

## **ECTE Annual Internal Review, Improvement and Monitoring Report**

### **Nature of report**

Final report (approved by Council)

### **Period referred to**

2020

## **ESG 2.1 – Consideration of internal quality assurance**

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

2.5

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

Non 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)**

Fully 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,b - In 2020, institutions were still being accredited with the pre-2019 standards which did not have explicit internal QA requirements.

## **ESG 2.2 – Designing methodologies fit for purpose**

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

2.7

#### **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)**

Fully 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**

2.2a - Overall stakeholder satisfaction was surveyed and resulted high: 4,57 (/5,00). Two areas of improvement emerged: 1) We need to improve clarity in processes: suggested we produce a tutorial video outlining ECTE's processes and publish on the website. 2) We need to improve communication: suggested that we adopt and make known a minimum reply time to all emails, communication of decisions, etc. (Council to indicate exact deadlines).

2.2f - Few visits were carried out in 2020 due to COVID-19. One visitation feedback suggested improvements in the composition and training of the VET panel: This was addressed and solved.

### **Student satisfaction survey results (if available)**



## **ESG 2.3 – Implementing processes**

### **ESG 2.3 - Implementing processes (average score)**

2.5

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

Substantially compliant

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

Substantially compliant

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

Fully compliant

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

Substantially compliant

### **ESG 2.3 - Notes and plans for improvement**

2.3b - The new full Review Report templates were not fully implemented in 2020 as they were being developed. The ETSC Cairo visitation (Nov 2020) used the new template for the first time.

2.3d - We have been short of full compliance in consistent follow-up because 50% of annual APR's did not come in time for the first committee meeting in July (only half of the reports received). Student enrolment

statistics which are part of the report are then missing and the billing of schools for accreditation fees is also slowed down. Suggestion, the ECTE Council will implement (in 2021) improved procedures to collect APRs on time.

## **ESG 2.4 - Peer-review experts**

### **ESG 2.4 - Peer-review experts (average score)**

2.5

#### **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)**

Substantially compliant

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

Substantially 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)**

Fully compliant

### **ESG 2.4 - Notes and plans for improvement**

General: some procedures and standards relative to peer-review experts were new and still being defined in 2020. Most of the lower compliance scores are due changes that happened during the year and were not therefore fully implemented.

2.4a - It has been noticed that females are under-represented in the VET members list and that employers, and other stakeholders are far outnumbered by academics. We are working to change this and have invited a number of people to consider joining the VET member list. As they respond, their names will come before Council for appointment.

2.4b - As of March 2021, 67% of VETs have completed the online training course: suggested we give a deadline (mid April 2021) to complete, then suspend listing of VETs that have not completed training (we may have some 'dormant' VETs).

2.4f - Briefing VETs is a new process. Being implemented for the first time with the ETS Cairo (Nov 2020) and ETS Kniebis (March 2021) visits.

## **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**

2.5d - VETs begun training in 2020, and many have just begun engaging with new ECTE criteria.

## **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 2.7 - Notes and plans for improvement**

2.7a - Two complaints dealt with this year to the satisfaction of the complainants.

## **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 3.2 - 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 3.4 - Thematic analysis**

**ESG 3.4 - Thematic analysis (average score)**

2.75

**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)**

Substantially compliant

**3.4d - Have we published TAs? (GS)**

Fully compliant

**ESG 3.4 - Notes and plans for improvement**

3.4c - We have not collected data from APRs yet as this is a new procedure starting in 2021. The APRs forms however are however already prepared to collect this data.

## **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)**

Fully 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?**

Substantially compliant

**Staffing issues**

My overall assessment is that we have an excellently qualified team covering the various areas necessary to carry out the tasks required to comply with the ESG standards.

Two positions were newly implemented in 2020 (External Review Manager and Review Secretary) and will require monitoring and minor adjustments in 2021.

Stability, continuity and expertise are assured through the work of the General Secretary and the Quality Assurance Coordinator. Both are senior experts in quality assurance and theological education, and have been with ECTE for many years.

The great efforts required to bring all our documents in line with the latest standards of the ESG and to prepare for the external review have demanded an increased time commitment from some staff members.

We will therefore have to talk to some about the workload and make adjustments if necessary.

Additional minor issues will be addressed individually with each staff member.

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

Substantially compliant

**ESG 3.5 - Notes and plans for improvement**

3.5a. Budget report. We didn't use the full amount for personnel because some staff members work less than anticipated (see attached budget).

3.5d - Staff Policy, reviews and mapping of tasks onto the ESG have begun their implementation in 2021, hence they have not fully self-assessed yet. Given the various new tasks of the staff members, we need to clarify the boundaries of the individual tasks and optimise communication. First steps have already been taken (ECTE staff WhatsApp group; communication strategy in Staff Meetings policy, regular staff meetings online).

3.5e - In connection with the new configuration of the staff team, the upcoming external review as well as the adjusted operation as a recognized QA agency will require adjustments in the job descriptions. This will be done later in 2021 when the outcome of the Review is on the table. We will need to re-evaluate human and operational resources should we be listed on the EQAR: Suggested discussion point for Council

meetings May 2021 and November 2021.

## **ESG 3.6 - Internal QA and professional conduct**

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

N/A

**ESG 3.6 - Notes and plans for improvement**

3.6c - This is our first AIRIM, therefore no follow up from last year.

## **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**

3.7a - Not applicable as this is our first external review.

3.7b - Based on recommendations and/or requirements a timeline will be established with assigned action points. This mapping of the “route into the future” will be done in consultation with the Chairman and the General Secretary. It will be submitted to the council for approval and will be reported to the next General Assembly

## **Reports**

### **Accreditation Director Report**



### **Review Secretary Report(s)**



### **Treasurer Report**



### **External Review Manager Report**



### **Chairman Report**



**Annual Internal Review Report completed by:**

Marvin Oxenham

**Date**

March 16, 2021