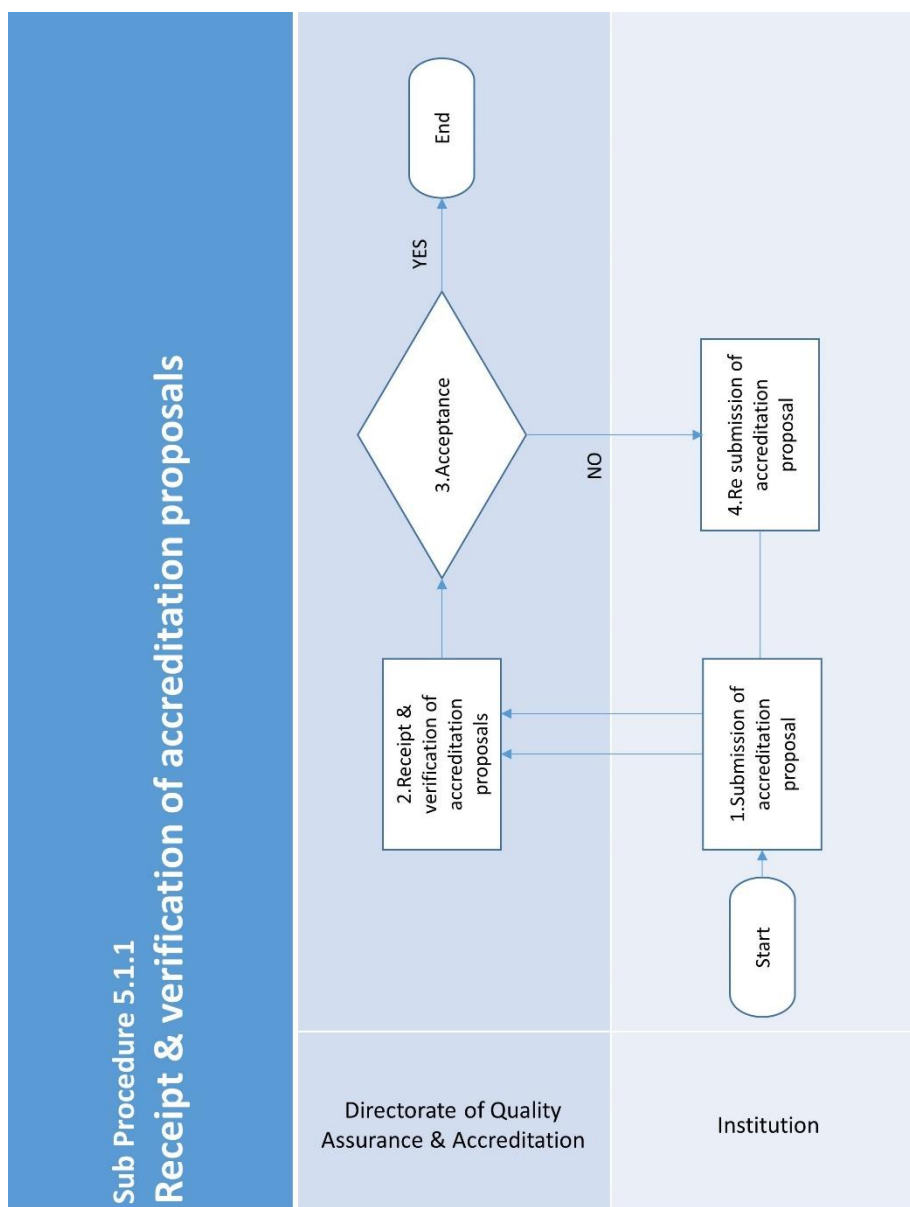


Figure 8 Sub Procedure 5.1.1 Receipt & verification of accreditation proposals

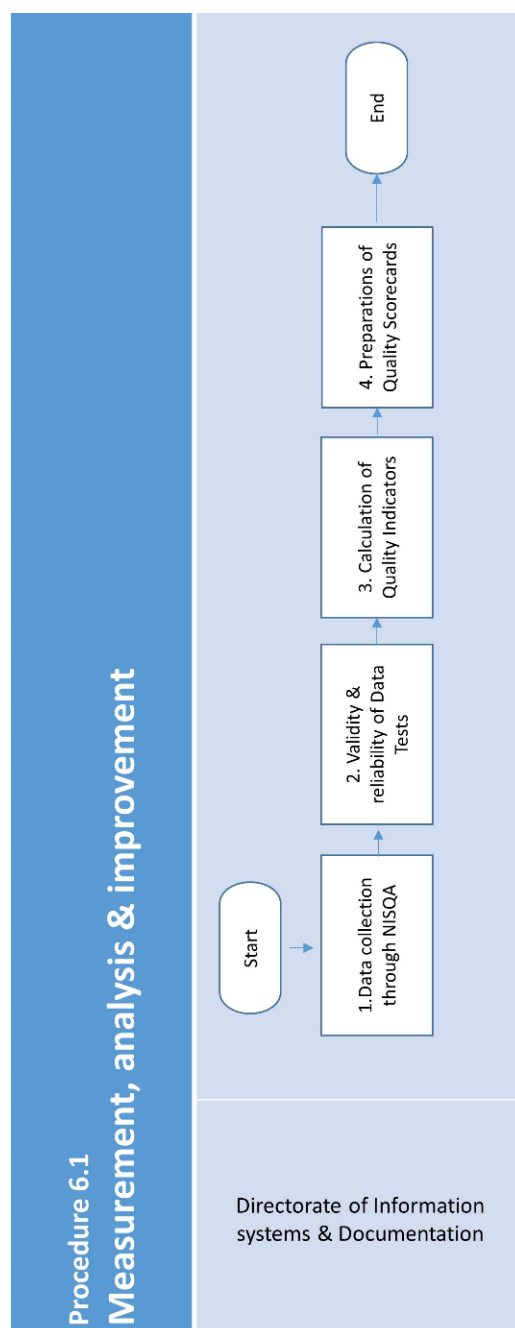


Figure 9 Procedure 6.1 Measurement, analysis, improvement

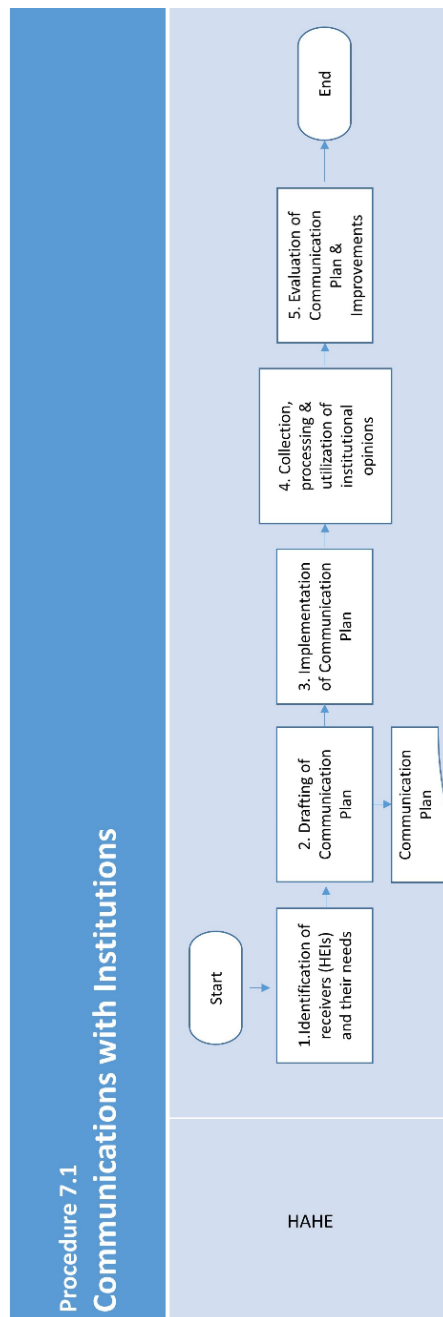


Figure 10 Procedure 7.1 Communications with institutions

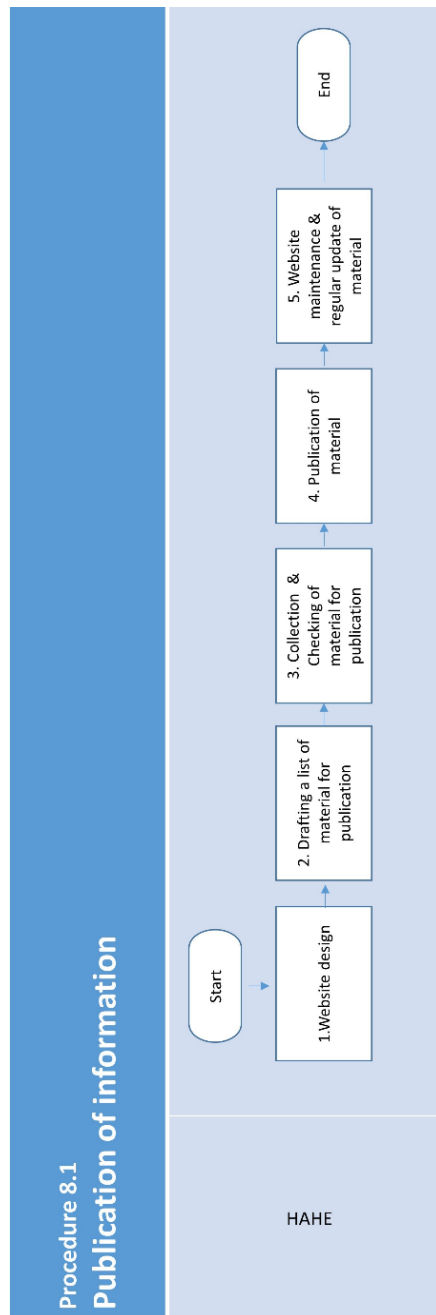


Figure 11 Procedure 8.1 Publication of information

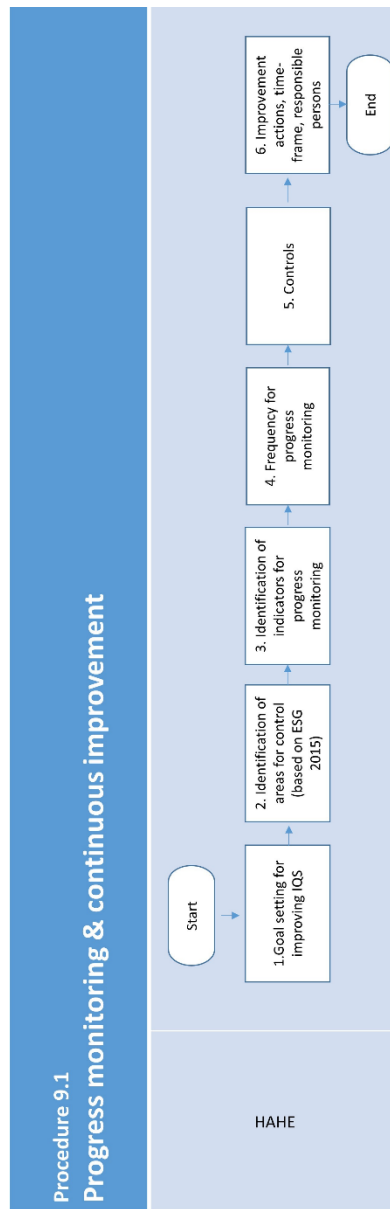


Figure 12 Procedure 9.1 Progress monitoring & continuous improvement

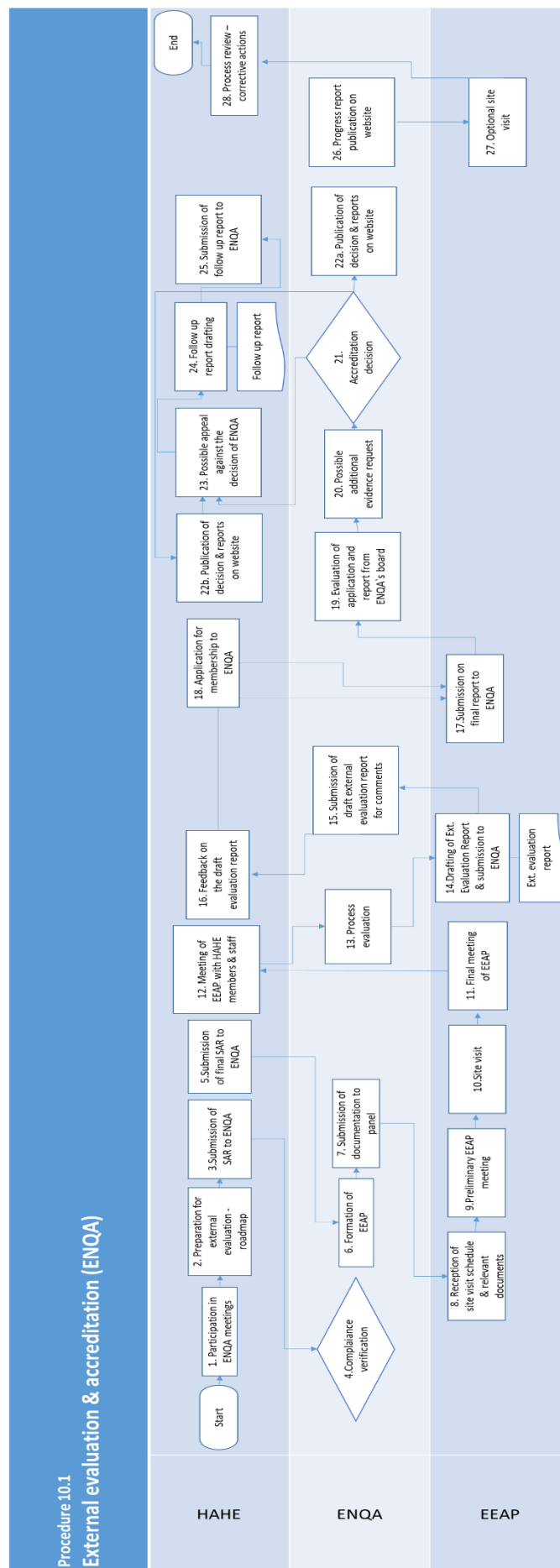


Figure 13 Procedure 10.1 External evaluation & accreditation (ENQA)

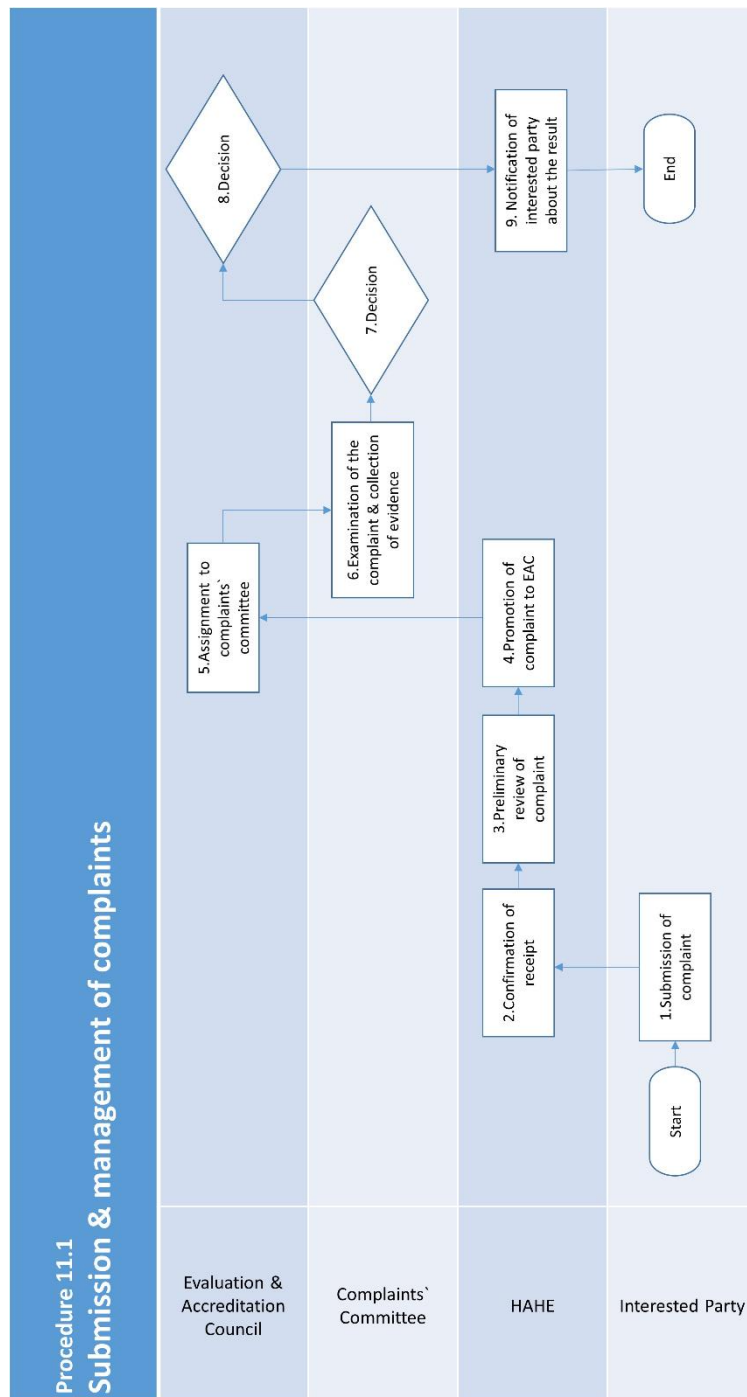


Figure 14 Procedure 11.1 Submission & management of complaints

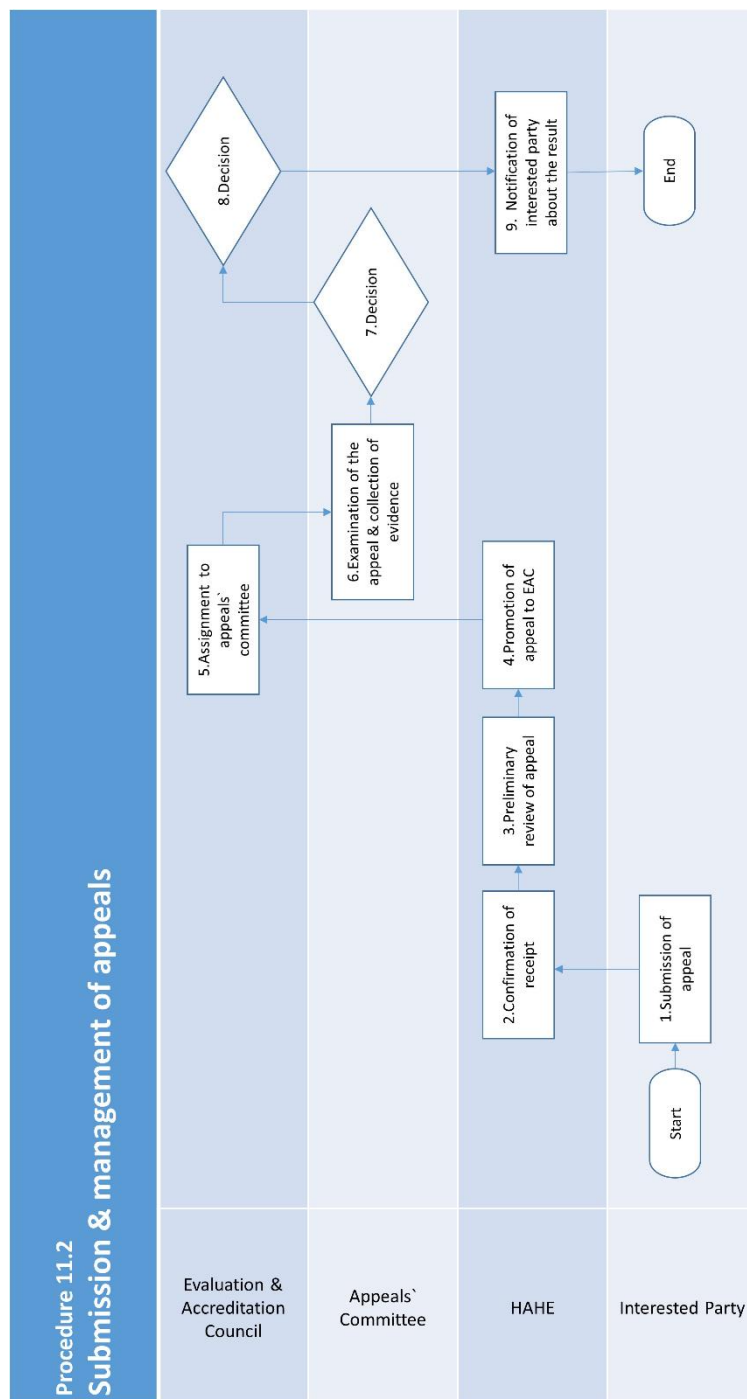


Figure 15 Procedure 11.2 Submission & management of appeals

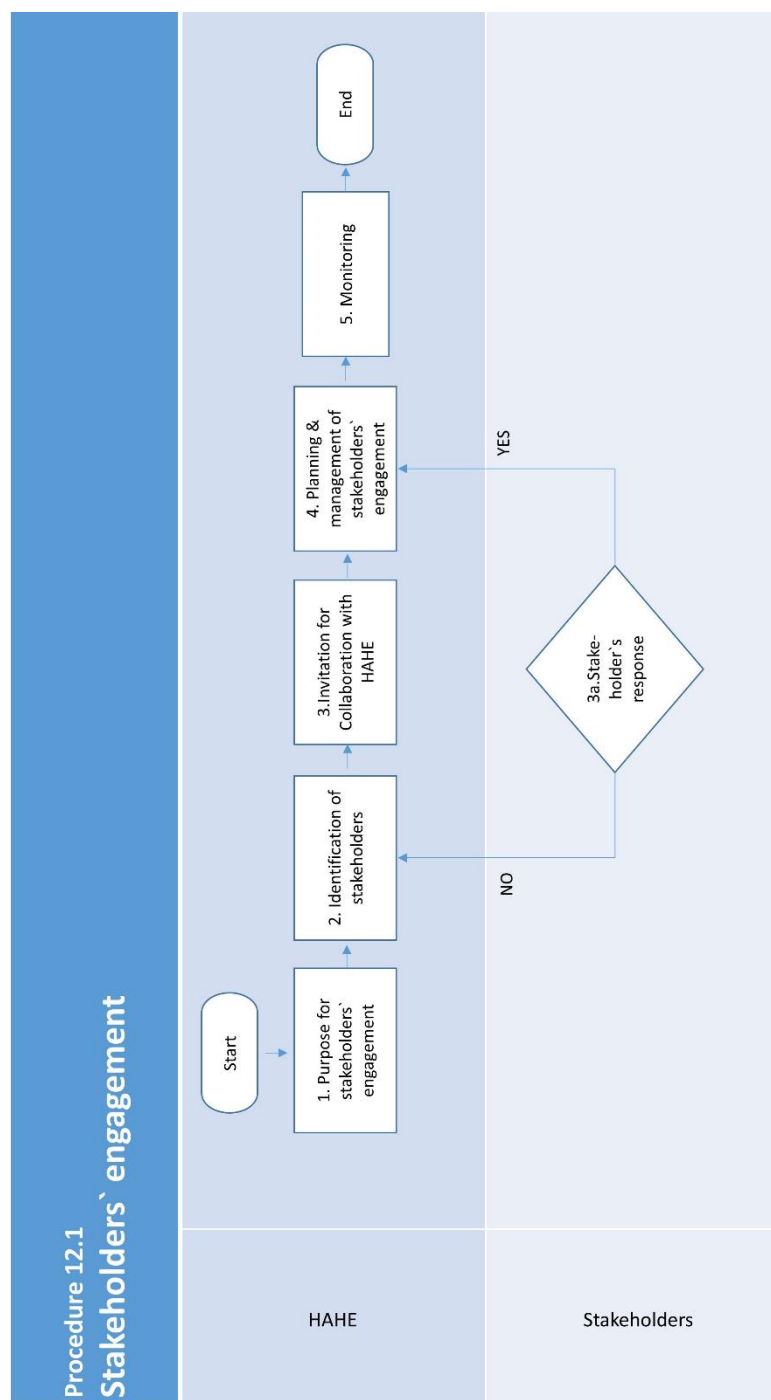


Figure 16 Procedure 12.1 Stakeholders` engagement

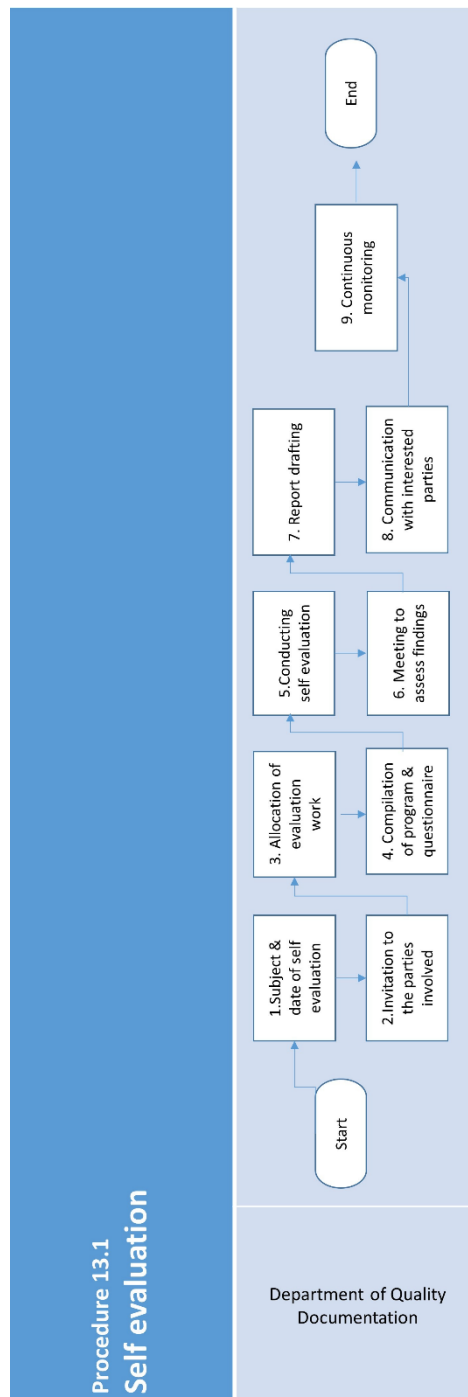


Figure 17 Procedure 13.1 Self evaluation

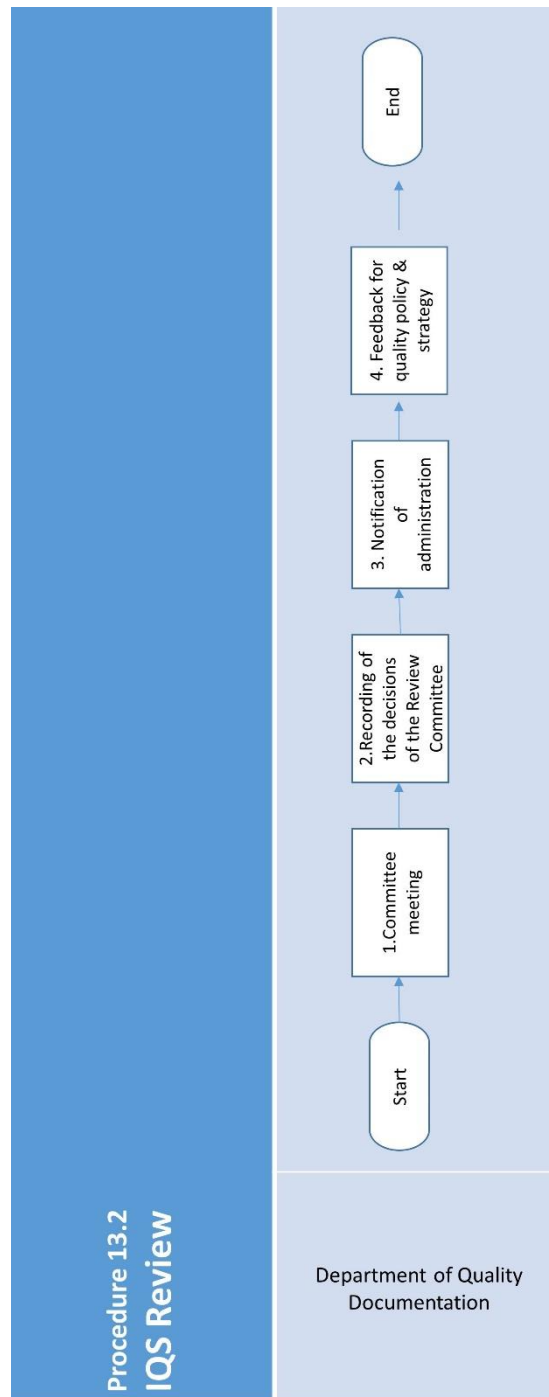


Figure 18 Procedure 13.2 IQS Review

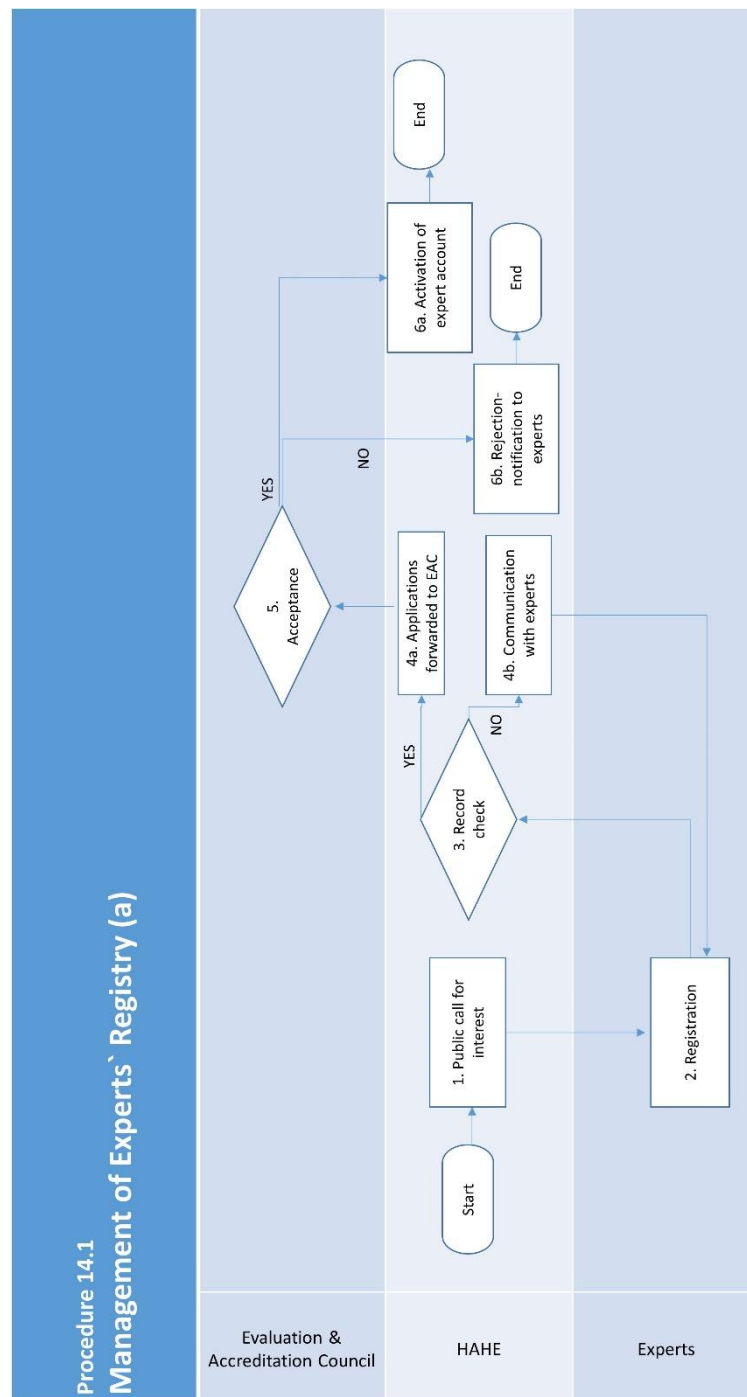


Figure 19 Procedure 14.1a Management of experts' registry (a)

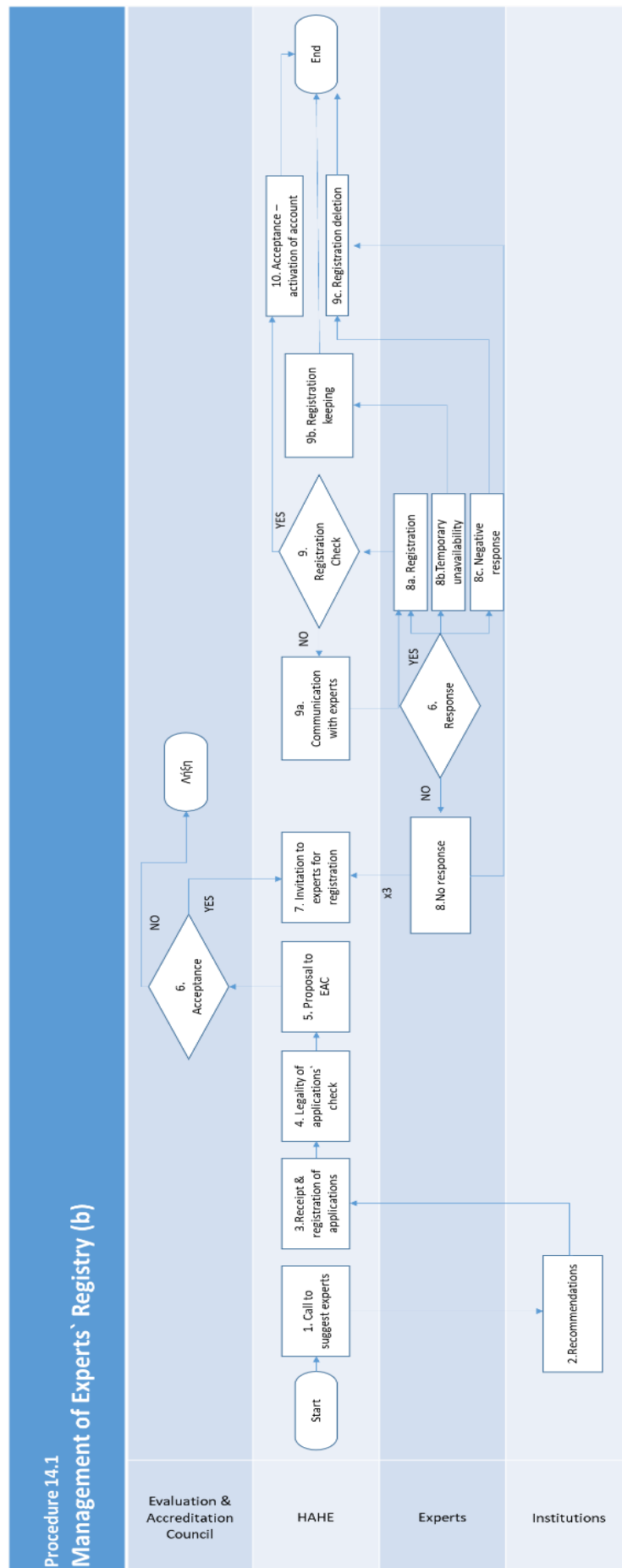


Figure 20 Procedure 14.1b Management of experts' registry (b)

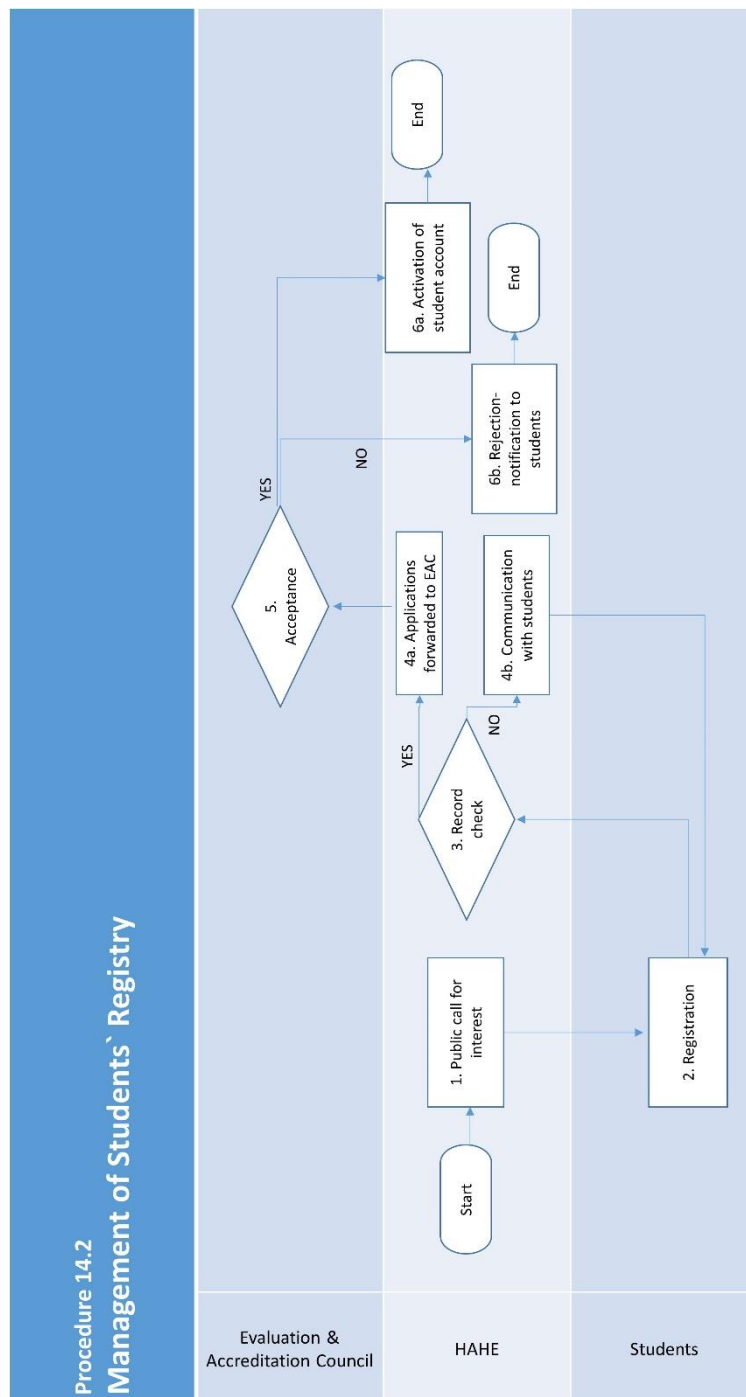


Figure 21 Procedure 14.2 Management of students` registry

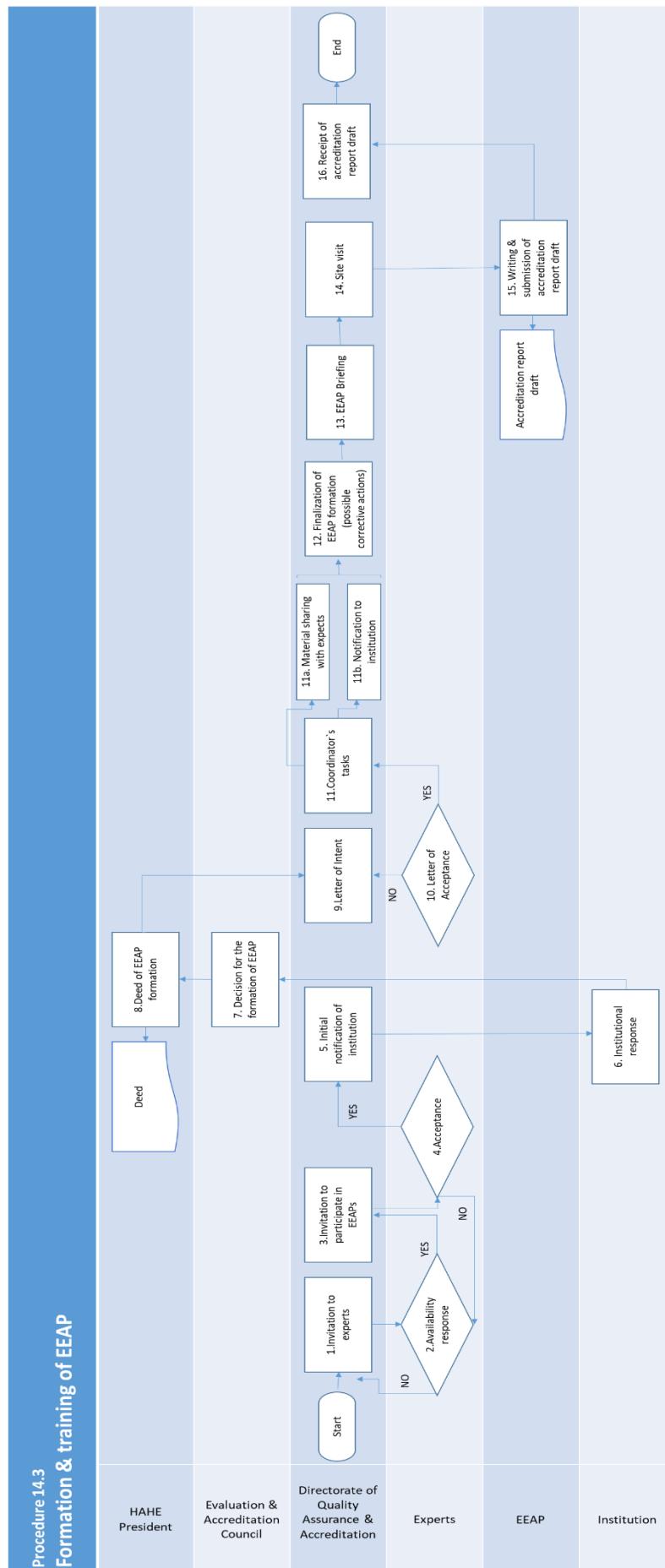


Figure 22 Procedure 14.3 Formation & training of EEAP



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