



Agence pour l'Evaluation de
la Qualité de l'Enseignement Supérieur

QUALITY HANDBOOK

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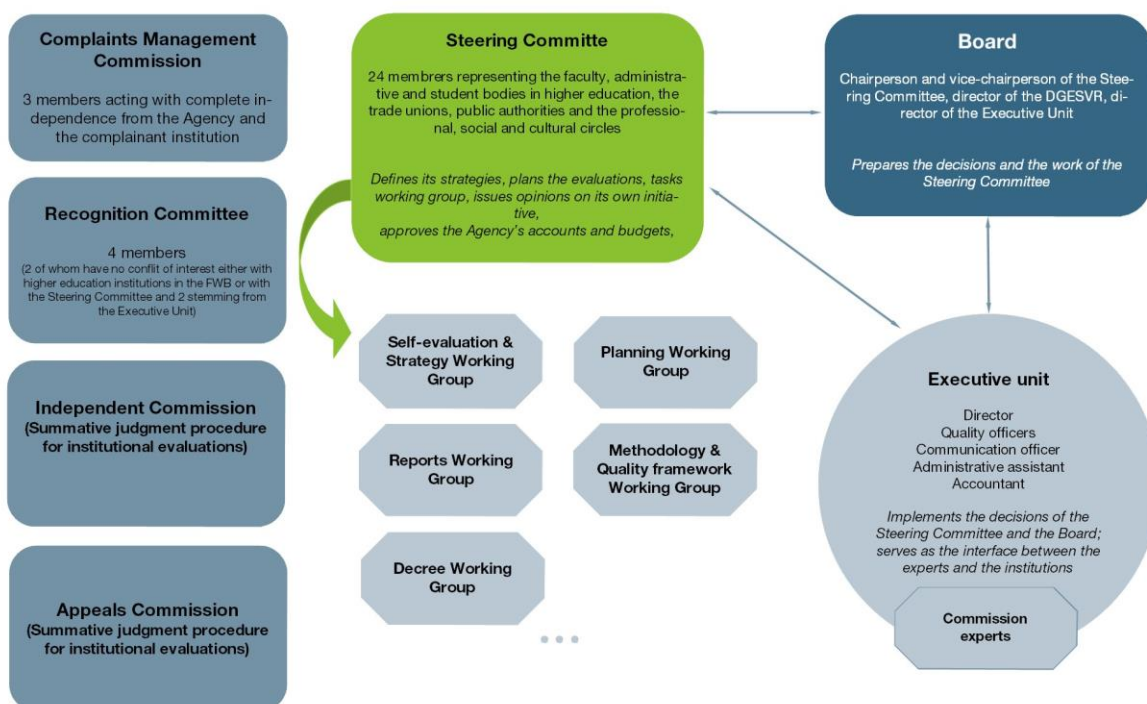
Foreword

The legislator has given AEQES the role of supporting the development of a quality culture ("quality enhancement") within higher education institutions, as well as the role of communicating the results of external evaluations carried out by expert panels ("accountability").

Through the fields of analysis established in the initial and continuous programme evaluation frameworks, the Agency's code of ethics and its external evaluation methodologies, AEQES is fully in line with the spirit of the *References and Guidelines for Quality Assurance in the European Higher Education Area (ESG - 2015)*. The ESG are an integral part of the AEQES quality management system and the processes and procedures that make it up.

Evaluations of higher education diplomas (level 5 of the *European qualifications framework – EQF*), bachelor's degrees (level 6) and master's degrees (level 7) are scheduled in six-year cycles, including a mid-term review; higher education stakeholders are involved in planning evaluations via the Académie de recherché et d'enseignement supérieur (ARES). The Agency's steering committee includes representatives of higher education institutions, trade union delegations, students and, finally, representatives of socio-cultural and professional sectors. The representatives of the Ministers for Higher Education and for Adult education sit in an advisory capacity. The Steering committee appoints a number of working groups to examine the issues under discussion in greater depth and to assist it in its decision-making. In this way, by participating in the debates of the AEQES Steering committee, all stakeholders are involved in its strategic choices.

Agency organisation chart



1 Why a Quality handbook?

The purpose of the AEQES Quality Handbook is to describe its quality management system.

In compliance with the legislative framework of the Wallonia-Brussels Federation¹ and in the light of the ESG, it has the dual objective of :

- support the process of continuous improvement of its activities ('*quality enhancement*'),
- guarantee fair treatment for each institution in the Wallonia-Brussels Federation through transparent procedures (*accountability*).

It is intended for members of the Steering committee, Executive unit staff, institutions, experts and all AEQES stakeholders². It is published on the Agency's website.

2 What does this Quality handbook contain?

The AEQES quality management system is described in a map of key processes. Each process is then divided into a series of procedures.

The four key processes identified are:

i. the MANAGEMENT process

The AEQES Steering committee, in its capacity as decision-making body, sets the Agency's strategic objectives, plans evaluations, sets up and mandates WGs, defines its communication policy and guides its partnership policy, approves the budget and validates key strategic and methodological documents (WG reports, biennial activity report, five-year self-assessment report, reference frameworks, jurisprudence of the Expert Commission, any opinion produced on its own initiative or on request, etc.). These various procedures are listed under the code MA.

ii. the QUALITY MANAGEMENT process

In order to define, ensure and improve the quality and integrity of its activities, the Agency has developed a quality management system, the main procedures of which are listed under the code QM. These procedures describe how stakeholder satisfaction is measured, the mechanisms for corrective and preventive action (including complaint management and the handling of problems), the way in which the Agency conducts its self-assessment and is

¹ And in particular :

- 22 FEBRUARY 2008 - Decree on various measures relating to the organisation and operation of the Agency for the Evaluation of the Quality of Higher Education Organised or Subsidised by the French Community Annex to the Decree of the Government of the French Community of 11 April 2008 establishing the evaluation reference framework
- 6 NOVEMBER 2008 - Decree on the budgetary, financial and accounting management of the Agency for Quality Assurance in Higher Education organised or subsidised by the French Community
- 19 DECEMBER 2008 - Decree of the Government of the French Community laying down the content of the final summary report on the evaluation of a higher education course with a view to its publication and the procedures for publishing the follow-up plan and its progress report
- 15 JULY 2010 - Order laying down the procedures for the cyclical external review of the Higher Education Quality Assessment Agency
- 25 JUNE 2015 - Decree of the Government of the French Community amending various provisions relating to higher education

² Specific information and guidelines are also produced for these stakeholders.

periodically evaluated, the way in which the Agency regularly reports on its activities, compliance with the processing of personal data and the management of the agency's activities.

iii. the SUPPORT process

This section describes the various procedures implemented by the Executive unit to ensure the smooth running of the Agency and its activities: secretariat and archiving, communication with stakeholders, maintenance of the website, documentary and legislative monitoring, management of human and material resources, accounting management, reviews-related logistics. They are listed under the code SU.

iv. the OPERATIONAL process

All the procedures under the OP code cover the various stages related to the Agency's main mission, i.e. to conduct external evaluations of programmes (initial and continuous) and institutions. The operational process encompasses the actions carried out by the Executive unit with a view to planning and preparing the various phases of the reviews with both the institutions and the experts selected: selecting the experts; carrying out the site visits; producing, transmitting and publishing the various reports resulting from the reviews; carrying out the follow-up activities.

3 How does the Quality handbook evolve?

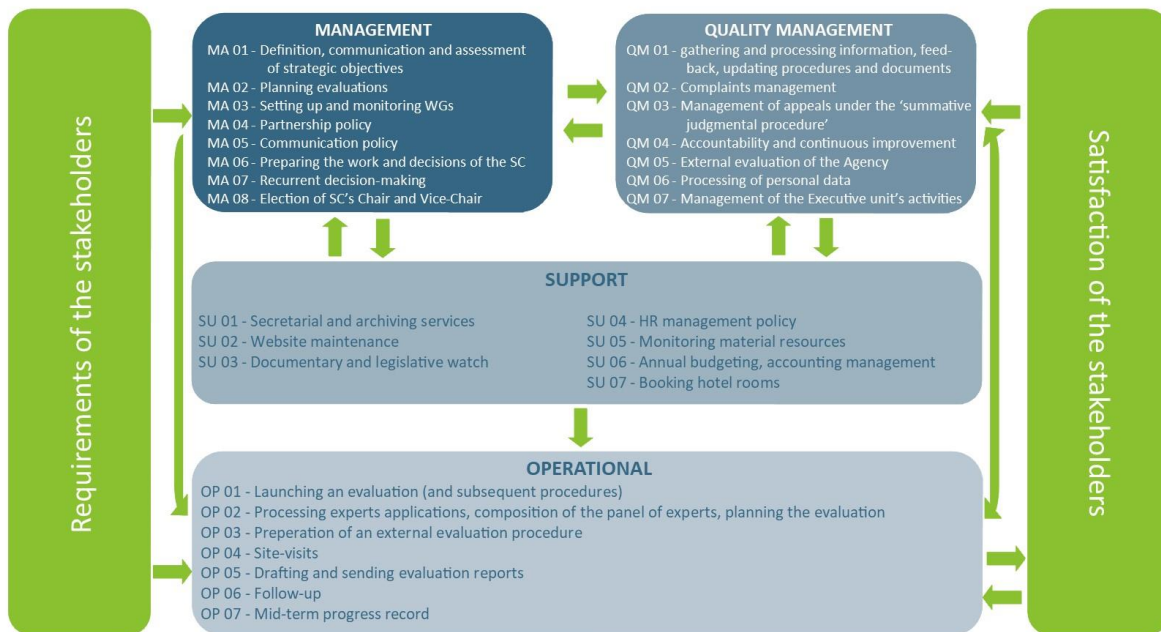
The Quality handbook was drafted by the Executive unit on the basis of the experience gained during the evaluations. It was approved by the Board and submitted to the AEQES Steering committee for approval for the first time on 1st March 2011.

It is regularly updated to reflect changes in the Agency's practices. In particular, this version incorporates :

- updating the AEQES organisation chart (integration of the Independent Commission and the Appeals Commission),
- the inclusion of elements relating to the institutional reviews implemented from 2023-2024, wherever necessary and during the transitional period (2023-2024 to 2025-2026), i.e. until the next revision of the AEQES decree framework,
- the introduction of a chairmanship function for continuous programme review panels,
- for the first institutional evaluation of an institution, the possibility of postponing programmatic evaluations in the year preceding the institutional evaluation and in the year of the institutional evaluation,
- the insertion of the "summative judgment procedure" (OP 01/3) and the associated appeals procedure (QM 02/2).

Each revision of the handbook is validated by the Steering committee.

4 Process mapping



MANAGEMENT Process

MA 01 procedure sheet	
Definition, communication and assessment of strategic objectives	Approval date : 1 ^{er} March 2011
	Date of last revision : 11 June 2024

Definition: procedure by which the Steering committee sets and regularly reviews its strategic objectives.

Objectives:

- To set clear and precise objectives for the tasks entrusted to AEQES by decree,
- Evaluate the achievement of objectives,
- Communicate with stakeholders.

Responsible: the Steering committee and the Executive unit.

Procedural activities :

- The Steering committee draws up a five-year strategic plan based on the Agency's values and after consulting stakeholders on their expectations;
- On the basis of this strategic plan, the Board draws up its annual action plan, which it presents to the Steering committee;
- The strategic plan is communicated to stakeholders;
- The achievement of the strategic objectives and annual action plans is regularly assessed/measured by the Steering committee and the Board;
- The strategic objectives are revised when the end of the period approaches or when the Steering committee deems it necessary.

Upstream procedures: n. a.

Downstream procedures :

- Setting up and monitoring WGs (MA 03),
- Partnership policy (MA 04),
- Communication policy (MA 05).

Reference documents :

- Article 3 of the 2008 AEQES decree,
- *Mission statement*,
- The values of AEQES,
- Previous strategic plan,
- Annual action plans,
- Creation and monitoring of indicators for achieving strategic objectives.

Documents to be produced: five-year strategic plans and annual action plans.

Definition: This procedure describes how AEQES plans programme evaluations, making provision for possible *clusters*, and how it updates this planning, taking into account the changes in the landscape of educational provision. It also describes how AEQES plans institutional evaluations.

Objectives: to ensure the periodicity of evaluations, to enable institutions to plan their external evaluations, to enable ARES and its thematic commissions and *ad hoc* bodies to plan the call for expert applicants, to propose relevant clusters of programmes with a view to system-wide analyses (for programmatic evaluations), to enable the Agency to check the match between the planning established and the human and material resources available, and to enable the Executive unit to organise the evaluations.

Responsible: the Steering committee, the Executive unit, ARES.

Procedural activities :

1. Planning programmatic evaluations

a. Drawing up a 6-year plan for programme evaluations (once every three years)

- During the academic year ending the first half of the six-year plan (*i.e. currently in 2025-2026*), the Executive unit consults the ARES on the changes that the latter wishes to introduce into the next plan of programmatic evaluations (*i.e. the 2029-2035 plan*) - these changes may concern groupings into clusters, updating of the programmes provision (see above), or any other proposal;
- The Executive unit and the Planning WG examine the ARES's proposals, consider the requests for changes made, take note of the satisfaction indicators below, list the problematic aspects and prepare a proposal;
- The Planning WG presents its proposal to the Steering committee;
- Where the amendments to be made to the plan involve a large number of changes for the institutions, in comparison with the advice provided by the ARES, the draft plan adopted is sent to the ARES for further consultation and advice;
- The WG meets as necessary to analyse and incorporate any suggestions made by ARES;
- The Agency's Steering committee validates the six-year plan during the academic year that begins the second half of the current plan (*currently 2026-2027*);
- The Executive unit publishes the validated plan on the Agency's website, communicates it to the ARES and informs the institutions' quality officers of any changes.

b. Ongoing planning updates (as the programmes provision evolves)

- Under the terms of the cooperation agreement between AEQES and ARES, ARES provides the Executive unit with updates on the range of programmes on offer and an indication of how to incorporate the new programmes into the evaluations plan;

- In the case of minor modifications (change of programme name, etc.) which do not affect planning from the point of view of the institutions, the Executive unit incorporates the modifications into the evaluation plan and publishes an updated version on the Agency's website;
- In the case of more significant modifications (integration of a new programme, revision of the competence framework of an existing programme, etc.), the Executive unit consults the Planning WG, which submits an update proposal to the Steering committee for approval.
- Each year, in March, the Executive unit sends the Steering committee an "adjusted evaluation plan" for year n+2, listing the requests for non-evaluation submitted by the institutions (see procedure OP 01);
- On this basis, the Steering committee validates the match between the number of evaluations to be carried out and the human resources available within the Executive unit to supervise the evaluations.

2. Planning institutional assessments

a. Drawing up a 6-year plan for institutional evaluations (once every three years)

- During the academic year ending the first half of the six-year institutional evaluation plan (*currently 2025-2026*), the Planning WG will draw up the draft 2029-2035 institutional evaluation plan. In particular, it will identify the year of the institutional evaluation of the institutions that took part in the pilot phase between 2019 and 2023;
- The Agency's Steering committee validates the six-year plan during the academic year that begins the second half of the current plan (*currently 2026-2027*);
- The Executive unit publishes the validated plan on the Agency's website, communicates it to the ARES and informs the institutions' quality officers of any changes.

b. Ongoing planning updates (as the higher education landscape evolves)

- Under the terms of the cooperation agreement between AEQES and ARES, ARES notifies the Executive unit of updates to the list of institutions authorised by the "Landscape Decree" (art. 10-13, e.g. mergers of institutions, creation of new institutions and closing of institutions authorised to organise higher education).
- The Planning WG incorporates these adjustments as the "Landscape Decree" is amended into a proposal submitted to the Steering committee for approval.
- The Executive unit publishes the validated plan on the Agency's website, communicates it to the ARES and informs the institutions' quality officers of any changes.

Upstream procedures: n. a.

Downstream procedure: Launching an evaluation (OP 01).

Reference document: Previous programmes and institutions' evaluation plans.

Documents to be produced:

- New programme evaluation plan,
- Updated versions of the programme evaluation plan,
- New plan for institutional evaluations,
- Updated versions of the institutional evaluation plan,
- Indicators: results of targeted surveys on the planning and setting up of programme evaluation clusters.

MA 03 procedure sheet

Setting up and monitoring working groups

*Approval date :
1^{er} March 2011*

*Date of last revision :
30 November 2020*

Definition: this procedure describes the way in which the Steering committee mandates different working groups (WGs) to examine specific issues in greater depth.

Objectives: to examine in greater depth the issues discussed by the Steering committee, to assist it in its decision-making and to ensure the involvement of stakeholders in the development of methodologies.

Persons responsible: Steering committee, Executive unit.

Procedural activities :

- The Steering committee assigns a task to a WG on the proposal of the Executive unit or on its own initiative;
- The WG conducts documentary research, analyses the information gathered, formulates proposals and produces documents;
- The WG presents interim reports on its work at plenary meetings of the Steering committee, which enables the Committee to define the scope of the assignment;
- After approval by each WG, the minutes of the meetings are posted on the Agency's intranet and thus made available to all members of the Steering committee;
 - o The minutes are validated at the next meeting of the WG or electronically if no subsequent meeting is scheduled;
 - o the member(s) of the Executive unit in charge of the WG forwards the validated minutes, for publication on the intranet, to the colleague(s) in charge of updating the website.
- If necessary, the Steering committee can create a new WG. In addition, the Steering committee updates the composition of the WGs on a regular basis, ensuring, as far as possible, a balanced representation of the various stakeholders. Stakeholders from outside the Steering committee may be invited to participate in the WGs, in order to benefit from their expertise in the field.

Upstream procedures: Definition, communication and assessment of strategic objectives (MA 01)

Downstream procedures: n. a.

Reference documents: code of ethics

Documents to be produced: WG minutes and related documentation.

MA 04 procedure sheet

Partnership policy

*Approval date :
1^{er} March 2011*

*Date of last revision :
30 November 2020*

Definition: this procedure describes how the Agency implements its strategic objectives in terms of partnerships or participation in networks.

Objectives: to develop a space of trust and mutual learning between AEQES and other organisations in order to enrich its experience and know-how; to act in synergy with other organisations by getting involved in the work and events carried out by the partners and to play a role in the development of trends in quality assurance; to become the preferred contact for quality assurance in higher education in the Wallonia-Brussels Federation; to promote the positioning of the Agency on a European and international scale.

Persons responsible: the Executive unit, the Steering committee and the partners.

Procedural activities :

- The Board examines specific partnership opportunities/requests and ensures that they are relevant to the Agency's strategy and feasible;
- The Board chooses the appropriate arrangements;
- The Steering committee validates any collaboration agreement between the Agency and another organisation.

Upstream procedure: Definition, communication and evaluation of strategic objectives (MA 01).

Downstream procedure: n. a.

Reference documents: n. a.

Documents to be produced :

- Collaboration agreement.

MA 05 procedure sheet

Communication policy

*Approval date :
1^{er} March 2011*

*Date of last revision :
30 November 2020*

Definition: this procedure describes how the Agency defines its communications policy, in line with its strategic objectives, and chooses the various ways in which it communicates with its stakeholders.

Objective: to promote the Agency's activities to its stakeholders.

Responsible: the Steering committee.

Procedural activities:

- The strategic plan defines the objectives in terms of communication;
- The Board analyses the proposals of the communication officer, in relation to the objectives set out in the strategic plan;
- The Executive unit is responsible for organising events and producing (and commissioning) tools and media;
- The Steering committee measures the impact of its communication policy and adjusts it if necessary.

Upstream procedure: Definition, communication and evaluation of strategic objectives (MA 01).

Downstream procedures: n. a.

Reference document: Strategic plan

Documents to be produced :

- Communication media,
- Communication impact survey.

MA 06 procedure sheet

Preparing the work and decisions of the Steering committee and supporting the management of day-to-day operations

Approval date :
30 November
2020

Date of last revision :
n.a.

Definition: this procedure describes how the Board prepares the work and decisions of the Steering committee and supports the Executive unit in the day-to-day management of the Agency's operations.

Objective: to facilitate the work of the Steering committee and the smooth running of the Agency.

Person responsible: the Board.

Procedural activities:

a. Preparing the work and decisions of the Steering committee

- The Board prepares the plenary meetings of the Steering committee (agenda, documentation);
- On the basis of the Strategic Plan, the Board prepares an annual action plan which it presents to the Steering committee (see MA 01 procedure);
- Each year, the Board assesses the achievement of the Agency's strategic objectives and presents a progress report to the Steering committee;
- The Board regularly assesses the WG mapping and proposes adjustments to the Steering committee;
- The Board assesses the specific partnership applications received by the Agency, and prepares a file for the Steering committee;
- Together with the accounting officer, the Board prepares the draft annual budget and approves the budget proposal for submission to the Steering committee (see procedure SU 06/1);

b. Support for day-to-day operations

- The Board validates the statement of human resources requirements for the Executive unit (see procedure MA 02) and is responsible, by delegation from the Government, for hiring staff;
- In the event of unsuccessful mediation of a complaint or appeal, the Board takes a decision and, if necessary, appeals to the Complaints and Appeals Commission (see procedure QM 02/1 or QM 02/2);
- The Board ensures good collaboration with ARES and updates the collaboration agreement as necessary (not including annexes);
- The Board represents AEQES at ad hoc meetings.

Upstream procedure: Definition, communication and assessment of strategic objectives (MA 01).

Downstream procedures:

Setting up and monitoring WGs (MA 03)
Partnership policy (MA 04)
Communication policy (MA 05)
Recurrent decision-making (MA 07)

Reference documents :

- Articles 6 and 7 of the decree of 22 February 2008,
- Agency rules of procedure.

Documents to be produced :

- Annual action plan and progress report,
- Agenda for Steering committee plenary sessions and documentation

MA 07 procedure sheet

Recurrent decision-making

Approval date :
1^{er} March 2011

Date of last revision :
11 June 2024

Definition: this procedure describes the frequency and purpose of decision-making by the Steering committee.

Objective: to ensure the smooth running of the Agency.

Responsible: the Steering committee.

Procedural activities :

The Steering committee validates annually :

- a) in the event of a change in the range of programmes offered or in the list of authorized higher education institutions, an updated version of the programme evaluation and institutional evaluation plans (see MA 02 procedure),
- b) the list of programmes to be evaluated in year n+2 (see procedure MA 02),
- c) the annual budget (draft budget, adjusted budget and closing of accounts) (see procedure SU 06/1),

every two years :

- d) the election of the Steering committee's Chairman and Vice-Chairman (see procedure MA 07),
- e) the activity report (see procedure QM 03),

every five years :

- f) the Strategic Plan (see MA 01 procedure)
- g) the agency's self-assessment report and the progress report (see procedure QM 04),

every six years :

- h) new plans for programme and institutional evaluations (see MA 02 procedure),

as required:

- i) key strategic and methodological documents (WG reports, guidelines, partnership agreements, etc.),
- j) opinions issued on its own initiative or at the request of the Government,
- k) changes in rules of procedure (Agency rules of procedure and Expert Commission's rules of procedure) and Expert Commission jurisprudence.

Upstream procedures: see relevant procedure.

Downstream procedures: idem.

Reference document :

- Decree dated 22 February 2008,
- Agency rules of procedure.

Documents to be produced: see relevant procedure.

MA 08 procedure sheet

Election of Steering committee's Chair and Vice-Chair

Approval date :
30th March
2010

Date of last revision :
11 June 2024

Definition: this procedure describes the rules and procedures for the election of the Agency's Chair and Vice-Chair, in accordance with the decree of 22 February 2008.

Objective: to ensure the smooth running of the Steering committee through the election of the Chair and Vice-Chair.

Responsible: the Steering committee.

Procedural activities :

The Agency's Presidency and Vice-Presidency are elected every two years, in June, and for the first time according to the procedure described here, on 1st June 2010.

An item entitled "Election of the Chair" immediately followed by an item entitled "Election of the Vice-Chair" must appear on the agenda that convenes the members of the AEQES Steering committee to the meeting at which the election is due to take place. All members and alternates designated in article 5, paragraph 2, 2° to 5° of the decree of 28 February 2008 and appointed no later than 31 March of the year of the election are considered eligible.

Voting is by secret ballot. All the members of the Agency's Steering committee with voting rights take part in the vote, i.e. the full members or, in their absence, their alternates as designated by the Government Decree determining the composition of the Agency.

If they are candidates, the current Chairman and Vice-Chairman may not chair the agenda item that concerns them. Thus, if the Chairman is standing for re-election, the item on the vote for Chairman is chaired by the Vice-Chairman. If the Vice-Chairman is himself a candidate for the Chair position, the vote for the Chair position is chaired by the Director-General for Higher Education, Lifelong Learning and Scientific Research, who is a member of the Agency. In the absence of the latter, the oldest member of the Steering committee present shall chair the meeting for this item, whether in full member capacity or as a alternate, provided that he or she is not a candidate for the position of Chair.

Applications

- Applications for the chairmanship and/or vice-chairmanship shall be sent in writing to the Chairman of the Agency during the month of March preceding the election, together with a brief *curriculum vitae* highlighting the applicant's skills in relation to quality assurance in higher education;
- The Agency's Executive unit will acknowledge receipt of each application in writing;
- If the incumbent President is a candidate, he/she sends his/her letter of application to the Vice-chair;
- The closing date for applications is 31 March;
- After the closing date, the applicants' dossiers (letter and *curriculum vitae*) are sent to all the members of the Steering committee by the Agency's Executive unit before 15 April ;
- The Steering committee validated the applications received at its May meeting;

- If there are fewer than two candidates, the Executive unit shall propose to the Steering committee that the call for candidates be extended and the election postponed. The new election must be held within three months (excluding academic holidays) of the decision to postpone. In the meantime, the terms of office of the current Chair and Vice-Chair are extended.

Election procedure

- The election of the Chairman is held by a simple majority of the members present (see below). The number and identity of those taking part in the ballot are read out by the Chairman appointed for this item of the agenda, before the item is considered. Once the names have been read out, no other person may take part in the vote;
- A "simple majority of members present" means 50% + 1 vote when the number of voters is even, and more than 50% of the votes when the number of voters is odd;
- If, after three rounds of voting, no member obtains the required majority, a fourth round is held between the two candidates who obtained the most votes in the first three rounds;
- If there is parity in the fourth ballot or if neither of the two candidates obtains a simple majority, a fifth and then a sixth ballot are held under the same conditions;
- If the election to the chairmanship cannot be held after the sixth round, it shall be suspended. The Steering committee shall be convened to a new meeting at which the only items on the agenda shall be the election of the Chairman and Vice-Chairman. This meeting must be held within fourteen days of the first meeting;
- At this second meeting, a new election is held and the Chairman elected is the one who, among the candidates, has obtained the highest number of votes, even if he does not obtain a simple majority;
- The election of the Vice-Chairman takes place in the same way as above, immediately after the close of voting for the Chairman;
- The Agency's Executive unit is responsible for the proper organisation of the polls, under the direct supervision of its Director. The latter is particularly vigilant regarding the list of applicants, compliance with deadlines, the identification of voters and the results of votes. The voting procedure is recorded in the minutes of the Steering committee meeting at which the voting took place;
- Where there is only one candidate for the position of Chairman or Vice-Chairman, the Chairman of the meeting shall, for this item, ask the Steering committee whether a secret ballot is required. If a member of the Agency with voter status so requests, the vote will take place. If this is not the case, the Chairman or Vice-Chairman shall be declared unanimously elected. The elected Chairman and Vice-Chairman take office at the end of the plenary session.

Special provisions

- In the event of resignation, physical inability to serve or death, an interim election is held for the position of Chairman or Vice-Chairman as soon as the absence of the incumbent is definitively established. The voting procedures are identical to those for an ordinary election;
- The Chairman or Vice-Chairman so elected shall complete the term of office of his predecessor. He/she is then eligible for a further term of office without renewal in the same position.

Upstream procedures: n. a.

Downstream procedures: n. a.

Reference documents :

- Decree dated 22 February 2008,

- Internal rules of procedure.

Documents to be produced :

- Ballot papers,
- Minutes of the Steering committee's plenary sessions.

QUALITY MANAGEMENT process

QM 01 procedure sheet	
Gathering and processing information, providing feedback, updating procedures and documents	Approval date : 1 ^{er} March 2011
	Date of last revision : 11 June 2024

Definition: this procedure reviews the various mechanisms put in place to collect useful information from stakeholders and process it to provide feedback and update procedures and documents where necessary.

Objectives:

- Measuring the impact of evaluation procedures and their appropriation,
- Gathering suggestions for improving practices and making the necessary adjustments,
- Reporting to the various stakeholders involved in the evaluation.

Responsible for: the Executive unit, the Board, the Steering committee and the Agency's stakeholders.

Procedural activities :

- The Executive unit has set up various mechanisms for collecting anonymous and confidential feedback, in particular by conducting satisfaction surveys for the institutions evaluated (management, quality officers, teaching, administrative and technical staff, students) and for the expert panels;
- The Executive unit sends these surveys to the various recipients, regardless of the evaluation format used:
 - o At the end of the expert training seminar, for those experts who attended,
 - o At the end of the evaluation visit, for the various persons in the institutions who took part in an interview with the expert panel (see procedure OP 04);
 - o When the evaluation reports are published (see OP 05 procedure), for experts and interview participants (for the latter, this is the follow-up to the survey sent after the site visit);
 - o Where appropriate, when the system-wide analysis is published, for the experts and the quality officers and academic authorities of the institutions evaluated.
- The Executive unit compiles the results of the surveys into dashboards and summarises them;
- The Executive unit guarantees the anonymity of respondents and the confidentiality of their answers through these various processes;
- The Executive unit reports to the Steering committee on the summary results of these surveys;
- The Executive unit informs the persons concerned of the summary results of these investigations;
- Depending on the results, minor adjustments to the methodology are made by the Executive unit. If a major adjustment is required, the Executive unit refers the matter to the Board and the Steering committee.

Upstream procedures: all operational procedures (from OP 01 to OP 07).

Downstream procedures: n. a.

Documents to be produced:

- Surveys for institutions,
- Surveys for expert panels,
- Dashboards,
- Annual compilation and analysis of survey results.

Definition: this procedure describes the recording and processing of complaints made by an institution to the Agency.

Objectives:

- To ensure that the methodology is applied consistently and that all institutions are treated equally,
- Independently manage the handling of complaints.

Responsible for: the Executive unit, the Board, the Steering committee and the Complaints Management Commission.

Procedural activities:

A complaint is considered admissible when:

- It relates to non-compliance with the code of ethics, an evaluation procedure and/or the expertise contract;
- The complaint is submitted in writing within thirty calendar days of the alleged offence;
- It is based on facts and is documented;
- It is signed by the institution's highest authority;
- It relates to an identified element of the evaluation procedure, whether programmatic or institutional.

For any point relating to an evaluation result, the institution is invited to exercise its right of reply (see OP 05 procedure).

The “summative judgment procedure” has its own appeals procedure (see procedure QM 02/2).

When a complaint is addressed to the Agency, the following levels of treatment are provided in succession:

- The Executive unit acknowledges receipt of the complaint and mediates with the institution;
- If mediation fails, the matter is brought to the attention of the Board, which decides what action to take:
 - o Or the Board proposes a solution to the institution.
If the solution proposed by the Board is not acceptable to the institution, it may refer the matter to the Agency's Complaints Management Commission within 15 calendar days (excluding academic holidays) of the Board's proposal;
 - o Either the Board decides on its own initiative to appeal to the Agency's Complaints Management Commission.

The Complaints Management Commission is made up of three people: one appointed by the institution lodging the complaint, one appointed by the Steering committee, and the third appointed jointly by these two people. The members of the Complaints Management Commission have no connection whatsoever with the institution lodging the complaint and are not members of the Agency's Steering committee.

The composition of the Complaints Management Commission is validated by the Steering committee and is communicated to the institution within 45 calendar days (excluding academic holiday periods) following the lodging of the complaint.

The institution has 10 working days to declare any conflict of interest with the persons sitting on the Complaints Management Commission.

The members of the Complaints Management Commission collectively have the following qualities and skills:

- A good knowledge of the higher education system in the Wallonia-Brussels Federation,
- An in-depth and nuanced understanding of quality systems in higher education institutions,
- Experience in evaluating programmes, systems or institutions.

A member of the Executive unit provides the secretariat for the Complaints Management Commission. The secretariat may not be provided by the member of the Executive unit who accompanied or coordinated the evaluation process that is the subject of the complaint.

The Complaints Management Commission investigates the case and decides what action to take on the complaint. The Complaints Commission's decision is communicated to the institution by its secretariat no later than three months after the complaint was lodged (excluding academic holiday periods).

Upstream procedure: n. a.

Downstream procedure: n. a..

Reference documents :

- Code of ethics,
- Expert contract,
- Procedure concerned by the complaint (OP 01 to OP 07),
- Programmatic evaluation guidelines for institutions and/or Institutional evaluation guidelines for institutions,
- Internal rules of procedure of the Complaints Management Commission.

Documents to be produced :

- Acknowledgement of receipt of the complaint,
- Invitation to the Complaints Commission meeting, if necessary,
- Minutes of the Complaints Commission meeting, if applicable.

Definition: the procedure for managing appeals under the “summative judgment procedure” governs the handling of appeals that institutions may lodge under the “summative judgment procedure”.

Objectives:

- Guarantee uniform application of procedural rules and, consequently, fairness in the handling of appeals,
- Handle appeals independently and impartially.

1. Scope of application:

The appeal covered by this procedure concerns the decision following the “summative judgment procedure”. This decision is made and validated jointly by the Independent Commission and the panel of experts on the basis of the institutional evaluation report drawn up by the panel of experts and attesting to the situation of the institution at the time of the visit and on the basis of the “summative judgment procedure” descriptor matrix available in the institutional evaluation guidelines. In the case of a conditional decision, the decision subject to appeal incorporates the conditions that the institution would have to meet to qualify for a positive decision.

This procedure does not apply to:

- Grievances relating to non-compliance with the Code of Ethics, an evaluation procedure and/or the expertise contract, which are covered by the Complaints Management procedure (QM 02/1 above);
- The elements contained in the institutional evaluation report submitted by the panel of experts, which must, where appropriate, be contested within the framework of the right of response granted to the institutions evaluated (OP 05 below).

Computation of deadlines:

All the deadlines mentioned in this procedure are counted in working days, i.e. all calendar days except Saturdays, Sundays and public holidays. Deadlines are suspended between 24 December and 1st January and between 15 July and 15 August.

2. Bodies and responsibilities:

- The **AEQES Steering committee**, acting on a proposal from the Executive unit, adopts a list of 9 persons who may be appointed as full or alternate members of the Appeals Committee. The list is drawn up in accordance with the requirements set out in point 3.1 (see below). This list may be adapted or supplemented for the needs of the procedure. It is communicated to the institutions via the AEQES website.
- the **AEQES Executive unit** provides the secretariat for the procedure.
In this context, a member of the Executive unit will act as secretary to the Appeals Committee. This member may not, however, have accompanied or coordinated the evaluation process that gave rise to the decision under appeal.

When an appeal is lodged, the Executive unit proposes an Appeals Committee composition among the the list of 9 members and taking into account the principles listed under point 3.1. It is validated by the AEQES Board.

- the **Independent Commission** will re-review the decision taken under the “summative judgment procedure”, using a "fast-track" procedure, within a maximum of 20 working days from receipt of the appeal by the Executive unit.

- if the Independent Commission rejects, in whole or in part, the complaints lodged by the institution, the **Appeals Commission** will give a final decision on the appeal (admissibility and grounds) within 90 working days of receipt of the appeal by the Executive unit.

3. The Appeals Commission

3.1 Composition

The Appeals Commission is made up of three full members and one alternate member.

In accordance with the list adopted by the AEQES Steering committee (point 2 above) and the requirements specified in point 3.1, the composition of the Commission may vary in the event of multiple appeals.

Overall, the Appeals Committee must have the following qualities and skills among its members, if necessary separately:

- a good knowledge of the higher education system and the specific nature of the types of higher education provided in the Wallonia-Brussels Federation,
- an understanding of quality systems in higher education institutions,
- experience in the field of institutional evaluation.

Experience in managing an institution or department of an institution would be an asset.

Members of the Appeals Commission may not hold office as members (full or alternates) of the AEQES Steering committee and may not be members of the Independent Commission.

3.2 Conflicts of interest

Members of the Appeals Commission are required to declare any conflicts of interest of which they are aware.

Such a conflict is presumed to exist when a member, or a close relative (cohabiting or related up to the 2nd degree), receives financial compensation from the institution in return for services rendered for his or her benefit, regardless of the context in which this compensation is received (employment contract, independent collaboration, alliance, etc.).

In the event of a conflict of interest, the member concerned may not take part in the processing of the appeal and must be replaced in compliance with the requirements set out in point 3.1.

The institution lodging an appeal may also invoke the existence of a conflict of interest on the part of a member of the Appeals Commission.

If this is the case, he or she will send a report to the AEQES Executive unit, attaching any documents that enable the nature and extent of the conflict to be assessed.

The report is forwarded to the Appeals Commission, which gives a reasoned decision as to whether or not the grounds put forward should be accepted.

If it decides that there is a conflict of interest, the member concerned may not take part in the processing of the appeal and must be replaced in compliance with the requirements set out in point 3.1.

3.3. Operation

The Appeals Commission appoints a chairperson from among its members.

Each member has one vote.

Decisions of the Appeals Commission are taken by a simple majority.

Alternate members sit only when full members are unavailable.

The members of the Commission are bound to secrecy.

4. Conditions for lodging an appeal

4.1.

An appeal is admissible when, cumulatively,

- a) It relates to the integrity of the decision-making process within the “summative judgment procedure” and/or to the decision itself, including the conditions that accompany a conditional decision;
- b) It is sent in writing, in compliance with point 5.1 *below*, within 40 working days of receipt of the decision by the institution;
- c) It shall state at least one specific grievance, giving reasons and, where appropriate, documenting it;
- d) It is signed by the highest authority of the institution lodging the appeal.

4.2.

The grounds for appeal may include:

- the absence or incompleteness of reasons for the decision;
- failure to take account of a criterion on which the decision should have been based;
- an erroneous interpretation or an unreasonable assessment of the facts on which the decision was based;
- a decision to issue an overall judgment that appears disproportionate in the light of the findings;
- the failure to take into account a substantially important factor that could undermine the decision taken.

In this respect, only factors that existed and were known at the time of the contested decision and on which the decision could or should have been based are taken into consideration. Subsequent factors implemented by the institution cannot form the basis of an appeal.

5. Stages of the procedure

5.1

The institution lodges its appeal with the Director of the Executive unit or, in the event of unavailability, its delegate, i.e. the person the Director may explicitly appoint.

There are no formalities for lodging an appeal, with the exception of the conditions mentioned in point 4.1.

It can be sent by e-mail or post.

However, it is up to the institution to provide proof that it has been sent.

The lodging of an appeal suspends the contested decision and its publication until the end of the procedure.

5.2.

Within a maximum of 5 working days from receipt of the appeal, the Director of the Executive unit or his delegate, in writing,

- acknowledges receipt of the appeal,
- confirms *prima facie* compliance or non-compliance with the conditions set out in point 4.1,
- communicates the appeal and its response to the Independent Commission and, for information, to the Appeals Commission.

If the requirements are *prima facie* met, the procedure continues in accordance with points 5.3 et seq.

In the event of *prima facie* non-compliance with the conditions required, the institution is allowed to rectify and/or complete its application within the time limit stipulated in point 4.1. In this case, the procedure will continue in accordance with points 5.3 et seq. from the date of receipt by the Director of the Executive unit or his delegate of the institution's completed appeal.

The completed appeal is sent to the Independent Commission and, for information, to the Appeals Commission.

5.3.

Within 20 working days of receipt of the appeal (complete³) by the Executive unit, the Independent Commission will examine it and decide whether it intends to review its decision on the basis of the complaints and information provided by the institution.

If the previous decision is maintained, in whole or in part, this confirmation must be substantiated and communicated to the institution.

In this case, the procedure continues in accordance with points 5.4 et seq.

In the event of a revision of its previous decision in the direction requested by the institution, the new decision of the Independent Commission is deemed to be the only one taken by it. It is communicated to the institution and, for information, to the Appeals Commission.

5.4.

If the Independent Commission rejects all or part of the complaints put forward by the institution, or if the Independent Commission fails to take a decision within the time limit set, the matter will be referred automatically to the Appeals Commission.

The Appeals Commission receives all relevant documentation from the AEQES Executive unit and may request additional information from it, as well as from the institution and/or the chair of the panel of experts, if the Commission considers this necessary.

On completion of its review, the Appeals Commission may either:

- reject the institution's request if it considers it inadmissible and/or unfounded;
- grant all or part of the institution's request and amend the contested decision accordingly.

Its decision concerns both the admissibility and the grounds of the appeal.

The Appeals Commission's decision shall state the reasons on which it is based.

It is irrevocable.

³ In other words, recourse that *prima facie* meets the conditions set out in point 4.1.

5.5.

The Executive unit will notify the institution of the Appeals Commission's decision within 90 working days of receipt of the appeal⁴ by the Executive unit.

In the absence of a decision within this time limit, the final decision on the overall opinion is made up of the elements not contested by the institution and the elements contested by it and revised according to the direction it recommended adopting in its appeal.

Timeline

Appeals must be lodged within 40 working days of receipt of the institution's overall decision. From the date of receipt of the appeal by the AEQES Executive unit:

5 working days	Acknowledgement of receipt and analysis of the <i>prima facie</i> admissibility of the appeal by the Director of AEQES or his delegate Transmission to the Independent Commission and the Appeals Commission
20 working days	Decision by the Independent Commission to review or uphold its initial decision
90 working days	Decision of the Appeals Commission to revise or uphold the initial decision of the Independent Commission

Reference documents:

- Institutional evaluation guidelines for institutions (2023-2025), in particular the “summative judgment procedure” descriptor matrix.

Documents to be produced:

- Acknowledgement of receipt of appeal
- Invitation to the Appeals Commission meeting, if necessary
- Minutes of the Appeals Commission meeting, if applicable
- Outline of reasoned decisions to be issued as part of the procedure

Upstream procedure

“Summative judgment procedure” (OP 01/3), collegiate decision-making by expert panel and the Independent Commission

Downstream procedure

Implementation of the “summative judgment procedure”

⁴ In other words, recourse that *prima facie* meets the conditions set out in point 4.1.

Procedure sheet QM 04

Accountability and continuous improvement

*Approval date :
1^{er} March 2011*

*Date of last revision :
30 November 2020*

Definition: this procedure describes how AEQES reports on its activities.

Objectives: to report regularly on the Agency's activities.

Responsible: the Steering committee, the Executive unit.

Procedural activities:

- The Executive unit draws up the activity report covering a period of two years (June of year n - June of year n+2), a period corresponding to a term of office as Steering committee's Chairman and Vice-Chairman;
- The activity report is validated by the Steering committee;
- The activity report is then widely distributed to the Agency's partners, in particular through the Agency's website.

Upstream procedures: all OP procedures

Downstream procedures: n. a.

Reference documents: Article 23 of the AEQES 2008 decree and Governmental order of 15 July 2010.

Documents to be produced:

- Biennial activity report.

QM 05 procedure sheet

External evaluation of the Agency

Approval date :
30 November 2020
Date of last revision :
11 June 2024

Definition: this procedure describes the way in which AEQES carries out its self-assessment, ensures that it is regularly evaluated externally, as part of a process of continuous improvement and visibility, and follows-up on this external evaluation.

Objectives: The positive outcome of the external evaluation will enable the Agency to renew its membership of ENQA and to be listed on the EQAR register, as well as being part of a continuous improvement process.

Responsible: the Steering committee.

Procedural activities:

- In accordance with article 21 of the AEQES decree and the Governmental order of 15 July 2010, as well as the rules of ENQA and EQAR, the Agency is evaluated every five years. This evaluation includes a self-assessment phase and an external evaluation phase. The external evaluation gives rise to a report produced by the panel of experts appointed by ENQA;
- The Director of the Executive unit and the Chairman of the Agency validate the "*Terms of Reference*⁵" with ENQA and submit to EQAR the request for renewal of the entry in the register;
- The Steering committee mandates the Self-Assessment and Strategy WG to draw up a self-assessment report;
- After approval by the Steering committee, the self-assessment report is published on the Agency's website, translated into English and sent to ENQA;
- The Self-Assessment and Strategy WG is responsible for organising the visit (proposing a schedule and inviting participants) and ensuring that it runs smoothly;
- After the visit by the panel appointed by ENQA, a preliminary report is sent to the Executive unit. The Executive unit communicates the report to the members of the Self-Assessment and Strategy WG, who exercise the right of reply;
- ENQA then forwards the ENQA Board's letter with its decision (whether or not to renew membership) to the Executive unit and publishes the Agency's evaluation report and decision on its website;
- The external evaluation report is sent to the Self-Evaluation and Strategy WG, the Steering committee, the Government and the Parliament of the Wallonia-Brussels Federation. It is also published on the Agency's website;
- The Agency will follow up the evaluation (action plan, interim report, etc.).

Upstream procedures: Definition, communication and assessment of strategic objectives (MA 01)

Downstream procedures: n. a.

Reference documents:

⁵ Contract specifying the terms and conditions of the assessment

- Article 21 of the AEQES 2008 decree and Governmental order of 15 July 2010,
- *ENQA Guidelines for agency reviews*,
- *EQAR Use and interpretation of the ESG document*,
- ESG.

Documents to be produced / completed :

- *ENQA evaluation terms of reference*,
- Self-assessment report,
- Interim report and action plan.

QM 06 procedure sheet

Processing of personal data

Approval date :
30 November 2020
Date of last revision :
n. a.

Definition: this procedure describes how AEQES ensures that the processing of personal data complies with the General Data Protection Regulation (GDPR).

Objectives: to ensure that personal data is processed in compliance with the GDPR.

Persons responsible: the Executive unit, the Data Protection Officer of the Ministry of the Wallonia-Brussels Federation, the data controller.

Procedural activities:

In the absence of a legal personality, AEQES follows the directives of the Ministry of the Wallonia-Brussels Federation regarding the processing of personal data:

- The Executive unit supplements the tools put in place by the Ministry of the Wallonia-Brussels Federation, which provide information on the following in particular
 - o Information on the context of the data collection;
 - o Information about the agent in charge of processing the data;
 - o Information on the data processing (in particular the type, purpose, basis, categories of data concerned, possible recipients, storage periods, security measures);
- The Executive unit ensures that data is processed in accordance with these tools and, if necessary, submits proposals for updates to the Data Protection Officer;
- Any incident is reported to the Data Protection Officer as soon as possible.

Upstream procedures: n. a.

Downstream procedures: n. a.

Reference documents:

- General Data Protection Regulation
- Documentation provided by the Wallonia-Brussels Federation Ministry.

Documents to be produced:

- Files on the processing of personal data

QM 07 procedure sheet

Management of the Executive unit's activities

Approval date :
30 November 2020

Date of last revision :
11 June 2024

Definition: this procedure describes how the Executive unit manages its activities.

Objectives: To ensure that the unit's activities are organised and coordinated in accordance with the resources and human resources available, and that deadlines are met.

Responsible for: management and coordination of the Executive unit.

Procedural activities:

- The Director of the Executive unit appoints one or more people within the unit to coordinate, under his authority, activities relating to programme and institutional evaluations, as well as the Agency's internal quality management,
- Together, the Director and coordination team:
 - o Plan and prioritise activities,
 - o Distribute the workload as evenly as possible among the staff and determine each person's responsibilities, in particular :
 - Coordination of evaluation procedures;
 - WG secretariat and related follow-up,
 - Investment in thematic projects, either within the WBF or in partnership with partners outside the WBF,
 - o Ensure that projects are followed up and continuity of service is maintained,
 - o Organise opportunities for information, professional development, sharing and listening:
 - Weekly team meetings ensure that projects are followed up, information is shared and unforeseen events are managed,
 - An annual "reflexive workshop" enables the Executive unit's operations to be reviewed in depth on the basis of feedback and information gathered from stakeholders (see procedure QM 01); the Executive unit analyses all the stages of the evaluation cycle that is then coming to an end, highlighting the good practices to be consolidated and the areas for improvement;
 - Members of the Executive unit take part in quality assurance events (see procedure SU 04/1) and share their feedback with members of the team at staff meetings and, where appropriate, with members of the Steering committee.

Upstream procedure: Planning the evaluations (MA 02)

Downstream procedure: n. a.

Reference documents:

- Code of ethics,
- Job descriptions (direction, coordination, evaluation and project managers, communications officer, accountant, administrative assistant).

Documents to be produced:

- Calendar of activities for the year and the division of tasks among the staff members,

- Staff meeting reports (including reports on training, participation in quality events, etc.),
- Report on the annual reflexive workshop.

SUPPORT process

SU 01 procedure sheet	
Secretarial and archiving services	Approval date : 1 ^{er} March 2011
	Date of last revision : 30 November 2020

Definition: this procedure describes the various secretarial tasks performed by the Executive unit.

Objectives:

- Ensure rigorous archiving of all decisions and considerations formulated by the Agency,
- Ensuring that meetings run smoothly,
- Managing user-friendly, effective day-to-day communication.

Responsible: the Executive unit.

Procedural activities:

- The Executive unit provides the secretariat for the plenary sessions of the Steering committee and the various WGs (drafting, transmission and publication of the minutes on the intranet);
- The Executive unit is developing a secure and efficient archiving system for all its documents;
- The Executive unit register all incoming and outgoing mail and have it validated by the Executive unit Director;
- The Executive unit systematically responds to e-mails and provides a telephone hotline;
- The Executive unit maintains a database of the professional contact details of the academic authorities of higher education institutions and of quality officers; it ensures that the management of these data complies with the GDPR ;
- The Executive unit plans the Agency's meetings and handles the logistics (booking rooms and ordering drinks).

Upstream procedures: n. a.

Downstream procedures: n. a.

Reference documents: Article 7 of the decree of 22 February 2008.

Documents to be produced:

- Minutes of the various meetings and related documentation,
- Related mails and e-mails.

SU 02 procedure sheet

Website maintenance

Approval date :
1^{er} March 2011

Date of last revision :
11 June 2024

Definition: this procedure sets out the essential steps required to ensure that the www.aeqes.be website is regularly updated.

Objectives: to provide the general public with regularly updated information on the Agency's activities and, via the intranet, to give members of the Steering committee easy access to all relevant information.

Responsible: Executive unit.

Procedural activities:

In addition to the occasional updating of items that need to be incorporated as they become available, those responsible for maintaining the Agency's website ensure that the following sections are regularly updated with the information received:

1. "Agency" section

a. Composition

- i. Steering committee: each time a Ministerial order modifying the composition of the Steering committee is published,
- ii. Board: at each new election,
- iii. Working groups: ongoing,
- iv. Other bodies: ongoing.

b. Reference documents

- i. Legal references: each time a decree concerning the Agency is published,
- ii. Documentation: for each mission abroad (see procedure SU 04/1), when new works and/or reference sites are published,
- iii. What they think...: every time a press article or parliamentary question mentioning the Agency appears.

2. "Calendar" section

- a. Planning of evaluations: each time the Steering committee updates the six-year evaluation plan (see procedure MA 02),
- b. Timetable by programme evaluation: each year, when new evaluations are launched (see OP 01 procedure),
- c. Quality events: ongoing.

3. **"Reports" section:** the 'Evaluation reports (by institution)', 'System-wide analyses' and 'Studies and analyses' sections should be updated as they are produced.

4. “Experts” section

- a. Expert panel: each year, as and when expert panels are set up (procedure MA 03/OP 03). The website maintenance manager publishes the summary CVs of the selected experts. The summary CV is stamped by the expert concerned before being published.

5. “Practical info” section

- a. Useful documents: regularly.
- b. Frequently asked questions: regularly (in particular when new evaluation procedures are launched and following staff meetings aimed at improving the procedures implemented by the Executive unit).

6. “**Members**” section: following meetings of the Steering committee and the Working Groups, the minutes that have been approved are sent by the members of the Executive unit in charge of the WGs to those responsible for maintaining the site, with a view to their publication.

The other procedures for updating the site are as follows:

- the complete screening of the site's pages, scheduled on a cyclical basis,
- processing feedback from users of the Intranet and/or website.

Upstream procedures:

- Planning the evaluations (MA 02),
- Communication policy (MA 05),
- Recurrent decision-making (MA 06),
- Secretarial and archiving services (SU 01),
- All operational procedures (OP 01 to 07).

Downstream procedures: n. a.

Reference documents: Article 18 of the decree of 22 February 2008.

Documents to be produced: Any published document.

Satisfaction and/or performance indicators:

- Site visit trends (number of visits, pages or sections visited, etc.),
- Stakeholder satisfaction (measured by surveys),
- How often the website is updated.

SU 03 procedure sheet

Documentary and legislative watch

*Approval date :
1^{er} March 2011*

*Date of last revision :
11 June 2024*

Definition: this procedure describes the various documentary and legislative monitoring methods.

Objectives: to provide experts, institutions in the Wallonia-Brussels Federation and any other interested parties with an up-to-date documentary database.

Manager: Executive unit.

Procedural activities:

- The Executive unit monitors legislation (Parliament of the WBF, parliamentary questions, “Moniteur Belge”) and higher education news (decisions and opinions of the ARES and other higher education bodies, press releases) at local, national and international level;
- The Executive unit is building up a bibliographic collection (themes: higher education, teaching, quality assurance);
- This document watch may include meetings with a targeted audience (e.g. a professional association).

Upstream procedures: n. a.

Downstream procedures: n. a.

Reference documents: bibliographic and websites directories.

Documents to be produced: Possibly a summary of the information gathered. For the legislative watch, a table summarising parliamentary questions relating to higher education and the answers given.

SU 04 procedure sheet

Human resources management policy

Approval date :
1^{er} March 2011

Date of last revision :
11 June 2024

Definition: this procedure describes the Executive unit's human resources management policy.

Objective: to ensure the smooth running of the Executive unit and the ongoing development of its members' skills.

Responsible for: the Director and Coordination team of the Executive unit and the Board.

Procedural activities:

- The Director and Coordination team of the Executive unit draw up a statement of human resources requirements in relation to the Agency's Strategic Plan, the planning of evaluations and other activities, and the resources potentially available for hiring staff;
- The Board examines and validates this statement and takes the appropriate steps if recruitment is required;
- The Director of the Executive unit carries out regular evaluations of the members of the Executive unit and establishes, with each member, the needs in terms of continuing training;
- The Director of the Executive unit and the member of staff implement the appropriate training plan, with the support of the Coordination team.

Upstream procedures:

- Definition, communication and assessment of strategic objectives (MA 01),
- Planning the evaluations (MA 02).

Downstream procedures: n. a.

Reference documents: Articles 22 and 23 of the decree of 22 February 2008.

Documents to be produced:

- Job descriptions,
- Staff evaluation templates.

Definition: this procedure sets out the various stages and responsibilities involved in taking part in a quality event.

Objectives: to represent the WBF at quality events in Belgium and abroad, to strengthen the Agency's knowledge and skills in matters relating to the quality assurance of higher education and finally, to ensure the development of the network of relations and meet potential experts.

Responsible: the Director of the Executive unit and the Board.

Procedural activities:

- The Executive unit is regularly informed about the events organised;
The targeted themes are
 - o quality assurance of higher education (the *European Quality Assurance Forum*, seminars organised by international bodies dedicated to quality such as ENQA, INQAAHE, EURASHE, EUA, the presentation of steering tools and systems, etc.),
 - o higher education pedagogy (*learning outcomes, e-learning, etc.*),
 - o the Bologna process and its implications.
- The Director of the Executive unit, in accordance with the provisional budget, appoints the member(s) of the Executive unit who will take part in the event and informs the Board accordingly;
- The Executive unit decides whether the presence of a member of the Steering committee is required. In this case, information is sent to members by e-mail or announced orally during one of the plenary meetings. Those interested in taking part in the mission will give reasons for their request and the Board will issue a reasoned opinion designating the person to be appointed;
- If a member of the Executive unit is mandated, he/she completes the "Mission Order" request available on the WBF Ministry intranet and sends it to the Ministry's International Relations Department electronically (for insurance purposes);
- The Executive unit or its delegate proceeds with registration, payment of any registration fees and booking of the transport and accommodation;
- After the event, the participant submits a claim to the Executive unit for reimbursement of the costs incurred in connection with the mission, by means of a statement of claim.
The costs covered by the Agency are as follows:
 - o any event registration fees,
 - o transport,
 - o accommodation,
 - o local transport costs,
 - o per diems provided by the Ministry on the date of the stay.
 Any other costs incurred in the course of the mission are to be borne by the person who attended the event;
- At the end of the event, the person appointed drafts a report for the Executive unit and the Agency's Steering committee, to be sent to the website maintenance team for publication, if necessary. The various materials distributed during the event are downloaded and made available to any member of the Steering committee;

The Board may ask the person appointed to present a summary of the event's themes to the members of the Steering committee at a plenary session.

Reference documents: article 3, 7° of the decree of 22.02.2008.

Documents to be produced/completed:

- For members of the Executive unit, "mission order" request,
- Statement of claim available on the Agency's intranet,
- Event report⁶ .

⁶ See reports already published on [the Agency website](#).

SU 05 procedure sheet

Monitoring material resources

*Approval date :
1^{er} March 2011*

*Date of last revision :
30 November 2020*

Definition: this procedure reviews the steps required to acquire material resources.

Objectives:

- Ensuring the proper management and operation of the department in terms of material resources,
- Ensure free access to public procurement and equal treatment of applicants,
- Ensuring transparency and control over the use of public funds.

Responsible: the Executive unit.

Procedural activities:

- The Director of the Executive unit defines the requirements in consultation with his team and estimates the costs (in line with the provisional budget);
- The Executive unit draws up a set of specifications;
- Depending on the estimated amount, either a public procurement procedure is implemented or various suppliers are consulted;
- The Executive unit acknowledges receipt of the tenders submitted, analyses them and responds to them;
- The delegated authorising officer gives his approval and signs the order form (in compliance with the specifications);
- Each year, the accountant draws up a statement of the Agency's assets.

Upstream procedures: n. a.

Downstream procedures: n. a.

Reference documents: Law of 17 June 2016 on public procurement implemented through the Royal Decree of 18 April 2017 on public procurement in the traditional sectors, published in the Moniteur belge on 9 May 2017.

Documents to be produced:

- Specifications,
- Order form,
- Statement of assets.

Definition: this procedure describes the steps involved in implementing the budget and presenting the accounts.

Objectives:

- To draw up expenditure forecasts for the following financial year,
- To draw up a balance sheet of the Agency's expenditure and revenue.

Responsible: the Executive unit (the delegated authorising officer and the accounting officer) and the Board.

If the delegated authorising officer is unavailable, the deputy authorising officer by delegation assumes his responsibilities.

Procedural activities:

a) Budget preparation :

- The Executive unit draws up a draft budget with an explanatory note and, after validation by the Board, presents it to the Steering committee;
- After examination and validation by the Steering committee, the Executive unit sends its draft initial budget, no later than June preceding the budget year in question, to the Minister with functional responsibility, the Minister for Budget, the Inspectorate of Finance, the Secretary General of the Ministry of the FWB and the Directorate General for the Budget and Finance of the WBF. If approved, this draft is annexed to the draft decree containing the general expenditure budget of the WBF. In January of the budget year, it is encoded in SAP so that credit reservations can be recorded on the one hand and accounting documents (SU08) can be recorded on the other;
- The Executive unit updates its budget by 31 March at the latest (or at the latest depending on the published date of the WBF Government's budgetary work) of the budget year (adding, where appropriate and among other things, the exact carry-over established at 31 December of the previous budget year), has it validated by the Steering committee and sends it to the functionally competent Minister, as well as to the Minister for Budget, the Finance Inspectorate, the Secretary General of the Ministry of the WBF and the Directorate General for the Budget and Finance of the WBF. If approved, the adjusted budget is appended to the draft decree containing the general expenditure budget of the WBF and encoded in SAP.

b) Rendering of accounts

- At the end of each financial year, the Executive unit draws up :
 - o a management account,
 - o a budget outturn account,
 - o a balance sheet,
 - o statements of account for 1^{er} January and 31 December of the financial year concerned;
- By 31 January of the following year at the latest, and after validation by the Steering committee, the Executive unit sends the closed accounts to the functionally competent Minister, to the Inspectorate of Finance and to the Director of the General Budget, Accounting and Expenditure Control Service (3 copies), who forwards them

to the Minister for Budget. The Minister for Budget submits them to the Court of Audit by 15 July at the latest. In practice, a delegation has been set up so that the Directorate General for Budget and Finance can send the Agency's outturn account to the Court of Audit on behalf of the Minister for Budget.

Upstream procedures: Planning the evaluations (MA 02).

Downstream procedures: Recurrent decision-making (MA 07) - budget validation.

Reference documents:

- Decree dated 22 February 2008,
- Governmental order dated 6 November 2008,
- Strategic plan,
- Evaluations plans.

Documents to be produced:

- a) For the draft budget :
 - Outturn account,
 - Budget explanatory note,
 - Standard letter: "Transmission of the draft budget".

- b) For financial reporting :
 - Budget outturn account,
 - Management account,
 - Balance sheet in the form of a statement of receivables and payables,
 - Standard letter: "Accounting and rendering of accounts".

Definition: this procedure describes the steps involved in the smooth running of the Agency's accounting management.

Objective: ensure payment of invoices

Responsible: the Executive unit (delegated authorising officer, accounting officer and administrative assistant).

If the delegated authorising officer is unavailable, the deputy authorising officer by delegation assumes his responsibilities.

Procedural activities:

The accountant is responsible for the following tasks:

- for claims from experts, members of the Steering committee or the Executive unit or any other person involved in evaluations and meetings, check the amount of the invoice according to the rules defined in various documents (appendix 4 of the expertise contract for experts or the rules of procedure for members of the Steering committee);
- for the payment of experts' mission, in consultation with the staff of the Executive unit responsible for coordinating the evaluation, the accounting officer draws up the service sheet in accordance with annex 4 of the expertise contract. He will send it to the expert for verification and signature;
- for any other invoice or statement of claim, check the amount in relation to the service requested;
- on all the above-mentioned documents, after verification, affix a control mark (stamp showing the date of verification as well as the corresponding budget item and signature of the verifier) in the top right-hand corner;
- the cost claims declarations entered by the accounting officer on his own account are checked by the assistant to the Executive unit;
- having the paper document signed by the delegated authorising officer (cost claims declarations entered by the delegated authorising officer on his own behalf are signed by the deputy authorising officer by delegation) ;
- encoding invoices, cost claims declarations and service sheets in the accounting software provided for this purpose as soon as they are received and assign them a number. In the case of a new third party, use the ZMDG01 function in the accounting software (SAP) in advance to send the request for the creation of the third party to the unit responsible for this flow, together with a scan of the accounting document signed by the delegated authorising officer to be registered (each third party must state its address, IBAN and either its VAT number or, if it is not a taxable person and is of Belgian nationality, its national number on the document to be registered);
- electronic approval by the delegated authorising officer via the accounting software of the documents encoded beforehand for final entry in the accounts and for payment (yellow mark on the document);
- making payment via Belfius Web within 30 days (put a blue mark on the invoice);
- filing the registered and paid document in the folder provided;
- printing and filing statements and costs claims advices once a month;

- drawing up a statement of expenditure for the monthly budget implementation report.

Upstream procedures: Recurrent decision-making (MA 07) - budget validation.

Downstream procedures: n. a.

Reference documents:

- Decree dated 22 February 2008,
- Governmental order dated 6 November 2008,
- Accounting valuation rule issued by the General Budget and Finance Directorate of the Ministry of WBF.

Documents to be produced: Monthly budget implementation report

SU 07 procedure sheet

Booking hotel rooms

Approval date :
1^{er} March 2011

Date of last revision :
11 June 2024

Definition: this procedure describes the steps involved in booking hotel rooms as part of external evaluation visits.

Objectives: to systematically and comprehensively book all hotel rooms to ensure the best possible working conditions for the panels; to update a database aiming for the best quality/price ratio.

Responsible: The Executive unit (the administrative assistant and the accountant).

Procedural activities:

- For hotels that are frequently booked, the administrative assistant and the delegated authorising officer draw up a collaboration agreement enabling the Agency to benefit from preferential rates;
- On the basis of the schedule of visits and the agreed timetable (day/evening, in particular for Adult education institutions) and the composition of the panel of experts for each of them, forwarded by the officer responsible for coordinating the evaluation, and in compliance with the rules laid down in the expertise contract, the administrative assistant collects from the experts and the officer of the Executive unit their hotel reservation requirements. For any hotel reservation made by the Executive unit, the expert undertakes to send his reservation request within seven working days from the date of the request sent to him by the Executive unit assistant. Once this deadline has passed, and after a reminder from the administrative assistant, it is the expert's responsibility to book his own accommodation in accordance with the procedures set out below;
- If an expert wishes to book a room in a hotel of his choice, or if his booking request is not received by the Executive unit within the deadline (see previous point), he is responsible for making the entire booking. On request, the Executive unit will inform the student of the maximum amount that AEQES will pay towards accommodation costs. This amount corresponds to the average rate applied by hotels corresponding to the AEQES selection criteria and located in the vicinity of the institution being evaluated;
- The administrative assistant compiles reservation requests into a single table;
- For frequently requested hotels with which a collaboration agreement has been signed, the administrative assistant sends a standard email to the hotel selected to reserve the number of rooms requested. This standard email and the assistant's acceptance of the preferential rate offered in return by the hotel acts as an order form;
- For other hotels, the administrative assistant requests price quotes from hotels located near the institution being evaluated. It analyses the offers received according to their price and the services provided. The administrative assistant then sends the selected hotel an email confirming the reservation of the requested rooms and, if necessary, a meeting room for the preparatory meeting. This email serves as an order form;
- The hotel send the administrative assistant a booking confirmation and, if necessary, a *pro-forma* invoice;
- The accountant proceeds with the payment of the *pro forma* invoice (see SU 06/02);
- Two weeks before the visit, the administrative assistant send the experts and the Executive unit officers an e-mail containing: a summary of the rooms that have been booked and the hotel's contact details;

- The administrative assistant updates a dashboard showing the dates on which information and/or booking requests were sent. They also archive all the emails they have exchanged with the experts and hotels;
- The administrative assistant manages a list of hotels by municipalities. The listing is updated as feedback is received (opinions of the Executive unit officers accompanying a visit and opinions of the experts expressed either individually or *via* the survey completed at the end of the mission);
- The accountant registers and proceeds with the payment of the invoice sent by the hotel after the guest has checked out (see procedure SU 06/2).

Upstream procedures:

- Composition and appointment of the panel of experts (OP 02/2),

Downstream procedures:

- Collecting and processing information, providing feedback, updating procedures and documents (QM 01).
- Accounting management (SU 06/2).

Reference documents: n. a.

Documents to be provided:

- Tool enabling experts and the Executive unit to make a booking request,
- Standard booking e-mail sent to hotels (order form),
- Standard booking confirmation e-mail sent to experts and the Executive unit,
- Dashboard containing information to be sent to hotels and experts,
- Up-to-date hotel database.

OPERATIONAL process

Procedure sheet OP 01/1	
Launching a programmatic or institutional evaluation	Approval date : 1 ^{er} March 2011
	Date of last revision : 11 June 2024

Definition: this procedure describes the official launch of an evaluation.

Objective: to ensure that the information is fully disseminated to all the institutions evaluated.

Responsible: the Executive unit, the Steering committee.

Procedural activities:

- The Executive unit sends a mail to the academic authorities of the institutions concerned by an evaluation⁷ : this mail announces the date(s) of the information meeting, and uses a form to request the identity and contact details of the self-assessment coordinator, as well as information about the programme(s) and institution(s) concerned by the evaluation. It also asks the institution to inform it of any special circumstances (in particular, in the case of programmes, the recent completion of another evaluation or specific features such as a joint provision of the programme);
- An electronic version of this mail is sent to the institution's quality officer ;

For programmatic evaluations only:

Institutions wishing to obtain a postponement of or exemption from **programme** evaluation must submit a request to the Executive unit, either by mail or by e-mail, within one month of the official launch of the evaluation procedure (launch letter sent to the academic authorities). The institution may request a postponement of or exemption from the evaluation of the programme in four cases:

- a) The institution may be exempted from programme evaluation if:
 - 1) The institution requested the “summative judgment procedure” following its institutional evaluation and received a positive decision. It may therefore be exempted from the initial and continuous programme evaluations. The same applies if the programme is offered as a joint degree, provided that the referring institution has received a positive decision. In these cases, the Executive unit approves the exemption.
 - 2) The institution wishes to have a programme evaluation or accreditation process organised by another external evaluation/accreditation agency recognised (see OP 01/2). The Steering committee decides on the application for recognition, which

⁷ For institutions that have obtained a positive decision and are therefore eligible for exemption from programme evaluations, the Executive unit informs the institutions concerned that a programme evaluation is planned and asks them whether or not they wish to take part in this evaluation. The Executive unit takes note of the response.

may have been examined by the Recognition Commission. The Executive unit records the Steering committee's decision and informs the institution.

- b) Possibility of postponement until the next evaluation of the programme by the Agency :
- 1) The institution is concerned by an institutional evaluation in the same year as the programmatic evaluation being launched or in the following year. It may then request that the continuous programmatic evaluations be postponed until the next external evaluation organised by AEQES. The same applies if the programme is offered as a joint degree, provided that the referring institution is undergoing institutional evaluation in the same year or in year N+1. The Executive unit approves the postponement.
 - 2) The programme has only recently been set up at the institution. The institution may ask to postpone an evaluation if it has graduated fewer than four cohorts of students by the date scheduled for the expert panel's visit (= n). The Steering committee decides on the request for postponement. The Executive unit records the Steering committee's decision and informs the institution.
 - 3) The programme is not or no longer organised, or is in the process of being closed. The Executive unit takes note of the non-evaluation of the programme.

The Executive unit adjusts the list of programmes to be evaluated (see MA 02). On the basis of this adjusted list and an analysis of the specific issues of the programmes evaluated (identified via the information sheets and through legislative and documentary watch), the Executive unit determines the system-wide analyses to be produced for the given year.

The complete list of programmes and institutions that are evaluated is included in any system-wide analysis, in the form of a table showing the planned provision and the provision actually evaluated.

For institutional evaluations only:

- Institutions cannot be exempted from institutional evaluation. They cannot ask for the recognition of another institutional evaluation that would have been conducted by another quality assurance agency.
- If, for exceptional reasons, an institution wishes to request a postponement of its institutional evaluation, it must submit a mail or e-mail to the Agency's Executive unit within one calendar month of the official launch of the evaluation procedure (launch letter sent to the academic authorities). It will set out the obstacles to carrying out the institutional evaluation.
- The Executive unit acknowledges receipt of this mail and forwards it to the Steering committee, which decides on the postponement request.
- If necessary, the Executive unit adjusts the list of evaluated institutions (see MA 02) and informs the institution of the decision taken by the Steering committee.
- Where appropriate, the 6-year plan for institutional evaluations is updated.

Upstream procedures: Planning the evaluations (MA 02).

Downstream procedures: All procedures OP 01/2 to OP 07.

Reference documents:

- Programme and institutional evaluation plans,
- List of institutions concerned by the evaluation drawn up on the basis of the HOPS database (ARES) and the “Landscape Decree” (art. 10-13).

Documents to be produced:

- Mail to academic authorities and electronic copy to institutional quality officers,
- Information sheet on the programme or institution,
- Database of designated quality officers for a given programme and update of the database of institutional quality officers⁸,
- Updated list of programmes and evaluations being evaluated.

⁸ These data are transmitted to ARES for the search for experts (see procedure OP 02/1).

Definition: the procedure described below sets out the terms and conditions under which AEQES considers, at the request of one or more institutions, the recognition of a programme evaluation or accreditation process organised by another external evaluation/accreditation agency or, where appropriate, a joint evaluation.

Aims: to provide a framework and principles for processing, on a case-by-case basis, applications from institutions for recognition of programme evaluation/accreditation, for all programmatic evaluations carried out by the Agency.

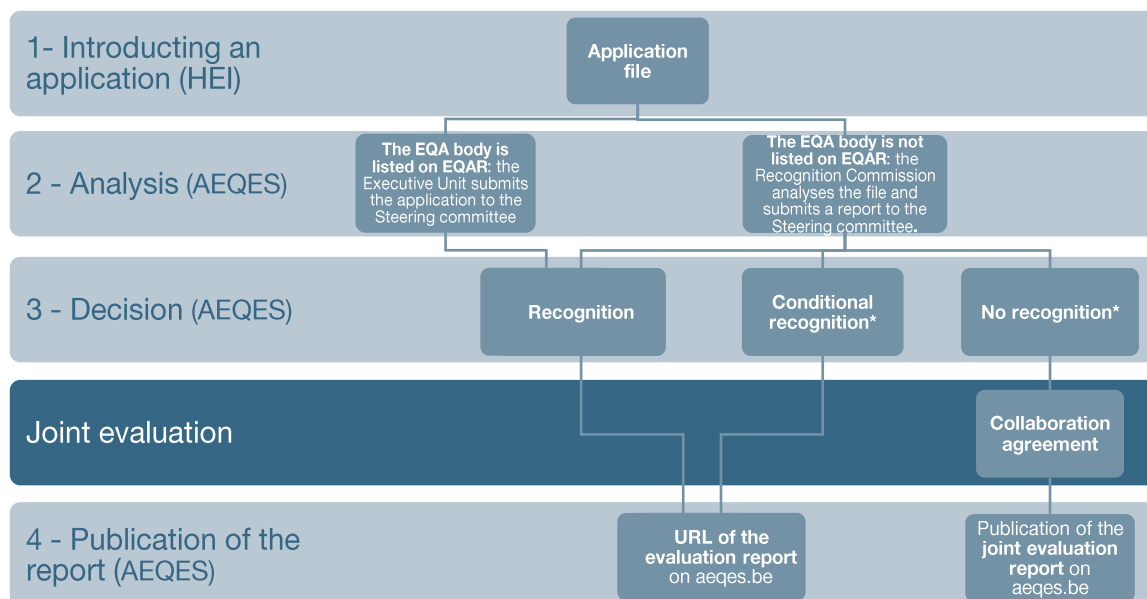
- For institutions :
 - To help reduce the number of external quality assurance mechanisms for the same programme (and the associated workload), when a programme is already involved in other external evaluation processes;
 - Respond in a general way to the wish of WBF institutions to use another agency, in particular with a view to :
 - increase their visibility in specific areas where they demonstrate excellence, which will help them to position themselves more effectively on a European or international level, in a context where the 'label' thus awarded by a sectoral agency/other quality bodies or agencies can help to raise their international profile and where the internationalisation of institutions is leading them to position themselves more effectively in relation to their international partners;
 - offer an additional advantage to their graduates (e.g. admission by the French government for engineering courses);
- For AEQES :
 - Reaffirm the responsibility of institutions in the quality assurance mechanisms they implement ("*Quality assurance in higher education is based on the institutions' responsibility for the quality of their programmes and other provision [...]*", extract from ESG guideline 2.1);
 - Develop partnerships, with a view to mutual learning, in the case of joint evaluations;
 - Monitor the standards of other organisations.

Responsible: the Steering committee, the Recognition Commission, the Executive unit, the partner organisation (in the case of a joint evaluation).

The Recognition Commission is made up of two people who have no conflict of interest either with WBF institutions or with the Steering committee (e.g. members of ENQA/EQAR, quality assurance agencies, AEQES experts) and two members of the Executive unit. The Steering committee, on the basis of a proposal from the Board, appoints the members of the Recognition Commission for a maximum term of five years, tacitly renewable each year.

Procedural activities :

Illustration:



* In both cases marked with an asterisk, the institution may choose to be involved in the AEQES evaluation process.

First stage: INTRODUCTION OF A NEW APPLICATION

- An institution wishing to obtain recognition of an evaluation carried out by an external body other than AEQES submits an individual application for recognition to AEQES, giving reasons in accordance with the template form drawn up by AEQES. This application may be made by one institution or by several institutions together;
- The application must be sent to the Agency's Executive unit no later than one month after the launch of the evaluation by AEQES. The Executive unit takes note of the application and informs the Steering committee;
- Applications for recognition are admissible and will be examined even if the programme evaluation/accreditation process is underway at the time the application is submitted⁹ ;
- The application file follows a template form¹⁰ , which includes the following items:
 - o Identification of the external body,
 - o Reasons for requesting recognition,
 - o Information on the procedure (including evaluation criteria, frequency of evaluations, methodology for selecting experts, publication of reports/results).AEQES provides two templates: one for recognitions of organisations listed on EQAR, the other for recognitions of organisations not listed on EQAR.

⁹ The decision is based on the evaluation *process* undertaken with an external body and not on the *result* of the evaluation.

¹⁰ This template can be accessed (in French) via the following link:
http://www.aeqes.be/agence_composition_commission.cfm

Second stage: ANALYSIS OF THE REQUEST

There are two types of application for recognition: recognition of programme evaluation/accreditation by a body listed on EQAR; recognition of programme evaluation/accreditation by a body not listed on EQAR.

a. Evaluation/accreditation by an organisation listed on EQAR

In the case of an application for recognition of a programme evaluation/accreditation process carried out by an organisation listed on EQAR, the Executive unit examines the application. Recognition of the evaluation process is proposed to the Steering committee.

b. Evaluation/accreditation by an organisation not listed on EQAR

In the case of an application for recognition of programme evaluation/accreditation by a body not listed on EQAR, the Executive unit convenes the Recognition Commission. The Commission examines applications from institutions on a case-by-case basis.

The following criteria are taken into account:

- Compatibility of the objectives, criteria and procedures of the evaluation for which recognition is sought with the objectives pursued by AEQES and the criteria of its programmatic evaluation framework.
- Compatibility with the ESG: among the ESG, particular emphasis is placed on :
 - o Publication of the evaluation reports (including a right of reply) by the external body and publication of the action plan resulting from the said evaluation (ESG 2.6);
 - o Independence (degree of externality of experts) (ESG 1.10 and ESG 2.4);
 - o Quality assurance activities, policies and procedures (ESG 3.1).

If one or more criteria of the AEQES reference framework or one or more methodological points are missing from the assessment, the Recognition Commission will draw up a proposal to be submitted to the Steering committee.

The Recognition Committee certifies that these principles have been respected in a report, which is sent to the Steering committee for its decision on the application for recognition.

Third stage: AGENCY DECISION

In both cases, the decision on recognition is taken by the Steering committee and recorded in the minutes of one of its plenary sessions. The AEQES Executive unit informs the institution that submitted the application of its decision by mail.

a. Recognition

The Steering committee recognises the evaluation/accreditation process carried out by another body. The period of validity of the recognition is equivalent to the AEQES programme evaluation cycle.

At the time of the next AEQES evaluation, if the institution wishes to submit a new application for recognition for the same organisation, it updates the form submitted at the time of the first application. If the organisation is not listed on EQAR, the institution will use the appropriate form to inform AEQES of any changes that have been made to the external organisation's operating methods and methodology. If these changes are minor, the Steering committee may decide to renew the recognition already granted. Where appropriate, if the changes are

significant, the Steering committee may instruct the Recognition Commission to re-examine the application (see second stage above).

b. Conditional recognition

The Steering committee agrees to recognise the process by imposing certain conditions (e.g. publication of the evaluation report). If the institution does not accept these conditions, it joins the AEQES evaluation process.

c. No recognition: analysis of the feasibility of a joint evaluation

In cases where recognition is not granted on the basis of the criteria defined above, the Steering committee may propose to the applicant institutions that they examine with the Executive unit and the external body the feasibility of a joint evaluation.

The Steering committee bases its proposal on the following factors:

- Compliance with the planning established by AEQES,
- Legitimacy of the external body,
- Degree of convergence of methodologies and reference frameworks.

The Executive unit contacts the institutions concerned.

If the institutions wish to go down this route, the Executive unit will contact the external body in order to prepare a collaboration agreement, taking into account the points raised by the Recognition Commission and the Steering committee. Institutions may also decide to join the AEQES evaluation process.

The collaboration agreement describes the terms of reference for the procedure (evaluation reference framework, methodology) and the arrangements for its implementation. Among other things, it specifies that AEQES experts and a member of the Executive unit will be present during the visits and that preparatory activities, including quality coordinators' meetings, will be coordinated. It also specifies how visits are to be conducted and how reports are to be produced. Finally, the agreement allows the Agency to publish the system-wide analysis without payment of additional copyright fees.

If the language of the evaluation by the partner organisation is not French, the institutions evaluated will bear the cost and responsibility of translating the self-evaluation files for the AEQES experts.

The Agency is responsible for the costs of translating the experts' reports for the institutions and publishing them on the website.

Quality coordinators' meetings are organised by AEQES. Representatives of the external body are invited to attend at least one coordinators' meeting.

Experts are appointed in accordance with the OP03 procedure.

The Agency limits its financial contribution to the tasks assigned to it by Decree. Each AEQES expert is bound to the Agency by a contract which determines the amount of the Agency's contribution.

The cooperation agreement is signed by the chair of the AEQES Steering committee and by the *ad hoc* bodies of the external organisation.

Fourth stage: PUBLICATION OF REPORTS

In the case of recognition, the institution sends the Executive unit the link on which the evaluation report produced by the external body is published. The Executive unit publishes this URL link on the Agency's website. The institution systematically forwards to the Executive unit any update of the report by the external body or new publication.

In the case of a joint evaluation, the Executive unit publishes the joint evaluation report and any system-wide analysis on the Agency's website, as is standard practice for ordinary evaluations.

Upstream procedures: Launching an evaluation (OP 01).

Downstream procedures:

- Preparation of an external evaluation procedure (OP 03) - for joint evaluations,
- Drafting and sending of evaluation reports (OP 05).

Reference documents:

- Yerevan Ministerial Conference Communiqué (2015),
- European Qualifications Framework,
- EQAR documentation on cross-border quality assurance (CBQA),
- Key considerations for cross-border quality assurance in the EHEA,
- EQAR register.

Documents to be produced:

- For the institution, an application for recognition and, for an application for renewal, an update of the application,
- Where applicable, a report certifying that the file has been examined by the Recognition Commission,
- Letter announcing the outcome of the assessment of this application,
- If applicable, collaboration agreement, reference framework and joint evaluation tools.

OP 01/3 procedure sheet

Request for the “summative judgment procedure” (for institutional evaluations only)

Approval date :
11 June 2024

Date of last revision :
n.a.

Definition: this optional procedure describes the steps involved in providing summative judgment, as part of an institutional evaluation, on an institution's ability to autonomously undertake the external evaluation of its programmes.

Objectives: to ensure that all stages of the summative judgment procedure are carried out systematically, exhaustively and transparently.

Responsible: the Executive unit.

Procedural activities :

- If the institution wishes to do so, it must explicitly inform the Executive unit of its wish to initiate a summative judgment procedure. To this end, the academic authorities will send an email to the Executive unit within one calendar month of the first information meeting relating to the institutional evaluation;
- The Director of the Executive unit (or the person he appoints) acknowledges receipt of the request and informs the institution of the expectations and timetable for the procedure;
- In its institutional self-evaluation report, the institution includes a section in which it describes the methodology it plans to use to carry out the external evaluation of its programmes (description of the planned methodology, provisional timetable);
- The Executive unit prepares and organises the institutional evaluation (see procedures OP 02 to OP 05) and ensures that the criteria of the summative judgment procedure are documented throughout the evaluation by the panel of experts;
- The panel of experts will draw up the preliminary report on the institutional evaluation, comprising a section on the criteria for the institutional evaluation and a section documenting the criteria for the summative judgment procedure ;
- The Executive unit forwards this preliminary report to the Independent Commission, which validates its quality. If necessary, the Independent Commission may formulate a request to modify the preliminary report (request for clarification, additional information, etc.). When the quality of the preliminary report is confirmed by the Independent Commission, the Executive unit forwards the preliminary report to the institution so that it can exercise its right of response;
- The experts' panel handles the institution's right of reply;
- The panel of experts (represented by its chair or the person it appoints for this purpose) and the Independent Commission decide on the decision to be taken with regard to the four summative judgment procedure criteria, establish the position on the descriptor matrix and produce the summative judgment;
- The Executive unit forwards the decision on the summative judgment procedure to the academic authorities and those responsible for institutional quality coordination. The summative judgment is divided into two parts:
 - o Positioning in relation to the four criteria, providing the institution with formative indications contributing to its continuous improvement and including the institution's positioning in relation to the four criteria according to the following levels of institutional development:
 - Absent or embryonic,
 - Under development,

- Advanced,
 - Guaranteed ;
- An overall summative judgment on the institution's capacity to undertake the external evaluation of its programmes. This decision may be :
 - an overall positive judgment (if the 4 criteria are at least at the "advanced" level);
 - an overall conditional judgment (in all other cases) ;
 - an overall negative judgment (if one of the 4 criteria is at an "absent or embryonic" level).
- The institution has 40 working days in which to lodge an appeal (see QM 02/2 above);
- Once this appeal period has elapsed, the Executive unit publishes the institutional evaluation report on the AEQES website, including the chapter dedicated to the summative judgment.
- **In the event of an overall positive judgment**, the institution will send an e-mail to the Director of the Executive unit within one calendar month of the decision being sent, informing it of the arrangements for taking over autonomy of programme evaluations (informing AEQES of the programme evaluations that the institution would like to continue entrusting to it). Institutions that receive an overall positive judgment will have their programmes removed from AEQES planning for the six years following the decision, starting in year N+2 to take account of the time needed for the self-evaluation stage. It may, at its explicit request and subject to the deadlines set, ask AEQES to reintegrate all or part of its programmes into the clusters evaluated by the Agency.
- **In the event of an overall conditional judgment:**
 - The institution informs the Executive unit whether or not it wishes to continue with the summative judgment procedure;
 - If the procedure continues, the institution will draw up a progress report within the time limit set, which it will send to the Director of the Executive unit electronically. The report shows how the institution meets the conditions that have been set;
 - In some cases, verification that the conditions have been met will require a one-day visit to the institution before the final decision is taken. The visit will be carried out by two experts who were members of the panel of experts for the institutional evaluation. These experts will draw up a memo for the independent Commission in which they report on the extent to which the conditions have been met;
 - The independent Commission and the two experts jointly decide whether the conditions have been met and take a final decision on the summative judgment;
 - The Executive unit informs the institution of the final decision on the summative judgment and completes the evaluation report with the new decision on the summative judgment.
- **In the event of an overall negative judgment:** the institution continues to submit its programmes for evaluation by AEQES until the next institutional evaluation, at which time it may reapply for a summative judgment.

Upstream procedures :

- Launching an evaluation (OP 01),

Downstream procedures :

- Where applicable, procedure for managing appeals under the summative judgment procedure (QM 02/2)

Reference documents :

- Institutional evaluation: guidelines for institutions (2023-2025)

Documents to be produced :

- Acknowledgement of receipt of the request for a summative judgment,

- Minutes of the Independent Commission,
- Letter containing the decision on the summative judgment, signed by the Chair of the Independent Commission.

Procedure sheet OP 02/1

Collection and validation of expert applications and selection of the chair of the panels

Approval date :
1st March 2011

Date of last revision :
11 June 2024

Definition: this procedure describes how the Executive unit, *via* its Experts Commission, gathers applications from potential experts, validates the experts' applications and selects panel chairs.

Objective: to ensure a rigorous and systematic selection of experts in order to guarantee the legitimacy of the external evaluation.

Responsible: the Executive unit *via* the Experts Commission.

The Experts Commission has been mandated by the Steering committee to:

- analyse all applications from potential experts and check their admissibility;
- if necessary, request additional information;
- validate applications on the basis of criteria established in jurisprudence;
- inform the expert applicants of the Commission's decision;
- identify and rank (in order of preference) the experts who could become chairman for a specific programmatic or institutional evaluation;
- reflect on its operation and tools.

Procedural activities :

a) Composition of the Experts Commission:

Within the Executive unit, the Experts Commission is made up of permanent members:

- o a "transversal member" ;
- o a secretary in charge of the minutes, the database and mail exchanges relating to the recruitment of experts;
- o the Director of the Executive unit ;

It also includes non-permanent members:

- o the coordinator(s) of the cluster(s) and the institutions evaluated.

b) Collection of applications :

- The Experts Commission draws up a call for applications, which it disseminates widely, and consults the database of experts with a transversal profile (such as QA experts or education expert) or experts who have already taken part in an evaluation with AEQES;
- At the same time, the Experts Commission asks ARES to provide AEQES with a list of experts applicants for the programmes and institutions evaluated (March n-2) and shares with the ARES administration services the contact details of the institutional et programmes quality officers concerned;
- The Experts Commission receives the above mentioned lists from ARES (November n-1) as well as spontaneous applications;

c) Analysis of applications :

- The Experts Commission:
 - a. analyses the applications from potential experts (from the lists provided by ARES or spontaneous applications) and checks their admissibility;
 - b. if necessary, requests additional information;
 - c. validates applications on the basis of jurisprudence;
 - d. identifies and ranks (in order of preference) who could become chairman.

- The Experts Commission ensures that all applicants are regularly informed of the process for validating their application and, where appropriate, informs the candidate that their application has been rejected, giving reasons for the decision.

Upstream procedure: Launching an evaluation (OP 01).

Downstream procedure: Composition and appointment of expert panels (OP 02/2).

Reference documents :

- Articles 12 and 16 of the decree of 22 February 2008,
- Internal rules of procedure of the Experts Commission, published on the AEQES website,
- Jurisprudence entitled "AEQES experts: recruitment, validation of applications and composition of expert panels", published on the AEQES website.

Documents to be produced :

- Mail sent to ARES,
- Minutes of the Expert Commission, including the decisions taken and the reasons for them,
- Database of processed applications,
- Follow-up emails to expert applicants,
- Experts Commission's annual report to the Steering committee and analytical feedback for ARES.

Definition: this procedure describes the steps involved in selecting experts and setting up panels.

Objectives: to ensure that the selection, composition and appointment of expert panels is rigorous and systematic.

Responsible: the Experts Commission, the Executive unit and the chair of the Experts Panel, the Chairman of the Steering Committee and the delegated authorising officer (signature of contracts).

If the delegated authorising officer is unavailable, the deputy authorising officer by delegation assumes his responsibilities.

Procedural activities:

- The Executive unit contacts the chair chosen by the Experts Commission to propose the assignment;
- If the chair(s) accept(s) the assignment, the Executive unit will forward to him/them all the expert applications validated by the Experts Commission, together with a proposal for the composition of the panel in accordance with the rules established by the Agency;
- Potential experts are contacted by the Executive unit according to the order of preference established in collaboration with the chair until the panel is full;
- Once the panel has been composed, the evaluation coordinator within the Executive unit will pass on the information to the entire Executive unit;
- At the end of the selection procedure, the Experts Commission sends a mail to the applicants who did not join the panel to inform them that their application has been included in the AEQES database of potential experts. The Executive unit draws up the expertise contracts, which are signed by the Chairman and the delegated authorising officer of the Agency;
- The Executive unit draws up mission orders signed by the delegated authorising officer;
- Once the contracts have been signed, a brief CV of each expert (approved by the expert) is posted on the Agency's website (see SU 02).

Upstream procedures:

- Launching an evaluation (OP 01),
- Collection and validation of expert applications and selection of the chair of the panels (OP 02/1).

Downstream procedures:

- Communication of the composition of expert panels to institutions (OP 02/3),
- Preparation of an external evaluation procedure (OP 03)
- Site-visits (OP 04),
- Drafting and sending of evaluation reports (OP 05).

Reference documents :

- Articles 12 and 16 of the decree of 22 February 2008,
- Application template for potential experts,
- Independence declaration,
- Database of experts,
- Standard expertise contracts, their appendices and mission orders,
- Internal rules of procedure of the Experts Commission, Jurisprudence entitled "AEQES experts: recruitment, validation of applications and composition of expert panels".

Documents to be produced :

- Expert individual contracts and mission orders,
- Mail to the applicants who did not join the panel,
- Composition of the panels of experts,
- Brief CVs of experts for publication on the Agency's website.

Procedure sheet OP 02/3

Planning the visits, preliminary meeting and communication of the composition of expert panels to institutions

Approval date :
10 November 2015

Date of last revision :
11 June 2024

Definition: this procedure describes the steps involved in planning the evaluations, visits and communicating the composition of expert panels to institutions and, for institutions, the steps involved in declaring a possible conflict of interest with one or more members of the expert panel.

Objectives: to ensure that visits are planned and that institutions are properly informed about the composition of the panel of experts and to prevent any conflicts of interest.

Responsible: the Executive unit.

Procedural activities :

- The Executive unit consults the institutions to draw up the schedule of the preliminary meetings and visits (see OP 03) and informs them of the composition of the panel of experts (available on the Agency's website);
- A few weeks before the site-visit, the Executive unit informs each institution of the names of the experts appointed to carry out the evaluation;
- Each institution may notify the Executive unit of a possible conflict of interest with one or more of the experts listed for its site-visit. In this case, the declaration of conflict of interest must be communicated and motivated within ten working days;
- The Executive unit takes note of the declaration of conflict of interest and analyses its admissibility. It then takes the appropriate steps to ensure that the evaluations run smoothly.

Upstream procedures :

- Launching an evaluation (OP 01),
- Collection and validation of expert applications and selection of the chair of the panels (OP 02/1),
- Composition and appointment of the panel of experts (OP 02/2).

Downstream procedures: Preparation of an external evaluation procedure (OP 03).

Reference documents :

- Decree dated 22 February 2008,
- Code of ethics,
- Jurisprudence "AEQES experts: recruitment, validation of applications and composition of expert panels".

Documents to be produced: Email informing institutions of the composition of the panel.

OP 03 procedure sheet

Preparation of an external evaluation procedure

Approval date :
1st March 2011

Date of last revision :
11 June 2024

Definition: this procedure describes the steps involved in preparing for an external evaluation procedure.

Objectives: to ensure that all the preparatory stages (in terms of information and logistics) for external evaluations are carried out systematically, exhaustively and transparently.

Responsible: the Executive unit.

Procedural activities :

- The Executive unit conducts documentary research on the programme and the institutions evaluated: legal references, documentation, information on the related professional sector, collection of quantitative data, etc. ;
- The Executive unit organises information meetings for quality officers and academic authorities from the evaluated institutions;
- The Executive unit receives the self-assessment or progress reports, acknowledges receipt, checks that they are complete and forwards them to the experts;
- The Executive unit draws up the following provisional calendars:
 - o Preliminary meetings: depending on the chairman's availability;
 - o Site-visits calendar: depending on the availability of the experts, this calendar is submitted simultaneously to all the institutions evaluated. The institutions inform the Executive unit of their availability for each of the proposed dates. The Executive unit draws up the calendar of visits and informs the quality officers (at institutional and programme levels), the academic authorities (rector and dean for universities, director-president and department director for university colleges, head of institution for Adult education institutions, director for Arts school) and the experts (also via the mission order appended to the contract) by e-mail;
 - o Experts' working calendar: the calendar for the experts' training seminar, the preliminary meetings and the production of the reports is set in advance by the Executive unit, in consultation with the experts.

Upstream procedures :

- Launching an evaluation (OP 01),
- Composition and appointment of the panel of experts (OP 02/2).

Downstream procedures :

- Site-visits (OP 04),
- Drafting and sending of evaluation reports (OP 05),
- Follow-up (OP 06).

Reference documents: n. a.

Documents to be produced :

- Acknowledgement of receipt of self-assessment and progress reports,
- E-mail sent to quality officers to define the visits calendar,
- Visits calendar.

OP 04 procedure sheet

Site-visits

Approval date :
1^{er} March 2011

Date of last revision :
11 June 2024

Definition: this procedure describes the steps involved in carrying out a site-visit.

Objectives: to ensure that procedures are followed, that ethical rules are observed and that the institutions evaluated are treated fairly. To evaluate programmes and institutions, highlighting good practice, shortcomings and problems to be resolved.

Responsible: the panel of experts and the Executive unit.

Procedural activities :

- Before the visit :
 - o Three weeks before the visit, the institution sends the Executive unit a completed schedule listing the various participants in the interviews, the precise address of the site where the visit is to take place, and details of how the expert panel can access the intranet;
 - o The Executive unit sends this information to the members of the panel of experts, together with a preparation table to be completed;
 - o The expert panel also receives logistical information (see procedure SU 07);
 - o The Executive unit reads the self-assessment/progress report and gathers the relevant documents;
 - o The Executive unit, in collaboration with the chair of the panel, ensures that the experts' panel is properly prepared for the visit (transmission of the completed preparatory table, etc.);
- During the visit :
 - o The Executive unit, in collaboration with the panel of experts, guarantees equal treatment for the institutions evaluated and provides methodological and ethical support and information on the context of higher education in WBF and quality assurance;
 - o The Executive unit ensures that the visit schedule drawn up in consultation with the institution is adhered to;
 - o The Executive unit takes notes (*verbatim*) throughout the interviews, taking care to preserve the anonymity of the people interviewed when transcribing their comments;
 - o The Executive unit assists the panel of experts in preparing the oral conclusions in accordance with the evaluation set of criteria;
- At the end of the visit :
 - o The Executive unit sends the conclusions and the *verbatim* report of the interviews to the entire panel of experts;
 - o The Executive unit sends a satisfaction survey to the people met during the site-visit and who have agreed to it (see QM 01).

Upstream procedures :

- Launching an evaluation (OP 01/1),
- Preparation of an external evaluation procedure (OP 03),
- Documentary and legislative watch (SU 03).

Downstream procedures: Drafting and sending evaluation reports (OP 05).

Reference document: Decree of 22 February 2008.

Documents to be produced / completed :

- A typical visit schedule,
- Template of preparatory table to be completed by the members of the expert panel,
- *Verbatim* and oral conclusion templates,
- Post-visit survey.

OP 05 procedure sheet

Drafting and sending evaluation reports

Approval date :
1st March 2011

Date of last revision :
11 June 2024

Definition: this procedure describes the steps involved in drafting, sending and publishing the evaluation reports and the system-wide analyses.

Objectives: to ensure the systematic and complete drafting and dissemination of the various evaluation reports. To ensure an adequate dissemination of the evaluation results. To guarantee the independence of the experts and the right of response of each institution evaluated.

Responsible: the panel of experts, the Executive unit and the institutions.

Procedural activities :

a. Evaluation reports :

- The Executive unit and the panel of experts work together to draw up the methodology and timetable for drafting the reports, within the framework of legal (cf. AGCF of 19 December 2008) and contractual expectations, and in compliance with the editorial line established by the Agency;
- The chair of the panel, on behalf of the panel members and with their agreement, is responsible for submitting the preliminary report to the Executive unit no later than one month after the end of the site-visit to which it relates;
- E-mails exchanged during the drafting of reports are copied to the Executive unit;
- The Executive unit proofreads each report, ensuring that it complies with the legal framework, that it covers the evaluation set of criteria, that the anonymity of the people interviewed is respected and that the report is easy to read;
- Once the panel has unanimously approved the preliminary reports, the Executive unit sends to each institution evaluated its preliminary report by e-mail; The preliminary report is sent, *as a minimum*, to the academic authorities, the institutional quality officer and the self-evaluation officer, unless an exception is agreed by mutual agreement between the institution and the Executive unit. This report may also be sent to other people who took part in the first interview during the visit.
The term "academic authorities" here covers:
 - o Rector, possibly Vice-Rector or Pro-Rector, and Dean at the university,
 - o Director-President, Department Director at university colleges,
 - o Director and department director (if any) in the Art schools,
 - o Director and deputy director (if any) in Adult education institutions.
- The preliminary report is accompanied by template documents and an explanatory note enabling the institution to make any factual corrections and substantive comments within the time limit set. In accordance with Article 10 of the Decree, the institution may object to the publication of its evaluation report (see OP 02 and special case below);
- The institution submits its right of reply within the specified deadline (by completing the "Right of reply" *template* and the "Factual errors" *template*);
- The Executive unit forwards the rights of reply received to the panel of experts;

- The experts decide on any changes requested by the institution, the Executive unit incorporates any changes into the preliminary report and sends the institution the result of the expert panel's decisions;
- Where appropriate, the institution will send a new version of the right of reply to the Executive unit, which will take account of the changes made to the report (this new version may not contain any new comments);
- The Executive unit inserts the institution's substantive observations at the end of the report and creates *ad hoc* references via hyperlinks within the report;
- The Executive unit simultaneously publishes on the Agency's website the evaluation reports for each institution for a given programme evaluation, in pdf format; for institutional evaluations, the reports are published as they are finalised;
- The Executive unit informs the panel of experts, the recipients of the preliminary report and the people met during the visit who wished to be kept informed of the publication of the reports, by e-mail. At the same time, it also sends a survey to the experts and the institutions (2nd survey) (see QM 01). If a system-wide analysis is planned, the survey will be sent out when the system-wide analysis is published (see below). The e-mail sent to the academic authorities and quality officers mentions the next stages in the process (publication of an action plan and mid-term progress record);
- The Executive unit is responsible for publishing the final reports on HOPS and DEQAR databases ;
- Special cases:
 - o (for programmatic evaluations) if the deadline given to the institution to submit its right of reply and/or its amended right of reply following the decisions of the panel of experts is not respected and hinders the publication of the reports for a given programme evaluation, the preliminary report is published without the right of reply on the scheduled date. This published version includes, in the watermark, the words "provisional version" and a note in place of the right of reply stating: "The evaluated institution has not, to date, submitted a right of reply".
 - o the academic authorities may - in accordance with an article of the 2008 AEQES decree - explicitly refuse to publish the report. Reasons must be given for this refusal. The Agency issues a reasoned opinion on this refusal in accordance with the procedures laid down by the Government. This opinion is published on the Agency's website. In practice, this provision has never been requested. Furthermore, it is not in line with the ESG, which requires the publication of reports, even negative ones.

b. System-wide analysis (where applicable)

- The panel of experts and the Executive unit will work together to draw up the methodology and timetable for drafting the system-wide analysis, in line with contractual expectations;
- The panel of experts draws up a list of figures and any background information it deems useful for drafting the system-wide analysis. The Executive unit compiles the available information and sends it to the panel of experts;
- The Executive unit drafts the introduction to the system-wide analysis, setting out the context of the evaluation;
- The panel of experts draws up the system-wide analysis and approved it unanimously;
- The panel of experts also draws up an executive summary of its analysis, which is included at the beginning of the document;

- The Executive unit's communication officer drafts a press release and submits it to the panel of experts for approval;
- The Executive unit invites the evaluated institutions, the members of the Agency's Steering committee, the members of the Parliamentary Commission concerned, the cabinet of the Minister(s) responsible for Higher Education, as well as a representatives of the ARES, the General Inspectorate of Adult education and journalists to the presentation of the system-wide analysis;
- The chairman of the panel of experts presents the system-wide analysis and answers any questions from the audience;
- The Executive unit publishes the system-wide analysis and, where appropriate, the accompanying presentation on the Agency's website;
- The Executive unit informs the panel of experts, the representatives of the institutions and the people met during the site-visits, by e-mail, of the publication of the system-wide analysis on the website and sends them the survey intended for them (experts and institutions – 3rd section - see QM 01).
- The Executive unit subcontracts a partner for page layout for printing, proofreads the file before signing the authorisation to print ;
- The Executive unit sends the printed system-wide analysis by post at least to the relevant academic authorities, institutional quality officers and self-evaluation officers, as well as to the ARES and its relevant thematic chambers and commissions, to the Minister(s) responsible for higher education, to the members of the relevant Parliamentary Commissions, to the SIEP, to the General Inspectorate for Adult education and to student associations, as well as to any other possible partner.

Upstream procedures :

- Launching an evaluation (OP 01),
- Preparation of an external evaluation procedure (OP 03),
- Site-visits (OP 04).

Downstream procedures: Follow-up (OP 06).

Reference document :

- Article 10 of the 2008 AEQES decree,
- Governmental order dated 19 December 2008.

Documents to be produced:

- Preliminary evaluation reports,
- E-mails to send preliminary reports,
- Explanatory note on the right of reply and *templates* for recording factual errors and the right of reply,
- Explanatory note on system-wide analysis (for experts),
- Evaluation reports,
- System-wide analysis,
- E-mails informing of publications and dissemination mail of the system-wide analysis,
- Surveys.

OP 06 procedure sheet

Follow-up

*Approval date :
1st March 2011*

*Date of last revision :
11 June 2024*

Definition: this procedure describes the steps to be taken to ensure that the follow-up to the evaluation (preparation and publication of the action plan by the institution) runs smoothly.

Objectives: the aim of the follow-up phase is to anchor the quality approach and ensure its sustainability.

Responsible: the institutions evaluated, in collaboration with the Executive unit.

Procedural activities :

- The Executive unit informs the institution of the date by which the action plan drawn up by the institution be communicated and published (no later than six months after the publication of the report);
- The institution drafts the action plan, publishes it on its website and sends the document to the Executive unit, together with the URL of the website where the document has been published;
- The Executive unit acknowledges receipt and recalls the year of the mid-term progress record;
- The Executive unit saves the action plans and informs the experts of their publication.

Upstream procedures :

- Launching an evaluation (OP 01),
- Preparation of an external evaluation procedure (OP 03),
- Site-visits (OP 04),
- Drafting and sending of evaluation reports (OP 05).

Downstream procedures: n. a.

Reference document: Decree of 22 February 2008 and methodological guides.

Documents to be produced: Action plan (by the institutions).

OP 07 procedure sheet

Mid-term progress record

*Approval date :
30 November 2020*

*Date of last revision :
11 June 2024*

Definition: this procedure describes how institutions are invited to carry out a mid-term progress record, between two evaluations.

Objectives: to support institutions in their drive for continuous improvement, in the pursuit of existing actions and in the development of quality management tools. In doing so, the procedure ensures that an active commitment to an integrated quality culture is maintained.

For institutions, the mid-term progress record is an occasion for: (i) assessing the implementation of the action plan drawn up at the end of the previous review, (ii) highlighting the improvements made by informing stakeholders of the actions taken as part of a continuous enhancement approach (iii) reviewing their change management and (iv) updating their action plan if necessary.

Responsible: the institutions and the Executive unit.

Procedural activities :

- The year of the mid-term progress record is set halfway between two evaluations (in principle, academic year N+3). This is confirmed at the end of the previous evaluation (see procedures OP 05 and OP 06) and published on the AEQES website,
- Six months before the progress report is due, the Executive unit sends an e-mail to the institutions concerned (the institutional quality officers) to remind them of the expectations and deadlines for the progress report;
- On the agreed date, the institution submits to the Executive unit its confidential progress report, which includes at least an assessment of the action plan published following the previous evaluation; for institutional evaluation, the progress record is completed with a discussion meeting organised by the Executive unit;
- The institution publishes its updated action plan on its website;
- The Executive unit saves these documents and will forward them to the panel that will carry out the next evaluation visit.

Upstream procedures: Follow-up (OP 06).

Downstream procedures: Launching an evaluation (OP 01).

Reference documents :

- Guide to the institution
- Methodological guidelines for institutional evaluation