

ECTE Annual Internal Review, Improvement and Monitoring Report

Nature of report

Preliminary draft report

Period referred to

2022

Executive summary

In 2022 the ECTE has improved overall in its internal quality, mostly in conjunction with the establishment of an Accreditation Commission, the hiring of an Accreditation Director and a second Review Secretary and the work done to meet compliance with the ESG following the EQAR external review process. Overall, the average ESG compliance rating has risen from 2,77 (2020), to 2,80 (2021) and to 2,94 (2022) with a maximum possible compliance score of 3. The most notable improvement has been in area of design methodologies and resources. There are no areas of decline, but there remains a challenge of helping providers comply with internal QA standards (ESG 2.1).

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

2.1a - IQA was one of the areas judged as non compliant by the initial EQAR review. In response, new policies have been developed to include the entire ESG1 in all reviews and subjected to a further focused review by EQAR together with evidence that QF-EHEA descriptors are used in all levels of ECTE programme accreditation.

2.1a,b - Review Reports from 7 visits in 2022 were examined with relation to Standard A.2.5 (Fully compliant: IGW, OCRPL, BSK ; Substantially compliant: EEBC, Brake (with recommendation), non-compliance TSR, ISTL (with requirement).

2.1c - Review Reports from 7 visits in 2022 were examined with relation to Standard A.2.5 and B.2.1 (Fully compliant: IGW, EEBC, TSR, BSK; Substantially compliant: Brake, ISTL (with recommendation); non-compliance OCPRL (with requirement).

ESG 2.2 – Designing methodologies fit for purpose

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

3

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)

Fully 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)

Fully compliant

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

Fully compliant

ESG 2.2 - Notes and plans for improvement

2.2a - the average scores have remained high and since 2021 have improved in both the stakeholder survey (from 4,57 to 4,72) and the peer expert satisfaction survey (from 4,68 to 4,75)

2.2c - We developed both the 'concept accreditation' and the 'transferred accreditation' following stakeholder input.

2.2f - the average scores of visitation feedback reviews has remained high and even improved since 2021 (from 4,8 to 4,9).

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? (AD)

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? (AD)

Fully compliant

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

Fully compliant

ESG 2.4 - Peer-review experts

ESG 2.4 - Peer-review experts (average score)

3

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

Fully 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? (AD and GS)

Fully compliant

2.4c - Has the Visitation Feedback been discussed with VETs following visitations with recommendations made by the AD for good practice and areas of improvement? (AD)

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 AD)

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)

Fully compliant

2.4g - Have we briefed the VETs for improvement following the Visitation Feedback on each site visit? (AD)

Fully compliant

ESG 2.4 - Notes and plans for improvement

2.4f - The review secretaries and the AD have implemented a good number of changes in the formatting of the report and, in 2023, will be implementing a number of additional changes in the way the schools provide the information we need. There are also discussions going on relating to attendance of the RS for the whole of a visit in person as occurs in other accreditation organisations but this will require careful thought and analysis of the changes needed. It is noted that the role of the review secretaries in the AC is changing due to the recent report to the EQAR and this does not create any difficulties for the way we do the work, however the activities of the AC have also generated quite a bit of extra work for the RSs.

Workload has been about right this year, at 8 hours a week... Some months the hours were significantly up and sometimes the hours in a month (such as December) were down due to holidays but overall, hours for the year have been a bit above the total contracted by ECTE (384 required, 408 done).

A large amount of new documentation, new ideas and practices have been worked over, discussed implemented and this has necessitated a quantum increase in email traffic which has tended to occupy some of the time each day (GC).

There is increasingly more work, so at times I have done more hours than contracted but I consider it a gain and a privilege to serve this way. A budget has been allocated and approved get the necessary equipment (GA).

High appreciation expressed by institutions for the teams and how each individual team member contributed to the development of the institution and its programmes. Some organizational issues for which we have already improved our processes (late requests for additional documentation, late schedule changes, etc.).

VET-members indicated consistently what a privilege it was to be on a team - with the respective team-members - and be involved in accreditation reviews. A number of suggestions for improvements were made and have been implemented. The AD addressed some challenging situations with VET-leaders and/or members relating to 4 visits.

Development suggestions

- recruit one VET-member from each ECTE accredited institution - benefit for individual (professional development), the institution (staff/faculty member who has been "on the other side of the table" for more informed review processes internally), ECTE (already perceived superior SER's by staff/faculty members who also serve as VET-members) - GOAL End of 2026
- recruit some Governance-specialists (i.e. senior leaders of institutions) - GOAL - End of 2024
- ideally recruit some more employer representatives - GOAL - End of 2024
- Internal QA documents
- approval of new programmes
- Potential tension of S & G with contextual application (i.e. scarce learning resources for language groups, publicity in certain religious and political contexts, Community life in and character formation in modular programmes designed for mature adults)

ESG 2.5 - Criteria for outcomes

ESG 2.5 - Criteria for outcomes (average score)

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? (AD)

Fully compliant

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

Fully compliant

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

Fully compliant

ESG 2.5 - Notes and plans for improvement

This was the first year of operation for the AC and the preparations of cases and decision-making processes have been established and refined. It has been tremendously helpful that the three decision-making members of the AC are all former Veteran-VET members and former Council Members.

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 2.7 - 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 3.1 – Activities, policy and processes for QA

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

3

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)

Fully 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

ESG 3.1 was one of the areas judged as partially compliant by the initial EQAR review. In response, new policies have been put in place to distinguish HEIs and alternative providers and ensure appropriate qualification nomenclatures, and subjected to a further focused review by EQAR.

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 3.3 - 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

Independence was one of the areas judged as partially compliant by the initial EQAR review. In response, a fully operational Accreditation Commission and new policies have been put in place and subjected to a further focused review by EQAR.

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 3.5 - Resources

ESG 3.5 - Resources (average score)

2.8

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?

Fully compliant

Staffing issues

3.5b We have requested the audit but do not have an answer yet.

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

Fully compliant

ESG 3.6 - Internal QA and professional conduct

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

2.93

How did we score last year in our AIRIM?

2.80

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

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

Reports

Accreditation Director Report



Review Secretary Report(s)



Treasurer Report



Annual Internal Review Report completed by:

Marvin Oxenham (General Secretary)

Date

February 15, 2023

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