

**Approval of the Application
by Hellenic Authority of Higher Education (HAHE)
for Inclusion on the Register**

Register Committee
2 - 3/03/2023

Ref. RC38/A118
Ver. 1.0
Date 2023-03-03
Page 1 / 7

Application of:	2021-09-20	
Agency registered since:	n/a	
External review report of:	2022-09-05	Submitted: 2023-01-31
Type of review:	Full	
Review coordinated by:	European Association for Quality Assurance of Higher Education (ENQA)	
Review panel members:	Bernard Coulie, Klemen Šubic, Liv Teresa Muth, Marion Coy	
Decision of:	03/03/2023	
Registration until:	30/09/2027	
Absented themselves from decision-making:	n/a	
Attachments:	<ol style="list-style-type: none"> 1. Tripartite terms of reference between HAHE, ENQA and EQAR, 2021-10-13 2. External Review Report (external file), 2022-09-05 3. ENQA Statement on validation of the external review report of HAHE, 23/09/2022 4. HAHE Complaint to ENQA, 24/10/2022 5. ENQA Appeals and Complaints Committee's report, 29/11/2022 6. ENQA Board decision on the complaint, 22/12/2022 7. Applicant's statement on the report, 31/01/23 8. Minutes from clarification call with the agency, 15/02/23 9. Mapping of ESGs to HAHE Standards (Annex VII of SAR) 	

1. The application of 2021-09-20 adhered to the requirements of the EQAR Procedures for Applications.
2. The Register Committee confirmed eligibility of the application on 2021-10-13.
3. The Register Committee considered the external review report of 2022-09-05 on the compliance of HAHE with the Standards and Guidelines for

Quality Assurance in the European Higher Education Area (ESG, 2015 version).

4. The Register Committee further considered the ENQA Statement on validation of the external review report of HAHE (23/09/2022), the HAHE Complaint to ENQA (24/10/2022), the ENQA Appeals and Complaints Committee's report (29/11/2022), the ENQA Board decision on the complaint (22/12/2022) and the HAHE Statement on the external review report (31/01/23).

5. The Register Committee sought and received clarification from the agency on the 14/02/23.

Register Committee

2 - 3/03/2023

Ref. RC38/A118

Ver. 1.0

Date 2023-03-03

Page 2 / 7

Analysis:

6. In considering HAHE's compliance with the ESG, the Register Committee took into account the following activities:

- Accreditation of the internal quality assurance systems of the Greek HEIs
- Academic accreditation of the study programmes (undergraduate and postgraduate) of the Greek HEIs
- Academic accreditation of the study programmes at doctoral level (*)

7. At the time of the external review, the agency had not performed any reviews following the standards for accreditation of postgraduate programmes. Following this, the external review report analysed in full the review cycle of the accreditation processes of undergraduate programmes. The Register Committee expects that the agency submits a substantive change report, should it change its procedures after the implementation of the first batch of reviews at postgraduate level.

8. At the time of the review the criteria for accrediting doctoral programmes (*) were not developed. The Register Committee expects the agency to submit a substantive change report once the methodology for evaluation of doctoral programmes is complete.

9. The Register Committee found that the report provides sufficient evidence and analysis on HAHE's level of compliance with the ESG.

10. With regard to the specific European Standards, the Register Committee considered the following:

ESG 2.1 – Consideration of internal quality assurance

11. Throughout 2022, HAHE further developed the Standards for Postgraduate Study Programs (PSP) and the Standard for Life Long Learning Centers.

The Standards for Postgraduate Study Programmes largely follow the standards for evaluation of undergraduate study programmes and foreign languages study programmes.

12. In the clarification call, the agency explained that the standards are now finalized and published on their website. While no reviews have taken place yet, it is expected that all evaluations will be completed by 2024. The mapping provided by the agency demonstrated that the standards 1.1 – 1.10 of the ESG are, in theory, reflected in the Standards for Postgraduate Study Programs (see Annex 9).

13. While the Committee was able to concur with the panel, it noted that the agency should inform EQAR for any changes in the methodology of the standards for accrediting postgraduate programmes and the standard for Life Long Learning Centers introduced after the first cycle of reviews.

Register Committee

2 - 3/03/2023

Ref. RC38/A118

Ver. 1.0

Date 2023-03-03

Page 3 / 7

ESG 2.2 – Designing methodologies fit for purpose

14. HAHE's structure involves an Evaluation and Accreditation Council (further EAC), consisted by members of the academic community, a student and an employers' representative; the EAC's tasks include to establish, improve, standardise and publish the relevant procedures and criteria. In the panel's view, however, in practice, the design of the standards often lies with the agency's staff, the General Director or the President.

15. From the report, the Committee also learned that there was "*little evidence of a systemic consultation with stakeholders*" outside of the formal structures of the agency.

16. In the clarification call, the agency described an example of involvement of stakeholders in the design of the standards for accrediting undergraduate studies in 2017. This activity involved dissemination of a questionnaire for institutions whose findings were used in the drafting of the standards. Later on, the agency gathered feedback from higher education institutions on the draft standards. Another example involved presentation of the Standards for Postgraduate Study Programs and collecting feedback at the national Rectors' Conference in 2021.

17. The Register Committee recognised the specific examples for engaging stakeholders' opinions in the development of the evaluation methodologies. It, however, found that these are exceptional occurrences rather than common practices. The Committee further noted that in both cases the consultations have been limited to higher education institutions only and there has not been an engagement of the other actors from the higher education community (e.g. students). Considering the need for more systemic and inclusive approach to involving stakeholders in the design of methodologies, the Register Committee concurred with panel's conclusion that HAHE partially complies with the standard.

ESG 2.4 – Peer-review experts

18. At the time of the review, the agency did not involve students in the review panels, even if the required legislation had been enacted in 2020 and some preparatory steps had been taken by HAHE since.

19. In the statement on the external review report, the agency explained that the national regulation now obliges the agency to involve a student in each panel. Since then, the agency made few improvements – it launched a call for student reviewers and created register of student reviewers for undergraduate, postgraduate and doctoral studies evaluations. So far, approximately 65 reviews of undergraduate programmes involved a student member in the panel.

20. In the clarification call, the agency further explained that the students participate in the evaluation of all areas of the review and are paid equally as the other panel members. The agency, however, was not able to elaborate yet on the practical implications of the novelties – the involvement of the students in the content of the reviews and reports as this is yet to be analysed.

21. The Register Committee recognised the further efforts made by the agency to engage students in the review panels and in particular that students have participated in the first reviews by now. While the panel’s conclusion of non-compliance did reflect accurately the situation at the February 2022’s site visit, the Committee concluded that the agency is now partially compliant with the standard. The Committee, however, underlined that further evidence of the actual involvement of the students in the panels will be needed and has to be thoroughly analysed in the next review of HAHE.

ESG 2.7 – Complaints and appeals

22. HAHE has appeals and complaints procedures which are public and explained at their website. From the report, the Committee further learned that the agency has a workflow for handling the appeals and complaints internally, even though the agency lacked detailed written internal procedures on the work of the different bodies, including the ones dealing with appeals and complaints (see ESG 3.6); the handling of complaints and appeals was described as rather informal for now.

23. The Register Committee found that the agency has formal appeals and complaint procedures available to the higher education institutions. These allow institutions to complain and appeal on such grounds as envisaged by the standard (and illustrated in the guidelines).

24. The panel argued that there was “no avenue available to have an external review of a decision” and noted the “absence of external adjudication in the mechanism used”. The Register Committee expects that an appeal is considered by another body than the one whose decision/report is appealed (see interpretation 13 of the ESG); this will nevertheless normally be a body of the agency, as the standard requires an internal appeals process (see also interpretation 12 of the ESG). As the HAHE appeals committee consists of different persons than the (current) EAC, this requirement is formally fulfilled, even if HAHE may reconsider the practice of appointing only retired EAC members when it reviews its appeals procedures as recommended by the panel.

25. **The fact that the appeals' committee makes a recommendation to the EAC is compatible with EQAR's expectations (see interpretation 14 of the ESG). Following this the Committee was not able to concur with the panel's conclusion and found the agency to be compliant with the standard. It, however, highlighted the panel's recommendation that the agency should focus on defining the regulations on the responsibilities of the bodies and the internal workflows of the complaints and appeals procedures (see also ESG 3.6).**

Register Committee

2 - 3/03/2023

Ref. RC38/A118

Ver. 1.0

Date 2023-03-03

Page 5 / 7

ESG 3.1 – Activities, policy and processes for quality assurance

26. The main body for taking the decisions on accreditations in HAHE, the Evaluation and Accreditation Council (EAC), involves academics, a student and a member from the national economic chamber. From the report, the Committee understood that student involvement is a recent practice and that students participate in their individual capacity – so far, the two students taking part of the Council have been chosen through a lottery.

While the Committee was able to concur with the panel's conclusion, it highlighted that the agency should strengthen the involvement of the broader student community in the decision making and improve the procedures for choosing the student representative in the council in a way that the process guarantees selection of candidates that have the means to obtain input from students and further channel it in agency's governing structures.

ESG 3.4 – Thematic analysis

27. HAHE publishes its thematic analysis as part of its Annual report as a section on the state of quality assurance in Greece – i.e. a document that summarizes the state of art in the Greek higher education system and elaborates on broader set of topics. The Annual reports are publicly available on agency's website.

28. In the panel's view, the Annual report was purely quantitative in nature and lacked analytical input. From several Annual reports from recent years, the Committee learned that the agency provides key figures on its work, but also provides an in-depth overview of the compliance levels per standard in the undertaken accreditation procedures, summarises the good practices and obstacles observed in HEIs, and presents the most common recommendations by the panels.

29. Following this, the Register Committee found that the current practice fulfills the minimum ESG criteria and could therefore not concur with panel's conclusion that HAHE only partially complied with the standard. While the Committee found the agency compliant with the standard, it, however, underlined that the agency should take in consideration panel's recommendations in their future planning of the thematic analyses.

ESG 3.5 – Resources

30. The panel noted that the agency’s financial position has not been favourable throughout the years and that this sometimes affected the implementation of the external quality assurance processes – for example, in 2017, the agency did not perform any accreditations due to lack of funding.

31. In the statement on the report, the agency explained that the Ministry of Education, which is one of the two main sources (the other one being the EU funding) for HAHE, in the meantime approved a budget that would fully support the agency’s activities until 2030.

32. The Committee further learned that the agency is heavily reliant on staff that is either on rotation kind of internal mobility civil service (with maximum secondment of 3 years) or short term contractors. In the panel’s view, the “*unstable work force*” impedes the “*long term planning*, (the development and the transfer of) *the institutional memory and the development of internal self – reflection culture*”.

33. In the statement on the external review report, HAHE informed it was currently in a process of hiring 14 new permanent staff members.

34. The Register Committee welcomed the promising advancements made by the agency regarding securing stable finding and work force but found that the agency was yet to demonstrate – through an external review by a panel – that the upgraded resources are indeed sustainable on a long run (staff wise) and sufficient for the large number of reviews expected in the following years (see ESG 2.1). The Committee thus concurred with panel’s conclusion that the agency is partially compliant with the standard.

ESG 3.6 – Internal quality assurance and professional conduct

35. HAHE has a Quality Manual – an extensive document describing the processes for internal and external quality assurance. From the report, the Committee, however, learned that not all process, in particular the mechanisms for internal QA, were implemented in practice. The panel also added that the agency lacked written internal regulations on the work of its bodies (such as the Evaluation and Accreditation Council, see ESG 2.7).

36. In the statement on the report, and further in the clarification call, HAHE described an example of an internal QA process – findings from the annual survey for panel members were used to modify review materials and tools in 2021 and 2022.

37. While the Committee recognized the practice of collecting and following up on its panels’ feedback as a positive example, it found that this was rather recent than systemic.

38. The Committee thus concurred with the panel’s conclusion and highlighted the panel’s recommendation that the agency should develop a plan for implementing the other internal QA procedures. It also added that the agency should further engage the staff in self-reflection exercises.

Register Committee

2 - 3/03/2023

Ref. RC38/A118

Ver. 1.0

Date 2023-03-03

Page 6 / 7

39. For the remaining standards, the Register Committee was able to concur with the review panel's analysis and conclusion without further comments.

Conclusion:

40. Based on the external review report and the considerations above, the Register Committee concluded that HAHE demonstrated compliance with the ESG (Parts 2 and 3) as follows:

Register Committee

2 - 3/03/2023

Ref. RC38/A118

Ver. 1.0

Date 2023-03-03

Page 7 / 7

Standard	Review panel conclusion	Register Committee conclusion
2.1	Compliance	Compliance
2.2	Partial compliance	Partial compliance
2.3	Compliance	Compliance
2.4	Non-compliance	Partial compliance
2.5	Compliance	Compliance
2.6	Compliance	Compliance
2.7	Partial compliance	Compliance
3.1	Compliance	Compliance
3.2	Compliance	Compliance
3.3	Compliance	Compliance
3.4	Partial compliance	Compliance
3.5	Partial compliance	Partial compliance
3.6	Partial compliance	Partial compliance
3.7	(not expected)	Compliance (by virtue of applying)

41. **The Register Committee considered that HAHE only achieved partial compliance with some standards. In its holistic judgement, the Register Committee concluded that these are specific issues, but that HAHE complies substantially with the ESG as a whole.**

42. **The Register Committee therefore approved the application for inclusion on the Register. HAHE's inclusion shall be valid until 30/09/2027¹.**

43. The Register Committee further underlined that HAHE is expected to address the issues mentioned appropriately and to resolve them at the earliest opportunity.

¹ Inclusion is valid for five years from the date of the external review report, see §4.1 of the EQAR Procedures for Applications.

External review of the Hellenic Authority for Higher Education (HAHE) by ENQA

Annex I: TRIPARTITE TERMS OF REFERENCE BETWEEN HAHE, ENQA AND EQAR

26 August 2021

Revised 13 October 2021

I. Background and context

HAHE is an independent administrative authority, and its mission is to ensure high quality in Higher Education. It was established by Law 4653/2020 and is the continuation of the Hellenic Quality Assurance and Accreditation Agency (HQA), which was established in 2006. The Authority has administrative autonomy and is supervised by the Minister of Education, who exercises oversight control of legality. HAHE, in the context of its mission: a) contributes to the formation and implementation of the national strategy for Higher Education and the distribution of financing for HEIs and b) evaluates and accredits the operational quality of HEIs. To fulfill its mission, HAHE maintains an integrated information system for the management of Higher Education data and cooperates with international networks and agencies that are active in any domain related to its mission. HAHE is a member of ENQA.

HAHE periodically accredits the internal quality assurance systems of the Greek HEIs, based on a set of standards, in line with the ESG 2015. The process includes submission of the accreditation proposal, physical or virtual site visit by a Panel of external experts selected from the HAHE Register, drafting of an accreditation Report by the Panel, adoption and publishing of the accreditation decision made by the HAHE Council and submission of a follow-up report. The duration of the accreditation is max 4 years.

HAHE periodically accredits the study programmes of the Greek HEIs, based on a set of standards, in line with the ESG 2015. The process includes submission of the accreditation proposal, physical or virtual site visit (optional for levels 7 & 8) by a Panel of external experts selected from the HAHE Register, drafting of an accreditation Report by the Panel, adoption and publishing of the accreditation decision made by the HAHE Council, submission of a follow-up report. The duration of the accreditation is max 4 years.

HAHE has been a member of the European Association for Quality Assurance in Higher Education (ENQA) since 2015 (as HQA) and is applying for ENQA renewal of membership.

HAHE is applying for inclusion on EQAR.

2. Purpose and scope of the review

This review will evaluate the extent to which HAHE (the agency) complies with each of the standards of Parts 2 and 3 of the *Standards and Guidelines for Quality Assurance in the European Higher Education Area* (ESG) and support the agency in its efforts to continually review and enhance its work. Such an external review is a requirement for agencies wishing to apply for ENQA membership and/or for EQAR registration.

2.1 Activities of the agency within the scope of the ESG

To apply for ENQA membership and EQAR registration, this review will analyse all of the agency's activities that fall within the scope of the ESG, e.g., reviews, audits, evaluations or accreditations of higher education institutions or programmes that relate to teaching and learning (and their relevant links to research and innovation). All activities are reviewed irrespective of geographic scope (within or outside the EHEA) or whether they are obligatory or voluntary in nature.

The following activities of the agency must be addressed in the external review:

- Accreditation of the internal quality assurance systems of the Greek HEIs
- Academic accreditation of the study programmes (levels 6, 7 & 8)¹ of the Greek HEIs

The thematic analyses performed by the agency should be seen in the light of standard 3.4, rather than a stand-alone activity, unless the panel finds further evidence that proves otherwise.

3. The review process

The review will be conducted following the methodology of ENQA Agency Reviews. The process is designed in line with the *Guidelines for ENQA Agency Reviews* and the requirements of the *EQAR Procedures for Applications*.

The review procedure consists of the following steps:

- Formulation of, and agreement on the Terms of Reference for the review between HAHE, ENQA and EQAR (including publishing of the Terms of Reference on ENQA's website²);
- Nomination and appointment of the review panel by ENQA;
- Notification of EQAR about the appointed panel;
- Self-assessment by the agency, including the preparation and publication of a self-assessment report;
- A site visit of the agency by the review panel;
- Preparation and completion of the final review report by the review panel;
- Scrutiny of the final review report by ENQA's Agency Review Committee;
- Publication of the final review report;
- A decision from the EQAR Register Committee on the agency's registration on EQAR;
- A decision from the ENQA Board on ENQA membership;
- Follow-up on the panel's recommendations to the agency, including a voluntary progress visit.

3.1 Nomination and appointment of the review panel

The review panel consists of four members: one or two quality assurance experts (at least one of which is currently employed by an ENQA member agency), an academic employed by a higher education institution, a student member, and potentially a labour market representative (if requested). One of the members serves as the chair of the review panel,

¹ This activity only covers undergraduate programmes (status in October 2021). Following this, the agency's guidelines on the activity relate solely to undergraduate programmes (see [here](#)). Nevertheless, the review should, if existent or in development, cover (to the extent possible) the evaluation of study programmes at levels 7 and 8.

² The agency is encouraged to publish the ToR on its website as well.

and another member as a review secretary. For ENQA Agency Reviews at least one of the reviewers is an ENQA nominee (most often the QA professional[s]). At least one of the reviewers is appointed from the nominees of either the European University Association (EUA) or the European Association of Institutions in Higher Education (EURASHE), and the student member is always selected from among the ESU-nominated reviewers. If requested, the labour market representative may come from the Business Europe nominees or from ENQA. An additional panel member may be included in the panel at the request of the agency. In this case, an additional fee is charged to cover the reviewer's fee and travel expenses.

The panel will be supported by the ENQA Review Coordinator (an ENQA staff member) who will monitor the integrity of the process and ensure that ENQA's requirements are met throughout the process. The Review Coordinator will not be the secretary of the review and will not participate in the discussions during the site visit interviews.

Current members of the ENQA Board are not eligible to serve as reviewers.

ENQA will provide the agency with the proposed panel composition and the curricula vitae of the panel members to establish that there are no known conflicts of interest. The reviewers will have to agree to a non-conflict of interest statement that is incorporated in their contract for the review of this agency.

3.2 Self-assessment by the agency, including the preparation of a self-assessment report

The agency is responsible for the execution and organisation of its own self-assessment process and must adhere to the following guidance:

- Self-assessment is organised as a project with a clearly defined schedule and includes all relevant internal and external stakeholders;
- The self-assessment report is expected to contain:
 - a brief description of the HE and QA system;
 - the history, profile, and activities of the agency;
 - a presentation of how the agency addresses each individual standard of Parts 2 and 3 of the ESG for each of the agency's external QA activities, with a brief, critical reflection on the presented facts;
 - opinions of stakeholders;
 - the instances of partial compliance noted in the most recent EQAR Register Committee decision of inclusion/renewal and any other aspects that may have been raised by the EQAR Register Committee in subsequent change report decisions (if relevant);
 - reference to the recommendations provided in the previous review and actions taken to meet those recommendations;
 - a SWOT analysis;
 - reflections on the agency's key challenges and areas for future development.
- All the agency's external QA activities (as defined under section 2.1) are described and their compliance with the ESG is analysed in the SAR.
- The report is well-structured, concise, and comprehensive. It clearly demonstrates the extent to which the agency performs its tasks of external quality assurance and meets the ESG.

The self-assessment report is submitted to the ENQA Secretariat, which has two weeks to carry out a screening. The purpose of a screening is to ensure that the self-assessment report is satisfactory for the consideration of the panel. The Secretariat will not judge the content of information itself but rather whether or not the necessary information, as outlined in the *Guidelines for ENQA Agency Reviews*, is present. If the self-assessment report does not contain the necessary information and fails to respect the requested form and content, the ENQA Secretariat reserves the right to ask for a revised version within two weeks.

The final version of the agency's self-assessment report is then submitted to the review panel a minimum of eight weeks prior to the site visit. The agency publishes the completed SAR on its website and sends the link to ENQA. ENQA will publish this link on its website as well.

3.3 A site visit by the review panel

The review panel will draft a proposal of the site visit schedule which must be submitted to the agency at least six weeks before the planned dates of the visit. The schedule is to include an indicative timetable of the meetings and other exercises to be undertaken by the review panel during the site visit, the duration of which is usually 2,5 days. The approved schedule must be given to the agency at least one month before the site visit to properly organise the requested interviews.

In advance of the site visit (ideally at least two weeks before the site visit), the panel will organise an obligatory online meeting with the agency. This meeting is held to ensure that the panel reaches a sufficient understanding of:

- The specific national/legal context in which the agency operates;
- The specific quality assurance system to which the agency belongs;
- The key characteristics of the agency's external QA activities.

The review panel will be assisted by the ENQA Review Coordinator during the site visit. The review coordinator will act as the panel's chief liaison with the agency, monitor the integrity of the review process and its consistency, and ensure that ENQA's overall expectations of the review are considered and met.

The site visit will close with a final debriefing meeting in which the panel outlines its general impressions and provides an overview of the judgement on the agency's ESG compliance. The panel will not comment on whether or not the agency would be granted/reconfirmed membership with ENQA or registration on EQAR.

3.4 Preparation and completion of the final review report

Based on the review panel's findings, the review secretary will draft the report in consultation with the review panel. The report will follow the purpose and scope of the review as defined under sections 2 and 2.1. It will also provide a clear rationale for the panel's findings concerning each standard of Parts 2 and 3 of the ESG. When preparing the report, the review panel should also bear in mind EQAR's *Policy on Use and Interpretation of the ESG for the European Register of Quality Assurance Agencies*³ to ensure that the report

³ Available at: <https://www.eqar.eu/about/official-documents/#use-and-interpretation-of-the-esg>

contains sufficient information for the Register Committee to consider the agency's application for registration on EQAR.

A draft will first be submitted to the ENQA Review Coordinator who will check the report for consistency, clarity, and language, and it will then be submitted to the agency – usually within 10 weeks of the site visit – for comment on factual accuracy and grave misunderstandings only. The agency will be given two weeks to do this and should not submit any additional material or documentation at this stage. Thereafter, the review panel will take into account the agency's feedback on possible factual errors and finalise and submit the review report to ENQA.

The report should be finalised within three months of the site visit and will normally not exceed 40-50 pages in length.

3.5. Publication of the report and a follow-up process

The agency will receive the review panel's report and publish it on its website once the Agency Review Committee has validated the report. The report will also be published on the ENQA website together with the statement of the Agency Review Committee validating external review reports by assessing the integrity of the review process and checking the quality and consistency of the reports. Importantly, during this process, and prior to final validation of the report, the Agency Review Committee has the option to request additional (documentary) evidence or clarification from the review panel, review coordinator or the agency if needed. The review report will be published on ENQA website regardless of the review outcome.

As part of the review's follow-up activities, the agency commits to react on the review recommendations and submit a follow-up report to ENQA within two years of the validation of the final external review report. The follow-up report will be published on the ENQA website.

The follow-up report may be complemented by an optional progress visit to the agency performed by two members of the original panel (whenever possible). The visit, which normally takes place 2-3 years after the verification of the final external review report (and after submission of the follow-up report), aims to offer an enhancement-oriented and strategically driven dialogue that ordinarily might be difficult to truly integrate in the compliance-focused site visit. The progress visit thus does not have the objective of checking the agency's ESG compliance or how the agency has followed up on the recommendations, but rather provides an arena for strategic conversations that allow the agency to reflect on its key challenges, opportunities, and priorities. Should the agency not wish to take advantage of this opportunity, it may opt out by informing the ENQA Review Coordinator about this.

4. Use of the report

ENQA will retain ownership of the report. The intellectual property of all works created by the review panel in connection with the review contract, including specifically any written reports, will be vested in ENQA.

The report is used as a basis for the Register Committee's decision on the agency's registration on EQAR. In the case of an unsuccessful application to EQAR, the report may

also be used by the ENQA Board to reach a conclusion on whether the agency can be admitted/reconfirmed as a member of ENQA. The review process is thus designed to serve two purposes. In any case, the review report should only be considered final after validation by the Agency Review Committee. After submission to ENQA but before validation by the ARC, the report may not be used or relied upon by the agency, the panel, or any third party and may not be disclosed without ENQA's prior written consent. The approval of the report is independent of the decision on EQAR registration or ENQA membership.

For the purposes of EQAR registration, the agency will submit the review report (once validated by the Agency Review Committee) to EQAR via email. The agency should also include its self-assessment report (in a PDF format), a Declaration of Honour, and any other documents that may be relevant for the application (i.e., annexes, statement to the review report, updates). EQAR is expected to consider the review report and the agency's application at its Register Committee meeting as stipulated in the indicative review schedule below and before the decision on ENQA membership by the ENQA Board.

To apply for ENQA membership, the agency is also requested to provide a letter addressed to the ENQA Board outlining its motivation for applying for membership and the ways in which the agency expects to contribute to the work and objectives of ENQA during its membership. This letter will be considered by the Board together with the confirmation of EQAR listing when deciding on the agency's membership. Should the agency not be granted the registration in EQAR or the registration is not renewed, the decision on ENQA membership will be taken based on the final review report, the application letter, and the statement from the Agency Review Committee. The decision on membership will be published on ENQA's website.

5. Indicative schedule of the review

Agreement on Terms of Reference	August 2021
Appointment of review panel members	September 2021
Self-assessment completed	September (20/09/2021)
Screening of SAR by ENQA Review Coordinator	October 2021
Preparation of the site visit schedule and indicative timetable	November 2021
Briefing of review panel members	December 2021
Review panel site visit	January 2022
Draft of review report and its submission to ENQA Review Coordinator for verification of its compliance with the Guidelines	February/March 2022
Draft of review report to be sent for a factual check to the agency	March 2022
Agency statement on the draft report to the review panel (if necessary)	April 2022
Submission of the final report to ENQA	April 2022
Validation of the review report by the Agency Review Committee	May 2022
Publication of report	June 2022
EQAR Register Committee meeting and initial consideration	Autumn 2022
Decision on ENQA membership by the ENQA Board	June 2022



European Association for
Quality Assurance in Higher Education

Dr. Christina Besta
Director General
Hellenic Authority for Higher Education (HAHE)
1 Aristidou & 2 Evripidou Str.
10559 Athens
Greece

Brussels, 23 September 2022

Subject: Statement on validation of the external review report of HAHE

Dear Dr. Christina Besta,

I would like to inform you that, at its meeting on 5 September 2022, the ENQA Agency Review Committee validated the external review report of HAHE. The Committee concluded that the report has been produced in accordance with the Guidelines for ENQA Agency Reviews. This is in line with article 26, paragraph 2 of ENQA's Rules of Procedure, which states that the review report can be further used only once this statement of validation has been issued. The purpose of this statement is to set out the committee's views on the quality of the final report and consistency of the panel's evaluation on the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

The committee made the following observations on the review report that was submitted for scrutiny:

On the ESG 2.4, the committee analysed the additional information that was provided by the panel, following the committee's request dated 10 June 2022. In their response, the panel noted HAHE's systematic efforts in training of experts, the existence and applicability of criteria for panel composition, managing of possible conflict of interest, and involvement of international experts. Furthermore, the committee discussed whether the lack of student involvement in the agency's external quality assurance is critical to HAHE's non-compliance on this standard, as judged by the panel. Since the requirement of ESG 2.4 on this matter is fundamental, and student involvement is crucial to the spirit of (external) quality assurance in the EHEA, the committee agreed with the panel's judgement on the agency's non-compliance with this standard.

Secondly, in relation to ESG 3.4, the committee concluded that HAHE is non-compliant with this standard due to the lack of the agency's activities related to thematic analysis. In the panel's response to the committee's request dated 10 June 2022, the panel stated: "The review panel considers that the standard 3.4 is indeed not formally met in its entirety at this stage of the development of the agency. This is partly due to the status and missions of the agency that led it to focus on accreditation and financing criteria



Εθνική Αρχή
Ανώτατης Εκπαίδευσης
Hellenic Authority
for Higher Education

Complaint to ENQA

Contents

Executive Summary	3
ESG 2.4 Peer review.....	5
ESG 3.4 Thematic analysis	9
ESG 2.7 Complaints and Appeals.....	14
ESG 3.5 Resources	18
ESG 3.6 Internal Quality Assurance	23
ESG 2.2 Designing fit-for-purpose methodologies	28

Executive Summary¹

In February 2022, the Hellenic Authority for Higher Education underwent its external review in the context of its application for renewing its ENQA membership. The Authority having submitted its self-assessment report prepared for and participated in the phase of site visit, according to ENQA's guidelines.

The Authority received, carefully went through and reflected on the external review report that was prepared by the Review Panel and the validation of this report by the ENQA Agency Review Committee. To our dismay, we saw that very few of the factual errors/clarifications listed in our factual error lists were taken into account and, as a result, the document paints an inaccurate and unfair picture of the Hellenic Authority for Higher Education (HAHE). The report and the subsequent judgement of the ARC suffer from a number of significant weaknesses that prompts us to submit a formal complaint.

The main points of our complaint, which is analysed in the pages that follow, are presented below:

- 1) The Panel avoids using as evidence a significant body of material (i.e. the Quality Manual, Annual Reports, additional documentation) that was made available to them. This problem was identified and clearly mentioned in our factual errors list, submitted to the panel twice. The factual errors refer to certain omissions and misunderstandings of the panel regarding the available documentation.
- 2) The Panel almost exclusively refers to discussions **as the only evidence** and invokes dialogues that cannot be verified, especially in case of contradiction to the written material submitted by the Authority. Thus, the Panel fails to use all the information at its disposal, especially regarding standards 2.4, 3.4, 2.7, 3.5, 3.6 and 2.2.
- 3) The Panel omits to refer to the facts and material that prove the Authority's efforts to remedy deficiencies in certain areas (i.e. student participation, resources) and as consequences does not recognize the significant progress we have achieved. More specifically, the evidence presented by the Panel to support their conclusions fails to cover the breadth of the standards. Several important positive facts are ignored and not mentioned in the final review report. These facts have been included in the SAR and the additional material submitted (an example is presented in Point 4).
- 4) The Panel does not provide any information on the progress achieved since the Authority's previous evaluation up to this date and only focuses on weaknesses that are presented in an absolute manner. Thus, the Panel chooses to ignore the considerable improvement in all processes and procedures despite the legal impediments for which the Authority is not responsible.
- 5) The Panel insists that we do not have formal written procedures (i.e. for handling Complaints and Appeals, thematic analysis) when there is clear evidence based on HAHE's publicly available material, that we do.

¹ Important Note:

- a) The Review Panel is referred as the Panel.
- b) The Hellenic Authority for Higher Education is referred as HAHE or the Authority.
- c) The Agency Review Committee is referred as ARC.

- 6) The Panel regularly draws conclusions on our quality assurance operations from the procedures stemming from the new role and the additional responsibilities of HAHE (mainly the tasks handled by the Supreme Council).
- 7) The Panel exhibits an incomprehensible aversion to quantitative data and repeatedly argues that their value is marginal or irrelevant to quality assurance. Aside from the error in this hypothesis, the Panel often reduces our quality assurance processes to data collection procedures.
- 8) The Panel often disregards the fact that the period of evaluation is 2015-20 (the year 2021 was added due to the pandemic) and focuses on our operation during the last year, which also happened to be a year in transition for HAHE and the Greek HEIs.

We feel, therefore, obliged to express serious doubts as to whether the Panel has followed the evaluation methodology and the relevant rules applicable to the external evaluation of national quality assurance agencies in the EHEA and to request an opportunity to convince ENQA that the Hellenic Authority for Higher Education is compliant to ESG.

ESG 2.4 Peer review

Main points

- ▶ The Panel fails to present as evidence the changes implemented since the previous review in this ESG. Prior to 2020, students had never participated in review panels or in the Board of the Authority because of lack of relevant provisions in the national legal framework.
- ▶ Even though the Authority had presented the facts and the action we took over the years to remedy the situation, during the review and in the factual errors list, the Panel expresses an absolute and dismissive judgement, claiming that the Authority did nothing about it because we were not “aligned in this conviction”.
- ▶ In particular, the Panel did not mention in the report the information available from SAR, the review procedure and the F.E. list, and as a result, it did not recognize that the Authority, through its strategy, succeeded in
 - a) the development of an institutional framework,
 - b) the development of a mechanism for student participation in quality assurance procedures (registry),
 - c) the participation of students in HAHE governance,
- ▶ and, finally, that HAHE managed to overturn a chronic weakness in Greece. Since last May, we have carried out more than 30 accreditations with a student participating in the panel.

Evidence/Documentation

ESG Standard 2.4 Peer Review

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

Guidelines:

At the core of external quality assurance is the wide range of expertise provided by peer experts, who contribute to the work of the agency through input from various perspectives, including those of institutions, academics, students and employers/professional practitioners.

In order to ensure the value and consistency of the work of the experts, they

- are carefully selected;

- have appropriate skills and are competent to perform their task;

- are supported by appropriate training and/or briefing.

The agency ensures the independence of the experts by implementing a mechanism of no-conflict of-interest.

The involvement of international experts in external quality assurance, for example As members of peer panels, is desirable as it adds a further dimension to the development and implementation of processes.

The Panel based its criticism on the belief, that the Authority did not do everything necessary for student participation in the panels, stating, among other things, verbatim (see p. 41/70 of the Report - Analysis): “Much could have been done if there was the conviction that this was a necessary building-block in the creation of a fully comprehensive quality assurance system

and if all parties were aligned in this conviction". It further stated that, "If HAHE commits to the principles underpinning the ESG 2015, it can and should have taken action over the past five years ". (see p. 41/70 of the Report- Analysis)

1. This conclusion is unfounded because it is based not on HAHE's actions but on arbitrary assumptions about the Authority's alleged beliefs. It represents a complete distortion of HAHE's intentions and its principles, which are firm and non-negotiable, and were very clearly communicated to the Panel.
2. **The Panel's claim is not accurate**, probably due to the unfamiliarity of the Panel with Greek Law and their misinterpretation of certain provisions. As the Authority explained to the Panel and in the F.E list, during this one-and-a-half year (and not two years, as the Panel incorrectly states in its final analysis) that passed since the establishment of the legislative framework for the inclusion of students in the panels, the preconditions were examined and the legal procedure was clarified for the implementation of the new law. Among the necessary preconditions, according to the law, were the creation of a student registry and the beginning of a new accreditation cycle. As soon as the second condition was met, the Authority began forming accreditation panels with student participation.
3. However, although we listed in detail the current legislative framework and the actions that the Authority could and should have taken, the evidence we presented on this matter was completely ignored, both during the review and in the list of factual errors.

To set the record straight, we repeat the steps that ushered in the participation of students in the Evaluation and Accreditation Council of HAHE and in the External Evaluation and Accreditations Panels (EEAPs). These steps were communicated to the Panel either by documents like SAR, or verbally during the review, or written in our factual errors list.

- a. The Ministers of Education from 2015 till July 2019 did not enact any legislation regarding student participation, despite the requests of HQA. The new Minister accepted HQA's request and added the provision in the first Law on Higher Education that she introduced to the Parliament, which also included the change of HQA into HAHE. This law was voted on in January 2020 (Law 4653/2020).
- b. The new Evaluation & Accreditation Council of HAHE had its first student member ever as soon as it was appointed in April 2020.
- c. Unfortunately, the original provision of 4653/2020 for student participation in the panels was not functional because it severely limited the pool of students that could participate in EEAPs. Indeed, the law stipulated the creation of a Student Register, consisting of the students who were members of the Quality Assurance Units (QAUs) of HEIs. When HAHE sent a letter to all QAUs asking for student names for the Register, we received only 5 from all the HEIs of the country². HAHE immediately recognized the problem and **took action**.
- d. The new President of HAHE, in his first official meeting with the Minister of Education on 16/4/2020, proposed another amendment to article 8 of Law 4653/2020, which would allow HAHE issue a nationwide call to students to apply for inclusion to the Student Registry. This last amendment was voted on in June 2020 (**L.4692/2020**).

² As we have already explained to the Panel and in our lists of factual errors, student members to all administrative bodies in Greek HEIs are appointed by the student unions. The latter have been generally opposed to quality assurance and any steps towards EHEA because "it contributes to globalization".

- e. The Authority took the initiative, submitted proposals, negotiated hard, and put pressure on all competent bodies to overcome the obstacles to student participation in quality assurance. These actions clearly reflect our belief in and desire for student participation in the panels. And we succeeded. Unfortunately, this seems to be ignored by the Panel, although all the necessary evidence was brought to its attention.
- f. Immediately after the passing of the new law, the Authority initiated the procedures for the creation of **the Student Register**.
- g. However, despite HAHE's wish and readiness to include students in the panels, another provision in the 4653/2020 Law dictated that the current accreditation schedule (all programs that had applied in response to the public call on **20/11/2019**) had to be completed according to the previous legislation (incl. article 59 par. 8 of Law 4653/2020). **So we had to wait until the new round of accreditations.**

The Panel's argument that "*there was no legal obstacle to the use of students as observers*" is in conflict with the Authority's obligation to implement the composition of External Evaluation and Accreditations Panels as provided by law. Transitional provisions were mandatory. If the Authority did not implement these transitional provisions, the legality of the panel's composition would be at risk.

It was not a matter of choice or conviction of the Authority. It was a matter pertaining to the legality of the process (**see attached annex I, legal interpretation**, which analyzes the entire legal framework in force in Greece regarding the establishment of collective bodies - committees, the rules applied, the case law of the Supreme Courts and the delimitation of the action of administrative authorities, such as the HAHE, by state laws).

- h. The Authority did, in fact, implement the formation of panel with a student participation from the very first accreditation of the new round of accreditations published after the new law came to force (public call **23/7/2021**) and today 30 accreditations have already been carried out with student participation (**see attached annex II - details of panels formation with a student participation**).

5. Furthermore, the judgement of the Panel **is inaccurate and unjustified**, because all student participation in the panels has been achieved exclusively due to the Authority's efforts.

- a) It was the Authority that identified the lack of student participation as a problem and highlighted the importance of this issue in its strategy. The Authority communicated this to the leadership of the Ministry of Education and included it in the **SAR already in 2019**. This fact was made known to the Panel by the Authority, but it was not properly evaluated by it (**SAR p. 72 SWOT analysis-Weaknesses 'Legal barriers regarding students' participation and the implementation of quality assurance results by the HAHE**)³.
- b) Student participation in quality assurance was a significant part in all the discussions of the Authority with the competent bodies, including HEIs. Our efforts paid off and we succeeded to change the law twice, amid the COVID pandemic, to complete all pending accreditation procedures, and to create the Student Register as soon as the appropriate legal framework was established. All accreditations have since taken place with a student in EEAPs.

³ HAHE (2021) Self-assessment report https://www.ethaae.gr/images/articles/SAR_2021.pdf

- c) In addition, the Panel's misunderstanding of the Authority's actions is also inferred from the fact that the Panel recommends that the Authority seek external assistance to implement a training program for students. We believe that, at this point, the Panel issues a recommendation, **which does not result from any identified weakness** for the training of students, thus discrediting the work and the capabilities of the Authority. The Panel **assumes** that the Authority has failed to train the students, which is not true and contradicts the previous ideas of the report in this regard.

Considering that the Authority does not have legislative powers, but it can only propose changes in legislation and implements them, the Panel, and consequently the ARC, were incorrect in their statement that there was no legal barrier to student participation in the committees.

Therefore, no responsibility or negligence of HAHE can be established regarding the non-participation of students in the panels, for the time period they could not participate. The Panel not only unjustly puts the blame for the lack of legislation or faulty legislation on the HAHE, but it also fails to recognize the Authority's successful efforts to remedy this situation.

ESG 3.4 Thematic analysis

Main points

- ▶ The claim of the Panel that the Authority collects data instead of performing a Thematic Analysis remains in the final report, even though we pointed out many times in the factual errors list, that this claim is untrue.
- ▶ Based on the above claim, the Panel concludes that the Authority “in this early stage” collects data for the allocation of funding, ignoring the relevant description in the SAR and the documents (i.e. the Annual Reports) which were delivered to it.
- ▶ The above false claim is repeated to the ARC, which erroneously concludes that the Authority is non-compliant with this ESG, without looking at any new information or the hard evidence.
- ▶ The Authority carries out the Thematic Analysis on an annual basis, since 2015 (prior to the change of its mission by Law 4653/20), through the study of accreditation reports and utilizes the conclusions for improvement actions.

Evidence/Documentation

According to the European Standards and Guidelines:

ESG Standard 3.4 Thematic Analysis

Standard:

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

Guidelines:

In the course of their work, agencies gain information about programs and institutions that can be useful beyond the scope of a single process, providing material for structured analyzes across the higher education system. These findings can contribute to the reflection and improvement of quality assurance policies and procedures in institutional, national and international contexts. A thorough and careful analysis of this information will show developments, trends and areas of good practice or persistent difficulty.

On this specific criterion, the following are highlighted:

- No evidence was presented by the Panel supporting their claim that the information and data collected are irrelevant to the thematic analysis. In fact, the Panel never asked for information on the type and use of the data involved, neither during the review nor in the supplementary material. The Panel does not know what the data is, what information was collected, how it was used and how it relates to the thematic analysis. And yet the Panel claims that this is irrelevant to the thematic analysis.
- The rationale for the non-compliance judgement by ARC is based solely on a statement quoted by the Panel to the committee on 10.6.2022, and repeated in the letter dated 23.09.2022, as a critical consideration: *“This is due, in part, to the organization's status and missions leading it to focus on accreditations and funding criteria rather than qualitative evidence at this early stage. But the review Panel also considers that the quantity and nature of data collected by the agency will allow it to implement real*

thematic analysis quite easily in the near future, although no precise information or planning on this has been provided by the panel."

At this point, we reasonably note:

- The ARC' change of the Panel's judgment from "partial compliance" to "non-compliance" is not based on any new evidence and is completely unjustified and arbitrary.
- Equally unfounded in and arbitrary is the Panel's statement that: *"This is due, in part, to the organization's status and missions leading it to focus on accreditation and funding criteria rather than qualitative evidence at this early stage"*. The Panel failed to ask for relevant information and therefore to support their claim with any evidence. We also note that the Authority carries out the Thematic Analysis every year since 2015, while the "alleged" new mission (allocation of funding) was only established in 2020 (Law 4653/20). The ARC cannot base its verdict on complete ignorance of the facts and on arbitrary assumptions.
- The Panel contradicts its very verdict when it states that: *"But the review committee also considers that the amount and nature of the data collected by the agency will allow it to implement real thematic analysis fairly easily in the near future, although they have not provided accurate information or planning about it by the jury."* Since the Panel does not recommend any change in the nature of the data collection, it admits that the data collected are suitable for thematic analysis.
- The Authority's work implements ESG criterion 3.4, according to which "bodies should regularly publish reports that describe and analyze the general findings of their external quality assurance activities".
- The Authority systematically carries out a thematic analysis (30-50 pages) based on the experts' reports and publishes the relevant results in the context of the Authority's Annual Report, since 2015. We delivered these files to the Panel during the review.
- The Authority has taken into account several SARs of other agencies and mainly ENQA's thematic analysis (2015-18), which was used as a best practice. In a large part of it, the scope and methodologies are identical to those used by the HAHE.
- Next, the ARC letter urges us to examine the practices followed by other agencies to better understand this standard. As already stated above, we thoroughly reviewed all the External Review Reports of several other Agencies and countries (AVAP/Spain, ANQA/Armenia, HKCAAVQ/ Hong Kong, AI/Denmark, ACQUIN/Germany, ASHE/Croatia, FINEEC/Finland, HCERES/France, AEQES/Belgium and ÜKA/Sweden) according to its proposal (see also factual error checking 36a). Our respective study confirms the existence of a significant variety and range of approaches applied for this specific criterion, many of which are identical to our own approach. Certainly, the interpretation followed by the HAHE falls within the supported interpretations and is in full agreement with the particular criterion. In our understanding, Thematic Analysis is a type of qualitative analysis characterized by a variety of approaches for conducting it (Nowell et al., 2017, Alhojailan, 2012, Boyatzis, 1998)⁴. This is also highlighted in the ENQA report entitled 'Differentiating external quality assurance in

⁴ Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1), 1-13.

Alhojailan, M.I. (2012). Thematic Analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences*, 1(1), 39-47.

Boyatzis, R. E. (1998). *Transforming qualitative information: thematic analysis and code development*. Sage.

the EHEA', which states that the Bodies carry out external quality assurance activities in accordance with the needs of the higher education systems they serve (and the various stakeholders) and taking into account the specifics of the context. The purpose of Thematic Analysis is to identify topics (Maguire & Delahunt, 2017)⁵, which are important for a specific field, in our case quality in higher education. According to relevant literature, Braun & Clarke's (2006)⁶ 6-step framework has been the most influential methodology for thematic analysis due to its simplicity. The six steps of the framework are as follows:

Step 1: Familiarize yourself with the data (accreditation reports: judgments, strengths, weaknesses, recommendations)

Step 2: Create initial codes (data organization)

Step 3: Search for themes (data clustering)

Step 4: Revise themes (overview, modify and develop themes)

Step 5: Define themes (the essence/core of the themes)

Step 6: Draft (writing the report).

ENQA's 2020 Thematic Analysis report (p. 7) states that: "Approaches to meeting the requirements of ESG 3.4 include some or all of the elements listed below:

- The systematic use of quality assurance reports for analysis.
- Thematic reports on specific topics.
- Additional information gathering (through internal or external projects and possibly involving other parties, such as other national institutions or agencies)' (Tomas & Kelo, 2020)⁷.

Thematic Analysis is a key systematic activity for our Authority, directly intertwined with external quality assurance, the continuous improvement of internal and external quality assurance procedures and HAHE's role in formulating a strategy for Greek higher education. It is carried out on an annual basis following a methodological framework, in accordance with the requirements of the Thematic Analysis, as defined in the international literature.

Based on the ESG 3.4 description, "*In the course of their work, agencies gain information about programs and institutions that can be useful beyond the scope of a single process, providing material for structured analyzes across the higher education system*", the Authority implements activities which are explained in our self-assessment report. Indeed in SAR page 42, it is stated that: "*The HAHE annually, through its quality assurance activities, collects and processes a significant wealth of data and information regarding quality in higher education. It more specifically studies and analyses experts` reports findings and recommendations, raw data from institutions and their key performance indicators (through the NISQA), international trends in higher education and the country`s performance, comments and suggestions regarding the processes made by the experts and the institutions. The knowledge which is produced, allows for sound conclusions with respect to the weaknesses, strengths and areas for improvement at the institutional and study programme level. These conclusions are included in the Authority`s annual report, which represents a guide and a useful tool for their*

⁵ Maguire, M., & Delahunt, B. (2017). Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. *The All Ireland Journal of Teaching & Learning in Higher Education*. 9(3), 3351-33514.

⁶ Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative research in psychology* 3(2), pp. 77–101

⁷ Tomas, C., & Kelo, M. (2020). ESG 2015-2018 ENQA Agency Reports: Thematic Analysis. ENQA

further utilization. In addition to that, all the Authority's reports and studies are published (open access) on its website. For example, documents which are produced from the HAHE's quality assurance activities (e.g. institutional /departmental/study programme external evaluation reports, IQAS and study programmes accreditation reports) are also freely and publicly available⁸."

The above approach to the specific criterion is relevant to the approaches used by other agencies (eg AEQES, UKA, AI). The purpose of the Thematic Analysis is to present the findings of the external quality assurance activities (i.e. IQAS and SP accreditation) mainly in a qualitative manner. Of course, some quantitative analysis is presented to illustrate compliance rates (overall and by standard principle), frequency of strengths and weaknesses, identification of cases of partial compliance, as well as frequency of Panel recommendations (as other bodies also do). Some key elements of the experts who participated in the External Evaluation and Accreditation panels are also presented, together with their comments on the process. This is the first part of the Thematic Analysis.

In this part (in the case of IQAS accreditation), HAHE through the analysis of Accreditation Reports identified (among other things) a high proportion of recommendations regarding the structure and operation of IQAS. Using the inference method to assess each recommendation, the HAHE concluded that the reasons for these weaknesses are the quality of staff, the inefficiency of existing processes and the data/information collected by the HEIs' Quality Assurance Units (QAUs).

To remedy these weaknesses, HAHE designed a project to strengthen the Quality Assurance Units, funded by the National Strategic Reference Framework (ongoing). The project aims to improve the quality of IQAS operation by training staff on quality-related issues, re-engineering processes, automating data flows among universities and modernizing HAHE and IT. In fact, this is a concrete example that clarifies how Thematic Analysis generally contributes to the improvement of the overall system.

- The second part of the Thematic Analysis uses the findings of the first part to identify emerging issues, trends and challenges for Greek Universities, combined with international developments (this stage includes the gathering of information e.g. best practices, gathering data for specific issues such as sustainability). It aims to provide institutions and stakeholders with insights into future areas of development and outline important aspects for higher education with reference to international practices. These aspects are also areas for future state interventions through relevant initiatives and responsibilities for higher education, legal amendments, etc.
- Some of the challenges previously identified in the Thematic Analysis include “brain drain”, the COVID - 19 pandemic and the digitization of higher education, sustainability, organization and governance of universities (effectiveness, efficiency and quality – nexus, mergers and alliances) and graduate follow-up. In terms of graduate tracking, HAHE is coordinating a project (funded by the National Strategic Reference Framework) to develop the National Graduate Tracking System, based on European experience which will enable better alignment of curricula/study programmes with the needs of labor market and will contribute to skills and employment forecasting.

⁸ HAHE (2021) Self-assessment report https://www.ethaae.gr/images/articles/SAR_2021.pdf

Overall, the themes emerging from the Thematic Analysis are included in the HAHE Annual Report. The Annual Report is published on the Authority's website, distributed among its stakeholders (e.g. Ministries, Chambers and Professional Organizations, Universities) and presented to the Hellenic Parliament. Specific issues arising from the Thematic Analysis were presented at Rector's Synod, HEI's meetings and conferences in which HAHE participated (please see the brochure of the conference on quality assurance in Greek universities organized by the University of the Aegean in November 2021).

Consequently, our approach to thematic analysis is not only theoretical, but practical and substantive. In addition, it is based on international studies and methodological interpretations, is systematic and includes the production of reports/studies on specific topics and the collection of additional information/data. Regarding the results, these are published and distributed among our stakeholders (via our annual report).

Therefore, since we have followed step by step the proper practices and approaches in these matters, it is impossible for us to understand the reason for which the Panel considered that we do not meet this criterion.

In summary, we consider that the Panel, and more importantly the ARC, erred in their assessment for two fundamental reasons: First, because the Panel's main and erroneous claim is that the Authority collects data for the purposes of University funding; and second because the ARC took the Panel's aforementioned assertion as a well-founded conclusion.

ESG 2.7 Complaints and Appeals

Main points

- ▶ Panel's claim of lack of relevant procedure is not true
- ▶ Even though this procedure is non data-driven, the review panel saw a strong focus on the collection of data
- ▶ HAHE delivered the complaints and appeal procedure as a specific step, published in the accreditation guide and in Quality Manual.
- ▶ HAHE had already implemented the process in four cases

Evidence/Documentation

ESG Standard 2.7 Complaints and appeals

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

Guidelines:

In order to safeguard the rights of the institutions and ensure fair decision-making, external quality assurance is operated in an open and accountable way. Nevertheless, there may be misapprehensions or instances of dissatisfaction about the process or formal outcomes.

Institutions need to have access to processes that allow them to raise issues of concern with the agency; the agencies, need to handle such issues in a professional way by means of a clearly defined process that is consistently applied.

A complaints procedure allows an institution to state its dissatisfaction about the conduct of the process or those carrying it out.

In an appeals procedure, the institution questions the formal outcomes of the process, where it 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.

The Panel claim that *'When an institution makes an appeal, there is an absence of external adjudication in the mechanism used. This exposes HAHE to the potential accusation of lack of independence in its appeal mechanism'*, remains in the final review report, regardless of our clarification given in the factual errors list.

The Panel also states that *'In attempting to elucidate the thinking of the agency on the handling of external complaints and appeals, the review panel saw a strong focus on the collection of data and scope for expansion of its thinking on the qualitative dimensions of all forms of dispute resolution'*. This statement also lacks of evidence and it is non understandable to us because no data is used in the procedure implementation.

In fact, HAHE delivered the complaints and appeal procedure as a specific step in the accreditation guide addressed to the HEI's and to its Quality Manual.

In the [Authority's Quality Manual](#), the right of each Institution to submit an appeal/complaint against a HAHE's decision is stated clearly and in detail. This right appears as a separate step in the Accreditation process (5.1) and is also mentioned in the Accreditation Guide. The Quality Manual and the Accreditation Guide had been made available to the Panel.

The Authority has compiled the Rules of Operation of the Appeals and Complaint Committees that define the framework for Appeals and Complaints. This document was also sent to the Panel together with a list of appeals that had been submitted to HAHE and examined prior to the review.

HAHE has included in its SAR a brief description of the existing procedures for handling complaints and appeals. Our process is similar to the relevant ENQA process, as described in its Rules of Procedures.

Quoting from SAR, pp. 68-69

*“The HAHE constitutes a provider of quality assurance services to higher education institutions. Services are indeed complex processes in which there is a high degree of people involvement, something that makes mistakes and oversights inevitable. Potential problems might relate to the process itself as well as the receiver of services with negative consequences (e.g. delays). Service organizations oriented towards excellence should have in place an effective service recovery and complaint management system. The Authority distinguishes between recovery, complaints and appeals. Hence, it is committed in immediate action taking in cases of errors and problems, before and/or after a service recipient leaves the service system. First and foremost, the HAHE behaves proactively and regularly asks for feedback from institutions (service recipients) regarding possible weaknesses and overall quality level of the provided services. By doing this, the Authority is able to quickly identify problematic areas and improve. However, complaints may arise and come not only from higher education institutions but also from its stakeholders. In order to be able to effectively address potential complaints, the HAHE has designed and implements a systematic process for resolving them. **The complaint management process** is built on quick response and reliability, continuous service recipient updates, trained staff, specified Authority-service recipient touch points, problem identification and root cause analysis to prevent recurrence. The process includes the following steps:*

1. *Submission of a written complaint*
2. *Examination of the complaint by the HAHE*
3. *Response by the HAHE to complainant*
4. *Closure of the complaint case*

It is important to point out that the Authority supports staff learning. Hence, it cares for the development and maintenance of a relevant quality culture that does not penalize failure but rewards learning and problem solving (which relate to complaints). In this way, the staff (under the guidance of senior officers) gradually becomes even more capable and confident in dealing with service problems and complaints.

*Furthermore, the HAHE has developed **an appeal procedure**. It is the 5th phase of the Accreditation Management Process (5.1) outlined in the Authority's Quality Manual and the*

Accreditation Guide. According to the appeals procedure provided for, the Institution may question the formal outcomes of the IQAS/USP/FLP/NSP accreditation process, where it can demonstrate that the outcome is not based on sound evidence, that criteria have not been correctly applied or that the procedures have not been consistently implemented. The steps of this process (only for the accreditation procedure) are briefly described below:

1. *The institution places a written appeal against the HAHE decision.*
2. *The E&A Council assigns the investigation of the appeal to the appeals` committee.*
3. *The Committee examines the appeal and request further evidence (if required) by the institution.*
4. *The Committee submits a report to the E&A Council, which is final.*
5. *The E&A Council accepts or rejects the appeal.*
6. *The HAHE sends its final decision to the institution.*

If the Institution wishes to appeal the decision of the E&A Council or the judgement by the Accreditation Panel that it is not compliant with the HAHE Standards, the HAHE Appeals and Complaints Committee will hear the appeal. The Committee consists of 3 ex HAHE members (emeriti university professors).

Furthermore, the HAHE systematically welcomes feedback (positive and negative) from everyone (institutions, experts, stakeholders) involved in its quality assurance activities and uses it for learning and improving."

The following Table presents a list of appeals submitted by HEIs prior to the Review regarding accreditation results. These appeals have been handled by HAHE according to the above procedure.

Table: Cases of appeals submitted to HAHE until the end of 2021

#	STUDY PROGRAMME	INSTITUTION	ID
1	Political Science and International Relations	University of Peloponnese	10759/27-06-2019
2	Computer and Informatics Engineering	University of Patras	282/40324/18-11-2019
3	Theater Studies	National and Kapodistrian University of Athens	24534/25-10-2021
4	Accounting and Finance	University of Macedonia	1263/24970/19-11-2021

It should also be emphasized that the Authority is governed by the applicable laws and rules of law that apply to all administrative procedures and in particular by the Code of Administrative Procedure, which establishes in article 24 (law 2690/1999) the right to apply remedy against any act of administrative authority. The Article defines, among other things, verbatim the following:

"ADMINISTRATIVE APPEALS - REPORTS. Article 24 - Request for treatment - Hierarchical appeal: "1. If the relevant provisions do not provide for the possibility of exercising, in accordance with the next article, a special administrative or internal appeal, the interested party, for the restoration of material or moral damage to its legal interests caused by an individual administrative act, may, for any reason, with its application, to request, either from the administrative authority that issued the act, its revocation or amendment (remedial

request), or, from the authority that is in charge of the one that issued the act, its annulment (hierarchical appeal). 2. The administrative authority to which the application is submitted, according to the previous paragraph, must notify the interested party of its decision on this application within thirty (30) days at the latest, unless special provisions provide for a different deadline...".

In summary, on the basis of the above, it directly follows that there is a regulatory framework for the submission of objections by any affected person, both in accordance with the Special Regulation of the Authority, and in accordance with the applicable national legislation, which is applicable additionally and applies to all (erga omnes).

Therefore, all parties involved in the accreditation process, i.e. both the institutions and any person with a legal interest, can file either an objection (according to the Regulation) or a request for remedy (according to the general provisions of the Code of Administrative Procedure).

In conclusion, we consider that the judgment of the Panel to review the overall framework of the objections is vague and unsubstantiated, as it does not focus on any specific deficiency. Moreover, it seems to completely overlook existing evidence to the contrary. HAHE has in place a rigorous procedure for handling Complaints and Appeals, which is in line with ENQA guidelines.

ESG 3.5 Resources

Main points

- ▶ The Panel appears confused, unable to understand the situation. It concludes that the SAR does not present the issue properly.
- ▶ The point of criticism is not clear, whether it is the composition of the resources (national and European in a ratio of 50-50) or their adequacy.
- ▶ The Panel considers that human resources are insufficient and that they are not utilized in quality assurance but in data collection.
- ▶ The Authority, despite all shortcomings, has achieved significant progress with the increase of staff and funding, with the development of organizational structure, the development of digital tools, equipment and infrastructure, the accumulation of know-how and other intangible resources.

Evidence/Documentation

ESG Standard 3.5 Resources

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

Guidelines:

It is in the public interest that agencies are adequately and appropriately funded, given higher education's important impact on the development of societies and individuals. The resources of the agencies enable them to organise and run their external quality assurance activities in an effective and efficient manner. Furthermore, the resources enable the agencies to improve, to reflect on their practice and to inform the public about their activities.

1. Clarity of Financial Data

From the observations made by the Panel, it is clear that it had difficulty understanding the Authority's financial situation. This may be partly due to the relevant presentation in the SAR (see SAR Tables 4 to 6, pages 49-50 reproduced below) and partly to the Panel's unfamiliarity with NSRF funding.

Regular Budget

As appears in Table 4, from 2015 until 2017 the Authority's budget presented an average year-over-year increase by 37.18%, even though the situation between 2010 and 2015 has been worse, characterized by a decline of 45%. The Regular Budget for 2019 (before the change in the legal framework of the Authority in 2020) increased by 8,7% in comparison with the previous year (2018).

Table 4 : HAHE Regular Budget 2010-2019

	HAHE REGULAR BUDGET	2019	2018	2017	2016
0000	Service Provision	667.570,94 €	647.633,41 €	662.278,06 €	517.205,80 €
	0200 Personnel Costs (administrative staff)	545.411,55 €	512.714,18 €	507.325,91 €	378.264,20 €
	0300 Special personnel costs (president, Council member, Director General)	52.393,97 €	47.740,72 €	48.884,64 €	47.425,90 €
	0500 Additional services (insurance and other contributions)	0,00 €	0,00 €	0,00 €	0,00 €
	0700 Travel expenses	19.684,78 €	8.547,25 €	8.596,49 €	7.736,30 €
	0800 Other services	50.080,64 €	78.631,26 €	97.471,02 €	83.779,40 €
1000	Property and equipment supplies	41.651,21 €	4.847,74 €	20.744,22 €	21.108,30 €
	TOTAL	709.222,15 €	652.481,15 €	683.022,28 €	538.314,10 €

2015	2014	2013	2012	2011	2010
344.660,00 €	449.100,00 €	487.811,00 €	316.600,00 €	620.026,00 €	621.517,95 €
290.940,00 €	221.370,00 €	68.685,00 €	5.100,00 €	111.685,00 €	77.114,59 €
44.520,00 €	226.236,00 €	417.705,00 €	311.000,00 €	503.340,00 €	534.860,00 €
0,00 €	0,00 €	0,00 €	0,00 €	0,00 €	0,00 €
1.800,00 €	0,00 €	0,00 €	70,00 €	2.720,00 €	7.172,72 €
7.400,00 €	1.494,00 €	1.421,00 €	430,00 €	2.281,00 €	2.370,64 €
6.780,00 €	26.402,00 €	6.841,00 €	0,00 €	807,00 €	18.447,47 €
351.440,00 €	475.502,00 €	494.652,00 €	316.600,00 €	620.833,00 €	639.965,42 €

In 2020, the Authority saw a marginal increase in its Regular Budget. Due to a change in the description and presentation of costs and expenses, the data for 2020 appear on Table 5.

Table 5 : HAHE Regular Budget 2020

Expenses` Description	2020
Personnel	718.225,98 €
Goods and services	133.339,89 €
Machinery and equipment	781,20 €
TOTAL	852.347,07 €

NSRF 2014 – 2020

The financial data for 2020 of the Subproject (A / A 1) "Implementation of the Quality Assurance System in Higher Education Institutions" of the Act "Supporting the Quality Assurance and Accreditation Agency in Higher Education (HQA) - New Phase" under Code 5010714 which is part of the Operational Program "Human Resources Development, Education and Lifelong Learning 2014-2020" are presented in the table below.

Table 6: Financial data NSRF 2020

FINANCIAL DATA NSRF 2020 (01/01/2020 to 31/12/2020)					
"Supporting the Quality Assurance and Accreditation Agency in Higher Education (HQA) - New Phase" under Code 5010714 - Operational Program "Human Resources Development, Education and Lifelong Learning 2014-2020"					
Project Budget	Revenues	Balance	Expenses	Payments	Payments Balance
€4.596.103,00	€685.479,54	€3.037.667,66	€483.690,74	€594.473,46	€108.111,56
Utilization Data					
Cost Percentage (Expenses/Budget)	Potential Utilization Percentage (Expenses/ Revenues)		Utilization Percentage (Payments/ Revenues)		
10,52%	70,52%		86,72%		

In order to clarify things and support our claim that funding has indeed increased over the last three years and is secured for the foreseeable future, we provided the Panel with a summary that is reproduced below.

Hellenic Authority for Higher Education					
SUMMARY OF EXPENDITURES FOR YEARS 2019, 2020, 2021					
YEAR	Government Funding Total Expenses	NSRF Project - Overall Budget for 2018-23 €4.596.103			Annual Total Expenditures
2019	€ 709.222			€ 800.807	€ 1.510.030
	Includes:	Accreditation visits	600.616 €		
	Personnel	Non-permanent staff	110.833 €		
	Goods and services	Operating expenses	84.074 €		
	Machinery and equipment	Other expenses	5.284 €		
2020	€ 852.347			€ 483.457	€ 1.335.804
	Includes:	Accreditation visits	260.757 €		
	Personnel	Non-permanent staff	96.285 €		
	Goods and services	Operating expenses	122.870 €		
	Machinery and equipment	Other expenses	3.545 €		
2021	€ 840.468			€ 543.352	€ 1.383.821
	Includes:	Accreditation visits	249.768 €		
	Personnel	Non-permanent staff	197.816 €		
	Goods and services	Operating expenses	94.348 €		
	Machinery and equipment	Other expenses	1.420 €		

The style, wording and manner in which the Panel expresses its difficulty in understanding the funding of the Authority is not in accordance with the ethical rules of the review. The Panel makes, without justifiable reason, disparaging insinuations against the Authority or against its personnel, without, however, basing its judgment on clear evidence. The Panel supposedly presents "contradictory information", which is mainly oral and allegedly given by persons interviewed in various sessions. However, the accuracy of what was said, as recorded by the Panel, is called into question.

2. Adequacy of Financial Resources

In terms of financial resources, we wonder, which exactly is the problem that the Panel identified? They have never explained it to us so that we can respond. Is it that the total funding of the Authority comes from regular funding from the state budget (50%) and from structural European funds (50%), which are co-financed by national and European resources? The Panel does not explain why this is a problem.

Since the Panel has been strongly critical of this matter and expressed a negative opinion, we wish to know the characteristics and criteria of the ideal form of financing for the operation of the Authority, according to the Panel. Vague statements, at this point, are not helpful.

Funding is the source of all the activities of each organization and is based on a clear and specific legal framework. We should repeat that HAHE is a public national Authority and its funding comes from public funds and is guaranteed. Greece has decided to centrally cover the cost of quality assurance in higher education because HEIs have suffered significant budget cuts during the 10-year long financial crisis.

In another point, the Panel mentions that the Authority may have to conduct up to 1600 certifications in the next four years. This is true, as is also the fact that the Authority has secured the corresponding resources for these accreditations. Securing resources is not an expectation, as the Panel incorrectly states, but there is a funding line for the Authority's actions in the 2021-2030 budget at the amount of €15M. This fact was clearly stated during the review. Yet, it was not assessed positively by the Panel. What would be the safest method of financing in the midst of the current international economic context? If the Panel had a better idea, it should have made it clear. Speculations and assumptions cannot replace

economic data and numbers. The numbers have spoken and are in our favor, since they show that all required resources have been secured in the best possible way.

3. Increase in total funding

Next, we wish to highlight another serious omission of the Panel: Acknowledgement of the fact that the Authority has increased its government funding by almost 140% from the year 2015 to the year 2021. This fundamental parameter for the specific standard was completely ignored by the Panel. The increase in funding is real and significant, especially taking into account the fact that the funding scheme of the Authority (a mix of government funds and European structural funds) has remained intact since the last review.

We must underline that, under these circumstances, the Authority's corresponding rating during the 2015 evaluation was "full compliance" for the same criterion. Therefore, the principle of equal treatment does not justify a deviation in the present evaluation, since the conditions are significantly improved compared to the year 2015.

4. Human Resources

Regarding human resources, the Panel does not follow a universal and systematic approach, but a piecemeal and selective one. It inflates and isolates specific issues and at the same time silences and fails to recognize the progress, achievements and efforts made by the Authority between the previous assessment and the present.

We have always been and remain honest. We have never claimed to have super-sufficient resources. Instead, we analyze it in our strategy and report it in the self-assessment report. Our basic principle is that in order to solve a problem, you must first see it clearly and then tackle it with all the means at your disposal. That's what we did and are doing. In particular, we have made significant progress, amidst adverse conditions for the whole planet and especially during the economic crisis in Greece. In these five years, the Authority has increased its permanent staff from 14 people in 2015 to 24 in 2020, which means an increase of 71% (as diagram 4 on page 46 of the SAR also shows). Contract employees, who in 2021 are 10 people, have a daily presence at the Authority and work under the same conditions as the permanent staff, while the control and monitoring of their work is done in accordance with their individual contracts and deliverables documents. The employment of contract employees may be regulated by other legislation, which imposes a specific duration of the contract, depending on the duration of each deliverable, but allows contract renewal for multi-year employment. Thus, most contract employees have a continuous employment with the Authority exceeding four years (we attach examples of contracts) in total. In this way, the relation of partners with specific projects of the authority (=specialization) is ensured, but at the same time stability is ensured. This is a particularly flexible form of employment that contributes qualitatively and quantitatively to the execution of the Authority's specific tasks by highly specialized personnel.

5. Other Resources

The Authority includes in its analysis additional parameters, such as its organizational development and structure, the development of new units and their staffing, the high qualifications of staff and their level of training (which translates into enhanced know-how) as well as the upgrade of information systems, which perform a large body of work, save time, support our essential operations, and provide objective and up-to-date information to the Authority. We consider these parameters highly critical for healthy organizations. The Panel makes no mention of these resources, even though they are clearly listed in the SAR, glossing

over the fact that these resources were acquired in the last five years and none of them was available at the time of the Authority's assessment in 2015. In the present evaluation, all these facts must be considered, since they practically prove the progress of the Authority and the improvement in this part. The Panel should consider this criterion comprehensively and objectively.

Finally, we have to underline again, that under these circumstances the Authority's corresponding rating during the 2015 evaluation was "full compliance" for the same criterion. We directly invoke the principle of equal treatment and proportionality at the discretion of the Board.

ESG 3.6 Internal Quality Assurance

Main points

- ▶ The Panel relies on untrue claims that the Authority has no written procedures.
- ▶ The Authority submitted a detailed document of internal procedures (Quality Manual) as an addendum to SAR
- ▶ The Panel focuses on the complaints process and repeats its critique which appeared in requirement 2.7.
- ▶ The Panel completely overlooks the Authority's strategy which is a very important and guiding tool for internal quality assurance

Evidence/Documentation

According to the European Standards and Guidelines:

ESG Standard 3.6 Internal quality assurance and professional conduct

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

Instructions

The organization should develop a comprehensive set of written procedures that cover all the gaps identified in this section so that the safety of the procedures does not rely solely or primarily on the customs and practices of any person or entity at HAHE.

The organization should develop a structured plan for its internal quality assurance that includes annual reviews.

The organization should engage external counsel to help it develop its internal quality assurance culture.

The Panel's report on this particular requirement contains inaccuracies, which lead to incorrect and unfair conclusions regarding the Authority's compliance with the standard. Even though we have recorded them in the list of factual errors, they were not taken into account. We are obliged to repeat our response to the Panel's remarks (in italics below) to set the record straight:

1. HAHE does not have a full complement of written procedures. (1)

First inaccurate statement. The Authority has a Quality Manual (QM), which was made available to the Panel as an addendum to SAR (SAR, p.99, Annex IX: List of Documents, HAHE-IQAS Manual).

QM is an official document of our IQAS and is used as a guide for its implementation. It comprises the processes required to fulfill the ESG2015 requirements. Processes consider elements, called input data, that are necessary for the operation of each process. The results of the process are called output data. Each process is internally evaluated both for its own functionality and for its effectiveness (that is, whether it leads to sufficient results to justify its existence). Each process has a beginning, an end, and stages or steps that must be followed in order for the expected outcome of the process to occur. The documentation of the processes is achieved through the necessary documents and forms.

2. There are no written formal procedures for the Supreme Council or the Evaluation and Accreditation Council.

Here, the absence of procedures is imputed to the Authority, but no reference is made to the type and characteristics of these procedures. Thus, the Authority is unable to check their availability or not and to answer this part in detail. We do not understand which proceedings the Panel is referring to, as they are not named. The participation of the Bodies in HAHE's internal operation is adequately analyzed in the manual, for each of the procedures presented, in a distinct and specific way. In addition, the legal provisions for all public bodies in Greece regarding their decision-making process and their meetings are also applied. Both the legal provisions and the quality manual were brought to the attention of the Panel and they are faithfully followed by the Authority.

3. In meetings with each of these groups, the review team found that custom and practice are used as a guide.

At this point, the Panel does not explain exactly how the questions were asked and how the corresponding explanations were given. The judgment that the Bodies operate on the basis of custom and practice is an altogether baseless and arbitrary conclusion. The Authority has described to the Panel the rules governing the public administrative function of the Bodies. The Bodies of the Authority, as administrative bodies, operate on the principles of legality, transparency, meritocracy and good administration. Customs and practice are complementary to the applicable rules of law and their possible application is examined ad hoc.

4. In the description of internal quality assurance at HAHE itself, there is no evidence of an established process for hearing and dealing with staff complaints.

Two internal institutions that contribute to internal quality assurance exist and were mentioned to the Panel: Annual staff evaluations and the operation of an internal audit unit. We do not understand why the Panel ignores them.

5. The review team was informed that all staff have annual reviews where their performance and targets are reviewed.

This is only part of the truth. The Panel does not mention that in the context of staff evaluation, a procedure for objections and complaints is foreseen. This procedure is activated whenever there is a relevant reason and is fully applicable.

6. There was no evidence of how staff could challenge any findings of this process.

The Panel was informed on this matter and the information on the operation of the Independent Control Unit is publicly posted on the [Authority's organizational chart](#). Findings can be challenged in this process.

7. The process by which the SAR was prepared is a useful starting point for understanding how internal quality assurance is understood and operated at HAHE. - This is a very fragmented organization.

The above reasoning, in addition to being incomprehensible, is also unsubstantiated, because it is not linked to specific findings and facts. The characterization "fragmented" is completely incorrect, since it implies a disintegrated/divided organism into individual pieces (according to the grammatical sense of the term, as found in a corresponding dictionary). We do not

know how the Panel has reached such a negative judgment but we cannot see how an organization of roughly 35 people working in four floors of the same building can be “very fragmented”.

8. For example, the staff did not understand the role they were expected to play in SAR preparation. There were no agent-level self-reflection processes.

We disagree with this view of the Panel on how to prepare the SAR. The SAR reports and summarizes the current state and past results of the organization, at a high level, in the form of final and essential conclusions. It is not a puzzle where everyone adds their piece. Furthermore, the Panel does not explain exactly what the "reflection" procedures are. This is a vague and pretentious expression, which is open to interpretation. Without an explanation of the term, a specific answer cannot be provided.

However, despite the vagueness of this reference, we point out that the internal process of internal evaluation and review of the Authority's actions is mentioned in the quality manual, under the title: Process 9: "Monitoring progress and continuous improvement".

9. The EAC had a similarly limited commitment to the process. And in fact, no attempt was made to benchmark the organization's performance against comparable bodies operating under the auspices of ENQA.

The Panel raised no such question. The observation is not clear, what would be the full commitment of the Council to the process?

The Authority carries out reviews of the operation of other similar bodies and has a comparative picture of the implementation of quality assurance by them. Obviously, the HAHE did not wait until the moment of preparing the SAR to do so. (*See related studies 2016: Kondylo Terzi. 1. International overview of quality assurance bodies. Eleni Samara. 2. Study of European Tuning Program study programs - <https://www.ethaae.gr/en/about-hqa/surveys-and-studies>).*

10. The leadership of HAHE is doing a very good job and its impact is very positive both inside and outside the agency. The members of the Supreme Council have an excellent understanding of strategy and policy, a high level of awareness of QA issues both inside and outside the organization, and a strong belief in the organization's capabilities.

The remark, although positive in nature, appears to have been raised only to emphasize that SC has no effect or impact on the day-to-day operation and work of the staff. In other words, the emphasis was not placed by the Panel on the positive side of this fact, but on the negative observation that followed.

11. The absence of adequate internal communications and staff development means that this necessary institutional culture is not widely disseminated.

This is another unsubstantiated conclusion of the Panel. During the review, specific elements of internal communication, training and staff input in the processing of quality assurance results were presented to the Panel, which were not mentioned in the report and were not taken into account.

The internal quality assurance procedures in the quality manual detail the involvement of staff and bodies at each stage of the internal processes through a workflow diagram.

Communication and cooperation are excellent in accordance with the needs of the Authority and its organizational chart.

12. When asked to describe their work, staff focused on collecting and collating reports.

The answers depend and are determined by the clarity of the questions. The staff objected to what was inaccurately and in an arbitrary and disparaging manner attributed to it by the Panel. The staff felt that their words were misinterpreted when they read the report and expressed a similar position/opinion.

13. The process is considered an end in itself and its ultimate purpose is somewhat lost. This helps explain the lack of real commitment to improvement in HAHE and the very limited understanding of the basics of internal QA.

This argument is theoretical, general, vague, unsubstantiated and - almost - offensive. With vague criticisms and opinions, the Panel finds with certainty "the lack of real commitment". Truly and honestly, this particular finding is not supported by any reasoning or other comprehensible argument.

14. The SAR section deals with internal quality assurance with reference to what HAHE should do (section 9.6). The evaluation committee agrees with all the gaps identified here and believes that they need to be addressed as a matter of urgency.

Neither the observation nor its purpose is perceptible. The gaps were highlighted and addressed with clear actions. The fact that we identify, perceive and report them should not be assessed by the Panel as a deficiency. It is not a deficiency. On the contrary, in the context of the internal assessment, the process requires that gaps be recognized and appropriate actions taken for improvement, in accordance with the requirements of internal quality assurance. The recognition of points that need improvement means nothing more than absolute competence and respect in the evaluation process to which we always give great attention and importance.

15. The appeals procedure described in the SAR does not meet the minimum threshold required for independence, because the same body that is the subject of an appeal makes the final decision on the outcome of the appeal.

This is an inaccurate claim. The Appeals Committee consists of members who ARE NOT MEMBERS OF THE ADMINISTRATIVE BODIES of the Authority, they are retired professors' emeriti, who had prior involvement in quality assurance either in their institutions or in ADIP. There is complete independence and impartiality. What is the evidence of lack of independence? Such claims must be specifically and thoroughly substantiated by the Panel because they directly affect the Authority's credibility. After all, the members of the ENQA appeals committee have similar characteristics. We wish this to be seriously considered in evaluating the Panel's particular claim. The proper composition of the Appeals and Complaints Committees is always in accordance with the authority's regulations and national as well as EU legislation. All fundamental principles and values for transparency and meritocracy are strictly adhered to. The Authority belongs to the Public Sector, it neither acts independently nor selects without transparent laws and criteria.

Conclusion

- ▶ The Panel's conclusions and recommendations are not based on actual findings. Despite the fact that they are baseless, unfortunately, they are also repeated by the ARC.
- ▶ The Authority has provided a Quality Manual (QM) with 10 written internal procedures, which include annual reviews and a special procedure: Procedure 9: "Monitoring progress and continuous improvement". QM has been submitted as a supplementary document to the SAR. The Authority is examining the implementation of the internal quality assurance process by other similar bodies and has carried out a relevant study. The Authority has a strategy, based on which internal quality assurance issues are addressed. No positive points were presented by the Panel in its report, nor were the inaccurate facts (which we listed as factual errors), redacted.
- ▶ The judgment of the committee is therefore unjustified, in the sense that it is not based on sufficient data, it misinterprets the statements of the Authority and its staff and has several vague formulations that are folded one by one for the reasons we analyzed above. A simple review of the evidence we have provided for this criterion demonstrates our full compliance with it. Everything else is just theoretical views and opinion without any legal or substantive meaning.
- ▶ Finally, as a general observation, we mention that in all the points identified by the Panel there is no specific reference and no specific example. They remain vague and arbitrary thoughts, which do not lead to the Panel's ultimate conclusion of "partial compliance".
- ▶ Without a single example or specific reference, incorrect and inaccurate conclusions are drawn. This is in no way fair and should not be acceptable.

ESG 2.2 Designing fit-for-purpose methodologies

Main points

- ▶ The Panel seems that has an incomprehensible preoccupation against quantitative data.
- ▶ The Panel makes the absurd claim that HAHE procedures are designed to collect data.
- ▶ The Panel is often sidetracked and uses findings from other tasks of HAHE to draw conclusions about the Authority's quality assurance mission.
- ▶ The Panel again ignores evidence and available documents in their observations.

Evidence/Documentation

According to the European Standards and Guidelines:

ESG Standard 2.2 Designing fit-for-purpose methodologies

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.

Guidelines:

In order to ensure effectiveness and objectivity it is vital for external quality assurance to have clear aims agreed by stakeholders.

The aims, objectives and implementation of the processes will

- *bear in mind the level of workload and cost that they will place on institutions;*
- *take into account the need to support institutions to improve quality;*
- *allow institutions to demonstrate this improvement;*
- *result in clear information on the outcomes and the follow-up.*

The system for external quality assurance might operate in a more flexible way if institutions are able to demonstrate the effectiveness of their own internal quality assurance.

The Panel's report on this standard includes non-factual findings, which are NOT relevant to the requirements, it does not examine the reference to the SAR, and it does not seek evidence to verify that reference. The Panel cites evidence unrelated to the subject matter of the requirement. The factual errors, which we submitted were not taken into account. We are forced to come back to the same issues and refute the Panel's conclusions (shown in italics below).

1. "HAHE procedures are designed to collect standardized, quantitative data"

The Panel makes an incorrect statement that is irrelevant to the specific criterion and outside the scope of the specific requirement. It is -to say the least- questionable how the Panel reaches this conclusion in the face of a published process guide, with published standards aligned with ESG (part 1). It seems that this statement is made to support the personal beliefs of the Panel, while it contradicts the simplest, most obvious and tangible evidence that the implementation of this standard requires. In other words, the Panel tells us that the Authority,

instead of drawing up Standards, Rules and Guidelines for Institutions to carry out the accreditation, it has designed everything to collect data. The Panel does not refer to a single written document of the Authority to support its claim.

The Authority raises some simple questions in view of this statement:

a) Are the quality standards addressed to Institutions for submitting self-assessment proposals and including ESG (part 1), designed to collect standardized quantitative data? If so, then the problem is not with the Authority, but with the content of the ESGs themselves. Obviously, such a hypothesis is not true. The error stems from the incorrect formulation of a finding that is not based on either reality or the requirement.

b) Is the Authority's accreditation guide, a document in alignment with ENQA's guide, designed to collect standardized quantitative data? If so then the problem is definitely not with the HAHE guide, but with the ENQA guide we rely on.

c) How could one proceed to the implementation of the accreditation process, which is the subject of the next requirement, if only quantitative standardized data were collected instead of designing step by step the process and the material? The claim is inherently flawed. It has no logical and factual basis.(see the relevant reference point in the SAR)

The Panel then (as expected) also lists the possible explanation for why this happens:

2. "This may be due to the wide range of missions assigned to the organization, in particular the identification of criteria for the funding of HEIs and the establishment of Centers of Excellence."

It seems that the above is the conclusion the Panel wanted to reach and for this reason it formulated the previous incorrect observation as a finding. This conclusion runs throughout the report and is expressed at every opportunity. The Panel reached the same conclusion in the case of the thematic analysis. This conclusion, which is not based on actual findings, despite the Panel's effort, is an indirect statement of opposition to the current institutional status of the Authority and its mission. It is completely outside the scope of the evaluation and ultimately outside the competence of the Panel. We do not consider that the purpose of this procedure is to evaluate the institutional mission of the Authority, but to establish its compliance with the ESG criteria. Any disagreement of the Panel on general issues regarding the mission of the Authority, outside of the criteria, cannot be elements of the evaluation and certainly not elements of negative grading.

This is an excess of responsibilities and powers that exist in the context of this process, in which each side cannot formulate thoughts and opinions on every subject. This applies both to the Panel that evaluates us, and to the Authority that is evaluated. Moving away from the essence of the criteria, we move away from the essence of the assessment process and in our view, this does not serve the purposes of ENQA.

3. "Collection of quantitative data is of course necessary, and the agency should be commended for its achievements in this area, but it is not sufficient. As HAHE evolves, a much greater focus on improvement will be necessary. This will require the development of different methodologies to collect qualitative data and the subsequent exploitation of lessons from these data in the review of current processes. The organization's leadership is well aware of the need to focus on improvement, but it appears that staff have yet to align with this priority."

The above thinking starts from a huge logical leap: There is a gap between the priorities of the leadership of the HAHE and the priorities of the staff. In other words, following the reasoning of the Panel, one wonders: Does the staff act on their own and in disregard to the decisions of the Authority's bodies? This would be wrong and contradictory in the first place. Staff are guided by agency leadership and follow the exact same priorities. If the leadership's priorities are in the right direction, then the staff will also act correctly. Nothing can bend this basic principle of any organization in which there is structure and hierarchy.

4. "The scale of reporting required by the Ministry from HAHE amounts to the requirements for HEIs. Despite the development of improved data collection mechanisms, MODIP vice-chancellors reported the inability of HEIs to pay sufficient attention to recommendations for improvement in reporting due to the pressures imposed by the volume of data collection required"

In this point also, the topic of data collection is isolated from the issues discussed with the vice-chancellors and it is highlighted. Greek HEIs, as public institutions funded to a large extent by public money, have certain obligations of annual reporting to the government and ultimately to the society. This annual assessment exercise, demanding as it may be, is not part of the quality assessment procedures that run every 4 or 5 years. It is true that HAHE maintains the national database of Higher Education data but this is a parallel activity to quality assurance. The Panel should have restricted their discussion with the vice-chancellors to issues related to the Authority's applied procedures in accreditation. Instead, they seem to draw conclusions from issues and discussions unrelated to the ESG 2.2.

5. There is a way to develop a broad and effective cooperation with its external environment. This is very evident in the piecemeal and minimalist approach to working with external stakeholders. HAHE does not have a stakeholder advisory body, and this does not appear to have been actively considered at any point in the past five years. This is surprising as the previous external review report made specific reference to stakeholder engagement, as did ENQA's board communications.

The Authority **has consulted and regularly consults with the Institutions** on all the standards and procedures it applies. It receives feedback from professional organizations and stakeholders. Representatives from professional societies and chambers regularly participate in the EAC and relevant EEAPs. We have submitted relevant evidence to the Panel, which has been largely ignored or vaguely characterized as a minimalist approach. We list them for you to evaluate in the context of this observation. Cooperation with external actors is broad and multi-level, with the aim of effective exchange of information and ideas.

Furthermore, the Panel seemingly ignored the variety and wide participation of external stakeholders during the review of the Authority. It couldn't find anything to say about it. We cite evidence for this collaboration and refute this observation with evidence.

6. Given the planned number of evaluations of postgraduate programs over the next four years, the Panel was interested to learn that the EAC is considering merger procedures. HEIs, which should prepare applications, relevant documentation, data, reports, etc. Therefore, there is now time for the HAHE, in cooperation with the HEIs, to develop a new and more effective methodology and evaluation criteria for postgraduate programs, ensuring the most substantial preparation of the documentation and types of data needed by the HAHE for quality assessment.

This observation/recommendation does not make sense. What is the Panel's advice? Should we ignore ESG and adopt some other way of documentation/methodology? Beyond the ENQA guidelines? Would something like this be reasonable and compliant to the ENQA Principles? The question is of course rhetorical and the answer obvious. Otherwise, the guidelines and principles that we absolutely respect and adhere to are fundamentally overturned. The methodology is specific and depending on the subject of the accreditation, it is adapted with a specific written form of the standards, forms, invitations for proposals, rules, instructions, consultation, informational meetings. There is a wealth of material not assessed by the Panel (and definitely not mentioned in their report) to objectively evaluate this requirement.

Conclusion

Unfortunately, all the elements listed in the Panel's report as findings, analysis and results lead to one conclusion: The Panel's anxiety to prove that the Authority serves other purposes than that of Quality Assurance. We consider that the entire procedure followed by the Panel lacks objectivity and does not accurately reflect or evaluate the actual actions of the Authority regarding the specific criterion.

Report from the ENQA Appeals and Complaints Committee (ENQA ACC) on the complaint of the Hellenic Authority for Higher Education (HAHE)

Padraig Walsh (Acting Chair), Núria Comet Señal (member), Mark Frederiks (alternate member)

The report follows a request from the ENQA Secretariat to investigate a complaint received by the Secretariat from HAHE on 21 October 2022 and a subsequent decision by the ENQA Board on 26 October 2022 to forward the complaint to the ENQA ACC. The request was received by the ENQA ACC members on 31 October 2022.

The Chair of the ENQA ACC, Heli Mattisen, was unavailable to consider the request and asked that Padraig Walsh act as Chair in her place and that the alternate member, Mark Frederiks be requested to undertake the review task also.

The Board requested the ENQA ACC to submit a report on the complaint within one month of its receipt (by 30 November 2022), with a proposal on how to proceed with the review process.

The ACC received the following documentation from the Secretariat for its consideration.

- #1. The External Review report compiled by the External Assessment Panel (EAP) appointed by ENQA to conduct the review of HAHE against ESG 2015, as revised following its consideration by the ENQA Agency Review Committee (ENQA ARC)
- #2. The initial submission from HAHE to the EAP in response to the request to check on factual errors in the draft panel report
- #3. A second submission from HAHE to the EAP in relation to the check for factual errors in the draft panel report
- #4. A letter dated 3 June 2022, from the Chair of the EAP to the members of the ENQA ARC
- #5. A letter dated 30 June 2022, from the ENQA ARC to the Chair of the EAP requesting some clarifications and some amendments to the draft panel report
- #6. A letter dated 18 July 2022, from the EAP to the ENQA ARC responding to the requested clarifications and amendments
- #7. A letter dated 15 September 2022, from the ENQA ARC to the Director General of HAHE informing her that the ENQA ARC had validated the external review report for the agency and indicating that the report could now be used to apply for ENQA membership and EQAR registration, as well as for any other purposes
- #8. A letter dated 21 October 2022, from the President of HAHE to the President of ENQA in response to the panel report
- #9. The formal filing of a 'Complaint to ENQA' document accompanying #8 above for the attention of the ENQA Board in relation to the conduct of the review
- #10. The letter #8 above was also accompanied by a Legal Analysis by an attorney at law of the Greek Law in relation to ESG 2.4 and the issue of student membership of review panels

The members of the ENQA ACC considered the above documentation and arranged an online meeting on 22 November to discuss the outcome of their considerations. On the basis of those discussions, the Acting Chair provided a draft report to the other ACC member on 25 November for their review. Corrections, comments and suggestions were received by the Chair from the other two panel members on 28 and 29 November and the report was finalised on 29 November and submitted to the ENQA Secretariat.

Findings in the Panel Report of the review of HAHA against ESG 2015

The panel's original findings in relation to the compliance of HAHE against the ESG 2015 Parts 2 and 3 standards were the following:

2.1 Consideration of internal quality assurance	Compliant
2.2 Designing methodologies fit for purpose	Partially compliant
2.3 Implementing processes	Compliant
2.4 Peer-review experts	Not compliant
2.5 Criteria for outcomes	Compliant
2.6 Reporting	Compliant
2.7 Complaints and appeals	Partially compliant
3.1 Activities, policy, and processes for quality assurance	Compliant
3.2 Official status	Compliant
3.3 Independence	Compliant
3.4 Thematic analysis	Partially compliant
3.5 Resources	Partially compliant
3.6 Internal quality assurance and professional conduct	Partially compliant
3.7 Cyclical external review of agencies	Compliant

Following the request to the panel for clarification from the ENQA ARC on the compliance in relation to a number of the standards, the amended findings were as follows:

2.1 Consideration of internal quality assurance	Compliant
2.2 Designing methodologies fit for purpose	Partially compliant
2.3 Implementing processes	Compliant
2.4 Peer-review experts	Not compliant
2.5 Criteria for outcomes	Compliant
2.6 Reporting	Compliant

2.7 Complaints and appeals	Partially compliant
3.1 Activities, policy, and processes for quality assurance	Compliant
3.2 Official status	Compliant
3.3 Independence	Compliant
3.4 Thematic analysis	Not compliant
3.5 Resources	Partially compliant
3.6 Internal quality assurance and professional conduct	Partially compliant
3.7 Cyclical external review of agencies	Compliant

Analysis of the letter and documentation related to the complaint from HAHE to the ENQA Board

In the letter of complaint, the agency refers to:

- The panel not considering a significant body of material that was presented to them (in particular the HAHE Quality Manual)
- The panel's *exclusive* (agency's italics) reliance on the discussions that took place during the site visit as the only evidence that was considered by the panel
- The panel not paying sufficient recognition to the efforts made by the agency in relation to student participation in review panels and resources
- The panel's insistence on the agency's lack of written procedures
- The panel's seeming aversion to the use by the agency of quantitative data
- The panel focussing on activities in the year 2021 whereas the period of evaluation related to 2015-20

In the document accompanying the above letter, labelled 'Complaint to ENQA,' the agency sets out its charges in a comprehensive manner in relation to all of the ESG standards where HAHE was found to be 'partially compliant' or 'not compliant').

These related to the following standards:

2.2 Designing methodologies fit for purpose	Partially compliant
2.4 Peer-review experts	Not compliant
2.7 Complaints and appeals	Partially compliant
3.4 Thematic analysis	Not compliant
3.5 Resources	Partially compliant
3.6 Internal quality assurance and professional conduct	Partially compliant

Review of the ‘Complaint to ENQA’ by the ENQA ACC

Prior to consideration of the above, the ACC feel it important to note the following:

- The name of the agency was changed from HQA to HAHE in 2020 as a result of legislative change in 2019
- The review was originally scheduled to take place with a site visit to Athens planned for February 2020
- Due to the impact of Covid-19, the review did not take place until February 2022 and it took place in an online format
- A self-assessment report (SAR) was prepared by the agency in 2019 in preparation for a review in 2020. When the review was rescheduled, the 2019 SAR was amended to reflect some changes but there was no substantial reengagement in its development with the agency staff, stakeholders and members of the Evaluation and Accreditation Council.
- The SWOT analysis included in the amended SAR was the original one prepared in 2019 and the panel had to request an up-dated version which was supplied in December 2021.
- The process has followed all the steps for the production and publication of the external review report as explained in the Guidelines for ENQA agency reviews (2021). These include the check of the report from the review coordinator, the submission of the report to the agency for comment on factual accuracy and grave misunderstandings and the review of the report from the Agency Review Committee.

In its analysis, the ENQA ACC paid particular attention to the two standards that were deemed to be ‘not compliant,’ recognising that successful applications for ENQA membership or EQAR registration are highly unlikely when an agency is deemed to be ‘not compliant’ in relation to one or more standards.

2.4 Peer-review experts (finding of ‘not compliant’)

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

The antecedent agency HQA was evaluated in 2015 against the standards then prevailing, ESG 2005. Although student participation was encouraged in the 2005 ESG, it was not explicitly stated in the standards that external quality assurance groups must include students as panel members. At the time of the 2015 review, there were no student members of panels for reviews conducted by HQA. The Board of ENQA, in its letter following the 2015 review, strongly recommended that the agency pay attention to the new requirement in the 2015 ESG to have student members on panels.

The agency, in its progress report to ENQA in 2017, emphasised that student membership on panels was not permitted by the Greek legislation in place at the time.

The panel, in its report for the 2022 review, noted stated that ‘at the dates of the review panel on-line visit in February 2022, no students had been included by HAHE in any of its panels.’

On the basis of that fact alone, the members of this ENQA ACC contend that it was not possible for either the EAP or the ENQA ARC to come to a finding other than ‘not compliant’ with this standard and therefore the ENQA ACC is in agreement with this finding.

In terms of the request from the ENQA Board to consider the complaint and to submit 'a proposal on how to proceed with the review process,' the ACC would like to provide some background to student participation in evaluation panels in higher education in Greece.

Greek student unions have a long history of political activism, dating back to the uprising in 1973 against the then military Junta that ruled Greece from 1967-1974. The students' unions, since then, have exercised their right not to participate, as a means of protesting against evaluation, accreditation and the Bologna process itself. It is their strong opposition that has made it difficult for Greece to adopt the Bologna three cycle system for instance and for such measures as student elected representatives becoming involved in quality assurance panels, for instance.

When asked by the panel during the site visit of the response to the ENQA Board following HQA's submission of its progress report in 2017 on the implementation of recommendation in the 2015 review report, particularly in relation to student membership on panels, the Director General of HAHE informed the panel that it was not within the agency's powers to do so and that it would require legal change for the agency to be able to do so.

From the panel report and the information provided by the agency in response and as part of this complaint, it is possible to ascertain the following.

Following representation from the agency to the Ministry, a change in the law took place in 2020, which allowed for the maintenance of a Register of Students, consisting of students who are members of the Quality Assurance Units (MODIPs) of the higher education institutions (HEIs) or of the Internal Evaluation Teams (IEGs) of the Department of the HEIs and that evaluation panels could draw from those student resources.

A further legislative change took place in 2022, at the agency's request, which expanded the above pool to include 'students who meet the qualifications of the public call for registration in the Student Register issue by decision of the Evaluation and Accreditation Council'.

It is clear therefore, that it was possible in 2020 for students to become members of evaluation panels.

However, the 2020 law further states that 'pending accreditation procedures' arising from the 2005 and 2011 laws have to be completed in accordance with the provision of the respective law. The agency explains that there were a considerable number of these pending procedures that had to be completed under the old law (i.e., without student members) before any new evaluation could take place in which students could become members of the panel.

It is clear from the panel report and from the response of the agency through its factual accuracy check that there was discordance between the agency and the panel on the perception of the effort that had taken place to involve students in panels. The panel suggests that it should have been possible to trial panels with students as observers. However, the legal advice (#10 above) from the agency's attorney would seem to suggest that 'unless otherwise provided by law, meetings (of an administrative body) shall be held in secret' and 'the presence of persons other than the members ... and any other persons specifically designated by law shall not be permitted during the discussion'.

This would seem to leave open to legal challenge any decision of a body that took place while observers were present at a meeting.

It seems clear to the members of the ENQA ACC that, based on the above analysis and noting the procedures that had to be completed in 2021 prior to the enactment of the 2020 law, it was not possible for the agency to train and use students as panel members until early 2022.

That begs the question as to why the agency persevered with a review, based on a self-assessment report initiated in 2019, with a site visit date originally scheduled for February 2020, when it was clear that there would be no procedures completed with panels that contained student members at the time of the visit and that any external review panel would therefore have to find the agency 'not compliant' with ESG 2.4, at the time of the site visit. It is even more perplexing that the review continued in light of the fact that HAHE is not registered on EQAR and therefore would not suffer from that registration being withdrawn.

It is important to note that, since the 2020 law was enacted, and since the accreditation round that had been committed to under the old law was completed, the first round of new accreditations were published in July 2021 and that since then, the agency maintains that thirty accreditations have already taken place with student participation on the panels. However, at the time of the review visit in February 2022, no processes with student members on panels had been completed and were not available for the panel to review.

ACC Proposal: that the EAP/ENQA ARC finding of 'not compliant' was correct at the time of the review visit.

The ACC will leave its proposal for progress on this matter to the end of its consideration of the complaint in relation to the other standards.

3.4 Thematic analysis (ENQA ARC finding of 'not compliant' downgrading the panel's original finding of 'partially compliant')

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

Unlike ESG 2.4 where the absence of student members on panels is clearly existential or fundamental, ESG 3.4 has caused difficulties for review panels and ENQA since evaluation began against ESG 2015. This is because the interpretation of what constitutes analysis of the findings of external quality assurance activities is contested.

In its SAR, the Agency uses its compilation of the annual report as the evidence-base for its work on thematic analysis. The panel concludes that this consists largely of collecting and warehousing data from the evaluation reports for use in the annual report. The reporting is mainly quantitative in nature. On the other hand, the ENQA ACC notes that pages 11-12 of the English summary¹ of the HAHE Annual Report 2020 present the conclusions from a qualitative, content analysis of the recommendations made in reports of 7 Internal Quality Assurance Systems (IQAS) accreditations and 57 Undergraduate Study Programmes (USP) accreditations. The original Annual Report 2020² in Greek further elaborates on this.

The agency claims in its "Complaint to ENQA" that "The Authority systematically carries out a thematic analysis (30-50 pages) based on the experts' reports and publishes the relevant results in the context of the Authority's Annual Report, since 2015. We delivered these files to the Panel during the review".

¹HAHE (2020), *Annual Report on the Quality of Higher Education - Summary Report*.

https://www.ethaae.gr/images/publications/HAHE_summary_annual_report_2020_EN.pdf

² HAHE (2020), *Annual Report on the Quality of Higher Education*

https://www.ethaae.gr/images/articles/etisies_ekthesis_HAHE/%CE%95%CF%84%CE%AE%CF%83%CE%B9%CE%B1_%CE%95%CE%BA%CE%B8%CE%B5%CF%83%CE%B7_%CE%95%CE%98%CE%91%CE%91%CE%95_2020.pdf

The agency also notes that in ENQA's 2020 Thematic Analysis report (p.7) "The systematic use of quality assurance reports for analysis" is stated as a sufficient approach for meeting the requirements of ESG 3.4.

The panel saw little evidence of the collection or analysis of qualitative data and that the thematic analysis is limited to the annual report 'that consists more of a summary of activities than in a real self-critical reflection and in a thematic assessment of specific practices.

Notwithstanding the above, the panel made an initial finding of 'partially compliant' with a recommendation that the agency 'needs to broaden its engagement with qualitative analysis and encourage all HEIs to do the same.'

It is evident to the ENQA ACC that the panel and the agency clearly took a different view as to what constitutes thematic analysis.

Having consulted the SAR and the Annual Report 2020, the ENQA ACC took the view that, although the analysis appears mainly quantitative and datamined with a view to providing overview summary information for the annual report, the full Annual Report of 218 pages in Greek does seem to give more evidence for the agency's claim that its analysis has significant qualitative aspects as well.

The finding of the panel that the analysis is not a truly, self-critical reflection and a thematic assessment of specific practices appears to be true.

However, the ENQA ACC read the standard as being very general and not prescribing how the analysis should take place, whether it be quantitative or qualitative and certainly not prescribing that it be self-reflective. What is important is that the agency is using its evaluation reports in the reporting of its work and not merely publishing the report outcomes without any analysis.

In the letter of the ENQA ARC to the EAP (#5 above), the Committee asks for the panel 'to include its reflections on the status of the agency when it comes to fulfilling the requirement of the standard'.

In the response to the above (#6), the EAP 'considers that Standard 3.4 is indeed **not formally met in its entirety** at this stage of the development of the agency'.

In what appears to the ENQA ACC as a perverse reading of the above, the ENQA ARC repeats the phrase 'not formally met in its entirety' to formally note 'the agency's non-compliance with this standard due the lack of the agency's activities related to thematic analysis.'

If a standard is not met, the agency is 'not compliant'. If a standard is 'not met in its entirety,' it must be met in part and therefore has to be considered 'partially compliant'. From a reading of the panel report and the agency SAR as well as the Annual Report, the agency clearly analyses its reports quantitatively and, in some respects, also qualitatively and reports them in an annual report.

Based on the ACC members' experience of thematic analysis by agencies, HAHE's practice is not out of line with the level and type of analysis being performed elsewhere. HAHE's Annual Reports comply with the first sentence of this paragraph in the ENQA 2020 Thematic Analysis report³ (p.7): "The use of the phrase "thematic analysis" has different meanings for different agencies, but a common interpretation is to summarise key recommendations from a number of reports, or to carry out some comparative analyses. These analyses generate insights into good practices, and areas for further development." Certainly, there is room for improvement, and it would be useful to see further

³ ENQA Occasional Paper #28 (2020), *ESG 2015–2018 ENQA agency report: thematic analysis*, Carmen Tomas and Maria Kelo [ESG-2015-ENQA-Thematic-Analysis-final.pdf](#)

qualitative analysis, and this would be made easier if there was greater stability in the staffing available to conduct this analysis, but the ENQA ACC cannot see why the panel's original finding of 'partially compliant' was downgraded by the ENQA ARC, on the basis of the panel chair's response to the request in document #6 above.

ENQA ACC Proposal: that the original EAP finding of 'partially compliant' be re-instated.

2.7 Complaints and Appeals (finding of 'partially compliant')

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

The panel recommends that a full review of complaints and appeals procedures should be undertaken that addresses the transparency and independence of processes used.

The panel noted that the appeals procedure consists of the Evaluation and Accreditation Council (EAC) establishing 'an appeals committee consisting of three retired professors who were former members of the EAC. They review the appeal and make a recommendation back to the EAC. There is no step in its process that provides for external adjudication of an appeal.'

In its complaint, the agency contends that the people considering the appeal are former members of the EAC and no longer play any other role in the agency. As former members of the EAC, they are obviously familiar with the agency's procedures. The process of having a referral to an appeals committee which makes a recommendation back to the original body is identical to the process whereby the current ENQA ACC operates, as part of the evaluation of the present complaint.

Indeed, the ENQA ACC includes former members of the ENQA Board in its membership. The ENQA ACC fails to see how the composition of the HAHE appeals committee is not deemed to be sufficiently independent.

There is dispute between the panel and the agency as to what constitutes procedures in a number of areas throughout the report. The agency continually refers to the Quality Manual while the panel (rightly) expects that written procedures are available for all aspects of the agency's work.

The ACC agrees that the complaints and appeals processes should be clearly defined as part of the design of any external quality assurance processes but that this could more appropriately be expressed as a suggestion for further improvement.

The structure of the agency appeals committee is such that the ACC recommends that the finding be amended to 'compliant' with the recommendation 'for a full review ... to address the ... independence of processes uses' amended to a suggestion for further improvement in the documentation and promulgation of the procedures.

ENQA ACC Proposal: that the EAP finding of 'partially compliant' be upgraded to 'compliant' with the recommendation changed to a suggestion for further improvement.

3.5 Resources (finding of 'partially compliant')

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

The panel, in its finding, recommends that the agency needs to establish a secure and adequate financial basis for its activities and needs to secure a staffing complement that reduces its reliance on short-term contracts for its QA activities.

The agency, in its complaint, does not deny that it is dependent on staff seconded for short-term contracts for approximately half of its staffing. It contends, that following the financial challenges that Greece faced after the 2008 crash, many Greek agencies are dependent on European structural funds for significant proportions of their budget. It also maintains that many of the short-term (2 month) contracts are continually rolled over so that the turnover of staff is not what it might seem at first sight.

Although the ENQA ACC concurs with the agency that the panel places a lot of emphasis on its initial confusion about the financial situation and understands the agency's disappointment that its alleged success in increasing the government funding ("by almost 140% from the year 2015 to the year 2021") does not take prominence in the text, the ACC found nothing in the agency complaint that would cause it to deviate from the panel's analysis that the agency needs to establish a more secure and adequate basis for its activities and that it needs, if possible, to reduce its dependence on European structural funds. The ENQA ACC believe not only that the panel's findings are correct but that its recommendations were designed to assist the agency in its future work.

ENQA ACC Proposal: that the EAP finding of 'partially compliant' be upheld and that the panel's recommendations on this standard remain as is.

3.6 Internal Quality Assurance (finding of 'partially compliant')

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

The panel, in its findings, strongly recommend that:

- HAHE should develop a comprehensive set of written procedures covering all the gaps identified by the panel so that the security of the processes does not rely solely on the customs and practice of any person or entity in HAHE
- HAHE should develop a structural plan for its internal quality assurance that has annual reviews built into it
- HAHE should engage external advice to assist it in development its internal quality assurance culture.

The agency, in its response through the complaint, partially resorts to the discussion of procedures being available in a quality manual. The ACC concurs with the complaint that the sentence "The appeals procedure described in the SAR does not meet the minimum threshold required for independence..." is inaccurate (see 2.7 for the arguments) and placed under the wrong standard (as it applies to 2.7). Moreover, the ACC understands that the following statements in this section in the report come across as insufficiently substantiated and cause offence to the agency: "This is a very

fragmented organization” and “This helps explain the lack of real commitment to improvement in HAHE and the very limited understanding of the basics of internal QA.” The ACC propose to delete these sentences from the report, which are too judgemental and add no value to the findings. However, the ACC believe that, on the whole, the panel findings and recommendations are reasonable, benign and designed to assist the agency in its development. There is a need to ensure that all procedures are documented fully and that they are not dependent of the practice or knowledge base of an individual that can depart the organisation at any time.

ENQA ACC Proposal: that the EAP finding of ‘partially complaint’ be upheld and that the panel’s recommendations on this standard remain as is.

2.2 Designing fit-for-purpose methodologies (finding of ‘partially compliant’)

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.

The panel, in its findings, recommend that:

- HAHE should develop strategic proposals aimed at strengthening stakeholder engagement
- HEIs should be given a much bigger input into the development, testing and review of any proposed new procedures
- All existing procedures should be reviewed and amended on a planned, cyclical basis
- Stakeholders need a much greater level of involvement in all HAHE procedures and activities
- The exclusion of certain categories of reviewers from IQAS reviews should be removed

In the narrative around this standard in the panel report, the panel notes that they found little evidence of engagement with stakeholders and referenced the SAR where it states that “communications with stakeholders have a significant potential for improvement both in terms of frequency and in terms of diversity/variety”.

The agency, in its response through the complaint, focusses very much on the issue of quantitative data and its collection, which was obviously a theme that permeated the review.

Focussing, however, on the recommendations that the EAP list following their judgment against the standard, they primarily relate to strengthening stakeholder engagement, including the greater involvement of HEIs in the development, testing and review of any new procedures (which is explicitly encompassed in the standard). There is no reference to the issue of quantitative versus qualitative data.

In relation to the recommendation on the balance of disciplinary backgrounds of IQAS reviews, the complaint makes no reference to this recommendation.

On the basis of the SAR’s acknowledgment that improvement is needed in stakeholder engagement alone, the ACC believes that the finding of ‘partially compliant’ is justified.

ENQA ACC Proposal: that the EAP finding of ‘partially complaint’ be upheld and that the panel’s recommendations on this standard remain as is.

Summary of ACC's findings

The above proposals from the ENQA ACC are captured in the Table below.

Standard	Judgement of ENQA ARC	Proposal of ENQA ACC
3.4 Thematic analysis	Not compliant	Partially compliant
3.5 Resources	Partially compliant	Partially compliant
3.6 Internal quality assurance and professional conduct	Partially compliant	Partially compliant
2.2 Designing methodologies fit for purpose	Partially compliant	Partially compliant
2.4 Peer-review experts	Not compliant	Not compliant
2.7 Complaints and appeals	Partially compliant	Compliant

Proposal to progress the review

The above proposal in relation to the judgments against ESG 2015 Parts 2 and 3, if they were accepted, would still leave a finding that HAHE was not compliant with ESG 2.4 at the time of the site visit (February 2022).

However, based on the updated documentation received in the complaint, the fundamental finding that resulted in that judgement, i.e., the complete absence of student membership in review panels would appear to have been overcome. Once the accreditation processes related to these panels have been completed and the outcomes published, it should be possible for an evaluation panel to judge that the 'not compliant' finding against HAHE in relation to ESG 3.4 could be upgraded.

Noting, however, that much of the institutional SAR used for the 2022 site visit largely related to the period 2015-19, in preparation for the original site visit of 2020 and that legal changes have taken place and been put into operation in terms of the agency's processes in 2022, the ACC proposes that a focussed review, in relation to ESG 2.4, should take place at a time that allows a panel to consider the completed outcomes of accreditation processes that involved panels containing student members.

The ACC believes that an updated SAR should be prepared for the panel conducting that focussed review that accurately reflects the status of the agency in 2022/23.



European Association for
Quality Assurance in Higher Education

Dr. Christina Besta
Director General
Hellenic Authority for Higher Education (HAHE)
1 Aristidou & 2 Evripidou Str.
10559 Athens
Greece

Brussels, 22 December 2022

Subject: External review of HAHE and the Board's decision on complaint

Dear Dr. Christina Besta,

Following our meeting this morning with you and your President, Professor Pericles Mitkas we would like to inform you that, at its meeting on 13 December 2022, the ENQA Board discussed the complaint from HAHE as submitted on 21 October 2022. Following Article 23 of the ENQA Rules of Procedure, the complaint had been examined by the Appeals and Complaints Committee (ACC), which submitted a thorough report for the Board to make the final decision. The Board's decision was taken in light of the findings from the ACC as follows:

HAHE complaint regarding the panel's failure to take into consideration the factual errors identified by the agency, which effected the judgements on ESG 2.2, 2.4, 2.7, 3.4, 3.5, 3.6.

In their analysis of the agency's complaint and its impact on the judgements on ESG 2.2, 2.4, 2.7, 3.4, 3.5, 3.6, the ACC confirmed that the review panel followed the methodology of ENQA Agency Reviews and considered all information available until the end of site visit, which is formally the last point in time for the submission of information to the review panel. This is especially relevant for the review panel's findings under ESG 2.4, since the agency introduced changes to the involvement of students in the agency's review panels only after the site visit. **Following the findings of the ACC, the Board dismisses the agency's complaint and upholds the review panel's findings on ESG 2.2, 2.4, 3.4, 3.5, and 3.6.**

Regarding ESG 2.7, the ACC agreed with the review panel that the complaints and appeals processes of the agency should be clearly defined as part of the design of any external quality assurance processes but found that this could be more appropriately expressed as a suggestion for further improvement, not a recommendation. The ACC namely noted that HAHE has the appeals and complaints procedures defined, but the linkage to the particular external QA activity, and their consistent application in practice, is missing. In the view of the ACC, the agency can therefore be judged as compliant with the standard. **Following the recommendation of the ACC, the Board finds the agency to be compliant with ESG 2.7.**

Regarding ESG 3.4, the ACC agreed with the review panel's original findings as described in the review report and proposed that the Board dismiss the argumentation by the ENQA Agency Review Committee

(ARC) for the standard being non-compliant. In the view of the ACC, the standard does not prescribe how the thematic analysis should look. Rather, the relevance is in “that the agency is using its evaluation reports in the reporting of its work and not merely publishing the report outcomes without any analysis”. Therefore, in the view of the ACC, the review panel’s judgement of partial compliance with ESG 3.4 should be re-instated. Furthermore, in the view of the ACC, only the review panel’s first recommendation remains valid for the agency, i.e., “HAHE should examine the work in thematic analysis carried out by other agencies in order to broaden its understanding of this topic and to provide it with benchmarks for its own performance.” **In line with the recommendation of the ACC, the Board finds the agency to be partially compliant with ESG 3.4.**

Finally, it should be noted that the ACC found the following statements by the panel in the external review report on ESG 3.6 to be insufficiently substantiated and unrelated to the findings: “This is a very fragmented organisation” and “This helps explain the lack of real commitment to improvement in HAHE and the very limited understanding of the basics of internal QA.” Therefore, **the Board emphasises the irrelevance of those two statements for the review against the ESG.**

HAHE complaint regarding the review panel’s reference to oral evidence solely, without considering the agency’s written policies and other documents other or considering only evidence from year 2021.

In their report, the ACC listed examples of the review panel’s use of evidence other than oral evidence, for instance on ESG 2.4, 3.4, 3.5. Furthermore, the ACC noted that “much of the institutional SAR used for the 2022 site visit largely related to the period 2015-2019, in preparation for the original site visit of 2020”. **The Board follows the ACC’s findings on this point and dismisses the agency’s complaint.**

Further notes

The ACC concluded their analysis with a proposal for the agency to undertake a focused review, especially in relation to ESG 2.4, since the complete absence of student membership in review panels appears to have been implemented by the agency in the time following the site visit.

The Board recognised that the legal barriers to having student members of review panels have been removed and the agency has now started to include students in reviews. However, the Board would like to clarify that, following ENQA’s rules (Article 7 of Rules of Procedure¹), HAHE is not eligible for a partial review, as this option is only available to ‘members under review’ if a regular cyclical review is not due

¹ See here: <https://www.enqa.eu/wp-content/uploads/ENQA-Rules-of-Procedure-2021-1.pdf>



European Association for
Quality Assurance in Higher Education

before the end of their two-year period as 'members under review'. Following HAHE's full review this year, it is unfortunately not possible to further extend the status of 'member under review'².

Next steps

The above conclusions regarding the complaint submitted by HAHE bring the complaints procedure and review process to a close. Please note that the decisions of the ENQA Board regarding the complaint are final and non-appealable. The final review report of HAHE, the validation of the review report by the ENQA Agency Review Committee, and this letter from the Board shall be published on ENQA's website in the new year, as is the standard step for all completed reviews. The completion of the review process is independent from subsequent steps regarding ENQA membership and listing on EQAR.

When we met this morning, we discussed the options and consequences for HAHE regarding ENQA membership. We are committed to continued engagement with HAHE to provide support and advice in the present circumstances.

Should you have any queries, please do not hesitate to contact the ENQA Secretariat.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Blackstock', is written over a light blue horizontal line.

Douglas Blackstock
President

² Article 7(2) states that 'Members who become unable to comply with the ESG, and thus the membership criteria, during their five-year membership period will need to undergo either a partial review within two years, or their regular cyclical review, if it is due before two years' (the latter being the case of HAHE). An agency that, following the full review, 'still does not comply with the ESG and thus ENQA's criteria for membership shall, by confirmation of the General Assembly, be excluded from ENQA membership. The agency may reapply after two years' (Article 7(4)).

Statement on the External Review Report

Jan. 2023

In this statement, we address the main points where the Review misrepresents the capability and maturity of HAHE and briefly refer to evidence that shows our compliance with ESGs according to EQAR guidelines.

The online review of HAHE took place in February 2022 and the final draft of the review report was submitted to ENQA in May 2022. The Panel largely ignored two factual error lists that we submitted to them. We did not provide additional documentation to the ARC. In October, following the receipt of the ARC decision, HAHE filed a complaint which was handled by the ACC. The Table below summarizes the decisions at each stage for the ESG Standards that the Agency was not found Compliant (C).

ESG	Panel's decision	ARC decision	ACC decision	Board decision
2.2 Designing methodologies fit for purpose	PC	PC	PC	PC
2.4 Peer-review experts	NC	NC	NC	NC
2.7 Complaints and appeals	PC	PC	C	C
3.4 Thematic analysis	PC	NC	PC	PC
3.5 Resources	PC	PC	PC	PC
3.6 Internal quality assurance and professional conduct	PC	PC	PC	PC

For each ESG in the table, we provide a short history and the evidence that was either provided to the Panel and overlooked or additional evidence as proof of our compliance. Each of these statements can be easily verified with the necessary documentation if EQAR asks for it.

ESG 2.4

The Panel concluded that the Authority is non-compliant due to the non-participation of students in the accreditation panels. Even though the Authority had presented the facts and the action we took over the years to remedy the situation, during the review and in the list of factual errors, the Panel expresses an absolute and dismissive judgment, claiming that the Authority did nothing about it because it was not “aligned in this conviction”.

Provided and additional evidence

For a fairly accurate analysis of the evolution of student participation in HAHE’s review panels (two factual errors remain), please see the relevant discussion in the ACC report. We can provide additional evidence for the following:

1. Since May 2022, as we had explained to the Panel, all review panels for external evaluation and accreditation of HEIs contain a student member.
2. To date, over 65 such accreditation panels have completed a site visit. The first reports are already available on HAHE’s site.
3. Student participation in the panels is mandatory by the Authority's new legal framework and no deviation from it is allowed for all external quality assurance actions.
4. In addition, the Authority's student register has been expanded to include postgraduate and doctoral students, after the publication of an open call for registration. Today the register contains approximately 350 people.
5. The training of student members includes special seminars for all students and regular preparatory meetings with other experts as members of specific panels.

The full engagement of students in all our QA activities makes HAHE compliant with ESG 2.4.

ESG 2.2

The Panel concluded that the Authority is in partial compliance due to its over-emphasis on quantitative data and limited stakeholder involvement in its processes.

In its complaint, HAHE suggested that the Panel did not examine the relevant material and methodologies applied by the Authority for each category of quality assurance activity. The Panel makes the absurd claim that HAHE procedures are designed to collect data.

Provided and additional evidence

1. The Authority has described its QA activities and methodologies in Chapters 5&6 of the SAR, where we clearly state that there is a specific methodology, standards, templates, and guidelines for each QA activity. All the related materials were posted on the HAHE website.
2. For instance, **at the time of the review**, there was 1 standard for the Internal Quality Assurance Systems of HEIs and 3 standards for the Undergraduate Study Programs (separate standards for Programs in operation, for new Programs, and for foreign language Programs).
3. In 2022, HAHE developed QA standards for Postgraduate Study Programs and Lifelong Learning Centers. During the same year, HAHE issued a public call for institutions to submit their proposals for the accreditation of Postgraduate Study Programs, developed specific guidelines and relevant material, organized seminars for universities and training for experts, and commenced the assessment of proposals received.
4. Universities (as stakeholders) are consulted each time there is a new QA process or activity. Universities have also participated in a series of consultation meetings with HAHE. This issue was largely ignored by the Panel.
5. Chambers (as stakeholders) take part in each specific standard design as members of the HAHE's Evaluation and Accreditation Council (EAC).

HAHE considers that it complies with ESG 2.2, as interpreted by EQAR: "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."

ESG 3.4

The Panel concluded that the Authority is in partial compliance due to an inconsistent understanding of thematic analysis, its quantitative nature, and limited utilization for quality assurance purposes.

The ARC concluded that HAHE is non-compliant with this standard due to the lack of the agency's activities related to thematic analysis. The ACC with a solid argument concluded that "Based on the ACC members' experience of thematic analysis by agencies, HAHE's practice is not out of line with the level and type of analysis being performed elsewhere." and proposed a partial compliance for ESG 3.4, which the Board accepted. In the view of the ACC, the standard does not prescribe how the thematic analysis should look. Rather, the relevance is in "that the agency is using its evaluation reports in the reporting of its work and not merely publishing the report outcomes without any analysis".

The claim of the Panel that the Authority collects data instead of performing a Thematic Analysis remains in the final report, even though we pointed out many times in the list of factual errors that this claim is untrue.

Provided and additional evidence

1. The Authority carries out the Thematic Analysis on an annual basis, since 2015 (before the change of its mission by Law 4653/20), through the study of accreditation reports and utilizes the conclusions for improvement actions.

2. Since 2015, the Authority regularly publishes the results of its thematic analysis in its Annual Reports. This is a standard obligation of HAHE resulting from existing legislation. The results have been utilized for the improvement of HAHE's internal quality assurance system and for recommending changes to HEIs' internal quality assurance.
3. The Authority continues to conduct a comparative study of how 'thematic analysis' is performed by other Agencies. However, the initial conclusion still stands: **The methodology followed by the Authority is also followed by other Agencies, including ENQA itself.**

The Authority considers that it complies with the interpretation of EQAR for the thematic analysis: "Agencies should regularly publish reports that describe and analyze the general findings of their external quality assurance activities."

ESG 3.5

Regarding ESG 3.5, the Panel concluded that the Authority is in partial compliance due to an unclear financial basis and its reliance on short-term staff.

The Panel appears confused and unable to understand the situation. It concludes that the SAR does not present the issue properly. The point of criticism is not clear, whether it is the composition of the resources (national and European at roughly a 50-50 ratio) or their adequacy. The Panel considers that human resources are insufficient and that they are not utilized in quality assurance but in data collection. The Authority, despite all shortcomings during the decade-long financial crisis in Greece, has achieved significant progress with the increase of both staff and funding. We have developed our organizational structure, improved our digital environment, equipment, and infrastructure, and accumulated know-how and other intangible resources. The truth is that the Panel's criticism of this Standard has not been very helpful. We do not understand what funding level would be considered sufficient by the Panel. This is not clear for human resources either.

Provided and additional evidence

1. HAHE is a public Independent Authority and has guaranteed funding by the state that covers the salaries of permanent staff and operating expenses. The numbers show that state funding has increased over the years to cover the increase in permanent positions. The Authority was fully funded for its operation and the completion of the planned actions.
2. The funds to cover the expenses of accreditation experts come from a different source, the national strategic plan for Higher Education (supported mainly by European funds). For instance, between 2019-2022, HAHE conducted 300 accreditations, which were fully covered.
3. The Ministry of Education has decided to undertake the cost of quality assurance for the Universities, at least until 2030. As we explained to the Panel, 15M€ were earmarked for HAHE until 2030. The official paperwork has proceeded and the money has been allocated to HAHE. We can provide the necessary evidence.
4. In addition, as we had told the Panel, another 14 permanent staff positions were approved during 2022 for the operation of the Authority. We can provide evidence that the selection process is nearing completion.

We consider these to be a sufficient level of resources to cover the planned quality assurance actions until 2030. According to ESG 3.5 as interpreted by EQAR, 'Agencies should have adequate and appropriate resources, both human and financial, to carry out their work'.

ESG 3.6

Regarding ESG 3.6, the Panel concluded that the Authority is in partial compliance primarily due to a lack of written procedures and a comprehensive plan for quality assurance.

The Panel's claim that the Authority has no written procedures is totally untrue. The Authority submitted a detailed document of internal procedures (Quality Manual) as an addendum to SAR. The Panel and the ACC make fleeting references to this document, which makes us believe that they have not seen it. The notion that we have performed hundreds of evaluations and accreditations, adhering to the ESGs, without any written procedures is absurd. Moreover, the Panel completely ignores the Authority's strategy, which is a very important and guiding tool for internal quality assurance.

Provided and additional evidence

1. The Authority has a [Quality Manual](#) published on its website, which contains all its procedures and processes in a structured manner (Input documents, Steps, Output documents). The document was made available to the Panel as an addendum to SAR (*SAR, p.99, Annex IX: List of Documents, HAHE-IQAS Manual*).
2. The Authority annually reviews the internal quality assurance system and makes improvements. For example, in 2022 the Authority improved the forms of external quality assurance activities such as: Completing the accreditation report template, modifying the mapping grid form, introducing a new form for the examination and validation of the accreditation report EEAP, and more.

The Authority considers that it complies with ESG requirement 3.6, as interpreted by EQAR "Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities".

Application by HAHE for Inclusion on the Register

Register Committee

Clarification provided by the Agency

Ref. A118
Date 2023-02-15
Page 1 / 3

Date of the conversation:	2023-02-14
Representatives of the agency :	Pericles A. Mitkas Christina Besta Georgiadis Nikolaos
Representative of EQAR:	Aleksandra Zhivkovikj Melinda Szabo

1. HAHE has submitted on 2021-09-20 an application for inclusion on the European Quality Assurance Register for Higher Education (EQAR). On 2023-01-31, HAHE submitted the external review panel's report of 2022-09-05.
2. In order to prepare the deliberations of the Register Committee on HAHE' compliance with the ESG, EQAR contacted the Agency to clarify the matter(s) below.

ESG 2.1 – Consideration of internal quality assurance

3. Since the review, HAHE has also defined the Standards for Postgraduate Study Programs (PSP) and published them (in local language) on [their website](#). The agency has drafted a mapping of the standards against the ESG Part 1.
4. In January 2023 the agency closed the call for institutions interested in obtaining accreditations of their post graduate studies. The agency is yet to do the reviews (planned to be completed by 2024).

ESG 2.2 – Designing methodologies fit for purpose

5. In regards to the involvement of stakeholders in the designing of the methodologies, HAHE provided three examples:
 - a) In 2017, the agency disseminated: (1) a draft of the guidelines for the accreditation of study programmes and (2) two draft questionnaires for the evaluation of curriculum and teaching by students (in senior year and in earlier years of study) to higher education institutions. HAHE received opinions from 17 Institutions. The materials are available in the [following folder](#).

b) In June 2022, HAHE distributed the Draft Standard for Postgraduate Study Programmes (PSP Standard) to all HEIs and requested feedback. Similarly, in July 2022, HAHE distributed the Draft Standard for Life Long Learning Centers of higher education institutions to all institutions. The materials are available in [the following folder](#).

c) The President and the General Director of HAHE regularly attend the National Rectors' Congress (which convenes three times per year) and discuss with the Rectors and Vice-Rectors of Academic Affairs the current issues of quality assurance. HAHE has held few presentations at these gatherings.

Register Committee

Ref. A118
Date 2023-02-15
Page 2 / 3

ESG 2.3 – Implementing processes

6. During the pandemic, the agency has performed online site visits and developed guidelines for their implementation (also available on [their website](#)). The verification of the information presented by the institutions was done through, among other, obliging the institutions to submit a video that showcases their premises and involving panel experts from the previous reviews in the current one.

ESG 2.4 – Peer-review experts

7. Students participate in evaluations of all aspects included in the review. The agency was not able to provide further information whether and to which extent the students participate in the drafting of the reports - the allocation of writing tasks is under the discretion of the chairs of the panels. The agency is yet to evaluate the experiences of the students participating in the panels because the questionnaires to the 2022 panel members will be distributed by March 15, 2023. The students are paid equally as the other members of the panels and their opinion is, theoretically, equally weighted among the members of the panel.

ESG 3.1 – Activities, policy and processes for quality assurance

8. The agency explained that the National Strategy is a planning document on the general affairs in the national higher education landscape (e.g. mergers of programmes/institutions; novelties related to the new legislation on higher education etc.) decided by the Ministry of Education. The strategy may affect the types of new study programmes but it does not specify in details the work of the agency. Rather, it is the agency itself that decides its own annual strategy mainly focusing on the number of reviews, the need for new standards, and the revision of its internal processes for the upcoming year.

ESG 3.6 – Internal quality assurance and professional conduct

9. When asked about the implementation of the processes from the Quality Manual, the agency explained that they collect feedback from the review

panels via questionnaire disseminated annually. The questionnaire focuses on the clarity and usefulness of the materials provided to the reviewers and the agenda. They further explained the two examples of using the feedback gathered through the questionnaire for improving the internal workflows:

a) A work group consisted by members of the Evaluation and Accreditation Council modified the mapping grid form for evaluators in 2021.

b) Another work group developed a guide for the verification of the methodology used by the panel in order to draft the accreditation report in 2022.

Both examples were briefly mentioned in the Statement to the report.

Register Committee

Ref. A118
Date 2023-02-15
Page 3 / 3

Attachment 2.1.b – Mapping of ESGs to HAHE Standards
(The last column is an addition to the table in Annex VII of SAR)

ESG 2015	HAHE standard for IQAS	HAHE standard for existing undergraduate study programmes (USP)	HAHE standard for foreign language study programmes (FLSP)	HAHE standard for new undergraduate study programmes (NUSP)	HAHE standard for existing postgraduate study programmes (PSP)
1.1 Policy for quality assurance	1. Institution policy for quality assurance 3. Establishing goals for quality assurance 4. Structure, organization and operation of the IQAS	1. Institution policy for quality assurance	1. Strategic planning 2. Quality assurance policy	1.1 Strategic planning, feasibility and sustainability of the academic unit 2.1 Quality policy	1. Quality assurance policy and quality goal setting for the PSP of the institution and their academic units
1.2 Design and approval of programmes	<i>Examined under 5. Self-Assessment</i>	2. Design and approval of programmes	3. Design, approval, and monitoring of the quality of foreign language programmes	2.2 Design, approval and monitoring of the quality of new study programmes	2. Design and approval of postgraduate programmes
1.3 Student-centred learning, teaching and assessment	<i>Examined under 5. Self-Assessment</i>	3. Student-centred learning, teaching and assessment	4. Student-centred learning, teaching and assessment	2.3 Student-centred learning, teaching and assessment	3. Student-centred learning, teaching, and assessment
1.4 Student admission, progression, recognition and certification	<i>Examined under 5. Self-Assessment</i>	4. Student admission, progression, recognition and certification	5. Student admission, progression, recognition of academic qualifications, award of degrees and certificates of qualifications of FLSP	2.4 Student admission, progression, recognition of academic qualifications, award of degrees and certificates of skills of NUSP	4. Student admission, progression, recognition of postgraduate studies, and certification.
1.5 Teaching staff	<i>Examined under 5. Self-Assessment</i>	5. Teaching staff	6. Ensuring high quality of the teaching staff of FLSP	2.5 Ensuring adequacy and high quality of the teaching staff of the NUSP	5. Teaching staff of postgraduate programmes
1.6 Learning resources and student support	2. Provision and management of the necessary resources	6. Learning resources and student support	7. Learning resources and student support of foreign language programmes	2.6 Learning resources and student support of new study programmes	6. Learning resources and student support

ESG 2015	HAHE standard for IQAS	HAHE standard for existing undergraduate study programmes (USP)	HAHE standard for foreign language study programmes (FLSP)	HAHE standard for new undergraduate study programmes (NUSP)	HAHE standard for existing postgraduate study programmes (PSP)
1.7 Information management	6. Collection of quality data: measuring, analysis and improvement	7. Information management	8. Collection, analysis, and use of information for the organization and operation of foreign language programmes	2.7 Collection, analysis, and use of information for the organization and operation of new study programmes	7. Information management
1.8 Public information	7. Public information	8. Public information	9. Public information concerning the foreign language programmes	2.8 Public information concerning the new study programmes	8. Public information concerning the postgraduate study programmes
1.9 On-going monitoring and periodic review of programmes	5. Self-assessment	9. On-going monitoring and periodic review of USP	10. Periodic internal review of foreign language programmes	2.9 Periodic internal review of new study programmes	9. On-going monitoring and periodic internal evaluation of PSP
1.10 Cyclical external quality assurance	8. External evaluation and accreditation of the IQAS	10. Regular external evaluation of USP	11. Regular external evaluation and accreditation of FLSP	2.10 Regular external evaluation and accreditation of NUSP	10. Regular external evaluation of PSP