

Drs. AR 25/2009

02.03.2009

**Expert report with proposed solution for application of
*Akkreditierungsagentur für Studiengänge im Bereich Gesundheit
und Soziales (AHPGS)* (Accreditation agency for study
programmes in Health and Social Sciences) for re-accreditation
from 12.06.2008**

1. Basis of procedure

1.1 Statutory Brief

Pursuant to § 2 Para 1 no. 1 of the German Statute on the Establishment of a »Foundation for Accreditation of Study Programmes in Germany«, the foundation has the commission to accredit and re-accredit accreditation agencies. It grants time-bound authorisations to accredit study programmes and quality assurance systems of higher education institutions by granting the foundation's seal.

The Accreditation Council formed the basis for its accreditation decisions with its resolution "Criteria for Accreditation of Accreditation Agencies" of 15.12.2005 amended on 08.10.2007. With the definition of these criteria, the Accreditation Council expanded its area of operation involving direct commissioning of accreditation to agencies and included the request for international applicability of the German accreditation system.

With the resolution "General Rules for Implementation of Procedures of Accreditation and Re-accreditation by Accreditation Agencies" of 22.06.2006 amended on 31.10.2008, the Accreditation Council passed the important codes of practice for the granting of accreditation.

Pursuant to § 2 Para 1 no. 2 and 3 of the German Statute on the Establishment of a »Foundation for Accreditation of Study Programmes in Germany«, the Accreditation Council combined the structural standard common to countries with mandatory standards for accreditation of study programmes and regulated the minimum prerequisites for accreditation procedures.

1.2 International Recognition

In order to further the international recognition of decisions taken by the Accreditation Council and accreditation agencies, the Accreditation Council passed its accreditation criteria, especially the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*, as decided along with the ministers responsible for higher education institutions at the Bologna follow-up conference in Bergen in May 2005. By including this *ESG*, the Accreditation Council emphasised the central role of accreditation in realising the objectives of the Bologna process and made it clear that quality assurance in the higher education area, especially accreditation, cannot orientate exclusively towards national standards or particulars anymore. Other important sources for the formulation of the criteria were *Code of Good Practice* of the *European Consortium for Accreditation* of 03.12.2004 and the *Guidelines of Good Practice of International Network for Quality Assurance Agencies in Higher Education* of April 2005.

2. Progression of the Procedure

The *Akkreditierungsagentur für Studiengänge im Bereich Gesundheit und Soziales (AHPGS)* (Accreditation agency for study courses in Health and Social Science) submitted an application to Accreditation Council of 12.06.2008 for a request for re-accreditation as accreditation agency. It is trying to get admittance for the Program and System Accreditation Procedures.

In its communique of 24.10.2008, the AHPGS attached a reason for its application along with other documents. In the course of the on-site visit, the AHPGS handed over more documents following the request of the experts to this end.

Following experts were appointed by the Accreditation Council in a decision of 23.06.2008:

- Professor Dr. Reinhard **Zintl**, Otto-Friedrich-Universität Bamberg, Member of the Accreditation Council (President of the Expert group)
- Mag. Elisabeth **Fiorioli** Managing Director of the Austrian Accreditation Council
- Anja **Gadow**, TFH Berlin, Member of the Accreditation Council
- Professor Dr. Ada **Pellert**, Donau-Universität Krems, President of the Deutschen Universität für Weiterbildung, Berlin since 01.01.2009
- Niko **Stumpfögger**, Uniter Services Union Federal Administration, Department 3 Health, Social Services, Welfare, and Church, Berlin

Ms. Agnes Leinweber was the contact person from the Foundation's office for the expert group.

The President of the expert group and the head of division of the office accompanied the agency for the AHPGS on-site visit on 04-05.12.2008 to the [REDACTED] [REDACTED] as a part of the accreditation procedure. The experts made an on-site visit to Freiburg on 11 and 12.12.2008. After a prior talk of the expert group on 10.12.2008, the expert group conducted talks on the following day with five experts involved in the accreditation procedure of the AHPGS along with five representatives of the higher education institutions in which AHPGS has carried out the accreditation procedure, the Managing Director of the AHPGS e.V. Association and the Managing Director of the AHPGS Akkreditierung gGmbH. The experts also participated in a meeting of the Accreditation Commission "Program Accreditation". On 12.12.2008, they had a talk with the employees of the office of the agency and visited their office premises. Finally, the experts discussed their impressions in an internal final discussion. The experts had received the meeting documents before the on-site visit.

Within the purview of its 58th meeting on 03.03.2009, the Accreditation Council heard the Managing Director of the AHPGS e.V. Association and the Managing Director of the AHPGS Akkreditierung gGmbH. The reasons for application of the AHPGS and the expert report with proposed solution had been submitted to the Accreditation Council for the meeting.

Basis for this evaluation report are the application of the AHPGS for re-accreditation; the reasons for application including annexure and documents handed in later; the on-site visit of the AHPGS along with President of the expert group and the supervising head of division; and the on-site visit.

3. The Akkreditierungsagentur für Studiengänge im Bereich Gesundheit und Soziales (AHPGS) (Accreditation agency for study courses in Health and Social Science)

3.1 Development

The agency is organised in the legal form of a charitable association, which was founded in 2001. The association has 47 members currently. They include various associations in the area of Health and Social Science, Department of therapeutic pedagogy, Department of social work, Conference of Deans Support and some higher education institutions.

A charitable GmbH was founded due to liability reasons in the beginning of 2008. It is the only company of the AHPGS e.V Association. It was registered with the Freiburg commercial register on 05.03.2008. Its charitable status was announced on 28.05.2008 by the Freiburg fiscal authority.

The AHPGS was accredited by the Accreditation Council on 17.12.2001 until the year 2004. The Accreditation Council accredited it unconditionally on 07.10.2004 for a period of five years until 06.10.2009. On 31.10.2008, the Accreditation Council announced the agency's admittance for the system accreditation procedure without conditions until the end of the accreditation term on 06.10.2009.

At its own request, the procedure for re-accreditation of the AHPGS was brought forward to year 2008/2009.

3.2 Organisation

The decisions within the accreditation procedure and awarding of seal of quality of the Accreditation Council are taken by the AHPGS e.V. Association. The association has authorised the AHPGS Akkreditierung gGmbH with the implementation of the procedure, wherein the gGmbH will take over the tasks of the office regarding the organisation of the accreditation procedure.

Organs of the association are in accordance with § 7 of the AHPGS e.V. statutes: General Assembly, Board of Directors, Management with the branch office, Advisory Board and Accreditation Commissions.

The General Assembly elects the Board of Directors and Management and the Board of Directors submits its Annual Report and the report on business and financial progression of the budget.

The Board of Directors appoints the members of the accreditation commissions; takes final decisions on the grievances of higher education institutions; concludes agreements with the

foundation for accreditation of study programmes in Germany and if required, agreements for cooperation with other organisations; decides on acceptance and scheduling of debarment of members; appoints members as Advisory Board and manages business of the agency.

Pursuant to § 12 Point 3 of the AHPGS e.V. statutes, the Accreditation Commissions for programme and system accreditation have the functions of deciding on the pool of experts; judging the accreditation applications on the basis of analysis reports; organising comprehensive training of experts and members of the branch office; and if necessary, set up an Advisory Board and recommend appropriate members. According to § 12 Point 4 of the statute, the Accreditation Commissions can set up expert committees.

3.3 Set-up

Since the founding of the registered association in 2001, the office of the AHPGS was housed in the German Coordination Office for Healthcare Sciences at the Albert-Ludwigs-Universität Freiburg. It shifted to its own rented office in April 2008.

There are five more academic employees, 2 administrative employees and 4 academic assistants in the office of the agency besides the Managing Director of the AHPGS e.V. Association and the Managing Director of the AHPGS Akkreditierung gGmbH. The agency has declared that the entire business operation will be gradually transferred from the association to the gGmbH.¹

3.4 Scope of Activity

AHPGS predominantly accredits Bachelors and Masters study programmes in higher education institutions in the field of Health and Social Science and was authorised by the Accreditation Council on 31.10.2008 for implementation of system accreditation procedures for the remaining current accreditation period.

The agency's concept of quality is described as follows in the overall concept of 30.06.2008: *"The AHPGS combines the requirement of a contribution to improve quality in teaching and learning along with the implementation of accreditation procedure and system accreditation." The responsibility of the higher education institutions regarding profile and quality is thus defined.*

With the implementation of the accreditation procedure, the AHPGS contributes in improving the clarity in the study programmes offered and ensures that the standards and criteria are

¹ All information as on 30.06.2008.

adhered to. The higher education institutions will be offered competent counsel (and support) for implementing the accreditation procedure and system accreditation."

The AHPGS has a good network nationally and internationally. It is the member of the "European Consortium for Accreditation" (ECA) since 2004. Since 2006, the AHPGS is a member of ENQA (status: Candidate membership) and will be awarded full membership on request once the re-accreditation is through. The AHPGS was authorised to verify accreditation requests of Swiss higher education institutions on 17.01.2008 through the education policy decisions in Switzerland taken by the Eidgenössischen Volkswirtschaftsdepartement (EVD). Furthermore, it has good ties with the OAQ (Centre of Accreditation and Quality Assurance) in Switzerland.

The AHPGS has received cooperation at the national level as well; especially noteworthy are the cooperation agreements with the accreditation agencies ASIIN and FIBAA. The cooperation ranges over the collective implementation of accreditation procedures.

The AHPGS has accredited 242 study programmes since it has assumed its activities.

4. Appraisal

The expert group has presented its report to the Accreditation Council below. It recommends the Accreditation Council to reaccredit the *Akkreditierungsagentur für Studiengänge im Bereich Gesundheit und Soziales (AHPGS)* under the conditions and with a set of recommendations mentioned below until 31.03.2014.

The expert group was impressed with the commitment and professionalism of all employees of the agency and was therefore convinced of the service the accreditation agency would render to the institutions supervised by it. The exemplary equality of the men and women and the regard for problems of the students with disabilities in the appraisals and assessment reports are also very positive indications.

Criterion 1: Understanding the Accreditation Function

1.1 The agency has a publicly documented quality concept through which it derives the basis for its accreditation activities. Its activity is focussed at increasing the quality and bases the main responsibility of the higher education institutions on the pattern and quality of learning and teaching.

1.2 The agency accredits all higher education institutions and even all departments in case of admittance for programme accreditations.

1.3 For admittance for programme accreditation, the agency accounts for internal procedures, regulations and expertise which ensures that the "Criteria for Accreditation of Study Programmes" and the "General Regulations for Implementation of Procedures for Accreditation and Re-accreditation of Study Programmes" are applied.

1.4 For the admittance for system accreditation, the agency accounts for internal procedures, regulations and expertise which ensure that the "Criteria for System Accreditation" and the "General Regulations for Implementation of System Accreditation Procedures" are applied. The agency also provides evidence of the expertise for the management of higher education institutions and quality assurance within the higher education institutions in its organs.

1.5 If the agency exclusively applies for the admittance for system accreditation, it will prove its capability in implementing the procedures for programme accreditation in accordance with the following criteria.

Criterion 1.1:

The overall concept of the agency dated 30.06.2008 (refer to Page 5) corresponds with the criteria of the Accreditation Council. The demands of the agency from its own work are very high here and form - it was evident in the talks during the on-site visit - benchmarks in the daily work. The expert group has identified an intensive commitment of all people involved. The fact that the agency does not provide any allowance for experts in the programme accreditation underlines the basic concept of civic involvement. A special feature of the self-concept of the agency is the belief of being an instrument for making the field of Health and Social Science professional and to be a partner of the accrediting institutions. The expert group respects this self-concept and recognises that the agency has made and is still making contribution towards the general improvement in quality in this field; but is of the view that, the more the objective of professionalism is achieved, a recall of the core task of accreditation can and should be aimed at.

Criterion 1.1 is fulfilled.

Criterion 1.2:

AHPGS operates for all higher education institution types. The agency also has a clear academic structure. The chart of accredited study programmes in Annexure 3.2.5 of the application clarified to the experts that the scope of business areas Health and Social Science is adequate to meet the requirement of "all-department" activity mentioned in Criterion 1.2.

The Board of Directors of the agency has clearly explained the reason for joint accreditation of study programmes which are closely connected to the academic pattern; for instance in the field of social economy. However, the agency is not prepared for the expansion of its business area and does not intend to do it either (a diversification of the business fields would not be consistent with the currently practiced process in which the Accreditation Commission also takes a serious academic appraisal; also refer to Criteria 1.3, 2.2 and 2.3)

Criterion 1.2 is fulfilled.

Criterion 1.3:

The procedures for programme accreditation are implemented according to the resolutions of the Accreditation Council "Criteria for Accreditation of Study Programmes" and the "General Regulations for Implementation of Procedures for Accreditation and Re-accreditation of Study Programmes". The agency will not pass any resolution on its own during the course of the procedure of accreditation of a study programme. The procedure for accreditation of study programmes is described in the application as well as the homepage and corresponds with the relevant resolutions of the Accreditation Council.

The experts have identified the following special features:

The expert committees, the setup of which is possible for procedures of programme accreditation according to statutes, do not exist currently. Such a setup is not being contemplated since the formation of the Accreditation Commission orients closely on the academic structure of the agency, making another advisory level of the agency seem dispensable. The Board of Directors explains that due to past guidelines, expert committees can still be seen in the statutes, but a revision of the panel structure in the statutes could be considered.

According to the information by the Board of Directors, the Advisory Board with its academic advisory role, is a result of the first accreditation procedure of the AHPGS. The expert group believes that it does not have any special significance in the general practice.

Criterion 1.3 is fulfilled.

Criterion 1.4:

Since the decision of the Accreditation Council of 31.10.2008 to award the agency authorisation to carry out system accreditation, there has been no other development. The expert group has ascertained that the activities of the agency in the field of system accreditation are in the initial stage. There have been no new findings to contradict a renewal of admittance for system accreditation.

Criterion 1.4 is fulfilled.

Criteria 1.5 is not relevant here.

Criterion 2: Organisational structure

2.1 The agency has its own legal entity. It does not work for profit.

2.2 The agency has, according to the admittance for programme and/or system accreditation compiled all functions relevant to accreditation; regulated the responsibilities; accountabilities and combining of their organs accordingly; and involved interested people for fulfilling the functions (academic representatives, students and professional experience representatives).

2.3 The competence of the people involved in the procedure with reference to all areas relevant to the verification procedures of programme accreditation or system accreditation is guaranteed through suitable selection procedures and preparation.

2.4 The organ's independent authority is ensured on case-to-case basis. It is also applicable for the independence and impartiality of the people working for the agency.

Criterion 2.1:

The ambiguity regarding the relationship between the e.V. and the gGmbH were made clear to the experts during the on-site visit. The expert group could see that the founding of the gGmbH will minimise the liability risks for the honorary members of the association and that the relationship between the association and gGmbH is clearly regulated through a contract. Even the connection of the agency with the Deutschen Koordinierungsstelle für Gesundheitswissenschaften (German Cooperation Office for Health Sciences), which was previously rather ambiguous to the expert group, can be substantiated as a past necessity. With the conversion of the business operation of the agency to gGmbH, the experts expect a separation of the final, still existing account-related links between the said cooperation office and the agency (refer to Criterion 4).

Criterion 2.1 is fulfilled.

Criterion 2.2:

To begin with, it can be ascertained in a nutshell, that all procedural steps and functions in the programme and system accreditation are integrated and assigned to an organ or body of the agency. The interested people such as students and practitioners from the profession are involved at all level of the procedure in an appropriate way. The Accreditation Commissions are autonomous organs of the AHPGS e.V. in line with the statutes of the AHPGS; they can take independent decisions.

The expert commission has no doubt about the independence of the Accreditation Commissions; however, the code of practice indicates certain special features which lead to a high and not entirely unproblematic restriction of various organs:

- The relationship between Accreditation Commission and Board of Directors and Managing Director is very close. The expert group observed that the Managing Director of the gGmbH takes a remarkably active role in the Commission. There is also a close relationship between Board of Directors/Management and Commission: Pursuant to § 7a of the statutes, the nomination of the members of AC is currently in the hands of the Board of Directors only. The procedure here is hardly formalised. There are no nomination rights for members of the association. The argument of the agency for it, that it does not intend any rights of first recommendation for external stakeholders, has clarified matters for the expert group. However, it could be useful to involve the Advisory Board in the request procedures. For the rest, the expert group recommends that the position of the AC be strengthened by calling at least one international member.
- The Management plays an exceedingly active role along with the expert group in the accreditation procedure not only in the preparation by intensive contacts with the higher education institutions but also in the on-site visits by moderating the internal talks of the experts and through active participation in the meetings with the higher education institution members.
- The Accreditation Commission not only takes the role of an expert committee, but also appears to take the role of the relevant expert group in noteworthy measure. The expert group is of the impression that the Commission deals the expert reports and their recommendations as a base to discuss whether they will or will not adopt these. Surely the AC need not follow the expert report passively, but it should refrain from deviating from them without a comment.
- The organs are also personally (still) interdependent: The President of the Advisory Council is also the member of the Accreditation Commission systems (he must, however, resign from the Advisory Board on the instruction of the AHPGS if the Accreditation Commission system starts the actual accreditation function); the Managing Director of the AHPGS e.V. appears on the list of experts (but, according to his own proclamation, has accepted this role twice at the beginning only). Moreover, the expert group currently considers the existing double membership in both Accreditation Commissions with the practitioners of the profession and the students for acceptable, but not desirable in the future.

It is evident to the experts that the internal processes of the agency have developed as a mature structure over the years. Nevertheless, the European standards (see section 6) stipulate a certain formalising in order to have the necessary transparency. The statutes must regulate the working hours of the organs. It could prove to be useful if each organ of the agency received rules of procedure.

Criterion 2.2 is partially fulfilled.

Criterion 2.3:

The agency normally acts with appropriate care and prudence while selecting and initiating panel members and experts. It can be ascertained that:

- For the Accreditation Commission: Its current setup is suitable for the functions. However, it was clear in the activity report of 2007 to the expert group that at the first glance, out of the 60 accredited study programmes, around 10 were alien to the subject or at least at the edge of the academic pattern. Since most of these study programmes are obviously influenced by business, the Accreditation Commission should include at least one more relevant expert. The procedure of the selection of its members could gain transparency by involving the Advisory Board (refer above, Criterion 2.0).
- For the experts: Their nomination must take place according to the statutes of resolution of the AHPGS in the AC. However, the meetings with the agency gave the impression that the calling process normally does not take place entirely according to the resolved regulations; for instance when calls take place through telephonic agreements with the report editor for the procedure from the Accreditation Commission. The initiation of experts for their function is good: The prepared documents are detailed and correct; though there is no separate training for new experts (which would probably be difficult to organise what with the honorary members), there are annual information conferences for all people involved (Windenreuter Tagung). However, it is recommended that special attention be paid to the understanding of the role of experts while training them: The experts see their role as being "critical friends" of the appraised. It has been substantiated through the facts that a change of roles is possible at any time due to the limited field. It was perhaps quite helpful in the initial phase because people considered each other "with cooperative austerity". But it would be problematic when the circle of expert/appraised becomes a closed group. It is important to have openness for the continued progress of the circle, maybe by way of involving international experts.

Criterion 2.3 is partially fulfilled.

Criterion 2.4:

The expert group could not find any indication of the dependencies of the organs from the regulations in the statutes and meetings on-site. The requirement of internal independent authority is fulfilled.

The matters regarding the problem of possible biases are not so clear. The Declaration of Impartiality (Annexure 3.2.4 of the application) for experts ends with the question: "If you have answered one or more questions with Yes, can you ensure that you as an expert appraiser have no bias?" The self-appraisal of the person being questioned is therefore the last word. The agency points out that the self-appraisal is only another criterion for evaluating potential conflicts in the interest related with the decision of the AHPGS. The expert group acknowledges that considering the small size of the field, complexities of various kinds are unavoidable. However, it sees the responsibility for the impartiality of the experts clearly at the level of the agency. The expert group recommends that the regulations be formulated in detail in order to avoid conflicts of interest.

Criterion 2.4 is partially fulfilled.

Criterion 3: Operational Structure

The agency implements programme accreditation and system accreditation with an efficient and binding regulation of following procedures and ensures the assertion of requirements of the Accreditation Council as well as the consistence of their decisions.

Criterion 3:

The descriptions and documents provided by the agency for the running of the programme and system accreditation are oriented towards the relevant stipulations of the Accreditation Council and document an efficient procedure.

The work of the office was praised by all involved (AC, higher education institutions, experts); it is efficient and professional, competent and very committed. According to the impression of the expert group, the members of the office have clear ideas about their functions. The office helps in completing the documents and writes a summary of the application which reaches the higher education institution for comments before the on-site visit. The expert group considers this to be permissible service. However, there is also an indication of a problematic over-commitment: The meetings clarified that in special cases, summaries of current status are optimised, where information or formulations taken from other sources of the higher education institution on consultation with the higher education institutions, are accepted as application documents. However, according to the opinion of the expert group, with all appreciation for the services of the AHPGS experts, the authenticity of the application of the higher education institution should remain guarded even if the agency edits the documents, since an evaluation of the quality of the documents of the higher education institution is a part of the assessment of the study programme.

The procedures are flexible (the agency does not specify any deadlines in the contract). Checklists which support the experts' work are available, but the extent to which they are really applied remained unclear.

Criterion 3 is fulfilled.

Criterion 4: Setup

The agency is effectively personal and neutral in keeping with its function in all necessary areas of activity.

Criterion 4:

The spatial and factual setup has been deemed as appropriate by the experts. The financial stand is solid (however the financial documents became clear only on explanation). The experts can understand that due to necessities dependent on the past, there are still connections related to settlements of projects from the introductory phase of the agency with the Deutschen Koordinierungsstelle für Gesundheitswissenschaften (German Coordination Office for Healthcare Sciences) and The Freiburg University. They did not see any cross-financing here.

Criterion 4 is fulfilled.

Criterion 5: Internal Quality Management

The agency has and regularly uses a formalised internal quality management system which includes following components in particular:

- systematic internal feedback processes and analyses of their own processes
- systematic external feedback processes with higher education institutions and
- training of employees as well as experts

Criterion 5:

According to the estimation of the experts, some instruments with respect to internal and external feedback processes are available and are being used in normal course. For instance, higher education institutions and experts are being asked regularly for years about their satisfaction with the AHPGS procedures. However, the experts cannot identify any formalised system of internal quality management at present. The agency clearly explained during a conversation the main features of the planned QM system. The experts wish to encourage the agency to follow this path and use opportunities which come their way during systemising of the currently practiced individual measures.

Criterion 5 is partially fulfilled.

Criterion 6: Internal Complaints Procedure

The agency has formalised internal procedures for verifying the accreditation decisions on request of the higher education institution which defines the purpose of verification. The people taking decisions in the verification procedure are not subject to directives.

Criterion 6: Complaints Procedure:

The document provided in Annexure 3.1.6 "Complaints Procedure of the AHPGS" lists all rights of the higher education institutions to comment on the current procedure of the programme accreditation; for instance, filing a protest against the composition of expert group or giving an opinion on the expert report without taking conclusive proposed resolution.

Objection against decisions of the Accreditation Commission can be submitted in writing within two weeks after receipt of the notification. This objection will be presented to the Accreditation Commission for verification and revised decision. If this course of objection is not used, the higher education institution is free to submit an objection to the Board of Directors of the AHPGS. The experts consider it preferable to formulate in detail the current regulations of the AHPGS regarding internal complaints procedure with respect to terms and methods. Furthermore, in the experts' opinion, there should be a provision to submit complaints to an organ independent of the Accreditation Commission and the Board of Directors.

Criterion 6 is partially fulfilled.

Criterion 7: Reporting

The procedures and decisions of the agency are transparent and are moderated with adequate public declaration.

Criterion 7:

The AHPGS presents the criteria and procedures of the programme and system accreditation clearly on its webpages, based on the relevant resolutions of the Accreditation Council.

The document "For Accreditation and Re-accreditation of Study Programmes" amended in September 2007 is downloadable from there for the procedure of the programme accreditation. It introduces the agency, clearly explains the procedure for programme accreditation and has suggestions for composition and structure of the application.

In relation to the procedure of the system accreditation, the documents "Application for System Accreditation" and "Sequence of a Procedure for System Accreditation" approved by the Board of Directors of the AHPGS postulate the job description of the higher education institutions and experts and explain the sequence of system accreditation in summary and in a transparent way. In the latter document, the AHPGS undertakes to announce, in keeping with the stipulation of the Accreditation Council, a summary of the expert report and the names of the experts involved following the accreditation resolution. The said documents can also be downloaded from the agency's webpages.

Criterion 7 is fulfilled.

5. Conditions and Recommendations

The expert group recommends the Accreditation Council to articulate following conditions and recommendations:

5.1. Conditions:

- AHPGS will document a binding resolution until 31.10.2009 on the working hours of the organs (Criterion 2.2.).
- AHPGS will document until 31.10.2009 the expansion of the Accreditation Commission with at least one suitable expert in the field of economics (Criterion 2.3).
- AHPGS will document until 31.10.2009 a suitable procedure for the assessment of surety of impartiality of the experts where the responsibility for the decision on possible biases must be with the agency (Criterion 2.4.).
- AHPGS will provide until 31.10.2009, a binding resolution for systemising the internal quality management which incorporates the feedback processes as well as ensures the analysis and reflection of individual processes (Criterion 5).
- AHPGS will document until 31.10.2009, a binding resolution for a complaints procedure which explicitly regulates the deadlines and procedures. The decision on objections by higher education institutions should not be with the Board of Directors if it is directly involved in the accreditation procedure. (Criterion 6).

5.2. Recommendations:

- The expert group recommends the written documentation of internal agreements of the Accreditation Commission on basic issues, so that the Accreditation Commission members are relieved and the consistence in decisions is ensured.
- The expert group recommends that the agency considers introducing rules of procedures for its organs which will stipulate their functions and internal organisation; and better use of the role of the international Advisory Board.
- For its own safety, the agency should consider defining internal guidelines for the role of the branch office in procedures of accreditation of study programmes and quality assurance systems in order to give the employees an orientation towards the sensitive field of the monitoring of procedures and sensitise them towards the necessary demarcation between service-oriented monitoring of procedures and consultation.

- The expert group recommends the agency to consider the introduction of an independent organ which finally takes decisions on objections.
- The expert group welcomes invitation to international members in the Accreditation Commission's system accreditation. Considering the risk of complexities of study programmes and higher education institutions to be accredited with the experts in the fields of health and social science, the agency should consistently break ways for internationalisation. The expert group recommends inviting at least one international member in the Accreditation Commission's programme accreditation. The Advisory Board must be involved in the nomination.
- The expert group recommends constant expansion of the circle of experts through the involvement of international experts, besides other means.

6. Assessment with Regard to Membership Criteria of the European Association for Quality Assurance (ENQA)

In order to further the international recognition of decisions taken by the Accreditation Council and accreditation agencies, the Accreditation Council passed its accreditation criteria on 15.12.2005, especially the *Standards and Guidelines for Quality Assurance in the European Higher Education Area*, as decided along with the ministers responsible for higher education institutes at the Bologna follow-up conference in Bergen in May 2005. The following overview shows where the standards 2.6.1 to 2.6.8 of the ESG find their equivalent in the criteria for accreditation of accreditation agencies:

ESG Standard	<i>Criteria for Accreditation of Accreditation Agencies</i> (resolution of 15.12.2005 amended on 08.10.2007, criteria); <i>Criteria for Accreditation of Study Programmes</i> (resolution of 17.06.2006, amended on 29.02.2008), <i>Criteria for the Introduction of System Accreditation</i> (resolution of 08.10.2007, amended on 31.10.2008) Gesetz zur Errichtung einer »Stiftung zur Akkreditierung von Studiengängen in Deutschland« (ASG) (German Statute on the Establishment of a »Foundation for Accreditation of Study Programmes in Germany«)
2.6.1	Criteria for agencies, Criteria for study programmes, Criteria for system accreditation
2.6.2	ASG § 2 Para 1.1; Criteria for agencies 2.1, 2.2
2.6.3	ASG § 2 Para 1.1; Criteria for agencies 1.2
2.6.4	Criteria for agencies 4
2.6.5	Criteria for agencies 1.1
2.6.6	Criteria for agencies 2.1, 2.4
2.6.7	Criteria for study programmes; Criteria for system accreditation; Criteria for agencies 1.3, 1.4, 2.2, 7
2.6.8	Criteria for agencies 1.1, 5, 7; ASG § 1 Para 1

Based on this, the expert group is of the view that the AHPGS fulfils membership criteria of the ENQA. A summary of the expert report on the ENQA membership criteria gives the following appraisal:

6.1 ESG Standard 2.6.1 (Use of external quality assurance procedures for higher education):

European Standards and Guidelines 2.6.1 and 2.4.3, 2.4.4, 2.4.5 and 2.4.6

2.6.1 Use of internal QA procedures: External QA procedures should take into account the effectiveness of the internal QA processes described in Part 2 of the ESG.

2.4.3 Criteria for decisions: Any formal decisions made as a result of an external quality assurance activity should be based on explicit published criteria that are applied consistently.

2.4.4 Processes fit for purpose: All external quality assurance processes should be designed specifically to ensure their fitness to achieve the aims and objectives set for them.

2.4.5 Reporting: Reports should be published and should be written in a style which is clear and readily accessible to its intended readership. Any decisions, commendations or recommendations contained in reports should be easy for a reader to find.

2.4.6 Follow-up procedures: Quality assurance processes which contain recommendations for action or which require a subsequent action plan, should have a predetermined follow-up procedure which is implemented consistently.

ENQA Criterion 1

Agencies should undertake external quality assurance activities (at institutional or programme level) on a regular basis. The external quality assurance of agencies should take into account the presence and effectiveness of the external quality assurance processes described in Part 2 of the European Standards and Guidelines¹.

The external quality assurance activities may involve evaluation, review, audit, assessment, accreditation or other similar activities and should be part of the core functions of the member.

ECA, Code of Good Practice 4, 8, 9, 10, 12, 14, 16, 17

4. Must be rigorous, fair and consistent in decision-making.

8. Can demonstrate public accountability, has public and officially available policies, procedures, guidelines and criteria.

9. Informs the public in an appropriate way about accreditation decisions.

10. A method for appeal against its decisions is provided.

12. Accreditation procedures and methods must be defined by the accreditation organisation itself.

14. Must include self-documentation/-evaluation by the higher education institution and external review (as a rule on site).

16. Must be geared at enhancement of quality.

17. Must be made public and be compatible with European practices taking into account the development of agreed sets of quality standards.

Facts and Database

(Refer to Section 3.2, page 4f)

The document provided in Annexure 3.1.6 "Complaints Procedure of the AHPGS" lists all rights of the higher education institutions to comment on the current procedure of the programme accreditation; for instance, filing a protest against the composition of expert group or giving an opinion on the expert report without taking conclusive proposed resolution.

Objection against decisions of the Accreditation Commission can be submitted in writing within two weeks after receipt of the notification. This objection will be presented to the Accreditation Commission for verification and revised decision. If this course of objection is not used, the higher education institution is free to submit an objection to the Board of Directors of the AHPGS.

Pursuant to §2 of the resolution "Decisions of the Accreditation Council: Types and effects" amended on 29.02.2008, an accreditation of an agency for a term of eight years is pronounced, if the agreements in the Bologna process have not specified a shorter term. In

line with the resolution "General Rules for Implementation of Procedures of Accreditation and Re-accreditation by Accreditation Agencies", the procedure of an agency's accreditation includes an appraisal by an external expert group along with the analysis of reasons for application; an on-site visit with meetings; and participation in a meeting of decision-making panel of the agency for the final decision on accreditation applications and the audit in an on-site visit of the agency within an accreditation procedure.

Evaluation of the Expert Group

The procedures for programme accreditation are implemented according to the resolutions of the Accreditation Council "Criteria for Accreditation of Study Programmes" and the "General Regulations for Implementation of Procedures for Accreditation and Re-accreditation of Study Programmes".

Regarding system accreditation, the Accreditation Council pronounced admittance to the agency for the current accreditation term on 31.10.2008, since all relevant rules and criteria are met. There have been no new developments since then. The expert group has ascertained that the activities of the agency in the field of system accreditation are in the initial stage. There have been no new findings to contradict a renewal of admittance for system accreditation.

Regarding the transparency of the processes, criteria and decisions of the agency, the experts have stipulated that the criteria and procedures of the programme and system accreditation will be presented clearly on the webpages of the agency on the basis of the relevant resolutions of the Accreditation Council.

The document "For Accreditation and Re-accreditation of Study Programmes" amended in September 2007 is downloadable from there for the procedure of the programme accreditation. It introduces the agency, clearly explains the procedure for programme accreditation and has suggestions for composition and structure of the application. The decisions for accreditation of study programmes will also be documented on the webpages.

In relation to the procedure of the system accreditation, the documents "Application for System Accreditation" and "Sequence of a Procedure for System Accreditation" downloadable at the homepage, postulate the job description and explain the sequence of system accreditation in summary and in a transparent way. In the latter document, the AHPGS undertakes to announce, in keeping with the stipulation of the Accreditation Council, a summary of the expert report and the names of the experts involved following the accreditation resolution.

The experts consider it preferable to formulate in detail the current regulations of the AHPGS regarding internal complaints procedure with respect to terms and methods. To find a remedy here, the experts recommend a condition.

Partial conformity,

6.2 ESG Standard 2.6.2 (Official status):

European Standards and Guidelines 2.6.2

2.6.2 Official status: Agencies should be formally recognised by competent public authorities in the European Higher Education Area as agencies with responsibilities for external quality assurance and should have an established legal basis. They should comply with any requirements of the legislative jurisdictions within which they operate.

ENQA Criterion 2

Agencies should be formally recognised by competent public authorities in the European Higher Education Area as agencies with responsibilities for external quality assurance and should have an established legal basis. They should comply with any requirements of the legislative jurisdictions within which they operate.

ECA, Code of Good Practice 2

2. Is recognised as a national accreditation body by the competent public authorities.

Facts and Database

The agency is organised in the legal form of a charitable association, which was founded in 2001. The AHPGS was accredited by the Accreditation Council on 17.12.2001 until the year 2004 and thus awarded it the authorisation to accredit study programmes by awarding the seal of the Accreditation Council. The Accreditation Council accredited it unconditionally on 07.10.2004 for a period of five years until 06.10.2009. On 31.10.2008, the Accreditation Council announced the agency's admittance for the system accreditation procedure without conditions until the end of the accreditation term on 06.10.2009.

A charitable GmbH was founded due to liability reasons in the beginning of 2008. It is the only company of the AHPGS e.V Association. It was registered with the Freiburg commercial register on 05.03.2008. Its charitable status was announced on 28.05.2008 by the Freiburg fiscal authority.

In year 2005, the Accreditation Council was, with the founding of the Foundation for Accreditation of Study Programmes in Germany, converted to the legal form of a foundation under the public law. Pursuant to § 2 Para 1 no. 1 of the German Statute on the Establishment of a »Foundation for Accreditation of Study Programmes in Germany«, the Foundation has the commission to accredit and reaccredit accreditation agencies. It grants time-bound authorisation to accredit study courses by granting the Foundation's seal. Therefore, the Foundation, in line with Sentence 1 of the Standard 2.6.2, represents a responsible public facility for recognising the agency.

Evaluation of the Expert Group

By way of accreditation and monitoring by the Foundation for Accreditation of Study Programmes in Germany, the agency meets this Standard 2.6.2.

The ambiguity regarding the relationship between the e.V. and the gGmbH were made clear to the experts during the on-site visit. The expert group became quite aware that the founding of the gGmbH will minimise the liability risks for the honorary members of the association and that the relationship between the association and gGmbH is clearly regulated.

Conformity

6.3 ESG Standard 2.6.3 (Activities):

European Standards and Guidelines 2.6.3

Agencies should undertake external quality assurance activities (at institutional or programme level) on a regular basis.

ENQA Criterion 1

Agencies should undertake external quality assurance activities (at institutional or programme level) on a regular basis. The external quality assurance of agencies should take into account the presence and effectiveness of the external quality assurance processes described in Part 2 of the European Standards and Guidelines¹.

The external quality assurance activities may involve evaluation, review, audit, assessment, accreditation or other similar activities and should be part of the core functions of the member.

ECA, Code of Good Practice 13

13. Must be undertaken at institutional and/or programme level on a regular basis.

Facts and Database

Since assuming its activity, the AHPGS has accredited 242 study programmes and has also been authorised for implementing the procedure for system accreditation.

Evaluation of the Expert Group

The experts have ascertained that the AHPGS works involving all higher education types. The agency also has a clear academic profile. The chart of accredited study programmes in Annexure 3.2.5 of the application clarified to the experts that the scope of business areas Health and Social Science is adequate to meet the requirement of "all-department" activity mentioned in Criterion 1.2 of the Accreditation Council.

The descriptions and documents provided by the agency for the programme and system accreditation process are oriented towards the relevant stipulations of the Accreditation Council and document an efficient procedure.

Conformity

6.4. ESG Standard 2.6.4 (Resources):

European Standards and Guidelines 2.6.4

2.6.4 Resources: Agencies should have adequate and proportional resources, both human and financial, to enable them to organise and run their external quality assurance process(es) in an effective and efficient manner, with appropriate provision for the development of their processes and procedures.

ENQA Criterion 3

Agencies should have adequate and proportional resources, both human and financial, to enable them to organise and run their external quality assurance process(es) in an effective and efficient manner, with appropriate provision for the development of their processes, procedures and staff.

ECA, Code of Good Practice 5

5. Has adequate and credible resources, both human and financial.

Facts and Database

There are five more academic employees, 2 administrative employees and 4 academic assistants for the branch office of the agency besides the Managing Director of the AHPGS e.V. Association and the Managing Director of the AHPGS Akkreditierung gGmbH. The agency has declared that the entire business operation will be gradually transferred from the association to the gGmbH. The agency has leased appropriate offices in Freiburg and financed its work from the accreditation procedures.

Evaluation of the Expert Group

The spatial and factual setup has been deemed as appropriate by the experts. The financial stand is solid (however the financial documents became clear only on explanation). The experts can understand that due to necessities dependent on the past, there are still connections related to settlements of projects from the introductory phase of the agency with the Deutschen Koordinierungsstelle für Gesundheitswissenschaften (German Coordination Office for Healthcare Sciences) and The Freiburg University. They did not see any cross-financing here.

Conformity

6.5 ESG Standard 2.6.5 (Mission Statement):

European Standards and Guidelines 2.6.5

2.6.5 Agencies should have clear and explicit goals and objectives for their work, contained in a publicly available statement.

ENQA Criterion 4

Agencies should have clear and explicit goals and objectives for their work, contained in a publicly available statement.

ECA, Code of Good Practice 1

1. Has an explicit mission statement.

Facts and Database

The agency's concept of quality is described as follows in the overall concept of 30.06.2008:

"The AHPGS combines the requirement of a contribution to improve quality in teaching and learning along with the implementation of accreditation procedure and system accreditation." The responsibility of the higher education institutions regarding pattern and quality is thus defined.

With the implementation of the accreditation procedure, the AHPGS contributes in improving the clarity in the study programmes offered and ensures that the standards and criteria are adhered to. The higher education institutions will be offered competent counsel (and support) for implementing the accreditation procedure and system accreditation."

Evaluation of the Expert Group

The basic concept of the agency of 30.06.2008 corresponds with the European Standards and Guidelines. The demands of the agency from its own work are very high here and form - it was evident in the talks during the on-site visit - benchmarks in the daily work. The expert group has identified an intensive commitment of all people involved. The fact that the agency does not provide any allowance for experts in the programme accreditation underlines the basic concept of civic involvement.

A special feature of the self-concept of the agency is the belief of being an instrument to make the field of Health and Social Science professional and to be a partner of the accrediting institutions.

Conformity

6.6 ESG Standard 2.6.6 (Independence):

European Standards and Guidelines 2.6.6

3.6 Independence: Agencies should be independent to the extent both that they have autonomous responsibility for their operations and that the conclusions and recommendations made in their reports cannot be influenced by third parties such as higher education institutions, ministries or other stakeholders.

ENQA Criterion 5

Agencies should be independent to the extent both that they have autonomous responsibility for their operations and that the conclusions and recommendations made in their reports cannot be influenced by third parties such as higher education institutions, ministries or other stakeholders.

An agency will need to demonstrate its independence through measures, such as:

- its operational independence from higher education institutions and governments is guaranteed in official documentation (e.g. instruments of governance or legislative acts);
- the definition and operation of its procedures and methods, the nomination and appointment of external experts and the determination of the outcomes of its quality assurance processes are undertaken autonomously and independently from governments, higher education institutions, and organs of political influence;
- while relevant stakeholders in higher education, particularly students/learners, are consulted in the course of quality assurance processes, the final outcomes of the quality assurance processes remain the responsibility of the agency.

ECA, Code of Good Practice 3

3. Must be sufficiently independent from government, from higher education institutions as well as from business, industry and professional associations.

Facts and Database

The agency is organised in the legal form of a charitable association, which was founded in 2001. A charitable GmbH was founded at the beginning of 2008 for liability reasons. Its sole associate is the AHPGS e.V. Association. There are no discretionary authorities of external institutions such as ministries or external interested groups. No nomination rights for members of organs or panels have been provided to members of the AHPGS e.V. The decisions on accreditations of study programmes are exclusively in the competence of the Accreditation Commission for programme accreditation according to statutes. This is also applicable to the decisions on system accreditation.

Evaluation of the Expert Group

The ambiguity regarding the relationship between the e.V. and the gGmbH were made clear to the experts during the on-site visit. The expert group could see that the founding of the gGmbH will minimise the liability risks for the honorary members of the association and that the relationship between the association and gGmbH is clearly regulated through a contract. Even the connection of the agency with the German Koordinierungsstelle für Gesundheitswissenschaften (German Cooperation Office for Health Sciences), which was previously rather ambiguous to the expert group, can be substantiated as a past necessity. With the conversion of the business operation of the agency to gGmbH, the experts expect a separation of the final, still existing account-related links between the said coordination office and the agency.

The expert group could not find any indication of the dependencies of the organs from the regulations in the statutes and meetings on-site. The requirement of internal independent authority is fulfilled.

In relation to the independence of the experts, it must be mentioned that Declaration of Impartiality (Annexure 3.2.4. of the application) ends with the following question: "If you have answered one or more questions with Yes, can you ensure that you as an expert appraiser have no bias?" The self-appraisal of the person being questioned is therefore the last word. The agency points out that the self-appraisal is only another criterion for evaluating potential conflicts in the interest related with the decision of the AHPGS. The expert group acknowledges that considering the small size of the field, complexities of various kinds are unavoidable. However, it sees the responsibility for the impartiality of the experts clearly at the level of the agency. The expert group recommends that the regulations be formulated in detail in order to avoid conflicts of interest.

Partial Conformity

6.7 ESG Standard 2.6.7 (External quality assurance criteria and processes):

2.6.7 External QA criteria and processes used by agencies: The processes, criteria and procedures used by agencies should be pre-defined and publicly available. These processes will normally be expected to include: a self-assessment or equivalent procedure by the subject of the quality assurance process; an external assessment by a group of experts, including, as appropriate, (a) student member(s), and site visits as decided by the agency; publication of a report, including any decisions, recommendations or other formal outcomes; a follow-up procedure to review actions taken by the subject of the quality assurance process in the light of any recommendations contained in the report.

ENQA Criterion 6

The processes, criteria and procedures used by agencies should be pre-defined and publicly available.

ii. These processes will normally be expected to include:

- a self-assessment or equivalent procedure by the subject of the quality assurance process;
- an external assessment by a group of experts, including, as appropriate, (a) student member(s), and site visits as decided by the agency;
- publication of a report, including any decisions, recommendations or other formal outcomes;
- a follow-up procedure to review actions taken by the subject of the quality assurance process in the light of any recommendations contained in the report.

Agencies may develop and use other processes and procedures for particular purposes. Agencies should pay careful attention to their declared principles at all times, and ensure both that their requirements and processes are managed professionally and that their conclusions and decisions are reached in a consistent manner, even though the decisions are formed by groups of different people. Agencies that make formal quality assurance decisions, or conclusions which have formal consequences should have an appeals procedure. The nature and form of the appeals procedure should be determined in the light of the constitution of each agency.

ENQA Criterion 8 (Text in i and ii is same as that in the second para of Criterion 6)

- i. Agencies should pay careful attention to their declared principles at all times, and ensure both that their requirements and processes are managed professionally and that their conclusions and decisions are reached in a consistent manner, even though the decisions are formed by groups of different people.
- ii. If the Agency makes formal quality assurance decisions, or conclusions which have formal consequences, it should have an appeals procedure. The nature and form of the appeals procedure should be determined in the light of the constitution of each agency.
- iii. The agency is willing to contribute actively to the aims of ENQA.

Facts and Database

In accordance with the resolutions of the Accreditation Council "General Regulations for Implementation of Procedures for Accreditation and Re-accreditation of Study Programmes" amended on 29.02.2008 and "General Rules for Implementation of Procedures of System Accreditation" amended on 31.10.2008, following procedural elements are intended for the procedures of programme and system accreditation: Application of the higher education institutions; appraisal by external experts involving at least one on-site visit; formulation of an appraisal as basis of the agency's decision and publication of the decision; a brief summary of the appraisal; and the names of the experts. In accordance with Criterion 2.2 of the "Criteria for Accreditation of Accreditation Agencies" amended on 08.10.2007, the relevant interested groups such as students and practitioners from the profession must be involved in all levels of the procedures.

Evaluation of the Expert Group

The descriptions and documents provided by the agency for the programme and system accreditation process are oriented towards the relevant stipulations of the Accreditation Council and include all mandatory elements. All procedural steps and functions in the programme and system accreditation have been formulated and assigned to an organ or panel of the agency. The interested people such as student members and practitioners from the profession will be involved at all level of the procedure in an appropriate way.

The Accreditation Commissions are independent of their decisions.

However, practical experience shows some special features which overall lead to a high and not entirely unproblematic restriction of various organs with respect to realisation of their functions in the accreditation procedures and sometimes also at the professional level (See Section 4, Criterion 2.2).

It is evident to the experts that the internal processes of the agency have developed as a mature structure over the years. Nevertheless, the European standards stipulate a certain formalising in order to have the necessary transparency. Therefore, the expert group recommends a condition which has a binding resolution on the working hours of the organs. It could prove to be useful if each organ of the agency received rules of procedure.

Regarding the transparency of the processes, criteria and decisions of the agency, the experts have stipulated that the criteria and procedures of the programme and system accreditation will be presented clearly on the webpages of the agency on the basis of the relevant resolutions of the Accreditation Council.

The document "For Accreditation and Re-accreditation of Study Programmes" amended in September 2007 is downloadable from there for the procedure of the programme accreditation. It introduces the agency, clearly explains the procedure for programme accreditation and has suggestions for composition and structure of the application. The decisions for accreditation of study programmes will also be documented on the webpages.

In relation to the procedure of the system accreditation, the documents "Application for System Accreditation" and "Sequence of a Procedure for System Accreditation" downloadable at the homepage, postulate the job description and explain the sequence of system accreditation in summary and in a transparent way. In the latter document, the AHPGS undertakes to announce, in keeping with the stipulation of the Accreditation Council, a summary of the expert report and the names of the experts involved following the accreditation resolution.

Partial Conformity

6.8 ESG Standard 2.6.8 (Accountability procedures):

European Standards and Guidelines 2.6.8

2.6.8 Accountability procedures: Agencies should have in place procedures for their own accountability

ENQA Criterion 7

Agencies should have in place procedures for their own accountability.

These procedures are expected to include the following:

- i. a published policy for the assurance of the quality of the agency itself, made available on its website;
- ii. documentation which demonstrates that:
 - the agency's processes and results reflect its mission and goals of quality assurance;
 - the agency has in place, and enforces, a no-conflict-of-interest mechanism in the work of its external experts, Committee/Council/Board and staff members;
 - the agency has reliable mechanisms that ensure the quality of any activities and material produced by subcontractors, if some or all of the elements in its quality assurance procedure are subcontracted to other parties;
 - the agency has in place internal quality assurance procedures which include an internal feedback mechanism (i.e. a means to collect feedback from its own staff and council/board); an internal reflection mechanism (i.e. means to react to internal and external recommendations for improvement); and an external feedback mechanism (i.e. means to collect feedback from experts and reviewed institutions for future development) in order to inform and underpin its own development and improvement.
- iii. a mandatory cyclical external review of the agency's activities at least once every five years which includes a report on its conformity with the membership criteria of ENQA.

ECA, Code of Good Practice 6, 7, 11, 15

6. Has its own internal quality assurance system that emphasises its quality improvement.

7. Has to be evaluated externally on a cyclical basis.

11. Collaborates with other national, international and/or professional accreditation organisations.

15. Must guarantee the independence and competence of the external panels or teams.

Facts and Database

With respect to the external feedback processes, the agency explains in the application:

The factual report compiled by the office will be released by the higher education institution before the on-site appraisal. At the end of the on-site appraisal, a final talk with the in-charges of the higher education institution will take place. The higher education institution can present its opinion.

There is no separate document in the application for initiating the experts for the procedure of programme accreditation. The agency will mention in the application that the experts have received all necessary information in accordance with the stipulation of the Accreditation Council. The agency will conduct regular meetings for initiating the experts. The procedure-related initiation will take place after a preliminary talk on previous day. Furthermore, the experts of the AHPGS will be invited to an annual conference of panels in which the current issues of quality assurance in teaching and learning are referred and discussed. The agency will conduct an annual questionnaire on the satisfaction of the experts and applying higher education institutions. The results of these questionnaires (in Annexure 3.2.7 and on the webpages of the agency) will document a high level of satisfaction of the questioned with the agency's work.

Evaluation of the Expert Group

According to the estimation of the experts, some instruments with respect to internal and external feedback processes are available and are being used in normal course. However, the experts cannot identify any formalised system of internal quality management at present. The agency clearly explained during a conversation the main features of the planned QM system. The experts wish to encourage the agency to follow this path and use opportunities which come their way during systemising of the currently practiced individual measures.

Partial Conformity