

ECTE Annual Internal Review, Improvement and Monitoring Report

Nature of report

Final report (approved by Council)

Period referred to

2021

ESG 2.1 – Consideration of internal quality assurance

ESG 2.1 - Consideration of internal quality assurance (average score)

2.25

2.1a - Have the internal quality assurance processes of institutions in relation to Standards and Guidelines been judged satisfactory in Review Reports? (GS)

Substantially compliant

2.1b - Have institutions demonstrated compliance with standard A.2.5 of Standards and Guidelines (Internal QA policies and procedures)? Were there recommendations or requirements in this area from the Review Reports? (GS)

Substantially compliant

2.1c - To what degree have stakeholders been involved in our institutions as laid out in the Stakeholder Involvement and Extension Policy in compliance to standards A.2.5 and B.2.1 (involvement of indirect stakeholders, both internal and external)?(RS)

Substantially compliant

2.1d - Have we updated statistical information in the Key Facts sheets of Introducing the ECTE? (GS)

Fully compliant

ESG 2.1 - Notes and plans for improvement

The average score in 2021 (3.3) is lower than it was in 2020 (3.5) when the internal QA standards were not being measured yet and a score of fully compliant was given to several questions. The 2021 scores more closely resemble reality deriving from the analysis of the six review events that were conducted in 2021.

2.1a,b - Review Reports were examined with relation to Standard A.2.5, noting that three institutions were fully compliant, two were substantially compliant and one was partially compliant with a recommendation.

Action points: Review Secretary and Accreditation Director will monitor the implementation of Standard A.2.5 making sure that institutions submit a written internal QA policy together with their SER. VETs will also be advised to pay attention to this and schools encouraged to use the Guidelines for Internal QA. The Accreditation Director will develop a sample of a policy to include in the Guidelines for Internal QA.

2.1c - Review Reports were examined with relation to Standard A.2.5 and B.2.1, noting that four were fully compliant, one was substantially compliant and one was partially compliant with a recommendation). Action points: The Accreditation Commission will develop action plans to encourage institutions to further involve stakeholders in curriculum design.

ESG 2.2 – Designing methodologies fit for purpose

ESG 2.2 - Designing methodologies fit for purpose (average score)

2.5

2.2a - Are ECTE's stakeholders satisfied with our work and methodology? What data has emerged from surveys of HEIs, students, VETS and other stakeholders? (GS)

Substantially compliant

2.2b - Have we responded to new developments and regulations in cross-border professional accreditation in the EHEA? (GS)

Fully compliant

2.2c - Have we made appropriate changes to our methodologies? Were any changes made explicitly following stakeholder input? (GS)

Fully compliant

2.2d - Have students been involved in our governance and work? (GS)

Fully compliant

2.2e - Has Visitation Feedback been collected from institutions and VETs following all visits? (RS)

Substantially compliant

2.2f - Have our site visits been evaluated positively in the Visitation Feedback forms? (RS)

Substantially compliant

ESG 2.2 - Notes and plans for improvement

The average score in 2021 (3.5) is lower than it was in 2020 (3.7), but more visits were held in 2021 and higher demands were introduced on feedback compliance that now includes feedback from VETs as well as from the institution.

2.2a - The overall student satisfaction was high with an average score of 4,3 (x/5) from the Student Satisfaction Survey that ran in 2021. The area of lowest satisfaction concerned placements, but this was likely due to the circumstance of the pandemic. The results of the survey were analysed as a Thematic Analysis exercise with consequent action points published on the ECTE website.

2.2c - We have updated our Criteria and Procedures following the input of external stakeholder (EQAR review panel) and have produced Guidelines for Online Site Visits to serve institutions during the pandemic.

2.2e - Visitation feedback was not collected consistently from all institutions and VETs, this was due in great part to the excessive workload of the newly appointed Review Secretary. Action point: the ECTE has hired an Accreditation Director who will take on this responsibility with greater capacity.

2.2f - One institution expressed dissatisfaction (not a formal complaint) from one review visits. This was dealt with by the RS to the satisfaction of the institution.

Student satisfaction survey results (if available)



ESG 2.3 – Implementing processes

ESG 2.3 - Implementing processes (average score)

3

2.3a -Have all procedures have we completed followed the ‘SER-visit-report-decision-follow-up’ accreditation cycle? (GS)

Fully compliant

2.3b - Have the Review Reports been produced to the standards set in Guidelines in Site Visits and VETs? (RS)

Fully compliant

2.3c - Have we been consistent in our decisions? (QAC)

Fully compliant

2.3d - Have we been consistent in our follow-up? (QAC)

Fully compliant

ESG 2.3 - Notes and plans for improvement

The average score in 2021 (4) is higher than it was in 2020 (3.5). The areas of improvement have been in producing Review Reports according to our published standards, improving in consistency of follow up and improving procedures to collect APRs.

ESG 2.4 - Peer-review experts

ESG 2.4 - Peer-review experts (average score)

2.6

2.4a - Have we recruited VETs in consideration of the breadth of expertise? Do we need to broaden perspectives in the VET pool? (RS)

Substantially compliant

2.4b - Have we trained our VETs as outlined in the VET Development Policy? Is there a need to train them in specific issues? (GS and RS)

Fully compliant

2.4d -Have all VETs signed no-conflict of interest and independence forms? Have there been issues of concern around independence? (GS and RS)

Fully compliant

2.4e - Have we recruited, trained and deployed student VETs in each site visit? (RS)

Fully compliant

2.4f - Has the Review Secretary role functioned as planned? (RS)

Substantially compliant

ESG 2.4 - Notes and plans for improvement

The average score in 2021 (3.2) is slightly lower than it was in 2020 (3.3). The score is lower mostly due to our not having a face to face General Assembly in 2021 that hindered our VET development plans (due to the pandemic).

2.4a - We have recruited well in 2021 both for regular and student VETs, including several women and a variety of stakeholders.

2.4b - Training has been consistent with good feedback on our online course, and we have introduced an 'inactive' category for VETs who are still completing their training. Without a f2f General Assembly we were unable to complete plans review the 5-year VET Development plan and could not offer the planned VET training workshop. Action point: the Accreditation Director is developing plans for VET training and for dealing with specific issues that arise from visits.

2.4c - The RS has not been able to spend much time in this area in 2021 although one problem report was dealt with carefully in communication to the school and the team members. Action point: feedback discussion with VETs has been reallocated to the newly hired Accreditation Director.

2.4f - The RS role has functioned well, but the workload has been excessive in 2021 compared. Action plan: a Review Secretary Assistant has been hired and the Accreditation Director will take on several of the RS tasks as outlined in the revised Staff Policy.

2.4g - Discussing feedback with VETs has not been consistent due to excessive Review Secretary workload. Action point: an Accreditation Director has been hired, and this task has been reassigned to that role that has greater capacity.

ESG 2.5 - Criteria for outcomes

ESG 2.5 - Criteria for outcomes (average score)

2.75

2.5a - Are all our key documents related to standards and criteria updated and published? (GS)

Fully compliant

2.5b - Have all our accreditation decisions been made on the basis of Review Reports and documentary evidence? (QAC)

Fully compliant

2.5c - Has follow up consistently distinguished requirements and recommendations? (QAC)

Fully compliant

2.5d - Have our VETs demonstrated understanding of consistency of interpretation of ECTE criteria? (RS)

Substantially compliant

ESG 2.5 - Notes and plans for improvement

The average score in 2021 (3.7) is the same as it was in 2020 (3.7). Our Criteria and Procedures document has been regularly published and updated. All accreditation decisions (6 reviews) have been made and followed up according to set criteria and the VETs are engaging well with the new standards and criteria. 2.5d - Improvement is needed in formulating recommendations and requirements that use the exact language of Standards and Guidelines. Action points: A paper giving further indications on the use of requirements and recommendations has been produced by the Accreditation Director and Review Secretary for the VETs and included in the Guidelines for Site Visits and VETs.

ESG 2.6 - Reporting

ESG 2.6 - Reporting (average score)

3

2.6a - Have we published all full Review Reports? (GS) related to standards and criteria updated and published? (GS)

Fully compliant

2.6b - Have we published all decisions? (GS)

Fully compliant

2.6c -Have institutions signed off all Review Reports? (RS)

Fully compliant

ESG 2.6 - Notes and plans for improvement

The average score in 2021 (4) is the same as it was in 2020 (4). All Review Reports and decisions have been published on the ECTE website and institutions have signed off on all reports.

ESG 2.7 - Complaints and appeals

ESG 2.7 - Complaints and appeals (average score)

3

2.7a - Have we dealt satisfactorily with complaints and appeals? (GS)

Fully compliant

2.7b - Have we acted on input indicating the need to revise our complaints and appeals procedures? (GS)

Fully compliant

ESG 2.7 - Notes and plans for improvement

The average score in 2021 (4) is the same as it was in 2020 (4). There were no complaints or appeals in 2021.

ESG 3.1 – Activities, policy and processes for QA

ESG 3.1 - Activities, policy and processes for QA (average score)

2.8

3.1a -Are we achieving our stated goals and objectives, as outlined in section 1.3 of Introducing the ECTE? (GS)

Fully compliant

3.1b - Are we achieving our strategic plans, and making progress on the decisions made by General Assemblies? (GS)

Substantially compliant

3.1c - Does the description of our scope and daily work correspond to section 2 of Introducing the ECTE? Is revision necessary? (GS)

Fully compliant

3.1d - Have we implemented our Stakeholder Involvement and Extension Policy? (GS)

Fully compliant

3.1e -Have we updated Introducing the ECTE, especially the Fact Sheets?

Fully compliant

ESG 3.1 - Notes and plans for improvement

The average score in 2021 (3.8) is lower than it was in 2020 (4). The lower score is mostly due to our inability to fully formulate and achieve new strategic plans due to delays in the EQAR outcome.

3.1b - Action points: As soon as we the results of the EQAR review process we will reformulate a new strategic plan and implement it fully. The strategic plan will be considered in Council meetings in 2022 and in the General Assembly in 2023.

3.1d - We have surveyed our current Council to define stakeholder representation and recruited new Council members accordingly. We have also completed the ECTE review process (Stakeholder A3)

ESG 3.2 - Official status

ESG 3.2 - Official status (average score)

3

3.2a - Is the public description of our official status current? (GS)

Fully compliant

ESG 3.2 - Notes and plans for improvement

The average score in 2021 (4) is the same it was in 2020 (4).

3.2a - Action point: or official status might need revision following the EQAR decision and our work with both HEIs and alternative providers.

ESG 3.3 - Independence

ESG 3.3 - Independence (average score)

3

3.3a - Is our Independence and Conflict of Interest Policy still adequate? (GS)

Fully compliant

3.3b - Do we have signed No Conflict of Interest Declaration forms from all Council, staff and VETs? (GS)

Fully compliant

3.3c - Are we satisfied with how we have dealt with situations relative to independence? (GS)

Fully compliant

ESG 3.3 - Notes and plans for improvement

The average score in 2021 (4) is the same it was in 2020 (4).

3.3c - The realisation of the Accreditation Commission has been a significant step in the direction of independence.

ESG 3.4 - Thematic analysis

ESG 3.4 - Thematic analysis (average score)

3

3.4a - Are we fulfilling our Thematic Analysis Strategic Plan? (GS)

Fully compliant

3.4b - Are we following up on action points from previous TAs? (GS)

Fully compliant

3.4c - Have we collected data in APRs as planned? (GS)

Fully compliant

3.4d - Have we published TAs? (GS)

Fully compliant

ESG 3.4 - Notes and plans for improvement

The average score in 2021 (4) is higher than it was in 2020 (3.7). We have gone beyond our TA Strategic Plan, producing and publishing two TAs (instead of one). We have consistently followed up on TA action points as minuted in Council meetings and APRs are being used as collection points.

3.4a - Compared to the original TA Strategic Plan, we do not have 5 year list of topics. We have chosen

topics from year to year and in 2022 TA will be conducted on the topic of student governance.

ESG 3.5 - Resources

ESG 3.5 - Resources (average score)

2.6

3.5a - Is the budget balanced and fees adequate? (T)

Fully compliant

3.5b - Have we been audited and has the budget been signed off by the General Assembly? (T)

Substantially compliant

3.5c - Have staff submitted their Annual Staff review?

Fully compliant

3.5d - Is the staff completing the tasks set out in the Staff Policy as related to supporting ESG standards?

Fully compliant

3.5e - Are staff workloads adequate?

Substantially compliant

Staffing issues

The Review Secretary workload was excessive.

3.5f - Are our operational resources adequate to support our activities? (GS)

Fully compliant

ESG 3.5 - Notes and plans for improvement

The average score in 2021 (3.6) is higher than it was in 2020 (3.4). We have evaluated and increased our human resources, hiring an AD and RSA. All staff have submitted their annual review, self-assessing against the ESG tasks. The budget is balanced and has a surplus.

3.5b - Our GA was delayed until 2022, so we did not sign off on the 2021 budget. Action point: the 2019,20

and 21 budgets will be submitted to the GA in 2022.

3.5e - The work of the RS in particular has grown beyond expectations. Action point: the hiring of the Accreditation Director and the Review Secretary Assistant will alleviate the RS workload. A new Staff Policy has been put in place to redistribute tasks. This will be monitored in the 2022 AIRIM.

ESG 3.6 - Internal QA and professional conduct

ESG 3.6 - Internal QA and professional conduct (overall average score of entire AIRIM)

2.80

How did we score last year in our AIRIM?

2.77

3.6a - Are we satisfied with our progress in internal QA and professional conduct?

Fully compliant

3.6b - Are we satisfied with our QA policies as outlined in section 4 of Introducing the ECTE?

Fully compliant

3.6c - Have we followed up on the action points from last year's AIRIM?

Fully compliant

Follow up report

We have followed up on all action points from the 2020 AIRIM. Even if we still do not have the EQAR outcome, we have proceeded to implement a number of actions related to our operational resources and staff (ESG 3.5), to internal QA (ESG 2.1) and independence (ESG 3.3).

ESG 3.6 - Notes and plans for improvement

The average score in 2021 (2.80) which is a slight improvement over 2020 (2.77).

ESG 3.7 - Cyclical external review of agencies

ESG 3.7 - Cyclical external review of agencies (average score)

3

3.7a - Have we made progress on following up requirements and recommendations from our last external review?

Fully compliant

3.7b - Have we established a timeline to prepare for the next cyclical review and are we on track?

Fully compliant

ESG 3.7 - Notes and plans for improvement

The average score in 2021 (4) is the same as it was in 2020 (4). We are still waiting for the outcomes of our first external review, but have already acted on the two main requirements.

Reports

Accreditation Director Report



Review Secretary Report(s)



Treasurer Report



External Review Manager Report



Chairman Report



Annual Internal Review Report completed by:

Marvin Oxenham - General Secretary

Date

March 17, 2022