

# MONITORING AND IMPROVEMENT POLICY

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This document lays out the ECTE policy for ongoing review, improvement and monitoring. This takes place in the context ESG 3.6 related to processes that define, assure and enhance the quality of ECTE operations.

## 1 - GENERAL DISPOSITIONS

### 1.1 - YEARLY INTERNAL MONITORING

Every year the ECTE will engage in ongoing review, improvement and monitoring of its activities and work to determine:

1. Achievements
2. Weaknesses
3. Improvement strategies (if any)

The review of the previous year will be placed on the agenda of the ECTE Council every Spring meeting. The item will bear the title: *Annual Internal Review, Improvement and Monitoring* session (AIRIM). The General Secretary will prepare a draft report<sup>1</sup>, collect staff reports<sup>2</sup> and chair the review, all Council members will participate in the exercise, action points will be assigned with an implementation timeline. A final report will be produced and published. AIRIM reports will be shared during the biannual General Assembly.

### 1.2 - CYCLICAL EXTERNAL MONITORING

The ECTE is committed to the importance of undergoing regular external reviews to demonstrate compliance to quality assurance standards as a quality assurance agency.

Every five years, starting from 2021, the ECTE will submit to an external review against the ESG. In the year following the external review, the Council will establish a timeline with tasks in preparation for the next review.

Other subject-specific external reviews may also be implemented as they arise.

## 2 – MONITORING QUESTIONS

The following areas will be monitored, reviewed and evaluated for improvement strategies during the *Annual Internal Review, Improvement and Monitoring* session. The monitoring questions correspond to ECTE's *Internal QA Policy* as outlined in section 4 of *Introducing the ECTE* and matching the ESG<sup>3</sup>.

1. ESG 2.1 – Consideration of internal quality assurance. Key questions:

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<sup>1</sup> <http://ecte.eu/development/council-staff-area/annual-internal-review-improvement-and-monitoring-report-form/>

<sup>2</sup> Forms available here: <http://ecte.eu/development/council-staff-area/>

<sup>3</sup> <http://ecte.eu/introducing/>

- a. Have the internal quality assurance processes of institutions in relation to *Standards and Guidelines* been judged satisfactory in Review Reports? (GS)
  - b. 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)
  - c. 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)?(GS)
  - d. Have we updated statistical information in the Key Facts sheets of *Introducing the ECTE*? (GS)
2. ESG 2.2 – Designing methodologies fit for purpose. Key questions:
- a. Are ECTE’s stakeholders satisfied with our work and methodology? What data has emerged from surveys of HEIs, students, VETs and other stakeholders? (GS)
  - b. Have we responded to new developments and regulations in cross-border professional accreditation in the EHEA? (GS)
  - c. Have we made appropriate changes to our methodologies? Were any changes made explicitly following stakeholder input? (GS)
  - d. Have students been involved in our governance and work? (GS)
  - e. Has Visitation Feedback been collected from institutions and VETs following all visits?
  - f. Have our site visits been evaluated positively in the *Visitation Feedback* forms? (RS)
3. ESG 2.3 – Implementing processes. Key questions:
- a. Have all procedures we completed followed the ‘SER-visit-report-decision-follow-up’ accreditation cycle? (GS)
  - b. Have the Review Reports been produced to the standards set in *Guidelines in Site Visits and VETs*? (RS)
  - c. Have we been consistent in our decisions? (QAC)
  - d. Have we been consistent in our follow-up? (QAC)
4. ESG 2.4 – Peer-review experts. Key questions:
- a. Have we recruited VETs in consideration of the breadth of expertise? Do we need to broaden perspectives in the VET pool? (RS)
  - b. Have we trained our VETs as outlined in the *VET Development Policy*? Is there a need to train them in specific issues or offer them opportunities for professional development? Has the Visitation Feedback been discussed with VETs following visitations with recommendations made by the RS for good practice and areas of improvement? (GS and RS)
  - c. Have all VETs signed no-conflict of interest and independence forms? Have there been issues of concern around independence? (GS and RS)
  - d. Have we recruited, trained and deployed student VETs in each site visit? (RS)
  - e. Has the Review Secretary role functioned as planned? (RS)
  - f. Have we briefed the VETs for improvement following the *Visitation Feedback* on each visit? (RS)
5. ESG 2.5 – Criteria for outcomes. Key questions:
- a. Are all our key documents related to standards and criteria updated and published? (GS)
  - b. Have all our accreditation decisions been made on the basis of Review Reports and documentary evidence? (QAC)
  - c. Has follow up consistently distinguished requirements and recommendations? (QAC)
  - d. Have our VETs demonstrated understanding of consistency of interpretation of ECTE criteria? (RS)
6. ESG 2.6 – Reporting. Key questions:
- a. Have we published all full Review Reports? (GS)
  - b. Have we published all decisions? (GS)

- c. Have institutions signed off all Review Reports? (RS)
- 7. ESG 2.7 – Complaints and appeals. Key questions
  - a. Have we dealt satisfactorily with complaints and appeals? (GS)
  - b. Have we had any input indicating the need to revise our complaints and appeals procedures? (GS)
- 8. ESG 3.1 – Activities, policy and processes for QA. Key questions:
  - a. Are we achieving our stated goals and objectives, as outlined in section 1.3 of *Introducing the ECTE*? (GS)
  - b. Are we achieving our strategic plans, and making progress on the decisions made by General Assemblies? (GS)
  - c. Does the description of our scope and daily work correspond to section 2 of *Introducing the ECTE*?<sup>4</sup> Is revision necessary? (GS)
  - d. Have we implemented our *Stakeholder Involvement and Extension Policy*? (GS)
  - e. Have we updated *Introducing the ECTE*, especially the Fact Sheets? (GS)
- 9. ESG 3.2 – Official status. Key questions:
  - a. Is the public description of our official status current? (GS)
- 10. ESG 3.3 – Independence. Key questions:
  - a. Is our *Independence and Conflict of Interest Policy* still adequate? (GS)
  - b. Do we have signed *No Conflict of Interest Declaration* forms from all Council, staff and VETs? (GS)
  - c. Are we satisfied with how we have dealt with situations relative to independence? (GS)
- 11. ESG 3.4 – Thematic analysis. Key questions:
  - a. Are we fulfilling our *Thematic Analysis Strategic Plan*? (GS)
  - b. Are we following up on action points from previous TAs? (GS)
  - c. Have we collected data in APRs as planned? (GS)
  - d. Have we published TAs? (GS)
- 12. ESG 3.5 – Resources. Key questions:
  - a. Is the budget balanced and fees adequate? (T)
  - b. Have we been audited and has the budget been signed off by the General Assembly? (T)
  - c. Have staff completed the Annual Staff Review? (C)
  - d. Is the staff completing the tasks set out in the *Staff Policy* as related to supporting ESG standards? (GS)
  - e. Are staff workloads adequate? Is more/less staffing needed? (C)
  - f. Are our operational resources adequate to support our activities? (GS)
- 13. ESG 3.6 – Internal quality assurance and professional conduct. Key questions:
  - a. Are we satisfied with our QA policies as outlined in section 4 of *Introducing the ECTE*?<sup>5</sup> (GS)
  - b. How have we scored overall in our *Annual Internal Review, Improvement and Monitoring* this year? (GS)
  - c. How did we score last year overall?
  - d. Have we followed up on action points from last year's AIRIM? (include follow up report).
- 14. ESG 3.7 – Cyclical external review of agencies. Key questions:
  - a. Have we made progress on following up requirements and recommendations from our last external review? Are we nearer to full compliance? (GS and ERM)
  - b. Have we established a timeline to prepare for the next cyclical review and are we on track? (ERM)

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<sup>4</sup> <http://ecte.eu/introducing/>

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## 3 – INTERNAL AND EXTERNAL FEEDBACK MECHANISMS

The following internal and external feedback mechanisms will allow data collection points to inform the *Annual Internal Review, Improvement and Monitoring* session in the annual Spring Council meeting.

### Internal:

1. Annual Staff Reviews: every year in December. Collected by the General Secretary (ESG 3.5).
2. Review Reports from VETs (ESG 2.1).
3. Evaluation Reports from institutions (ESG 2.1).
4. Key facts in *Introducing the ECTE*, including an executive summary, statistical information on membership, accreditation statistics, visitation statistics, student numbers, Council, staff and VET roster, finances, thematic analysis (ESG 3.4), stakeholder satisfaction (ESG 2.3), visitation and review feedback (ESG 2.3), student and VET satisfaction (ESG 2.3), meetings. Updated by the General Secretary every year in December.
5. Budget Report to the Council. Produced by the Treasurer once a year for the Council and a full financial report every two years for the General Assembly. (ESG 3.5)

### External:

6. Stakeholder surveys: even years in December (2020, 2022, 2024, etc). These include, at the least, HEIs as direct stakeholders, peer-experts and students. Collected and analysed by the General Secretary. (ESG 2.2)
7. *Visitation Feedback* from each site visit. Compiled by institutions and VET (ESG 3.6).
8. Overall visitation feedback report every year in December. Compiled by the Review Secretary. (ESG 3.6)

This policy has been approved by the ECTE Council, 16 March 2021 and is valid until its revision.

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