

European Quality Assurance Register for
Higher Education



Revision of the EQAR Policy on the Use and Interpretation of the ESG

Webinar

28 February 2025



Agenda



1. Introduction
2. Revision process of the U&I policy
3. ENQA's use of the U&I policy
4. In-depth presentation of revision and Q&A
5. Operational considerations of the revised U&I policy
6. Wrap-up

Introduction

Purpose and scope (I)



- Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) are, by design, generic and their application in a specific context always requires careful consideration.

„[...] a framework within which the ESG may be used and implemented in different ways by different institutions, agencies and countries. [...] Broad acceptance of all standards is a precondition for creating common understanding of quality assurance in Europe. For these reasons, the ESG need to be at a reasonably generic level in order to ensure that they are applicable to all forms of provision.”

- EQAR Register Committee (RC) in its decision-making process unavoidably **interepresents** the standards in order to **apply** them to specific cases and contexts.

Purpose and scope (II)



- Use and Interpretation (U&I) Policy was developed with dual purpose: **consistency** of the RC decision-making (internal) and **transparency** towards all stakeholders (external). Together, these lead to enhanced **clarity** in how the RC applies the standards.
- **Consistency.** EQAR RC places a great deal of importance of consistency in its decision-making by carefully considering and noting precedents in decision-making. As a result, the U&I is strongly underpinned by the [EQAR Database of Precedents](#), a tool that Provides an overview of EQAR's past decisions and their grounds, per standard.
- **Transparency.** As an organisation founded on the principles of public interest and transparency, EQAR considers it important to make its decision-making process fully transparent, i.e. to ensure that the information on *how* certain decisions were made is clearly visible and easily accessible to all stakeholders.

History



- First document of a similar purpose adopted in **2013**: *Practices and Interpretations* (2013 – 2015)
- First version of the Use and Interpretation in **2015**
- Second version adopted in **2017**
- Third version adopted in **2020**
- Fourth version adopted in **2024**

Applications of the policy



- Provides guidance regarding **activities and scope** of the ESG.
- Demonstrates **how the RC makes decision** regarding specific standards.
- Affirms that **standards** are normative, **guidelines** are not.
- Serves as a **reference point** for quality assurance agencies preparing for an external review, as well as for external review coordinators and external review panel members.
- Addresses **specific cases or scenarios** where needed, in the interpretations of specific standards.

Revision process of the U&I policy

Revision process (I)



- Having gained new insights from the consideration of over 50 new applications since the last revision, the Register Committee, at the end of 2023, proposed a set of revisions to the U&I to reflect the precedents in its decision making. Changes made in the standards not in the introduction
- During the first quarter of 2024, EQAR launched an online survey where EQAR-registered agencies, panel members, review coordinators and former Register Committee members were invited to provide suggestions based on their experience by working with the U&I.

Revision process (II)



- Responses
 - 40 EQAR-registered agencies
 - 26 review panel members
 - 2 review coordinators
 - 1 former Register Committee member
- Analysis of the responses by the RC
- Further revision based on the feedback
- Second consultation with ENQA as the main review coordinator
- Adoption of the fourth version of the U&I at the November meeting of the RC

ENQA's use of the U&I policy

Q&A

In-depth presentation of the U&I revision

External quality assurance should address the effectiveness of the internal quality assurance described in Part 1 of the ESG.

ESG 2.1



Interpretation:

- The agency needs to be able to verify that providers have reliable mechanisms to properly assign and externally communicate the qualification level (QH EHEA levels 5-8) of their educational provision and use appropriate higher education terminology (e.g. bachelor, master or doctoral education, diploma, diploma supplement etc.).
- If the agency conducts EQA procedures of units of learning smaller than full programmes (e.g. micro-credentials), ESG Part 1 should be addressed for all types of higher education provision.

Reporting requirement:

- Do the agency's evaluations, audits and accreditations address the effectiveness of internal QA processes?
- Are standards 1.1 – 1.10 (see Annex 1) effectively translated into the agency's evaluation/audit/accreditation criteria?
- How did the panel verify that the agency's external QA processes address all the standards of ESG Part 1 in practice, **regardless of the type of educational provision?**
- **In case of providers that are not officially recognised, by public authorities responsible for higher education, as higher education institutions in the system in which they are established (i.e. "other providers"), the report should demonstrate how did the agency confirm that the provider delivers education at the higher education level and that appropriate terminology is used.**

External quality assurance should be defined and designed specifically to ensure its fitness to achieve the aims and objectives set for it, while taking into account relevant regulations. Stakeholders should be involved in its design and continuous improvement.

Interpretation:

- If the agency works in different jurisdictions it should take into account the relevant regulations of the jurisdiction in which the reviewed institution is based.

Reporting requirement:

(For activities that are owned by the agency itself)

- How does the agency develop, review and update its processes and criteria?
- Are the methodologies fit for the purpose as set by the agency itself?
- How are stakeholders involved in the design and continuous improvement?

(For activities within a framework not determined by the agency itself)

- ~~How does the agency satisfy itself that it can implement the set framework in compliance with the ESG?~~
- How does the agency translate the set framework into specific processes and criteria?
- Are the methodologies fit for the purpose set by the framework?
- How are stakeholders involved in the design and continuous improvement of those parts of the methodology under the agency's control?

External quality assurance processes should be reliable, useful, pre-defined, implemented consistently and published.

Interpretation:

- A “consistent follow-up” means that the agency should at least verify the implementation of any conditions imposed with or attached to its decisions; the form of any other follow-up, e.g. of recommendations or suggestions, is at the agency’s discretion.
- If a site visit is organised as a video conference or similar, it should be ensured that the expert group is in a position to validate the evidence provided by institutions and to carry out interviews of different stakeholders as it finds appropriate.

Reporting requirement:

- Are the agency's external QA processes pre-defined and published?
- Are the processes implemented consistently?
- How are the key features in the standard implemented by the quality assurance agency in each of its activities?
- If no site visits are used, how does the agency validate the evidence provided by institutions?
- If responsibility for one or several element(s) of the process is assigned to another body, how do the agency and that other body interact in implementing the process?
- (if applicable) Is all of the above also ensured for the agency's cross-border external QA activities?

External quality assurance should be carried out by groups of external experts that include (a) student member(s).

ESG 2.4



Interpretation:

- In reviews across borders the agency should ensure that the groups include experts with sufficient knowledge of relevant ~~the~~ higher education system(s) where the review takes place.
- The agency is expected to ensure that each reviewer possesses adequate expertise (e.g. by conducting a training) for the specific external quality procedure in question.

Reporting requirement:

- How are the agency's groups of experts composed and what is the rationale for their composition? ~~If there is substantial differentiation between experts,~~ How are the roles and responsibilities assigned and distributed?
- Do all expert groups include (a) student(s) as required by the standard?
- How does the agency ensure (e.g. in its training or briefing) that experts have appropriate skills and competences?
- ~~How does the agency prevent that experts have a conflict of interest?~~ What measures does the agency take to avoid conflicts of interest of experts?
- How does the agency ensure a consistent approach to the selection of experts?

Any outcomes or judgements made as the result of external quality assurance should be based on explicit and published criteria that are applied consistently, irrespective of whether the process leads to a formal decision.

ESG 2.5



Interpretation:

- The agency should have mechanisms for ensuring consistency and reliable decision-making within all its external quality assurance processes, and be able to demonstrate effectiveness of these mechanisms.

ESG 2.5



Reporting requirement:

- How are the agency's criteria for each of its activities published?
- What methods does the agency employ to ensure consistency in the application of its criteria?

Full reports by the experts should be published, clear and accessible to the academic community, external partners and other interested individuals. If the agency takes any formal decision based on the reports, the decision should be published together with the report.

Interpretation:

- All. ~~reports should be published in full, including those that resulted in a negative decision or conclusion; the publication of summary reports alone (rather than full reports) does not fulfil the requirement of the standard.~~ review panel reports should be published in full, including those that resulted in a negative decision or conclusion; the publication of summary reports or a separate committee report (without the full review panel report) does not fulfil the requirement of the standard
- ~~If decisions are taken by other bodies, the agency should facilitate access to those.~~
- The decision needs to be published in full and in the same format and content as originally issued by the agency. Any outcomes or judgments made by the agency resulting from an external QA report should also be made available in a published document ensuring the transparency in the agency's decision-making.

Interpretation:

- Reports have to be published for all ESG-type evaluations of institutions or programmes, irrespective of whether they take place in the agency's base country or elsewhere, within the EHEA or beyond.
- The wording “by the experts” implies that the experts should have authority over the final report, irrespective of who actually writes it [or contributes to the editing process](#).

ESG 2.6



Reporting requirement:

- How are reports made accessible to the public for all types of reviews?
- How does the agency ensure that its reports are clear and understandable to the general academic community, external partners and other interested individuals?
- Whether decisions by the agency are published together with the report, if applicable?

Complaints and appeals processes should be clearly defined as part of the design of external quality assurance processes and communicated to the institutions.

Interpretation:

- The agency may have specific processes for complaints and appeals, or a single ~~process that incorporates both~~ procedure that can be used for both purposes. It is decisive that both appeals and complaints (as defined in the guidelines) can be made, irrespective of how these are called in the agency's local language.
- Agencies need to provide own, internal processes for complaints and appeals. It is not sufficient if a decision can only be appealed in a court of law.
- It is in the nature of an appeal that it should be considered by another body than the one whose decision/report is appealed. If that is not the case, the appeals process is considered not effective.
- The appeal instance's power may be limited to referring a decision/report back for a new consideration, without being able to change the decision/report itself.

Reporting requirement:

- How does the agency handle concerns by institutions about the conduct of the process or those carrying it out (i.e. complaints as described in the guidelines)?
- How can institutions question the formal outcome (e.g. report, decision, judgement, recommendation) of the process if they can demonstrate that the outcome is not based on sound evidence, that criteria have not been correctly applied or that the processes have not been consistently implemented (i.e. appeal as described in the guideline)?
- Are the appeals and complaints process(es) easily accessible and clearly communicated to institutions?
- (if applicable) Is all of the above also ensured for the agency's cross-border external QA activities that are included in the Terms of Reference?

Agencies should undertake external quality assurance activities as defined in Part 2 of the ESG on a regular basis. They should have clear and explicit goals and objectives that are part of their publicly available mission statement. These should translate into the daily work of the agency. Agencies should ensure the involvement of stakeholders in their governance and work.

ESG 3.1



Interpretation:

- Agency should make a clear distinction and ensure clear communication (e.g. on their website, in publications and external quality assurance reports) on their different fields of activity so as to ensure there is no risk of confusion, in particular between those activities within the scope of the ESG and other similar activities.
- Agency should use the EQAR and ESG “labels” only in connection with activities that are within the scope of the ESG and have been subject to an external review, i.e. an agency should not make any statements or actions that might create the impression that other activities are within the scope of the ESG or covered by their registration on EQAR. Annex 2 should be taken into account in that regard.

Reporting requirement:

- How do the agency's goals and objectives translate into its daily activities?
- How are the different stakeholders involved in the agency's governance and work; does the panel consider the level of involvement sufficient?
- How does the agency ensure a clear distinction between external quality assurance and its other fields of work, if applicable (i.e. clear communication and preventing conflict of interest; Annex 2 should be taken into account in that regard)?

Agencies should have an established legal basis and should be formally recognised as quality assurance agencies by competent public authorities.

ESG 3.2



Interpretation:

- In some jurisdictions it is a prerequisite to be registered on EQAR in order to be formally recognised by a (national) public authority. In such a case, the agency is not expected to be formally recognised as a quality assurance agency before it is registered on EQAR.

ESG 3.2



Reporting requirement:

- What is the legal status/personality of the agency?
- In which higher education system(s) is the agency formally recognised as a quality assurance agency?

Agencies should be independent and act autonomously. They should have full responsibility for their operations and the outcomes of those operations without third party influence.

Interpretation:

- ~~Independence is at risk when one single actor or stakeholder has a “controlling stake” in the agency, e.g. by the ability to decide on a majority of members in a governing body.~~ Independence is considered at risk when one actor or stakeholder has a dominant role in the agency, e.g. the ability to decide on a majority of members in a governing body or on the agency’s operational structures and staff appointment, to unilaterally influence the agency’s decision-making, or to unilaterally decide on the fundamental acts of the agency. The agency should have in place specific safeguards, checks and balances that ensure that there is no dominant role of one actor or stakeholder.
- Including different stakeholder perspectives in the agency’s decision-making bodies does not infringe with the agency’s independence, provided that the respective individuals are not appointed as organisational representatives but in their personal capacity.

Reporting requirement:

- Organisational independence: what are the provisions guaranteeing independence in official documentation, in particular as regards to how the agency's governing bodies are nominated and appointed, and what are the rules and conditions for dismissing its members? **Is the distribution of power among stakeholders in the governing of the agency fair and balanced?**
- Operational independence: how independent is the agency in managing its own staff, in defining its own procedures and methodologies and in the recruitment, nomination and appointment of experts? **Are the operations of the agency sufficiently robust and avoid over-reliance on a single actor?**
- Independence of formal outcomes: how does the agency prevent undue influence of institutions or stakeholders on the findings, analysis, conclusions and recommendations?
- If (further) decisions are taken by other bodies on the basis of the agency's outcomes, how is a clear and transparent distinction ensured between the agency's report/recommendation and the decision(s) of such other bodies?

Agencies should regularly publish reports that describe and analyse the general findings of their external quality assurance activities.

ESG 3.4



Interpretation:

- The agency should carry out and develop openly accessible thematic analyses on a cyclical basis adequate and appropriate in relation to the EQA activities of the agency.
- The thematic analysis may be carried out in collaboration with other actors or subcontracted to third parties.

ESG 3.4



Reporting requirement:

- Does the agency publish analyses that are based on and draw from the findings from its quality assurance activities?
- How does the agency ensure that such analyses are conducted regularly?

Agencies should have adequate and appropriate resources, both human and financial, to carry out their work.

ESG 3.5

Interpretation



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ESG 3.5



Reporting requirement:

- Does the agency have sufficient financial and human resources to carry out its activities within the scope and in line with the ESG?
- Are the resources sustainable for the foreseeable future?
- Can the agency manage its human and financial resources effectively and autonomously?

Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities.

Interpretation:

- ~~The processes for internal quality assurance need to be formal and regular, and not just informal.~~ The agency is expected to demonstrate that its internal quality assurance is effective (fulfilling all phases of the PDCA cycle), i.e. that it is successful in producing change in the agency's policies and practices when this is required for the purpose of quality enhancement.
- ~~Integrity of an agency's activities includes that it uses the EQAR and ESG "labels" only in connection with activities that are within the scope of the ESG and have been subject to an external review; Annex 2 should be taken into account in that regard.~~

Interpretation:

- Where agencies themselves only implement parts of the process and rely on input/preparatory work carried out by other agencies, they should ensure that such input/preparatory work is carried out in line with the ESG. For partners or subcontractors that are also EQAR-registered agencies it can be assumed that their external QA activity is ESG-compliant. In other cases, the registered agency is expected to demonstrate how it assured itself of the partner's compliance with the ESG.
- The standard also implies that flags, instances of partial compliance and recommendations (raised in a previous external review by a panel or by the Register Committee) have been responded to appropriately.

Reporting requirement:

- How does the agency's internal QA system guarantee the quality and integrity of its activities, translated into the work performed by its review panels, different decision-making committees and councils, and any other internal bodies on whose reports/work it bases its final decisions?
- How does the agency assure the quality and integrity of the work performed by partners, subcontractors or other agencies on whose reports/results it bases its decisions? (if the case)
- How does the internal QA system foster continuous improvement within the agency?

Operational considerations of the revised U&I policy

Operational considerations



- U&I policy as in instrument of **continuity**, rather than disruption -> the RC decision-making will proceed in a seamless manner between two versions.
- However, where relevant and applicable, the Register Committee shall refer to/consider the third version of the U&I (2020) for all agencies that have ongoing procedures and their eligibility and Tripartite Terms of References have been already confirmed.
- The revised version of the U&I (2024) shall be referred to in every application that will be confirmed as of January 2025 and noted in the Tripartite Terms of Reference.
- Both versions are made available on EQAR's website for reference.

Wrap-up



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Thank you!

